South East Coast Ambulance Service NHS
NHS Foundation Trust

Part 1 Meeting of the Council of Governors

3 June 2021 from 10:00-13:00
held online (Microsoft Teams)

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Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction and matters arising					
06/21	10:00	Chair's Introduction	-	-	David Astley (Chair)
07/21	-	Apologies for Absence	-	-	DA
08/21	-	Declarations of Interest	-	-	DA
09/21	-	Minutes from the previous meeting, action log and matters arising	A A1	-	DA
Statutory duties: performance and holding to account					
10/21	10:10	Chief Executive's report: - Staff wellbeing/welfare coming out of COVID - Operational performance improvements	B	To receive an update from the CEO	Philip Astle (CEO)
11/21	10:40	Assurance from the Non-Executive Directors: - Integrated Performance Report (April data)	C	To take as read – queries to NEDs to be taken under escalation reports	-
12/21	10:50	Public update on Non-Executive Director appraisals and Chair appraisal and objectives	D	To receive a public report prior to discussion in private session	DA
Statutory duties: member and public engagement					
13/21	11:00	Membership verbal update	-	Information	Brian Chester (Public Gov. for Upper West)
Committees and reports					
14/21	11:10	Governor Development Committee Report: - Review of GDC effectiveness - Revisions to GDC Terms of Reference	E F G	Information Assurance Approval	Nicki Pointer (Lead Gov. and Public Gov. for Lower East)

15/21	11:20	Nominations Committee: - Review of NomCom effectiveness - Revisions to NomCom Terms of Reference	**H** **I**	Assurance Approval	DA
16/21	11:30	Governor Activities and Queries Report	**J**	Information	Nicki Pointer
17/21	11:35	External Audit Working Group Terms of Reference	**K**	Approval	DA
	11:40	**Comfort Break**			
Statutory duties: performance and holding to account					
18/21	11:50	Board Assurance Committees' escalation reports to include the key achievements, risks and challenges: Workforce and Wellbeing Committee - 11 March 2021 Quality and Patient Safety - 26 February 2021 & - 18 March 2021 (combined report) - 20 May 2021 Finance and Investment Committee - 18 March 2021 - 21 May 2021 Audit Committee - 11 March 2021 - 20 May 2021 Governor observation report of AuC and Charitable Funds Committee Dec 2020[1]	 **L1** **L2** **L3** **L4** **L5** **L6** **L7** **L8** **L9**	Holding to account, assurance and discussion	All Non-Executive Directors present
19/21	12:10	Scrutiny – Workforce and Wellbeing Committee - Key areas of responsibility - Areas of focus/risk - Future plans Terms of Reference and annual Cycle of Business attached for information.	 **M** **M1**	Information	Laurie McMahon (NED & Chair of WWC)
General					
20/21	12:40	Any Other Business (AOB)	-	-	DA
21/21	12:50	Questions from the public	-	Accountability	DA
22/21	-	Areas to highlight to Non-Executive Directors	-	Assurance	DA
23/21	-	Review of meeting effectiveness	-	-	DA
		Date of Next Meeting: 3 September 2021	-	-	DA

[1] These observation reports were delayed awaiting their relevant Committee Escalation reports to be taken by the Board. In fact, verbal updates were provided at Board instead so the observation reports are now presented here.

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.*

Status Key Code: C- Complete, IP - In progress, S - Superseded

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
20.09.19	33.2	268	Arrange a workshop briefing for Council on clinical performance and understanding the integrated performance report	IA	Sep.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.
04.09.20	28.22	290	Consider Council agenda item on training and education	CoG	Sep.21	CoG	IP	Was considered by GDC as an option, remains on potential agenda items list. Due to new person in post, suggest possible item for September or subsequent CoG meeting
01.12.20	49.18	292	DA to keep Governors informed about progress in Clinical Education, particularly around levels of assurance.	DA	Sep.21	CoG	IP	TP gave an update regarding assurance around clinical education: more was to be done before they could be assured. A new Head of Clinical Education had been appointed and TP had met with them on 8 February and had left the meeting confident that the issues were known and appropriate systems were in place but more to be done before assurance was provided.
04.03.21	76.6	294	Code of Conduct to be updated and Governors to confirm their acceptance by email.	IA	Jun.21	CoG	IP	
04.03.21	76.16	295	Implement proposed changes to election timings and Governor numbers via Board, updating the Constitution and for elections in 2022	IA	Sep.21	CoG	IP	
04.03.21	78.9	296	TP would ask about access to audio-visual equipment at Haywards Heath ClinEd facility and respond to Governors to provide assurance.	TP	Jun.21	CoG	C	04.03.21 - TP requested assurance and noted: I believe that the sign-off in November was not sufficiently rigorous and some considerable shortfalls have been identified. Rectification began before Christmas but the business case for further spend was only completed this week, its would appear. But there are projection facilities in each room.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 4 March 2021

Present:

David Astley	(DA)	Chair
Geoff Kempster	(GK)	Public Governor, Upper West
Brian Chester	(BC)	Public Governor, Upper West
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
Colin Hall	(CH)	Public Governor, Upper East
Harvey Nash	(HN)	Public Governor, Lower West
Amanda Cool	(AC)	Public Governor, Upper West
Nigel Robinson	(NR)	Public Governor, Lower West
Marcia Moutinho	(MM)	Staff Governor (Non-Operational)
Nigel Wilmont-Coles	(NC)	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
Sarah Swindell	(SS)	Appointed Governor – EKUHFT
Howard Pescott	(HP)	Appointed Governor – Sussex Community Trust

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
Tom Quinn	(TQ)	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
Fleur Niebohr	(FN)	KPMG (external auditor)

Apologies:

Nicki Pointer	(NP)	Public Governor, Lower East
Cara Woods	(CW)	Public Governor, Upper East
Vanessa Wood	(VW)	Appointed Governor – Age UK
Chris Devereux	(CD)	Public Governor, Upper West

Minute taker: Isobel Allen – Assistant Company Secretary

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68. Introduction

68.1. 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 welcomed TQ to his first Council meeting and NC back to the Council.

69. Apologies

69.1. Apologies were noted as above.

70. Declarations of interest

70.1. No additional declarations of interest were made.

71. Minutes and action log:

71.1. The minutes were taken as an accurate record.

71.2. On action 289 regarding issues with CFRs accessing funds, MW advised that two meetings had been held with CFRs around this and had received some good feedback from CFRs. They were trying to strike the right balance between ensuring appropriate governance but ensuring we realised the benefit of monies raised. Over the past couple of months things had worked better but they wanted to build on this. Internal audit had been commissioned to look at these processes to ensure things were working effectively. This was ongoing dialogue and he was pleased to receive directly any concerns CFRs had going forward.

71.3. DA thanked CFRs colleagues for the two positive meetings, establishing goodwill around the charitable funds and simplifying the process, with due governance in pace.

71.4. On action 292 regarding progress in clinical education, TP advised that more was to be done before NEDs could be assured. A new Head of Clinical Education had been appointed and TP had met with them on 8 February and had left the meeting confident that the issues were known and appropriate systems were in place but more to be done before assurance was provided.

71.5. On education across the Trust, common standards and processes needed to be in place and this was a bigger piece of work NEDs had requested.

71.6. Finally, TP noted that students who worked full time struggled with pastoral support and this needed further consideration. The structures to support students in their learning were not yet in place.

71.7. TP believed we had made a superb appointment in Ashley Richardson and he would bring a focus to this area that had perhaps not previously been developed. NEDs were currently reassured but more was to be done to be fully assured.

72. CEO Report and update on Integrated Care Systems and staff wellbeing

72.1. PA took his report as read and noted that he would also cover staff wellbeing and the NHS White Paper.

72.2. He updated Governors on the pandemic. The disease was on the wane across the country and the South East was now back towards having the lowest infection rates.

72.3. However, the disease was no longer waning as quickly as it had been. Since the Government announcements about the phased withdrawal from lockdown, mobility seemed to have increased among the public in the last two weeks. This slowed the pace of reduction.

72.4. Vaccination appeared to be making a big difference, particularly to hospitalisations and serious illness. This was being carefully monitored. The biggest threat was a variant, and there were a number that have been publicly acknowledged. At present there was no evidence that the variants would not respond to the vaccines. A second risk was that, because the vaccine was new, we didn't know how long it lasted in terms of protection.

72.5. Regarding staff, since Xmas we had very sadly lost four team members to COVID and wished their families the very best.

72.6. At its peak we had 560 staff off work for Covid-related reasons. This caused significant issues and we had asked the army for help and the fire and rescue service too. Sadly, the agreements took longer to reach than we'd hoped and the situation had improved by the time the help arrived. The preparations had helped us learn how to respond effectively though.

72.7. The 560 staff off work was now down to 70 and continued to reduce.

72.8. On vaccinations, we were just past 80% of frontline colleagues. The biggest group of unvaccinated staff were those waiting 28 days after having COVID. A small number of staff had declined, about 4%. We could not make vaccination mandatory but were doing our best to persuade people.

72.9. Flu vaccinations had also crossed the 80% level and flu incidence had been significantly lower due to lockdown, mask-wearing and high levels of vaccination.

72.10. The test and trace cell was still in operation and had been a really effective but was a small team. This team was also running the vaccination centre.

72.11. PA noted the fantastic contribution of CFRs, not only in responding but also providing welfare to crews and supporting vaccination centres. He passed on his sincere thanks.

72.12. DA expressed sadness and condolences to the families of those colleagues sadly lost. He echoed thanks to CFRs and the work of the test and trace and vaccination team.

72.13. HN echoed the above comments but was surprised not to see something on 111 given the launch of 111 First and their contribution to ambulance validation to help SECAmb prioritise sending crews.

72.14. HN further noted the cooperation with fire brigade colleagues. As a West Sussex Governor, he wondered what the West Sussex Fire and Rescue had contributed. He further noted the annual leave backing up and wondered whether consideration had been given to buying back annual leave.

72.15. On annual leave, PA advised that people could carry forward up to four weeks. This decision was made late in the day because the Trust wanted to encourage leave taking for staff wellbeing and patient care. We were in discussion with the centre on buy-back but at present there was no funding for such a scheme. Carried forward leave could be taken over a two-year period.

72.16. PA noted that all four fire services had provided small numbers of people who were trained and now working. West Sussex's contribution had been the smallest.

72.17. On 111, a couple of things had happened. 111 First had been introduced, which meant connecting to hundreds of end points to book people into emergency and urgent care facilities from the 111 system. The effect was currently hard to judge as the demand was so skewed by lockdown that there was no meaningful comparison to assess it against. This may take a full year.

72.18. In the last couple of days our own prescribing service had been launched. NHS Digital had only just given our system a licence to do this.

72.19. 111 had received a positive report from commissioners, but there were teething problems and demand had been entirely unpredictable with 111 First being layered on top of the system. This was now settling down to what we think are normal levels. We were working well with our partners IC24.

72.20. On 999, performance in December and January had been escalated to the Board. Kent was particularly affected by the Kent COVID variant which blocked up the system there. Patients were being held in ambulances, but we managed it dynamically as far as possible

including long distance diverts. This coupled with staff absence were really affecting our staffing levels and hence performance.

72.21. Since the beginning of February, things had improved. We only just missed our Cat 3 target, which was a better performance than we would expect at this time of year. PA noted that we were about to start a national pilot of Cat3-4 validation in 999 which we hoped would help.

72.22. On staff welfare, PA noted that he was proud of the welfare service we provide, which he believed was better than any other ambulance service. The full range of services remained available throughout the pandemic, mostly provided within a week.

72.23. A lot specific to COVID was taking place, particularly helping people with long COVID symptoms. We continued to provide an alternative duties scheme for staff unable to work on the frontline. We had launched a Back Up Buddy app for staff to support wellbeing, including friends and families. We had a pandemic sickness absence management process in place and had undertaken risk assessments for all staff at least once. There had also been increased communications and drop-in meetings through wellbeing and our staff networks.

72.24. In the NHS People Plan was the requirement to have a Board representative responsible for wellbeing and this Wellbeing Guardian was Tom Quinn, NED. This was a new role so it was being worked through but would ensure the Board retained a wellbeing focus when decision-making.

72.25. DA advised the Board had kept a close eye on staff welfare and support. We needed to work hard to recover sensibly.

72.26. On the White Paper, PA noted it was the Government's way of moving forward their restructure of the NHS. Most of the changes wouldn't affect the ambulance service directly. The biggest structural change was the merger of agencies into NHS England and giving Ministers a bit more power to intervene.

72.27. The Integrated Care Systems (ICS, we had four we worked with) would become statutory bodies, taking over from the Clinical Commissioning Groups to make decisions and commission on behalf of regions. Money and service design would flow through ICSs. The concern was whether they might want something different from their ambulance service – at present it was not apparently the case that ICSs would want to run their own ambulance services.

72.28. ICSs will have a duty to collaborate, as would all providers. This would be the big test in terms of making decisions about who gets money. The signs were positive at present but the Board would keep close focus on this.

72.29. There was a raft of other legislative and non-legislative change in the White Paper but none looked to have an effect on SECAmb. Legislative procedures were due to start in 2022.

72.30. SD asked about the EU transition and plans for facing those challenges around the key milestone at 1st July regarding Schengen checks coming into full force, which would impact Kent in particular. The Trust had closed the EU Transition project down. She felt there was still uncertainty around those checks so SECAmb would need to continue to focus on this.

72.31. PA agreed and advised that while the project had wound down, the planning had been done and our operational and management team plans were in place.

72.32. HP noted that it was positive to hear the update on staff welfare. He asked what the uptake was on lateral flow testing. PA noted that everyone who wanted a kit had one. The amount of recording on the system showed that far fewer staff were reporting than had taken the boxes. However, it had been very useful, helping to identify 300+ asymptomatic staff

through the test who had then gone on to have a positive PCR test meaning they could be removed from the workforce about 3 days earlier than otherwise. A second roll out was underway.

73. Assurance from the NEDs – Integrated Performance Report (IPR)

73.1. 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.

73.2. He noted that we had taken into account Governors' comments made about the format of the report.

73.3. HN noted that on page 7 on the overview of targets he found it confusing that green was used for items without targets.

73.4. MM noted that on page 28 regarding gender pay gap, she had welcomed the Gender Equality Network launch on 8th March. DA agreed and noted WWC reflected on this seriously.

73.5. GK noted that on page 8 the definitions of the Categories was not included.

73.6. HN noted that there were a number of acronyms in the IPR not included in the glossary.

73.7. IA advised that the category definitions were listed on the back page of the IPR but she would be grateful if Governors could advise if this wasn't felt to be adequate.

74. Annual report of the Auditor to the Council

74.1. DA welcomed Fleur Niebohr of KPMG to the meeting.

74.2. FN noted that it was important that she talk Governors through the audit process and their approach to the work.

74.3. FN advised that last year had been an unusual year because fieldwork was usually completed in May and had to be undertaken remotely. Each year the financial statements are audited and an opinion given on those and on value for money.

74.4. The auditors read the annual report and agreed that it complied with mandatory content. Usually they also reviewed the Quality Report and tested indicators in that. This was not possible due to the need for liaison with clinical staff and so the requirement to audit was dropped. No assurance was therefore provided on the Quality Report last year.

74.5. FN noted that three years ago there had been an adverse opinion on value for money, then following year this had moved to an acceptable opinion, but last year there was a clean and unqualified opinion which was a testament to all the hard work that had been done to improve processes.

74.6. In all three years there had been a clean opinion on the accounts. The auditors carefully checked areas with the biggest risk, such as the values for our land and buildings which was arrived at through estimation. A lot of work was done to review the Trust's work to arrive at those values. KPMG remained comfortable that there was no error in those values.

74.7. Looking at income and expenditure, KPMG considered audit risks around control totals and meeting financial targets. There was no indication of overstatement from SECAmb but the audit procedures were designed to evaluate that risk.

74.8. In summary, last year's audit provided really positive assurance. There had been fantastic support and coordination from the Trust despite doing this remotely.

74.9. This year, the audit was being planned and initial fieldwork was being undertaken. An independent valuer was being used by the Trust this year on land and building values.

74.10. She looked forward to coming back to report on those outcomes.
74.11. MW noted that he felt it was a good audit that had gone well, and felt that David Hammond and his finance team did very well to deliver a good set of accounts. He thanked KPMG.
74.12. He noted there were new requirements related to Value for Money that would be further explored.
74.13. BC thanked FN for dealing succinctly with the last three years' outcomes, and to David Hammond and his team as it was no mean feat to have that level of turnaround in three years. DA agreed.
74.14. FN noted that on value for money, the requirements had changed as MW had said. In addition to giving an opinion, she was also required to issue a public report that would go into quite a lot more detail about the arrangements the Trust had in place. So, Governors would be provided with a lot more context to the opinion in about June.
74.15. DA thanked FN and she left the meeting.

75. Membership Development Committee (MDC) Report

75.1. 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.
75.2. The MDC met in February and considered membership engagement: strand one, encouraging wider and more consistent engagement and strand two, engaging with constituents. Neither were particularly easy in a COVID environment. The MDC noted disappointment that the Communications Strategy was not on the agenda as originally planned.
75.3. The MDC had held a meeting with the Chair of the WWC to give oversight on existing mechanisms in place to undertake engagement.
75.4. There was a presentation at the Committee of the engagement toolkit designed jointly to be launched as part of the staff survey results and embedded in Trust.
75.5. The MDC discussed ways to reach public members virtually. We had some success with staff members but not with public members with no attendees at two meetings virtual held. This would be looked at again.
75.6. There were plans to connect Governors to local MRCs and CFR teams, once COVID allowed.
75.7. Informal Governor catch up meetings were scheduled and the next one was in April.
75.8. HN was now Deputy Deputy Chair of the MDC as CD as Deputy Chair had issues with internet access.
75.9. BC highlighted the need for Governors to review and approve the MDC's Terms of Reference. These were approved.
75.10. He encouraged Governors to join the MDC where there was good discussion.

76. Governor Development Committee (GDC) Report

76.1. WS noted that the GDC's role was to advise the Trust on its interactions with the Council, on training and facilitating effective interactions, as well as proposing agenda items for Council.
76.2. The last GDC was in February. He noted maintaining confidentiality when observing Committees of the Board which would be trialled and reviewed at a future GDC.

76.3. **Revisions to the Code of Conduct**

76.4. IA advised that Governors had all signed the Code when they joined us. Changes proposed were tracked. It was updated to include extra Information Governance wording, to include reference for the new process to manage concerns about Governors, and to specify the reasons why someone might be precluded from or cease to be able to be a Governor.

76.5. In addition, wording had been added to the Process for Managing Concerns, to make provision for raising concerns anonymously.

76.6. On the Code of Conduct, should the changes be made we would ask Governors to confirm by email. Council approved the proposed changes.

ACTION: Code of Conduct to be updated and Governors to confirm their acceptance by email.

76.7. **Recommendation to update election processes and timings**

76.8. IA noted the proposed changes, which would require changing the Trust's Constitution, which also required Board approval.

76.9. She outlined three of the proposals: to hold the single Lower East vacancy for a year in order to bring that in line with our other elections; add one additional Governor position to the Lower West constituency in 2022 to ensure proportionality; and to change the timing of the elections to run from end September to early December in order to allow more effective shadowing and inductions.

76.10. GK noted that one reason for holding the Brighton post was also financial, which IA confirmed as a cost saving to holding elections at the same time.

76.11. BC asked whether there were originally four Upper West Governors? IA advised things would become clearer when we moved on to the next item for approval.

76.12. Council approved proposals one and two.

76.13. IA outlined the potential downsides of moving the election period however after discussion it was agreed the benefits outweighed the risks and therefore proposals 1-3 were approved.

76.14. IA outlined the fourth proposal to introduce elections every year rather than two years out of three. She noted the pros and cons of the current situation which had been thought through at the GDC. She further outlined the table set out in the paper, which sought to stagger the elections by introducing a one-off two-year term of office for some Governors.

76.15. BC noted that he believed that it was good that suggestions were listened to and a debate was held. He believed equalising the flow of Governors made it worthwhile making these changes. HN also supported the proposed changes due to the risk of having nine experienced Governors move on at once was worth mitigating.

76.16. This was approved.

ACTION: Implement proposed changes to election timings and Governor numbers via Board, updating the Constitution and for elections in 2022

76.17. DA noted that we should carefully monitor the impact on the Team and perhaps consider evening out the workload.

76.18. **Process to appoint an External Auditor**

76.19. IA introduced the paper which set out the responsibility of Council to appoint the External Auditor. The process proposed was to set up a Working Group to undertake the process, consisting of two NEDs and three Governors..
76.20. Three Governors were sought to join the Working Group to bring a recommendation to appoint back to Council.
76.21. DA noted that this was an important process about the broader business of the Trust and asked Governors to express their interest.
76.22. This was agreed.

77. Governor Activities and Queries Report

77.1. WS thanked all Governors and staff involved in activities. He reminded Governors to complete the form provided to update the Council on activities.
77.2. He noted that CFR Governors' support for the Trust was ongoing, and meetings with Estates about Medway had been held as well as the drop-in sessions and informal staying in touch meetings, plus staff engagement advisory group attendance.
77.3. WS noted some of the queries that had come through from Governors including around staff leave: he noted his disappointment in the way that this had been handled.
77.4. Governors had also highlighted concerns around Medway Maritime hospital, assurance around CCP's support and the management of our FaceBook page.

78. Board Assurance Committees' escalation reports

78.1. **Workforce and Wellbeing Committee:**
78.2. TP noted that TQ had joined WWC, which had been useful for a number of reasons, not least he had asked what the 'wellbeing' part of the committee's remit covered. After welcome reflection, the committee would rebalance it's purview to bring in more of a focus on wellbeing rather than the previous focus on HR improvement as it had been for the past few years.
78.3. TP had already reported back to Council on the work around clinical education. There was a good reporting cycle into the Committee. On HR upgrades, he noted that staff colleagues on the call will have experienced new online systems including for pay, and we would learn lessons from the roll out of that. It was felt that generally the systems and structures were now in place to allow significant modernisation of our HR processes.
78.4. An annual programme for WWC had been agreed, and this included the communications structure which fell within the purview of the WWC: there was a discussion underway about looking at the whole broad area of engagement, including communications, to modernise our corporate affairs work.
78.5. Getting pay right was vital and WWC would maintain focus on this. He thanked staff for good papers to the WWC which had improved significantly over the past year.
78.6. TQ added that the Wellbeing Guardian role was new and he was meeting the Wellbeing Lead that afternoon. Once remit of the role was clearer he would like to come back to Council with more detail. He was engaged in the Clinical Education discussions too. The focus on looking after our people in the recovery from the pandemic would be crucial.
78.7. MM was pleased to see staff engagement would be a focus at the next WWC. She still felt that there was not a consistent approach regarding for example engaging with support staff around new ways of working. She asked about talent management and how assured

were the NEDs that we were heading in the right direction with regards to helping staff grow to their full capabilities.

78.8. TP felt this was something that would be picked up through looking at education, training and development across the organisation. The organisation had been distracted for the last year and WWC had been asking for succession planning and talent management plans prior to COVID, so he believed this focus would return.

78.9. GK reinforced the idea that the committee should work more on the wellbeing of staff. Regarding clinical education, GK had a conversation with one of the ClinEd team about the Haywards Heath education facilities, where they had noted things were good apart from having no audio-visual equipment there. He asked if TP was aware of this and TP said he was not.

ACTION: TP would ask about access to audio-visual equipment at Haywards Heath ClinEd facility and respond to Governors to provide assurance.

78.10. CB welcomed Ashley Richardson's appointment and asked how long he had been in post. TP estimated just over two months. CB personally remained unassured that Learning & Development and education in general was creating the right environment to support students. He would like to hear more about assurance and perhaps detail from Ashley in due course.

78.11. TP felt it was right to require greater assurance and noted that the WWC felt exactly the same. The committee needed to see things improving and they had already identified the lack of support for students on the course as an issue.

78.12. In the past there had been significant lack of assurance, for example around not expecting an OFSTED inspection. Things had improved. The link with Crawley College was useful and would provide learning but we needed to do that learning quickly. The new lead was well aware of the pace of change required.

78.13. HN advised that he was pleased to see the corporate affairs issues escalated. He had attended the Patient Experience Group meeting and had been disappointed at the lack of focus. A lack of Corporate Communications Strategy was a worry as we needed unified messaging and use of all channels for pushing things out and bringing information in. Board oversight was required.

78.14. DA agreed and noted that this was covered within the Board discussions. TP felt that it was within the purview of the WWC: it was on the Committee's workplan. TP noted that we had a Communications Strategy but it was out of date.

78.15. DA agreed corporate affairs was under consideration and we were working out what was required. HN felt that communications needed embedding into all projects, change programmes etc, which currently didn't happen.

78.16. DA agreed and noted that there was a wider approach required and the Trust were looking at resources in that area too.

78.17. **Quality and Patient Safety:**

78.18. MM asked about serious incident reporting and why there was partial assurance. LB noted this was because a draft report came to the Committee as a precursor to a full report. There was nothing wrong with the SIs themselves. MM noted that on the harm review, obviously we had been really busy during COVID; how assured were NEDs that we had the processes in place to identify harm. LB noted that she felt the harm review undertaken

around Medway had been excellent and she was assured that we were more systematically doing harm reviews and understanding harm. TQ confirmed that he felt the same – we were on top of this.

78.19. GK asked about the vaccination tent and vaccinations being done. He had heard mixed messages around the licensing: the number of people we had been able to vaccinate recently had been small relative to the numbers of staff we needed to utilise doing it. Was there anything we could do about this?

78.20. As far as LB was aware we were licensed to deliver vaccines there and also moving vaccines around to other Trust locations. PA commented that we were licensed to use the AstraZenica on this site and one other Trust site, which we could move around.

78.21. HN noted he was more concerned about the capacity being there and us unable to expand who we could vaccinate. PA noted that we were exploring this and may well be doing it in future, particularly roving work to harder to reach communities of Surrey. There were no plans to become a public vaccination centre as we would then have to keep it going for a very long time. DA noted that the work would pick up again as second vaccines came through. PA agreed. They had started and large numbers would start coming through in about three week and for another six weeks after that at which point we should decide whether to keep it open. DA noted that it may be worth communicating more widely around the perception voiced by GK.

78.22. **Finance and Investment Committee (FIC):**

78.22.1. HG noted that military aid had been covered at the FIC meeting and approved by the committee alongside other members of the Board.

78.22.2. The operational performance and sustainability plan had focused on performance operating unit by operating unit and noted that there had been great steps forward in February and though it was hard to get assurance traditionally at the meeting itself but the committee was reassured about progress.

78.22.3. 111CAS mobilisation had been considered too, including prescribing which had since gone live. FIC would continue to monitor this closely but considered this a great success in going live with it during a pandemic.

78.22.4. The Committee were assured on the Finance Department structure and patient level costings, which was detailed analysis submitted centrally enabling us to benchmark our costs against other ambulance Trusts. This may allow us to pinpoint efficiencies.

78.22.5. An update had been received on financial planning and commissioning contracts, as well as operational performance, where we had been under significant challenge at the time of the meeting. Month 8 financial performance cost improvement plans and COVID spend had been considered. On Cost Improvement Plans, we had probably lost focus but we had done reasonably well considering. We would not meet our targets however.

78.22.6. On COVID spend, FIC had sought to ensure good governance which had been demonstrated at the February meeting. All Covid spend to 31 March was fully funded.

78.22.7. The ‘case for change’ was introduced at this meeting but a more fundamental review of the business model would be an important area for the Board to focus on over the next couple of years.

78.22.8. DA noted the need to hit two bottom lines in terms of quality and finances.

79. Scrutiny: Quality and Patient Safety Committee

79.1. LB noted that she had prepared a presentation to take Governors through the work of the Committee over the year.

79.2. LB took over as Chair at the beginning of 2020-21 year under sad circumstances, but the QPS had moved forward well over the year.

79.3. Membership was LB, TP, DA and TQ. PA, the Company Secretary and other key people attended regularly. TQ would assume the role of Chair in May 2021.

79.4. DA commended LB and colleagues for their work making sure patients and colleagues were kept safe through this difficult period.

79.5. QPS had continued to manage business as usual through COVID, which was a conscious decision. Management responses kicked off each meeting, providing any additional information requested. Scrutiny items were then covered such as End of Life Care and Infection Prevention and Control. The committee then focused on monitoring performance, such as the clinical audit plan. Risk management and governance was covered, plus horizon scanning and then any other business which can bring topical items to enable the committee to be agile.

79.6. LB described the table showing the annual cycle of business for the committee.

79.7. QPS had held extraordinary meetings which had been 95% focused on COVID during wave 1 and then wave 2. A lot of time had been spent on PPE as this was key to staff safety. Vaccinations had been another ongoing topic of scrutiny, as well as harm reviews.

79.8. LB described a number of areas the Committee had scrutinised and the outcomes and levels of assurance achieved. For example, ePCR had been considered which showed how effective it had been.

79.9. A standing item was around EOC clinical safety which had been followed through the year. Concerns at the beginning of the year had been allayed as the year progressed.

79.10. LB included examples of where QPS had sought external validation of data presented.

79.11. QPS had received exemplary papers on obstetrics and paediatrics.

79.12. She noted that the clinical audit plan was bringing real value to the organisation and provided items for scrutiny at QPS.

79.13. She believed the Committee had moved forward in terms of the quality of papers and some areas of best practice on end-of-life care and Paramedic Practitioner medicines governance.

79.14. She described the standing papers required for the coming year and noted the scrutiny items on the agenda which would come back every year if required or every two years if fully assured.

79.15. GK noted that cardiac arrest issues were not covered in the January meeting. We were below par compared to other services and he would like to see more focus going forward.

79.16. LB agreed and noted it only didn't come because of the more urgent issues around staff absences and performance at that time.

79.17. TQ noted that he was a cardiac arrest researcher and was in regular contact with the team about it: it would come back to committee at some point soon. It was also reported annually and would not disappear from the agenda.

79.18. LB agreed that given the competence of the workforce it felt that we should be doing better than we were. TQ agreed but noted it was also about how the rest of the system worked with us.

79.19. CB asked about the performance report and noting that the acute STEMI (stroke) care bundle has shown a significant reduction. He asked whether the Trust could highlight this reduction to staff and ask the education department to look at improving this figure.

79.20. TQ noted that the issue with the STEMI care bundle has been persistent with reduced compliance documenting the second pain score so the Medical Director was working on improving that. There was also no cardiac network in our patch to agree pathways to jointly scrutinise and improve things across the full care pathway. The White Paper may help support clinical networks.

79.21. GG asked about safeguarding and was pleased to see there as an annual report on this. This was one of the top priorities for the Local Authority leaders. Ensuring safeguarding was effective was extremely important. The discipline of the regular safeguarding report was welcome.

79.22. LB noted that along with the annual report QPS had also covered sexualised behaviour issues which had shown how the safeguarding processes worked in reality.

79.23. DA thanked LB and colleagues for their hard work and continued scrutiny of clinical matters.

80. Any other business

80.1. There was no additional business.

81. **Questions from the public**

81.1. IA advised that a question had been submitted in advance by someone called John M. She read out the question:

81.2. “The Leatherhead ambulance site and others in east Surrey are being marketed as the trust moves to a different operating model. This refers to our make ready model of centralised stations from which crews are dispatched across a locality. It’s supported by several community response posts and the questioner asks where the community response post in the Leatherhead area will be? Ambulance Community Response Posts(or ACRPs) are not ambulance stations but are places where crews can get a cup of tea between jobs and be based while waiting for the next call.”

81.3. IA gave the response from the Trust’s Estates Team:

81.4. “The current thinking is to either co-locate with Surrey Fire and Rescue or to relocate to a location close to the A24/M25 junction. Discussions have commenced with Surrey Fire and Rescue and the Estates team have started the search for a suitable site in Leatherhead but nothing has been confirmed at this stage. We would not at this stage be looking to 'build' an ACRP but more to reconfigure and existing property. I should also note that we try to avoid putting our exact locations in the public domain prior to agreement as this can prejudice our negotiations with landlords.”

81.5. Frank Northcott noted that the change to the electoral procedures is a change to constitution. This was not only in the gift of the Board and Governors but members’ approval was required.

81.6. He believed that no-one attended the local meetings because no-one understood what the new constitutional areas covered. The new electoral areas did not match any NHS areas or the Trust’s footprint. He proposed that Governors be recruited to represent the Trust’s Operational Units. He felt unrepresented by Lower East Governors at the moment.

81.7. FN further said that if Governors were to be more effective they would need to be given tools to do the job, he felt that business cards would help this process.
81.8. DA noted that these comments would be reviewed at the Governor Development Committee.
81.9. DA believed that the public affairs work ongoing might address some of the issues raised, and CFRs were being given email addresses at present.
81.10. IA noted that she was grateful for the suggestion around OU links for constituencies and Governors and would discuss this at the GDC. This was planned in any case via the MDC.
81.11. FN further noted that the FT model was intended to strengthen public representation and the current Trust boundaries did not enable that.

82. Areas to highlight to the NEDs

82.1. DA summarised that he believed the areas to highlight to NEDs were around:
- 82.1.1. continuing work on more coordinated corporate affairs and communications,
- 82.1.2. staff welfare,
- 82.1.3. cardiac care performance,
- 82.1.4. safeguarding,
- 82.1.5. education and training,
- 82.1.6. understanding of the new operating model, and
- 82.1.7. a wider point about management and staff relations on communication around annual leave specifically but more generally as a theme going forward.

83. Review of meeting effectiveness

83.1. DA asked for Governors to comment about areas for improvement.
83.2. DA noted that agenda items should be suggested via GDC or directly to IA.

Signed:

Name and position: David Astley, Chair

Date:

South East Coast Ambulance Service NHS
NHS Foundation Trust

Name of meeting	Council of Governors
Date	27.05.2021 (as presented to the Board of Directors 27.05.21)
Name of paper	Chief Executive's Report

1 This report provides a summary of the Trust's key activities and the local, regional and national issues of note in relation to the Trust during April and May 2021 to date. Section 4 identifies management issues the CEO highlighted to the Board.

A. Local Issues

2 **Executive Management Board**
The Trust's Executive Management Board (EMB), which meets weekly, is a key part of the Trust's decision-making and governance processes.

3 As part of its weekly meeting, the EMB regularly considers quality, operational (999 and 111) and financial performance. It also regularly reviews the Trust's top strategic risks. In addition to the main weekly meeting, we also hold regular Executive 'huddles' to ensure that there is a frequent opportunity for issues to be raised and discussed and action taken.

4 Other issues overseen by EMB during this period include:

- Operational performance – development of a performance and sustainability plan
- Closure of the P Files project, which provides assurance that we have the ID/right to work documents for every member of staff
- Transition from the COVID BCI
- How to recognise the efforts of staff during the past year, e.g. Thank you special leave day
- Overseeing the Agile Working Programme Board – new ways of working when the restrictions on home working are lifted
- Established the Better by Design programme

5 EMB have also discussed and approved the following investment decisions:

- Simulation Ambulance
- Clinical Education Audio Visual Equipment
- Softphones in 999

6 **Engagement with stakeholders and staff**
During recent weeks, I have continued my on-going programme of spending time at our Trust locations, taking all appropriate precautions.

7 I have spent days at Thameside, Coxheath EOC (twice), 111, Medway, Ashford, and Brighton. It is a pleasure to spend time with our frontline staff who are always keen to share feedback on how they have fared during the pandemic. I especially enjoyed meeting new EOC team

	members at Coxheath and Crawley and new 111 team members at Ashford and at Crawley.
8	On 9th April I had the privilege of standing alongside her colleagues and friends, as the team at Chertsey Make Ready Centre said goodbye to Operations Manager Sue Tugwell who very sadly passed away in March. The cortege passed through the Make Ready Centre, allowing us all to pay our respects ahead of the funeral. It was very emotional for everyone who was there but was also very respectful – a very fitting tribute.
9	On 28th April, I attended the first face to face Developing System Leadership in Kent & Medway event, together with other CEOs and senior leaders from across the system. It was an extremely interesting event, recognising the increasing importance of all parts of the NHS properly working together in areas to benefit patients and the local communities. I attended a similar event with the excellent Sussex team on 21st May.
10	**Progression of key estates projects** We are continuing to see good progress being made on our key estate developments: <u>Medway:</u> The contractors, Westridge Construction Ltd, are now on site, undertaking enabling work ahead of demolition work starting. Weekly meetings are taking place to monitor progress.
11	Agreement of the design process timescales is a priority and once confirmed, the project team will be engaging with the sub-groups for feedback. Images of the construction phase will be shared with staff, FAQs are frequently refreshed and an HR sub-group has been established to ensure staff are communicated and consulted with throughout the project. An Operational Readiness sub-group is also being set up, to plan and discuss how the 999 and 111 services will work more closely together at the new site.
12	<u>Banstead</u>: Excellent progress has been made with the old site demolished and construction of the new building started in early May. Detailed drawings/designs and specifications have been ratified at the Project Board. An HR sub-group has been established to ensure staff are communicated and consulted with throughout the project.
	A. Regional Issues

13	**Further development of 111 Clinical Assessment Service (CAS)** I am really pleased to share positive news about the next development phase of our 111 Clinical Assessment Service (CAS). We have been working closely with Cleric, our CAD provider and external bodies including our Commissioners, NHS England and NHS Digital for some time to implement an Electronic Prescribing Service (EPS) within the CAD – the first ambulance service to do so!
14	EPS is an integral part of having a fully functioning CAS, as per the NHS England Integrated Urgent Care (IUC) specification. Currently the Trust only allows General Practitioners to generate prescriptions from the CAS however, once the appropriate governance is in place, the intention remains for SECAmb to utilise Non-Medical Prescribers (NMPs) like Advanced Nurse Practitioners and other appropriately skilled independent prescribers including Pharmacists and Urgent Care Practitioners to prescribe.
15	Following a rigorous testing process, as of 6th May 2021, all KMS 111 CAS staff employed by SECAmb or our sub-contractor IC24, are working off Cleric. Having one CAD operating platform will improve our efficiency and effectiveness, leading to improved responsiveness and ultimately, better care for our patients.
16	Well done to everyone involved and we look forward to our 111 CAS continuing to make a positive difference to the wider urgent and emergency care system across our region as we move forward.
17	**Double reunion** On 10th May, we celebrated a double reunion when father and son Brian and Gary Bales from Selsey in West Sussex were reunited with and thanked some of the ambulance crews, volunteers and members of the public who came to their aid after they both required resuscitating within three years of each other.
18	Gary was visiting his parents in March of this year when he was suddenly taken unwell with chest pain and subsequently collapsed. After his parents called 999, he received initial care from a member of the Selsey Community First Responder team, before being treated by two ambulance crews and a Critical Care Paramedic. The team worked closely together before taking Gary to Queen Alexandra Hospital in Portsmouth, where he received emergency treatment and had four stents fitted.
19	Three years prior, Dad Brian had been in a similar position. He had suffered a cardiac arrest and received initial treatment from a member of the public using a Public Access Defibrillator, followed again by the local Selsey CFR team ahead of the ambulance crews arriving.
20	During the reunion, it was great to see both Brian and Gary looking so well. Their story illustrates clearly the benefits of community first responders, public access defibrillators and also the important role bystanders can play in the chain of survival, prior to the arrival of our ambulance crews.

21	**Executive Director of Operations appointment** On 30th April 2021 we formally announced the appointment of Emma Williams as our new Executive Director of Operations following an extensive recruitment and selection process.
22	Emma had been undertaking the role on an interim basis, since the retirement of Joe Garcia at the end of March but I am delighted to now see Emma substantively in this key role.
23	Emma began her career in the ambulance service in 1996 as a trainee qualified ambulance technician with London Ambulance Service. Progressing to qualify as a paramedic in 1999, she spent the next 10 years operating as a paramedic practitioner before undertaking a range of roles including service development, staff engagement and governance. In 2014 she became Head of Urgent Care at South Western Ambulance Service NHS Foundation Trust before leading a commissioning team in North East Hampshire prior to joining SECAmb in 2019.
24	Emma faced competition from a strong field of external candidates but she has the right skills for the Trust and is a great addition to the team.
	B. National Issues
25	**COVID-19 outbreak** As the pandemic progresses and we begin to see some of the national restrictions lifted, we are continuing to monitor the situation closely and take a cautious approach to returning to 'business as usual'.
26	Governance**:** The COVID Management Group (CMG), chaired by Bethan Eaton-Haskins, our Lead Director for COVID-19 continues to meet weekly, ensuring that all decisions and actions related to COVID are considered appropriately.
27	'Roadmap' through the pandemic: We are continuing to monitor the key stakes in the Government's 'road-map' for lifting the restrictions to understand the impact on our staff as well as on operational demand (see below).
28	COVID Vaccination programme: Since the commencement of our overall vaccination programme on 21st December 2020 and our in-house programme on 10th January 2021, 82% of our staff have now received both doses of the vaccine to date.
29	This has been a fantastic achievement and I would like to thank everyone who has been involved in delivering our vaccination programme. From chatting with staff, I know just how important it was to them that we took a proactive approach to vaccinations and just how much they appreciated being able to access vaccinations as early as possible.
30	We ceased providing first doses of the vaccines directly to staff on the 31st March 2021 and will cease providing second doses on 13th June 2021. However, our vaccination team are continuing to closely monitor potential national developments around 'booster' vaccine doses and will ensure that, if this becomes available, we are able to mobilise to provide this to our staff in a timely way.

31	**Ambulance Leadership Forum (ALF)** The Ambulance Leadership Forum (ALF) took place on 18th May 2021. The virtual event format allowed more staff to attend and the event offered interesting insights in the future direction of the ambulance service as well as providing an opportunity to celebrate best practice. My personal highlights were the sessions with Lord Victor Adebowale, Simon Stevens and Anton Emmanuel.
32	ALF is also an opportunity to acknowledge the wonderful achievements of ambulance staff right across the country and it gave me great pleasure to see our very own Medway Paramedic, Jenna Gibson, awarded the very prestigious honour of outstanding achievement in the role of Paramedic**.** Jenna, who has a hearing impairment, was instrumental in the raising awareness of hearing loss and in the development of our hearing-impaired badge which staff can attach to the epaulettes. Well done Jenna on your award!
	National launch of iPADs for ambulance staff
33	ALF also saw the national announcement by NHS England of investment to provide 30,000 iPADs to front-line ambulance staff to support the delivery of patient care.
34	Within SECAmb, we invested significantly four years ago to provide individual issue iPADs to all front-line staff to enhance the care they provide to patients out on the road. As a result of being an early adopter, we were asked to feature as a case study in the national launch and it was great to see Dr Fionna Moore feature in national media, describing the benefits their use has brought to staff.
35	As well as further developing the Electronic Patient Care Record (ePCR), we continue to investigate ways to further utilise the functionality that the iPADs provide, including the development of bespoke apps.
	C. Escalation to the Board
36	**Operational Performance** The demand for our 999 service has been far higher than we would expect to see at this time of the year as the lockdown restrictions are released. This increased activity is being seen nationally as well as within our local health system. Our 111 service has also seen an increased level of activity a trend also being experienced nationally by other 111 providers.
37	Looking ahead, we are particularly concerned about the potential impact from 21st June 2021 when it is anticipated that the final national COVID restrictions will be lifted. This is likely to result in a further increase in operational demand and it's important that we ensure we are planning now to maximise the availability of front-line resources to meet the demand during this period.
38	Emma Williams, our Executive Director of Operations is leading the development and delivery of an over-arching plan to improve our operational performance focussed on the next three-month period. Through our quality and safety governance framework, we also continue to closely monitor the impact of any delays on our patients.

[redacted]

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Integrated Performance Report

Trust Board
May 2021

Data up to and including April 2021

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

Contents

CQC Rating and Oversight Framework

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

*	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 presented with one new data set this month: complaints relating to privacy and respect. Targets have been added in a few places.
- 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.

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 – an exception report is provided as this is taking longer than anticipated for good reason.

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

The IPR continues to develop and each month we are improving and adding to the metrics. In this IPR these include new metrics on our 111 / Clinical Advice Service (CAS); our Freedom to Speak up work; further details of operational staff welfare in the form of meal breaks taken within the meal break window; and IT metrics on requests made to the helpdesks for the corporate and clinical systems.

The aim of the report is to show the key performance indicators and highlight to the Board through the exception reports the areas where the executive is most concerned. Directors will talk to these areas at the meeting, and this time I will specifically draw the Boards attention to; training and appraisals; sickness levels; and staff welfare both in terms of trends around bullying and harassment and meal break compliance.

I reported to the last public board meeting in March that we have downgraded our escalation level to REAP level 3. Since March we have reduced again to REAP level 2. This has in part been possible as we have continued to welcome shielding staff back into the frontline. This has also been complimented by a large reduction in the number of staff isolating due to potential or confirmed exposure to COVID.

Our vaccination programme has played a big part in this, and I am delighted to be able to report that 86% of our staff have had one vaccination and of those 92% have had two.

The focus and effort that we have put into ensuring we have as many staff as possible available, has been the key factor in being able to manage the large increases in demand that we have seen as the national lockdown continues to be released.

The current incident responses within our 999 service are running at over 10% above the levels we would normally expect at this time of year. As a result, we are not hitting our targets to the levels set, and this position is also being reflected nationally by other Ambulance services and regionally by the other provider Trusts in the South East.

Our 111 service has also seen an increased level of activity and in April was 14% above the activity levels expected. This is again a trend being experienced nationally by other 111 providers. Our CAS has continued to provide clinical advice and outcomes to patients which has meant that they have not needed to go to a hospital or other care location. This helps the entire health system to manage demand when it is particularly busy.

In order to manage these pressures which we expect to continue in to the summer months, the Operational leadership team will continue to ensure that there is appropriate focus and planning on delivery of the core services over what will be a very difficult period.

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.

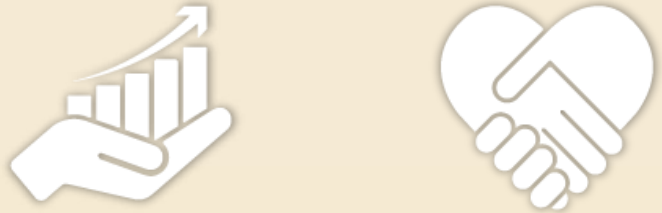
Our Priorities

- *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 (May 2021)

Key indicators at a glance for April 2021 (unless otherwise indicated)

Safe

Metric	Apr-21	PD
999 Frontline Hours Provided %	99.10%	▲
Number of Incidents Reported as SIs	7	▼
Hand Hygiene Compliance %	94.00%	▼
Violence and Aggression Incidents (Number of Victims - Staff)	65	▼
Medicines Management % of Audits Completed	95.00%	●
DBS Compliance %	100.00%	●
Number of RIDDOR Reports	10	▼

Effective

Metric	Apr-21	PD
**Cardiac ROSC Utstein %	48.50%	▲
**Stroke - Assessed F2F Diagnostic Bundle %	95.80%	▼
**Sepsis Care Bundle %	86.30%	▲
**Acute STEMI Care Bundle Outcome %	63.90%	▼
ECAL Mean Response Time	00:23:43	▲
999 Operational Abstraction Rate %	25.20%	▲
Statutory & Mandatory Training Rolling Year %	67.10%	▼

** February 2020 data

Caring

Metric	Apr-21	PD
Proportion of Complaints Relating to Crew Attitude %	31.00%	▲
End of Life Care Performance		■
Falls Performance		■
Complaints relating to privacy and respect %		■
Dementia Performance		■

Responsive

Metric	Apr-21	PD
Cat 1 Mean	00:07:32	▲
Cat 1 90th Centile	00:13:56	▲
Cat 2 Mean	00:18:54	▼
Cat 2 90th Centile	00:34:58	▼
Cat 3 90th Centile	02:58:41	▼
Cat 4 90th Centile	04:28:40	▼
999 Call Answer Mean	00:00:05	▼
111 Calls Answered in 60 Seconds %	53.40%	▼
111 Calls Abandoned - (Offered) %	7.70%	▼
111 to 999 Referrals (Answered Calls) %	8.70%	▲
Complaints Reporting Timeliness %		-

Well-Led

Metric	Apr-21	PD
Disciplinary Cases	9	▼
Collective Grievances	1	▼
Bullying & Harrassment Internal	5	▲
Annual Rolling Turnover Rate	10.80%	▼
Annual Rolling Sickness Absence	7.10%	●
Absence Relating to Mental Health %	6.70%	●
Absence Relating to MSK %	8.30%	▼
999 Frontline Late Finishes/Over-Runs %	51.90%	▲
Staff Successfully FIT-Tested %	91.30%	-

Symbol Key

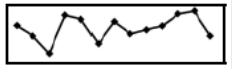
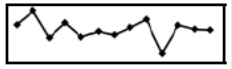
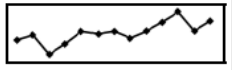
▲ Improving performance	▼ Deteriorating performance	-	Data not provided
● No change	■ Aspirational metric	PD	Performance direction

Current Operational Performance
999 Emergency Ambulance Service (as of 17/05/21)

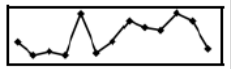
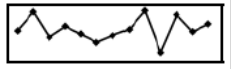
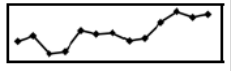
	Target		Month to Date			Quarter to Date		
Category	Mean	90th Centile	Incidents	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	2304	00:07:48	00:14:36	6275	00:07:38	00:14:07
C1T	00:19:00	00:30:00	1495	00:09:17	00:17:11	3987	00:09:19	00:17:13
C2	00:18:00	00:40:00	18913	00:19:31	00:36:40	50672	00:19:07	00:35:40
C3		02:00:00	10814	01:27:25	03:15:40	30834	01:23:09	03:04:51
C4		03:00:00	254	01:45:43	04:00:00	646	01:48:45	04:12:27
HCP 3			589	02:08:57	03:59:13	1747	02:04:37	04:00:01
HCP 4			393	02:51:59	05:34:33	1222	02:47:11	05:17:45
IFT 3			353	01:51:45	03:43:10	903	01:53:23	03:53:21
IFT 4			63	02:25:29	04:57:28	152	02:18:19	04:38:46
ST			11575	31.94%		31774	32.03%	
SC			22022	60.77%		60434	60.91%	
HT			2642	7.29%		7003	7.06%	
Count of Incidents			36239			99211		
Count of Incidents with a Response			33597			92208		
999 Mean	Call Answer Target 00:05		37127	00:05		100793	00:05	
999 90th	Call Answer Target 00:10			00:02			00:02	
Trust EOC 999 Abandoned Calls			26	0.1%		89	0.1%	
A0	EOC All Calls		40887			111398		

Current Operational Performance
999 Emergency Ambulance Service (26/04/2021 – 16/05/2021)

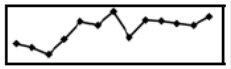
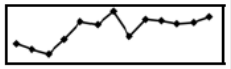
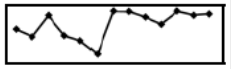
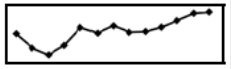
CAT 1

	26/04	03/05	10/05	Last 13 Weeks
Mean	00:07:51	00:07:52	00:07:28	
90th Centile	00:14:40	00:14:47	00:13:51	
RPI	1.56	1.55	1.55	
Count of Incidents	1022	929	977	

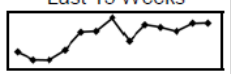
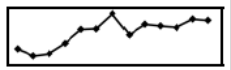
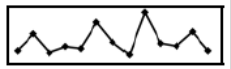
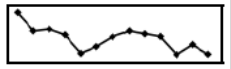
CAT 1T

	26/04	03/05	10/05	Last 13 Weeks
Mean	00:09:42	00:09:31	00:08:53	
90th Centile	00:17:28	00:17:29	00:16:31	
RPI	1.58	1.53	1.55	
Count of Incidents	642	624	633	

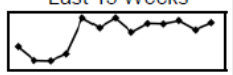
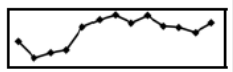
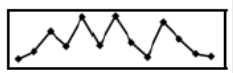
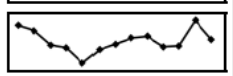
CAT 2

	26/04	03/05	10/05	Last 13 Weeks
Mean	00:19:10	00:18:59	00:19:52	
90th Centile	00:35:39	00:35:53	00:37:00	
RPI	1.07	1.07	1.07	
Count of Incidents	7736	8007	8064	

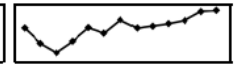
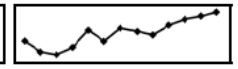
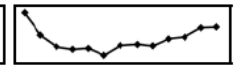
CAT 3

	26/04	03/05	10/05	Last 13 Weeks
Mean	01:20:46	01:28:07	01:28:19	
90th Centile	03:01:13	03:18:26	03:15:40	
RPI	1.06	1.06	1.06	
Count of Incidents	4500	4601	4503	

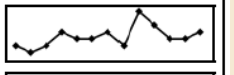
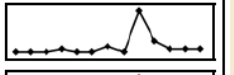
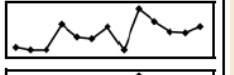
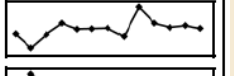
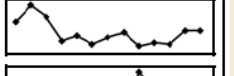
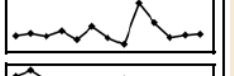
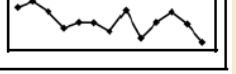
CAT 4

	26/04	03/05	10/05	Last 13 Weeks
Mean	02:05:18	01:51:47	02:02:19	
90th Centile	04:14:00	03:55:09	04:31:20	
RPI	1.05	1.03	1.02	
Count of Incidents	74	103	81	

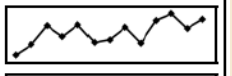
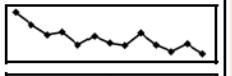
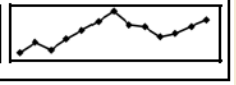
Demand/Supply

	26/04	03/05	10/05	Last 13 Weeks
999 Call Volume	15073	15514	15821	
Incidents	14868	15250	15301	
Transports	9194	9284	9393	
Staff Hours Provided Vs 67635 target	99.8%	101.9%	102.1%	

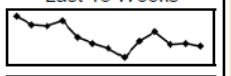
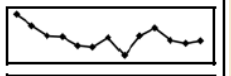
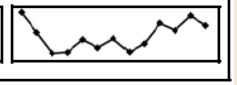
999 Call Handling

	26/04	03/05	10/05	Last 13 Weeks
Mean Call Pickup Time (Seconds)	4	4	5	
Call Pickup Time 90th Percentile (Seconds)	2	2	2	
Call Pickup Time 95th Percentile (Seconds)	23	22	29	
Call Pickup Time 99th Percentile (Seconds)	83	88	80	
Average Call Length (seconds)	370	378	378	
Abandon Rate	0.05%	0.06%	0.07%	
Staff Hours Provided Vs 4808 target	120.3%	112.9%	101.4%	

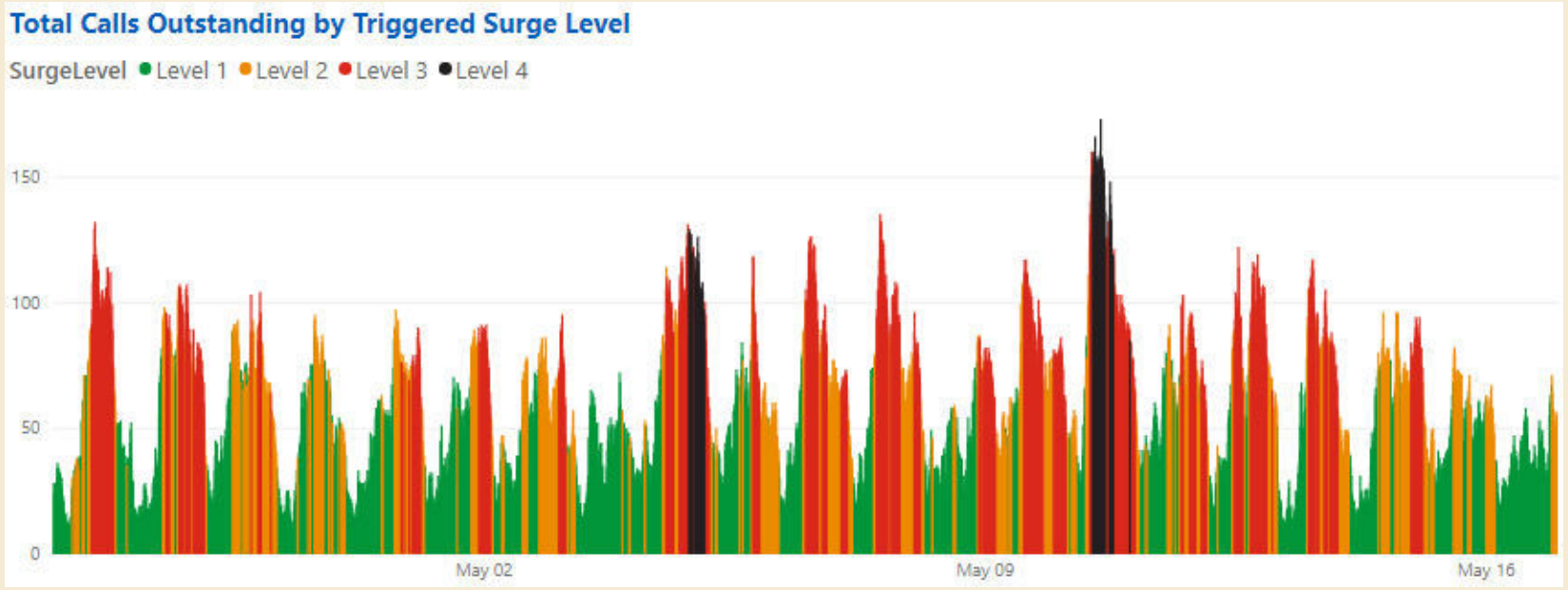
Incident Outcome

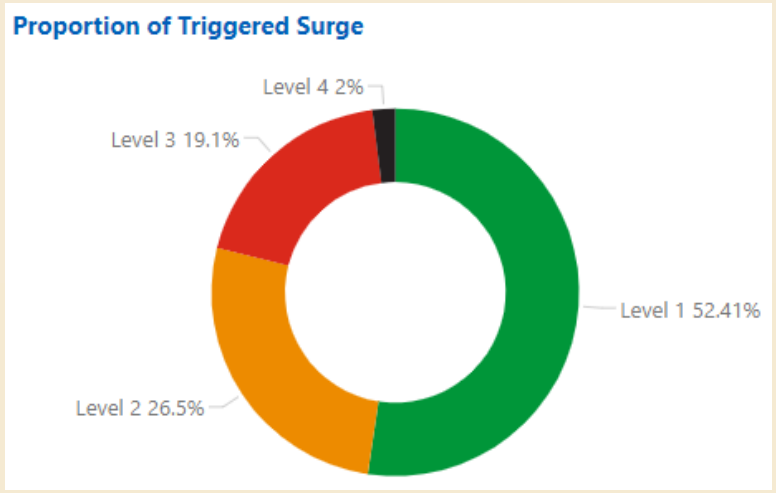
	26/04	03/05	10/05	Last 13 Weeks
See and Convey	61.8%	60.8%	61.4%	
See and Treat	31.6%	32.3%	31.4%	
Hear and Treat	6.6%	6.9%	7.2%	

Call Cycle Time

	26/04	03/05	10/05	Last 13 Weeks
Clear at Scene	01:19:35	01:19:43	01:19:22	
Clear at Hospital	01:49:18	01:49:01	01:49:14	
Hours Lost at Hospital	1068	1160	1100	

Current Operational Performance
999 Emergency Ambulance Service (26/04/2021 – 16/05/2021)





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	Flu Vaccine Compliance 2020/21	This year the Trust improved on the previous year's final totals for both frontline staff (82.3%) and total staff (74.5%). The next planning meeting will discuss the learning outcomes from this year's programme and look at how the impact of a possible Covid-19 booster will fit into a combined programme.
Safe	Patient experience data	The development of patient experience data is planned as part of the work to embed the Patient Experience Strategy. Unfortunately, this was delayed due to Covid but early work has now restarted. Over the next few months, the Patient Experience Group will lead the development of patient experience reporting from appropriate data.
Effective		Nothing new to report.
Caring	Complaints relating to privacy and dignity	There have not been any complaints received relating to privacy and dignity since May 2020.
Responsive	Community First Responder (CFR) attendances	Following a brief stand down of CFRs responding between March and June 2020 due to the Covid Pandemic, the Community Resilience Team has been concentrating its efforts on re-motivating and engaging with the volunteers who returned to responding, alongside a full recruitment and training programme for new volunteers. The success of this piece of work is clearly displayed in the numbers, where we have fewer volunteers attending more patients in a timely manner.
Well-led	IT metrics	This is the first time IT metrics have been reported in the IPR. The Trust does not currently report in the IPR the system uptime, however this will be collected from 1 May with the criteria of any total system outage. Outages caused by planned maintenance will be highlighted in the exceptions. The performance charts (later in this report) show both the number of requests to the IT Service Desk and Critical Systems Team. This month, the IT Service Desk saw a reduction in new Marval requests due to the introduction of the Self Service Password Reset Tool. This has reduced the number of calls by approximately 150.
Well-led	Freedom to Speak Up (FTSU)	This is the first time Freedom to Speak Up (FTSU) metrics have reported in the IPR. In order to capture a true picture for FTSU the numbers reported within the IPR will show all concerns open (including those raised in previous months that remain open/in progress). The numbers shown for 'closed with resolution' will evidence only those concerns closed where a learning outcome or a satisfactory response has been achieved e.g. this recognises that at times the concern raised can be a misunderstanding or lack of information and an explanation from the relevant party can close the concern with a resolution although no investigation has taken place. The numbers related to 'closed without resolution' will show the concerns that have been closed but no actions or satisfactory responses have been achieved. In these instances, those raising the concern have the option to either move on or to take a formal route. In cases where someone has raised a concern but chosen to take forward a grievance, the FTSU case will remain open until the grievance is completed. As the dataset builds, exception reporting and mitigations will be included as required.

Trust Overview:
Summary of Exceptions

Domain	ID	Exception
Safe	Section 135 (1) Response	There were three responses classified as Section 135 (1) conveyances in March – April 2021, one of which appears to be a potential incorrect classification (patient was not at home address so 135 (1) could not be applied). Two other incidents were delayed conveyances due to no resources being available to convey.
Effective	Statutory & Mandatory Training (YTD and Rolling YTD)	12.22% YTD compliance rate (April 2021); 67.07% rolling YTD compliance rate which is similar to April 2020. It should be noted classroom key skills training for A&E staff has not been run in April for the last two years, which may account for the decline in compliance during this period.
Caring	Dementia Care	During late 2020/21 the Trust developed a Dementia Strategy with key stakeholders. However, consultation was delayed due to REAP 4 and the need to focus on BAU post Covid peak.
Responsive		Nothing new to report.
Well-led	Organisational Risks Outstanding Review	During the past two months 52-59% of organisational risks have not been reviewed, some of which are extremely out of date. There are multiple reasons for this relating to leads being preoccupied with the Covid response; them not habitually accessing the risk register to take stock of their risks and accountable groups/committees not routinely requesting updates and assurance.
Well-led	Appraisals (YTD and Rolling YTD)	The Appraisal YTD completion rate has declined from 5.4% in April 2020 to 3.4% in April 2021. Completion rates are expected to improve throughout the year. In March 2021, the Appraisal Rolling YTD fell below the end of year rate of 52.24% which is likely due to a combination of recent pressures.
Well-led	Annual Rolling Sickness Absence	April sickness average reflects average % of last twelve months. The Trust is likely seeing the impact of increased hours that staff have been working over the last year. The Wellbeing Hub is predicting an increase of mental health referrals from employees over the course of the next year, as we come out of the pandemic, and is preparing for such.
Well-led	Disciplinary Cases	Increase of cases in one month after a period of falling numbers; the work continues to reduce the number of formal ER cases. A revised disciplinary policy and guidance in line with a Just and Restorative Culture will be developed in the Summer, and will be a part of Made@SECAmb, and a new ER case learning review process has begun to identify how the Trust can appreciate systemic and policy failures that have led to ER cases.
Well-led	Bullying & Harassment (internal)	An increase in cases has been identified during March and April. These are being examined to identify whether there are any common underlying issues.
Well-led	Meal Breaks taken outside window	A new metric for the IPR, this demonstrates the proportion of meal breaks that are taken outside the allocated three-hour window within a shift in which they should be taken for optimum comfort.

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
S135 (1)	Standards: *Section 135 (1) Response* Definition:	There were three responses classified as Section 135 (1) conveyances in March – April 2021, one of which appears to be a potential incorrect classification (patient was not at home address so 135 (1) could not be applied). Two other incidents were delayed conveyances due to no resources being available to convey.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: Further scrutiny into the apparent incorrect classification to be taken by Mental Health Lead.	Named person: Emma Williams Executive Director of Operations Complete by date: ASAP

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
STAM	Standards: *Statutory & Mandatory Training (Rolling YTD)* Definition:	67.07% rolling YTD compliance rate and is similar to April 2020. It should be noted that classroom key skills training for A&E staff has not been run in April for the last two years, which may account for the decline in compliance during this period.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: Monitor compliance rate on a monthly basis. Managers to be encouraged to ensure their staff complete their statutory and mandatory training. The L&D Team is arranging regular relationship meetings with SLTs to communicate issues and to identify barriers achieving compliance. Statutory & mandatory training compliance will be a regular agenda item to drive improvement. From October 2021 statutory and mandatory training compliance will be confirmed during colleagues' annual performance appraisal meeting.	Named person: Ali Mohammed Executive Director for HR & OD Complete by date: End of June 2021

Performance by Domain
Caring: Exception Report

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

ID	Standard	Background
Dementia	Standards: *Dementia Care* Definition:	During late 2020/21 the Trust developed a Dementia Strategy with key stakeholders. However, consultation was delayed due to REAP 4 and the need to focus on BAU post Covid peak.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: A draft of the Dementia Strategy is out for internal consultation. Dementia data will follow after approval of the strategy	Named person: Bethan Eaton-Haskins Executive Director for Nursing & Quality Complete by date: ASAP

Performance by Domain
Well-led: Exception Report

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	Standard	Background
Organisational Risks	Standards: *Organisational risks outstanding review* Definition:	During the past two months 52-59% of organisational risks have not been reviewed, some of which are extremely out of date. There are multiple reasons for this relating to leads dealing with the Covid response; them not habitually accessing the risk register to take stock of their risks and accountable groups/committees not routinely requesting updates and assurance.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The actions to mitigate are three-fold: 1) All principle risks owners have been written to and informed their risks require a review; 2) All accountable execs have been updated regarding outstanding risks sitting under them - these actions created an instant flurry of activity from many risks owners; 3) Plans are in place to gradually change the Trust's risk management process which, in the longer term will support better, more robust oversight and management of risk; all of which will be expedited with the successful recruitment of a Trust Risk Lead.	Named person: Bethan Eaton-Haskins Executive Director of Nursing & Quality Complete by date: ASAP

Performance by Domain
Well-led: Exception Report

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ID	Standard	Background
Appraisals	Standards: *Appraisals (YTD & Rolling YTD)* Definition:	The Appraisal YTD completion rate has declined from 5.4% in April 2020 to 3.4% in April 2021. Completion rates are expected to improve throughout the year. The Appraisal Rolling YTD has fallen below the end of year rate of 52.24% in March 2021 likely due to a combination of recent pressures.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: As pressures ease line managers are encouraged to complete appraisals. Appraisal completion rates will continue to be monitored and reported to line managers for action. The L&OD Team are designing new appraisal training for line managers to be rolled out in Q2/3. In October 2021, the current online appraisal will transition to ESR. The new ESR online appraisal form will have improved reporting functions and will work with pay progression. Line managers will need to demonstrate that they have completed their direct reports appraisals to progress to the next pay point where this is applicable. The L&D Managers will include appraisal compliance rates as a regular management information agenda item in their SLT relationship management meetings. A new Appraisal Policy is currently being drafted. The policy will clearly set out roles and responsibilities and the general principles of appraisals.	Named person: Ali Mohammed Executive Director of HR & OD Complete by date: October 2021

Performance by Domain
Well-led: Exception Report

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ID	Standard	Background
Sickness Absence	Standards: *Annual Rolling Sickness Absence* Definition:	April sickness average reflects average % of last twelve months. The Trust is likely seeing the impact of increased hours that staff have been working over the last year. The Wellness Hub is predicting an increase of mental health referrals from employees over the course of the next year, as we come out of the Pandemic, and is preparing for such. However, while sickness rates have increased, as yet, we are not seeing a consequential rise in referrals to the Wellness Hub even with greater publicity.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: HRBP's will work with managers to highlight the Wellbeing Hub service.	Named person: Ali Mohammed Executive Director of HR & OD Complete by date: Ongoing

Performance by Domain
Well-led: Exception Report

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ID	Standard	Background
Disciplinary Cases	Standards: *Disciplinary Cases* Definition:	Increase of cases in one month after a period of falling numbers; the work continues to reduce the number of formal ER cases. A revised disciplinary policy and guidance in line with a Just and Restorative Culture will be developed in the Summer, and will be a part of Made@SECAmb, and a new ER case learning review process has begun to identify how the Trust can appreciate systemic and policy failures that have led to ER cases.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The implementation of a just and restorative culture (JRC), with a revised ER policy framework, and management training will reduce the number in the long-term. Short-term, all ER cases are reviewed by the Head of HRBP, with enhanced tracking and reporting of all cases.	Named person: Ali Mohammed Executive Director of HR & OD Complete by date: In place

Performance by Domain
Well-led: Exception Report

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ID	Standard	Background
Bullying & Harassment	Standards: *Bullying & Harassment (Internal)* Definition:	An increase in cases has been identified during March and April. These are being examined to identify whether there are any common underlying issues.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The increase in case numbers has prompted work to be carried in partnership with the unions to reduce the numbers in the long-term and also set boundaries on professional behaviour.	Named person: Ali Mohammed Executive Director of HR & OD Complete by date: Now in progress

Performance by Domain
Well-led: Exception Report

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ID	Standard	Background
Meal breaks	Standards: *Meal breaks taken outside window* Definition: *Proportion of meal breaks taken outside the allocated three-hour break window*	This indicator is now included in order to give the Board a fuller sense of the application in practice of the Trust's Meal Break Policy. The Trust's Meal Break Policy states: A 30-minute unpaid meal break will be allocated during any operational shift which is longer than six hours. For shifts shorter than six hours no meal break will apply. This is in keeping with the European Working Time Regulations. Meal breaks will be taken within a three-hour window. The three-hour window will commence from the fourth hour after the shift start for shift lengths greater than eight hours. Shifts rostered of eight hours duration will commence their meal-break window from the third hour after shift start.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: For March and April the proportion of breaks taken outside the ideal three-hour window was around 50%. There has been good progress in ensuring the vast majority of frontline colleagues receive their breaks, however resourcing pressures (described elsewhere) in March and April have meant that our dispatchers have struggled to allocate half of these breaks during the window. Actions being taken to improve efficiency will have a direct impact on compliance with the meal break window.	Named person: Emma Williams Executive Director of Operations Complete by date: Ongoing

Performance by Domain
Safe: Performance Dashboard

We protect our patients and staff from abuse and avoidable harm

ID	Metric	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-1	Number of Datix Incidents	834	973	905	940	861	952	1342	1470	1751	1595	1070	1149	1051					▲
QS-2	Number of Incidents Reported as SIs	5	7	9	10	5	2	4	9	8	6	7	1	7					▼
999-12	999 Frontline Hours Provided %	97.30%	99.10%	93.80%	89.30%	92.50%	91.20%	94.60%	99.40%	95.10%	96.10%	103.20%	96.90%	99.10%	100.00%		-		▲
QS-3	Duty of Candour Compliance %	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.00%	80.00%	67.00%	100.00%	75.00%	100.00%	100.00%		=		▲
QS-7	Hand Hygiene Compliance %	95.00%	95.00%	92.00%	82.00%	97.00%	93.00%	99.00%	95.00%	96.00%	94.00%	93.00%	95.00%	94.00%	95.00%		-		▼
QS-8	Safeguarding Training Completed (Children) Level 2 %	12.30%	35.60%	60.20%	67.10%	69.90%	72.70%	74.90%	74.90%	78.20%	79.40%	82.00%	90.40%	88.70%	95.00%		-		▼
QS-13	Violence and Aggression Incidents (Number of Victims - Staff)	60	67	68	69	75	66	124	74	70	53	60	60	65					▼
MM-1	Number of Medicines Incidents	112	168	111	146	103	89	162	141	125	125	142	173	152					▲
MM-3	Single Witness Signature Use CDs Omnicell	4	2	0	0	14	0	3	0	6	5	9	4	3	0		-		▲
MM-4	Single Witness Signature Use CDs Non-Omnicell	0	1	0	0	0	0	0	0	3	1	1	1	0	0		=		▲
MM-5	Number of CD Breakages	20	17	17	16	14	14	17	9	25	21	10	27	16					▲
MM-7	Medicines Management % of Audits Completed	99.00%	100.00%	99.00%	99.00%	99.00%	98.00%	98.00%	94.00%	94.00%	93.00%	88.00%	95.00%	95.00%	100.00%		-		●
WF-1	Number of Staff WTE (Excl bank and agency)	3734	3768	3784	3793	3806	3859	3888	3967	3956	3959	3968	3974	3945					▼
WF-2	Number of Staff Headcount (Exc bank and agency)	4075	4120	4141	4154	4173	4231	4271	4354	4345	4353	4358	4367	4335					▼
WF-3	Finance Establishment (WTE)	3905	3905	3905	3800	3816	3818	3880	3925	3950	3951	3956	3946	3946					●
WF-4	Vacancy Rate %	4.40%	3.50%	3.10%	0.20%	2.60%	-1.10%	-0.20%	-1.10%	-0.20%	-0.20%	-0.30%	-0.70%	0.10%					▼
QS-9	Number of RIDDOR Reports	2	8	6	11	8	7	16	5	9	9	12	8	10					▼
WF-16	DBS Compliance %			100.00%	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		=		●
M-20	Compliant NHS Pathways Audits (Clinical) %	77.00%	80.00%	84.00%	95.00%	95.00%	83.00%	96.00%	94.00%	92.00%	93.00%	90.00%	93.00%	92.00%					▼
M-21	Required NHS Pathways Audits Completed (EMA) %			82.00%	102.00%	102.00%	100.00%	100.00%	100.00%	100.00%	98.00%	49.00%	96.00%	103.00%					▲

▲ 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	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	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%	82.00%	83.00%	85.00%	83.00%	100.00%		-		▼
M-23	Required NHS Pathways Audits Completed (Clinical) %						85.00%	85.00%	94.00%	100.00%	100.00%	97.00%	100.00%	102.00%					▲
QS-17	Outstanding Actions Relating to SIs, Outside of Timescales	500	448	320	288	248	172	158	127	111	126	112	117	141					▼
QS-19	Deep Clean Compliance %	77.00%	107.00%	105.00%	103.00%		92.00%	95.00%	86.50%	82.50%	72.80%		94.90%	95.00%					▲
QS-20	Health & Safety Incidents			43	42	35	42	37	35	22	35	33	31	29					▲
WF-24	Current licence details held for Operational Staff %					79.30%	88.80%	88.50%	88.10%	86.40%	89.50%	90.40%	92.40%	96.10%	100.00%		-		▲
QS-22	Manual Handling Incidents			22	46	30	26	29	26	24	29	32	22	17					▲
QS-25	Flu Vaccine Compliance (Winter 2020-21)							58.00%		78.80%		79.80%	80.10%		90.00%				-

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

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\- 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: **February 2021**

ID	Metric	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-11	JCT Allocation to Clear at Scene Mean	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	01:22:00	01:19:51	01:19:00	01:18:57					▲
999-11	JCT Allocation to Clear at Hospital Mean	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	01:57:24	01:51:48	01:49:29	01:49:30					▼
M-1	**Cardiac ROSC Utstein %	33.00%	43.00%	45.00%	32.00%	46.00%	45.00%	44.00%	47.70%	40.90%	40.00%	48.50%							▲
M-2	Cardiac ROSC ALL %	24.00%	22.00%	24.00%	15.00%	24.00%	29.00%	27.00%	21.50%	15.70%	16.30%	23.70%							▲
M-12	**Sepsis Care Bundle %	88.00%	84.00%	81.00%	87.00%	88.00%	87.00%	85.00%	85.40%	87.00%	84.20%	86.30%							▲
M-3	Cardiac Survival Utstein %	14.00%	24.00%	31.00%	8.00%	19.00%	23.00%	20.00%	23.80%	15.90%	25.70%	33.30%							▲
M-4	Cardiac Survival ALL %	9.00%	11.00%	9.00%	4.00%	7.00%	10.00%	12.00%	7.60%	4.20%	5.10%	9.10%							▲
M-11	Cardiac Arrest - Post ROSC %	81.00%	62.00%	74.00%	80.00%	79.00%	78.00%	72.00%	79.70%	85.50%	75.30%	61.60%							▼
M-5	**Acute STEMI Care Bundle Outcome %	71.00%	73.00%	64.00%	64.00%	68.00%	67.00%	64.00%	62.20%	65.60%	64.10%	63.90%							▼
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 %	98.00%	98.00%	97.00%	98.00%	98.00%	97.00%	98.00%	97.00%	96.60%	96.90%	95.80%							▼
M-13	Sensitivity of Cardiac Arrest Detection During Telephone Triage %						96.00%	91.00%	94.30%	93.30%	87.00%	93.40%							▲
M-14	Proportion of Non-EMS Witnessed Cardiac Arrests with Bystander CPR %						79.00%	81.00%	75.10%	73.80%	74.30%	79.30%							▲
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%	7.50%	6.30%	5.70%	4.90%							▼

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

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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: **February 2021**

ID	Metric	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-13	ECAL Mean Response Time	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	00:23:54	00:23:36	00:24:20	00:23:43					▲
999-12	999 Operational Abstraction Rate %			32.50%	32.50%	32.60%	38.40%	38.30%	32.70%	35.30%	36.00%	32.50%	33.30%	25.20%	28.00%		+		▲
WF-6	Statutory & Mandatory Training Rolling Year %	68.60%	70.80%	75.10%	76.10%	75.90%	75.40%	75.00%	74.30%	76.10%	75.60%	76.20%	78.70%	67.10%	100.00%		-		▼
999-17	Responses Per Incident	1.08	1.09	1.10	1.12	1.12	1.08	1.08	1.08	1.08	1.08	1.09	1.00	1.01	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	00:24:02	00:16:07	00:17:36	00:23:22					▼
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			00:06:04	01:43:52	03:48:17					▼
999-20	ePCR Usage			94.70%	93.80%	95.30%	93.70%	94.80%	96.10%	96.40%	96.20%	96.10%	96.70%	97.00%	95.00%		+		▲
999-24	Number of Hours Lost at Hospital Handover	2289	2046	1916	3610	4202	3958	4435	3358	5426	4583	2296	2237	2271					▼
999-25	Hours Lost at Handover as a Proportion of Provided Hours %	0.80%	0.70%	0.70%	0.20%	1.50%	1.40%	1.60%	1.20%	1.90%	1.60%	0.80%	0.80%	0.80%					●
WF-23	Recruitment: Advert to Start Date														100.00%		■	■	■
M-24	ClinEd: Course Capacity Utilisation Associate Ambulance Practitioner %									96.00%	93.00%	93.00%	93.00%	93.00%					●
M-24	ClinEd: Course Capacity Utilisation Transition to Practice %									65.00%	65.00%	65.00%	65.00%	65.00%					●
M-25	ClinEd: Students at Risk of Not Obtaining Qualification %									40.00%		39.00%	44.00%	46.00%					▼
M-26	ClinEd: Course satisfaction score																■	■	■
WF-34	Frontline Workforce Skillmix: ECSWs vs plan (Trust average)	31.10%	31.30%	31.50%	31.90%	31.40%	30.80%	30.80%	31.30%	31.40%	31.20%	31.60%	31.40%	31.40%	30.00%		-		●
WF-35	Frontline Workforce Skillmix: AAP/Techs vs plan (Trust average)	22.30%	22.10%	22.70%	22.80%	20.50%	20.20%	19.10%	18.60%	18.60%	18.90%	18.80%	19.00%	19.00%	22.00%		-		●
WF-36	Frontline Workforce Skillmix: Registered clinicians vs plan (Trust average)	46.60%	46.60%	45.80%	45.30%	48.10%	49.00%	50.10%	50.10%	50.00%	49.90%	49.60%	49.60%	49.60%	48.00%		-		●

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

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\- Data not provided

Performance by Domain
Caring: Performance Dashboard

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

ID	Metric	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-12	Complaints relating to privacy 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%	38.00%	50.00%	56.00%	31.00%					▲
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	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
111-1	111 Calls Offered	89757	81333	70230	71925	85338	90438	104059	111727	115809	93018	87249	110294	119979					-
111-2	111 Calls Answered in 60 Seconds %	48.70%	87.90%	93.50%	91.20%	84.00%	60.10%	66.60%	59.60%	55.40%	62.90%	74.00%	73.10%	53.40%	95.00%		-		▼
111-3	111 Calls Abandoned - (Offered) %	18.60%	1.40%	0.60%	1.00%	2.00%	9.70%	5.40%	6.30%	8.20%	6.10%	3.00%	3.50%	7.70%	6.00%		-		▼
111-4	111 to 999 Referrals (Answered Calls) %	11.90%	13.00%	13.80%	13.60%	12.40%	11.60%	11.80%	14.10%	13.90%	14.90%	15.00%	13.40%	8.70%	13.00%		+		▲
111-4	999 Referrals	6734	8768	8443	8407	8864	7943	11110	12276	12384	11903	11064	12058	8188					▲
111-5	A&E Dispositions %	9.20%	11.60%	13.40%	13.80%	12.70%	12.10%	12.00%	13.40%	14.60%	14.70%	15.40%	15.60%	15.20%	9.00%		-		▲
111-5	A&E Dispositions	5235	7795	8161	8544	9102	8320	11350	11718	12925	11683	11349	14047	14261					▼
111-7	Clinical Contact %												48.10%	48.20%	50.00%		-		▲
111-8	Ambulance Validation %												95.40%	95.30%	85.00%		+		▼
999-10	999 Calls Answered	56319	54224	55915	62772	69541	64025	67031	62456	76806	70262	50316	60200	61386					-
999-10	Incidents	58064	60484	58653	61196	64489	61313	63644	62332	66615	65239	56470	62648	62845					-
999-1	999 Call Answer Mean	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	00:00:15	00:00:02	00:00:04	00:00:05	00:00:05		=		▼
999-1	999 Call Answer 90th Centile	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	00:00:54	00:00:01	00:00:02	00:00:02	00:00:10		+		●
999-2	Cat 1 Mean	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	00:08:25	00:07:33	00:07:37	00:07:32	00:07:00		-		▲
999-2	Cat 1 90th Centile	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	00:15:16	00:13:53	00:14:14	00:13:56	00:15:00		+		▲
999-3	Cat 1T Mean	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	00:10:17	00:09:01	00:09:02	00:09:20	00:19:00		+		▼
999-3	Cat 1T 90th Centile	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	00:18:43	00:16:36	00:16:46	00:17:13	00:30:00		+		▼
999-4	Cat 2 Mean	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	00:25:52	00:16:48	00:18:37	00:18:54	00:18:00		-		▼
999-4	Cat 2 90th Centile	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	00:51:18	00:31:09	00:34:46	00:34:58	00:40:00		+		▼
999-5	Cat 3 90th Centile	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	05:38:23	02:01:52	02:49:03	02:58:41	02:00:00		-		▼
999-6	Cat 4 90th Centile	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	08:27:07	02:44:51	03:29:30	04:28:40	03:00:00		-		▼
999-7	HCP 3 Mean	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	03:01:30	01:25:11	01:39:18	02:02:40					▼
999-7	HCP 3 90th Centile	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	06:30:54	02:55:47	03:23:05	04:00:25					▼
999-7	HCP 4 Mean	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	03:45:45	01:49:46	02:01:07	02:44:10					▼
999-7	HCP 4 90th Centile	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	07:26:58	04:10:26	04:28:16	05:11:59					▼
999-9	Hear & Treat %	6.70%	5.90%	6.30%	6.60%	7.20%	6.40%	6.20%	6.60%	8.60%	8.00%	6.00%	6.90%	6.90%	7.80%		-		●

▲ 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	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-9	See & Treat %	42.40%	37.10%	34.60%	33.60%	33.80%	33.30%	33.40%	33.70%	36.30%	37.40%	35.20%	32.60%	32.10%	35.00%		-		▼
999-9	See & Convey %	50.90%	57.00%	59.10%	59.80%	59.00%	60.40%	60.40%	59.70%	55.10%	54.60%	58.80%	60.50%	61.00%	57.20%		-		▼
999-10	CFR Attendances	0	0	75	152	520	614	673	800	648	749	580	1034	1089					▲
999-10	FFR Attendances	144	180	192	171	201	171	190	224	175	205	142	316	260					▼
QS-4	Complaints Reporting Timeliness %	92.00%	86.00%	95.00%	95.00%	96.00%	83.00%	88.00%	95.00%	69.00%	95.00%	64.50%	88.00%		95.00%				-
QS-5	Number of Complaints	43	48	56	73	55	82	65	69	61	69	48	64	68					-
QS-6	Number of Compliments	169	168	191	224	177	208	167	182	140	173	191	187	208					-
QS-15	Complaints per 1000 999 Calls Answered			1.00	1.16	0.79	1.28	0.97	1.11	0.79	0.98	0.95	1.06	1.11					▼
QS-16	Compliments per 1000 999 Calls Answered			3.26	3.66	2.75	3.25	2.49	2.91	1.82	2.46	3.80	3.91	3.69					▼
QS-14	Learning from deaths: Number of Structured Judgment Reviews	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 %	3.90%	0.60%	13.70%	29.10%	38.10%	27.90%	25.90%	20.50%	75.00%	60.70%	1.30%	12.10%	15.40%					▼
C-2	Number of BCIs			2	2	3	1	2	1	7	3	2	0	0	0		=		●

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

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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	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
WF-5	Appraisals YTD	5.40%	16.50%	22.90%	28.20%	31.70%	34.10%	36.70%	39.70%	41.60%	43.20%	45.70%	52.20%	3.40%	80.00%		-		
WF-40	Appraisals Rolling Year %												52.20%	48.90%					-
WF-7	Annual Rolling Turnover Rate	15.60%	14.80%	13.90%	13.40%	12.60%	11.90%	11.70%	11.10%	11.20%	10.90%	10.50%	10.30%	10.80%					▼
WF-8	Annual Rolling Sickness Absence	6.10%	6.00%	6.00%	5.90%	6.00%	6.10%	6.20%	6.30%	7.40%	7.10%	7.30%	7.10%	7.10%	5.00%		-		●
WF-9	Disciplinary Cases	6	4	9	6	4	4	3	3	2	1	1	4	9					▼
WF-10	Individual Grievances	4	4	8	7	5	10	11	8	9	8	5	8	10					▼
WF-11	Collective Grievances	1	0	1	0	0	2	0	0	0	0	1	0	1					▼
WF-12	Bullying & Harrassment Internal	2	1	2	2	5	3	3	5	1	1	1	6	5	0		-		▲
WF-13	Whistleblowing	0	0	0	0	0	0	0	0	0	0	0	0	0					●
QS-27	Freedom to Speak Up: Total Open Cases													31					-
QS-27	Freedom to Speak up: Cases Closed in Month With Resolution													0					-
QS-27	Freedom to Speak up: Cases Closed in Month Without Resolution													2					-
WF-26	Vacancy Rate for Leadership Roles %																■	■	■
WF-28	Staff Affected by Restructures %																■	■	■
WF-29	Staff Acting Up/Secondments %						3.30%	2.50%			2.70%	2.60%	3.10%	2.90%					▼
WF-37	Diversity: Disability - declared %						3.40%	3.40%	3.40%	4.00%	4.00%	4.00%	4.20%	4.20%					●
WF-38	Diversity: Disability - declined to declare %						46.30%	46.30%	47.90%	10.00%	10.00%	10.00%	7.80%	7.80%	0.00%		-		●
WF-39	Diversity: Ethnicity - BAME %						5.30%	5.30%	5.30%	5.50%	5.50%	5.50%	5.60%	5.60%					●
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%	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%	4.70%	8.10%	6.70%	6.70%					●
WF-19	Absence Relating to MSK %			4.60%	2.80%	3.60%	3.60%	4.20%	3.60%	3.10%	2.80%	8.10%	4.50%	8.30%					▼
WF-25	Number of Wellbeing Hub Referrals				112	104	112	124	98	112	95	96	115	111					▲

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Performance by Domain
Well-Led: Performance Dashboard

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ID	Metric	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
WF-30	Time from referral to offered wellbeing appointment (days)							14	14	14	14	14	14	14	14		=		●
999-27	% of Meal Breaks Taken												99.20%	91.00%					▼
999-28	% of Meal Breaks Outside of Window												49.90%	51.10%					▼
999-15	999 Frontline Late Finishes/Over-Runs %			47.60%	51.10%	52.20%	50.60%	50.60%	50.10%	61.10%	59.50%	51.00%	52.40%	51.90%					▲
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	00:53:25	00:40:19	00:40:17	00:44:03					▼
999-16	Staff Successfully FIT-Tested %				93.90%	88.30%		90.50%		91.30%		91.30%		91.30%	100.00%		-		-
999-21	Provided Bank Hours %			2.90%	2.80%	2.80%	3.00%	2.80%	2.30%	5.60%	2.30%	0.30%	0.30%	0.40%					-
999-21	Provided Overtime Hours %			7.40%	7.90%	8.10%	9.30%	9.10%	10.40%	9.10%	11.50%	15.40%	14.60%	9.10%					-
999-21	Provided PAP Hours %			9.10%	6.80%	7.20%	6.50%	6.40%	6.40%	5.80%	5.90%	6.10%	6.30%	4.30%					-
999-22	999 Remaining Annual Leave FY					42.50%	44.90%	50.70%	48.00%	45.00%	33.00%	27.00%	20.00%	53.00%	91.70%		+		▼
FL-1	Vehicles Older Than Target Age %			55.00%	55.00%	55.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	0.00%		-		●
C-1	Policies & Procedures Outstanding Review %				11.90%	12.60%	11.90%	13.20%	10.60%	11.80%	11.80%	11.00%	11.30%	15.80%	0.00%		-		▼
QS-24	Organisational Risks Outstanding Review %					14.00%	10.00%	18.00%	21.00%	14.00%	59.00%	57.00%	52.00%	59.00%	0.00%		-		▼
IT-1	CAD System Uptime %																■	■	■
IT-2	Telephony System Uptime %																■	■	■
IT-3	ePCR System Uptime %																■	■	■
IT-4	Number of Calls to IT Service Desk	1076	936	974	1105	1168	1265	1310	1537	916	279	1436	1924	1324					-
IT-5	Marval IT Requests Raised - IT Service Desk	1647	1701	1697	1702	1834	1764	1607	1870	1359	1561	1559	1847	1638					-
IT-5	Marval IT Requests Raised - Critical Systems Team	411	542	549	523	451	480	668	523	480	539	694	724	728					-
IT-6	Missed Calls to IT Service Desk	276	243	162	225	294	389	433	410	201	95	460	624	586					-

▲ Improving performance
▼ Deteriorating performance
● No change
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Performance by Domain
Well-Led: Performance Dashboard

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ID	Metric	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Plan	Vs Plan	Full Year Forecast	Full Year Forecast Vs Plan
F-1	Income (£000s) Month	£21877.40	£22787.20	£22393.60	£22042.20	£22557.10	£22396.50	£22430.00	£22133.40	£23376.60	£23858.00	£26134.50	£35076.00	£23241.00	£23325.00	£-84.00		
F-9	Income (£000s) YTD	£21877.40	£44664.60	£67058.20	£89100.40	£111657.50	£134054.00	£156484.00	£178617.40	£201994.00	£225852.00	£251986.50	£287063.00	£23241.00	£23325.00	£-84.00	£275157.00	£251832.00
F-2	Operating Expenditure (£000s) Month	£21877.40	£22787.10	£22393.70	£22052.20	£22558.80	£22399.30	£23020.10	£23093.50	£24451.80	£25312.10	£24952.70	£38485.00	£23947.00	£24039.00	£-92.00		
F-10	Operating Expenditure (£000s) YTD	£21877.40	£44664.50	£67058.20	£89110.40	£111669.20	£134068.50	£157088.60	£180182.10	£204633.90	£230346.00	£255298.70	£293784.00	£23947.00	£24039.00	£-92.00	£285755.00	£261716.00
F-3	Capital Expenditure (£000s) Month	£1262.00	£254.00	£861.53	£686.74	£1195.86	£1237.16	£834.38	£2343.59	£1080.59	£4378.10	£1223.15	£4138.00	£1618.00	£918.00	£700.00		
F-14	Capital Expenditure (£000s) YTD	£1262.00	£1516.00	£2377.53	£3064.27	£4260.13	£5497.30	£6331.68	£8675.27	£9755.85	£14138.03	£15361.18	£19499.00	£1618.00	£918.00	£700.00	£25474.00	£24556.00
F-4	Cost Improvement Plan (CIP) (£000s) Month	£0.00	£0.00	£1022.00	£252.48	£147.52	£681.00	£71.00	£673.00	£8.00	£522.00	£478.00	£709.00	£0.00	£0.00	£0.00		
F-13	Cost Improvement Plans (CIPS) (£000s) YTD	£0.00	£0.00	£1022.00	£1274.48	£1422.00	£2103.00	£2174.00	£2847.00	£2855.00	£3790.00	£4268.00	£4977.00	£0.00	£0.00	£0.00	£5832.00	£5832.00
F-6	Surplus/Deficit (£000s) Month	£0.00	£0.10	£-0.10	£-10.00	£-1.70	£-2.80	£-590.10	£-960.10	£-1075.20	£-1454.10	£1181.80	£-3409.00	£-706.00	£-714.00	£8.00		
F-7	Cash Position (£000s) Month	£48150.00	£44676.00	£43742.00	£46283.00	£46647.00	£46862.00	£48231.00	£46275.00	£46819.00	£41747.00	£51441.00	£40152.00	£36526.00	£36526.00	£0.00	£36526.00	£0.00
F-8	Agency Spend (£000s) Month	£231.94	£69.41	£284.92	£210.65	£174.87	£259.01	£84.98	£81.95	£205.95	£106.34	£-80.27	£155.00	£169.00	£200.00	£-31.00		
F-16	Agency Spend (£000s) YTD	£231.94	£301.36	£586.27	£796.92	£971.79	£1230.81	£1315.79	£1398.74	£1603.68	£1710.00	£1630.00	£1784.00	£169.00	£200.00	£-31.00	£2400.00	£2200.00

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▼ Deteriorating performance
● No change
■ Aspirational metric

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Performance by Domain
Well-Led: Gender Composition by Pay Band (March 2021)

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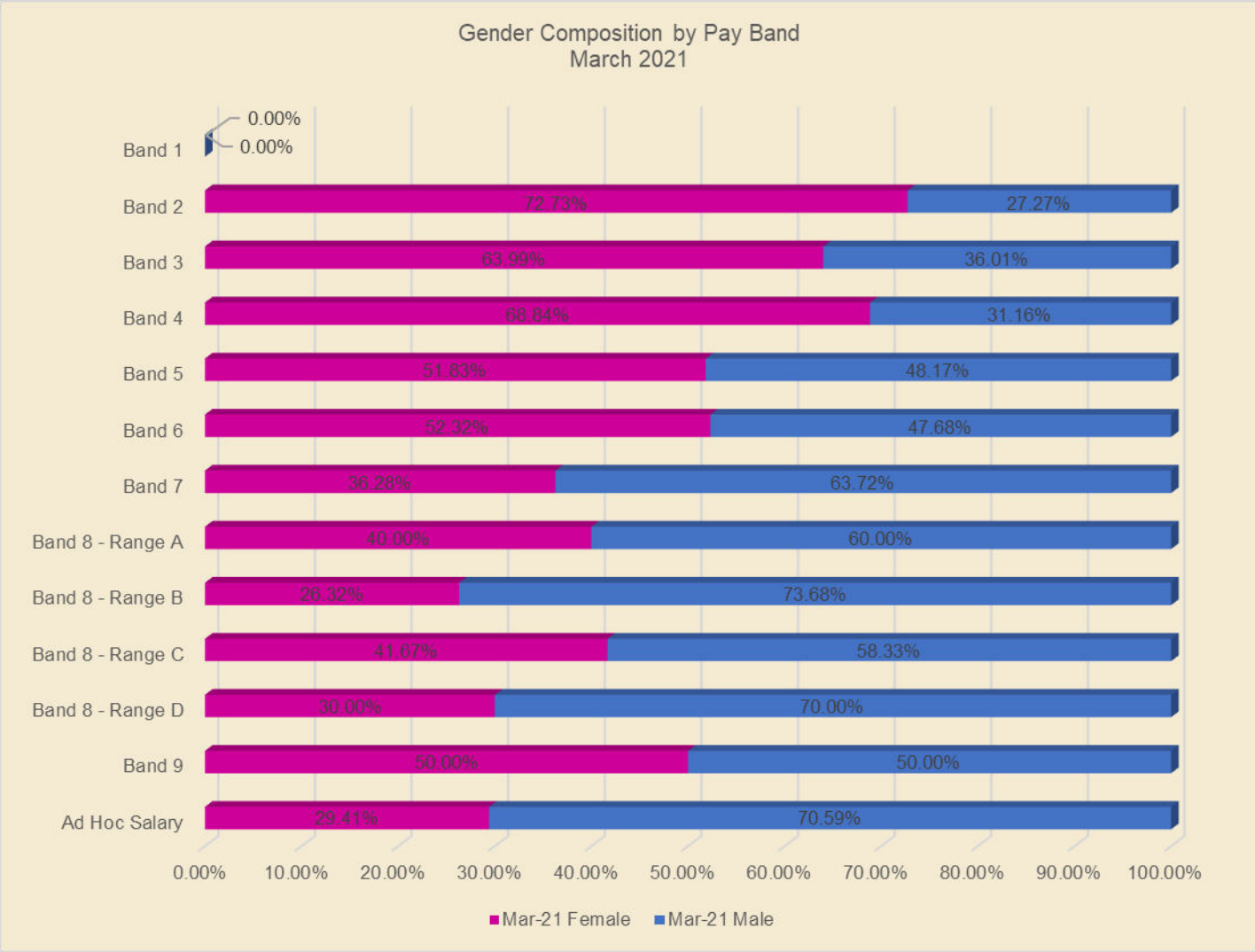


National Benchmarking
999 Emergency Ambulance Service (April 2021)

Key indicators at a glance for April 2021

Primary Triage Software	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
	NHS Pathways	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	00:00:04	00:00:02	00:00:04	00:00:04	00:00:21	00:00:00	00:00:10	00:00:01	00:00:05	00:00:03	00:00:00	00:00:19
Calls Answered	690180	63495	65768	69244	1527	112397	31780	101039	39070	76818	76861	52181
Mean Call Answer Time	00:00:03	00:00:05	00:00:03	00:00:06	00:00:07	00:00:01	00:00:04	00:00:02	00:00:07	00:00:03	00:00:00	00:00:07

Incident Proportions (Over All Incidents)	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
All Incidents	741715	62903	78670	67409	2230	102726	36429	97949	51602	77543	95045	69209
C1 Incidents %	7.85%	6.32%	7.47%	8.53%	4.66%	6.91%	6.90%	9.67%	7.25%	10.07%	6.80%	7.87%
C2 Incidents %	51.67%	50.49%	54.64%	56.47%	41.08%	56.13%	52.91%	51.85%	42.29%	50.86%	45.98%	53.22%
C3 Incidents %	23.86%	31.76%	17.87%	19.60%	36.14%	22.00%	22.45%	17.73%	31.00%	24.32%	34.49%	18.97%
C4 Incidents %	1.09%	0.59%	0.51%	0.22%	2.11%	1.11%	1.07%	1.98%	2.15%	0.47%	2.00%	0.40%

Incident Outcomes	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Hear & Treat %	8.36%	6.93%	10.24%	9.36%	8.16%	9.73%	8.37%	9.14%	11.96%	5.80%	4.32%	9.18%
See & Convey %	54.34%	59.34%	55.47%	53.98%	58.52%	54.91%	55.06%	54.73%	50.08%	51.83%	52.44%	55.56%
See & Treat %	31.75%	32.06%	31.90%	30.87%	32.11%	30.69%	26.44%	28.07%	33.02%	38.00%	36.64%	27.08%

Response Performance	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
90th Centile Response Time: C1	00:12:26	00:13:56	00:12:41	00:13:14	00:17:14	00:09:20	00:11:08	00:12:44	00:11:56	00:14:24	00:11:30	00:12:51
90th Centile Response Time: C2	00:40:29	00:34:58	00:40:25	00:53:41	00:43:36	00:32:43	00:47:46	00:48:25	00:30:34	00:50:48	00:23:24	00:44:09
90th Centile Response Time: C3	02:18:23	02:58:44	02:13:59	03:15:28	02:26:02	01:48:44	02:37:03	03:13:46	02:06:29	02:43:26	01:12:36	02:12:41
90th Centile Response Time: C4	03:48:46	04:28:40	03:03:43	04:12:29	02:48:09	04:14:41	02:26:02	06:11:42	02:50:26	03:35:45	01:57:46	04:23:13
Mean Response Time: C1	00:07:00	00:07:33	00:06:49	00:07:24	00:08:43	00:05:39	00:06:29	00:07:29	00:06:24	00:07:35	00:06:35	00:07:32
Mean Response Time: C2	00:20:16	00:18:53	00:20:01	00:26:08	00:21:39	00:16:32	00:23:45	00:23:52	00:15:50	00:25:09	00:12:39	00:21:13

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

Key indicators at a glance for December 2020

Cardiac Arrest	ENG	SECAmb	EEAS	EMAS	SCAS	SWAS	WMAS	YAS
Proportion of cardiac arrests discharged alive %	5.50%	4.15%	4.74%	4.64%	8.30%	10.62%	8.81%	8.39%
Proportion of cardiac arrests discharged alive utstein %	19.10%	15.91%	19.23%	18.42%	31.03%	29.79%	20.00%	24.24%
Proportion who had ROSC on arrival at hospital %	21.46%	15.67%	21.21%	13.79%	18.88%	28.62%	25.54%	23.55%
Proportion who had ROSC on arrival at hospital utstein %	43.07%	40.91%	44.44%	35.71%	41.94%	43.75%	42.55%	51.28%

National Benchmarking
NHS 111 Service (March 2021)

Key indicators at a glance for March 2021
New National KPIs will go live at the end of May 2021

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 %	65.20%	86.33%	69.38%	82.10%	84.90%	73.04%	80.16%	85.10%	58.80%	81.67%	89.17%	55.97%	42.69%	57.42%	64.27%	56.37%	76.80%	61.94%
Abandoned Calls %	3.47%	1.65%	5.93%	2.13%	1.01%	4.26%	1.52%	3.39%	4.46%	1.39%	0.81%	4.82%	16.11%	6.45%	5.07%	4.94%	1.57%	6.36%
111 to A&E Transfer %	14.28%	12.84%	7.13%	10.85%	5.23%	6.29%	9.53%	16.45%	13.85%	13.00%	15.96%	10.02%	10.23%	11.18%	6.66%	11.28%	10.42%	13.74%
111 to 999 Transfer %	12.26%	14.45%	11.26%	12.32%	12.15%	7.66%	13.14%	11.94%	8.92%	7.04%	10.41%	11.36%	13.42%	11.41%	11.43%	11.14%	12.27%	11.00%

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Appendix 1

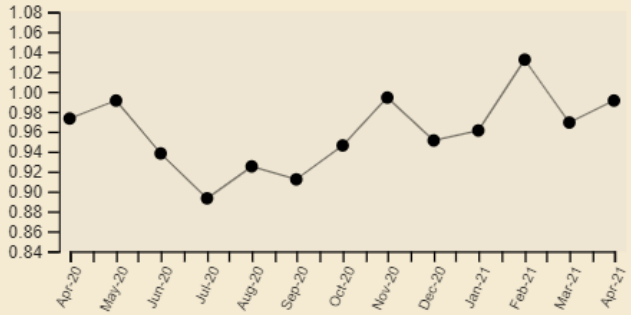
Performance Charts

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

999-12

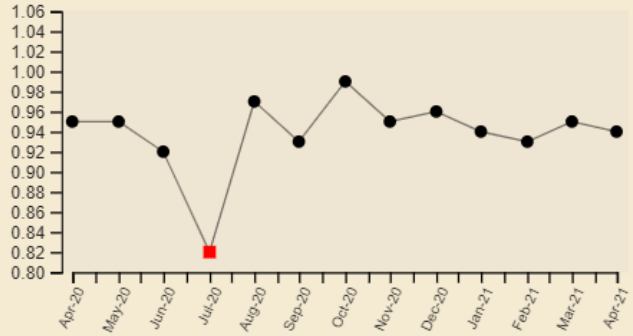
999 Frontline Hours Provided %



April 2021	99.10%
Target	100.00%

QS-7

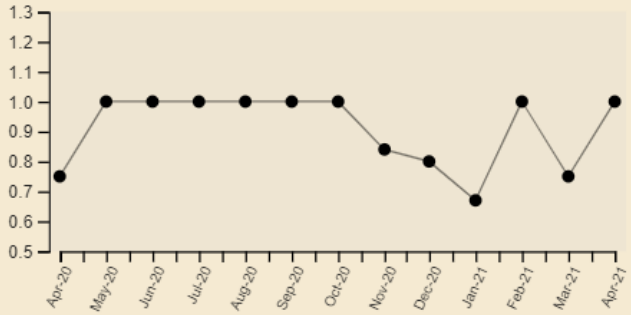
Hand Hygiene Compliance %



April 2021	94.00%
Target	95.00%

QS-3

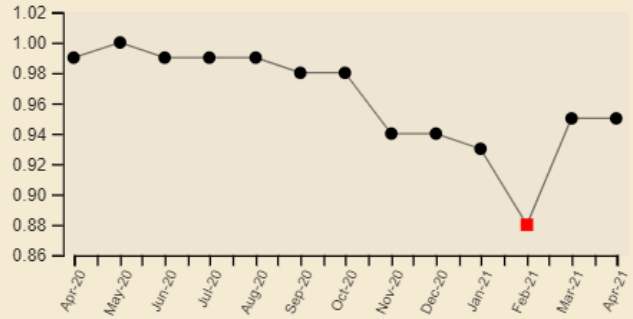
Duty of Candour Compliance %



April 2021	100.00%
Target	100.00%

MM-7

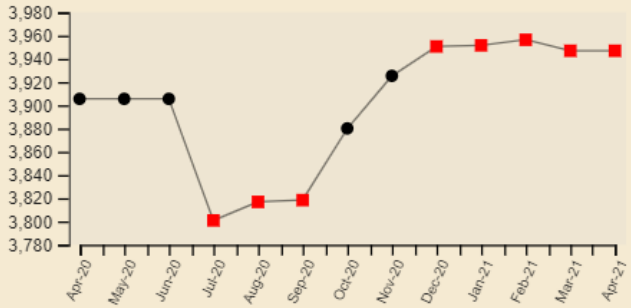
Medicines Management % of Audits Completed



April 2021	95.00%
Target	100.00%

WF-3

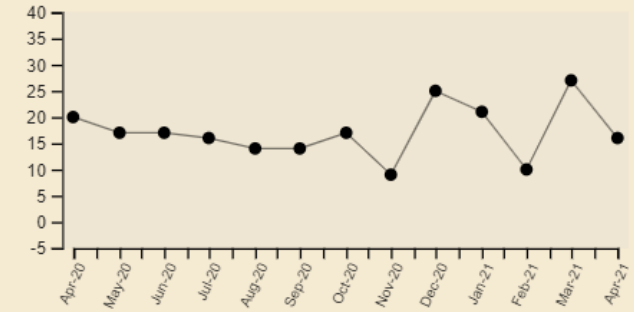
Finance Establishment (WTE)



April 2021	3946
Target	N/A

MM-5

Number of CD Breakages



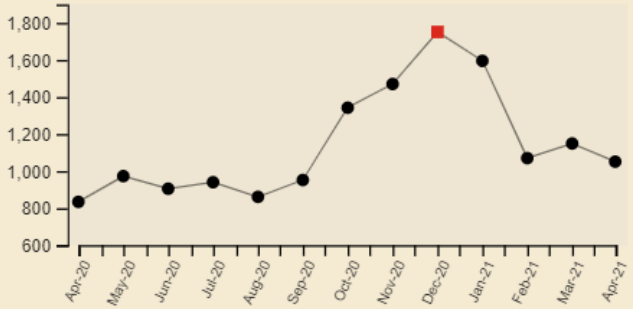
April 2021	16
Target	N/A

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

QS-1

Number of Datix Incidents



April 2021

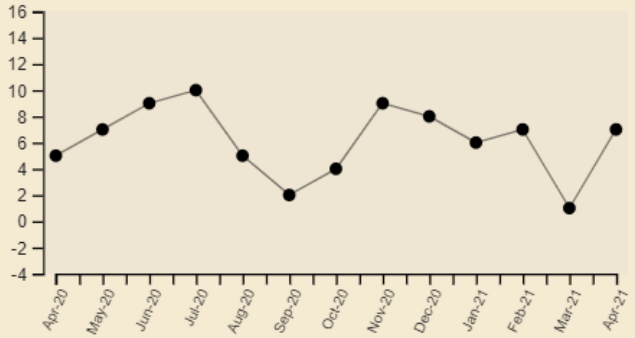
1051

Target

N/A

QS-2

Number of Incidents Reported as SIs



April 2021

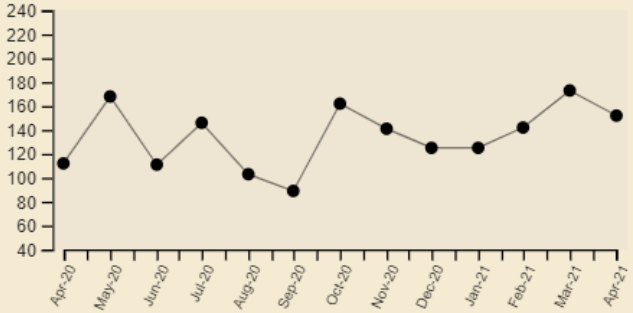
7

Target

N/A

MM-1

Number of Medicines Incidents



April 2021

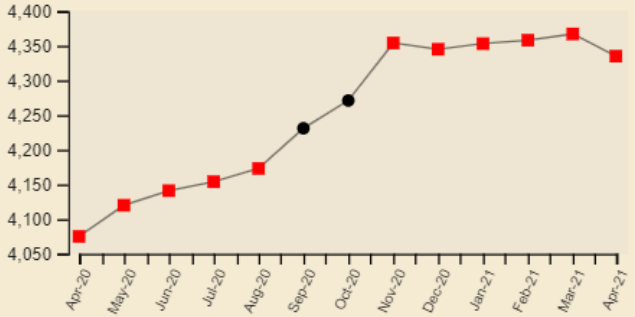
152

Target

N/A

WF-2

Number of Staff Headcount (Excl bank and agency)



April 2021

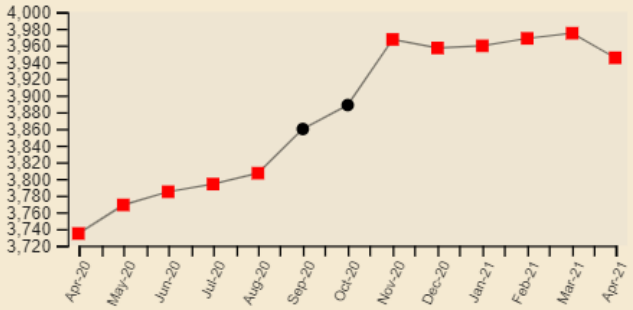
4335

Target

N/A

WF-1

Number of Staff WTE (Excl bank and agency)



April 2021

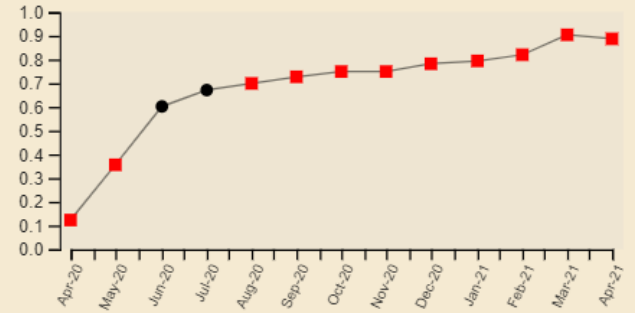
3945

Target

N/A

QS-8

Safeguarding Training Completed (Children) Level 2 %



April 2021

88.70%

Target

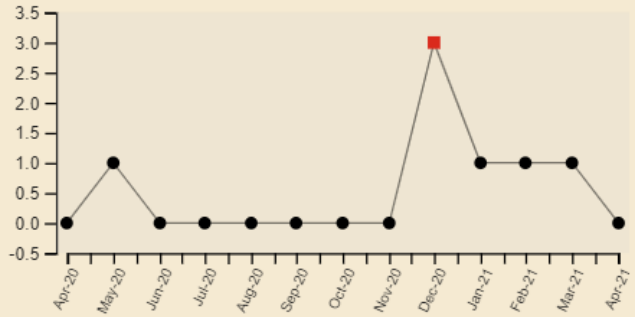
95.00%

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

MM-4

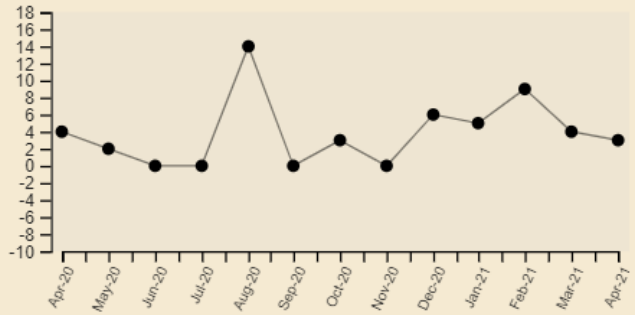
Single Witness Signature Use CDs Non-Omnicell



April 2021
0
Target
N/A

MM-3

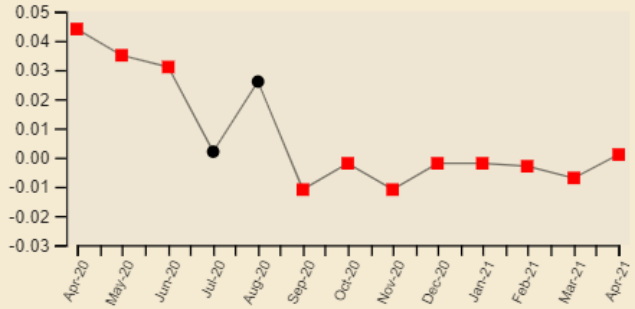
Single Witness Signature Use CDs Omnicell



April 2021
3
Target
N/A

WF-4

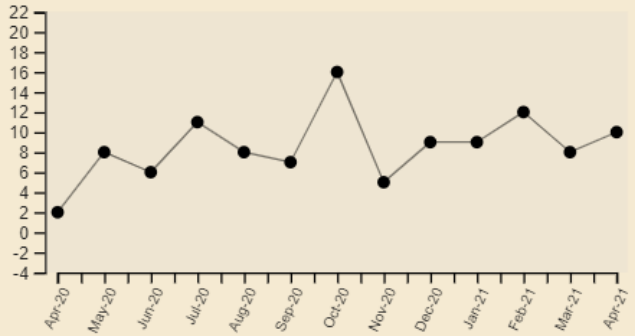
Vacancy Rate %



April 2021
0.10%
Target
N/A

QS-9

Number of RIDDOR Reports



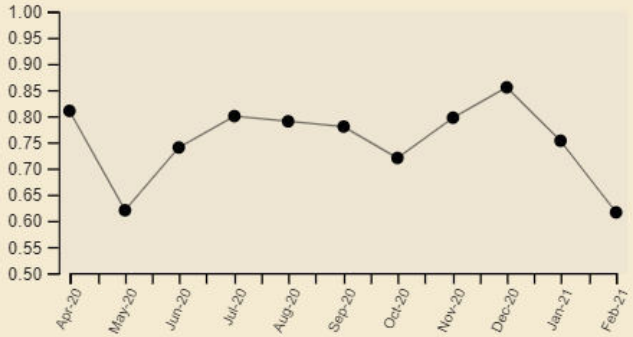
April 2021
10
Target
N/A

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

M-11

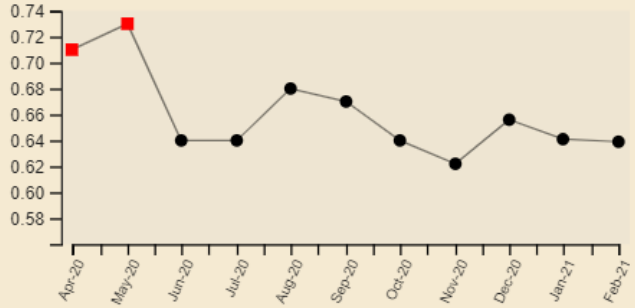
Cardiac Arrest - Post ROSC %



February 2021
61.60%
Target
N/A

M-5

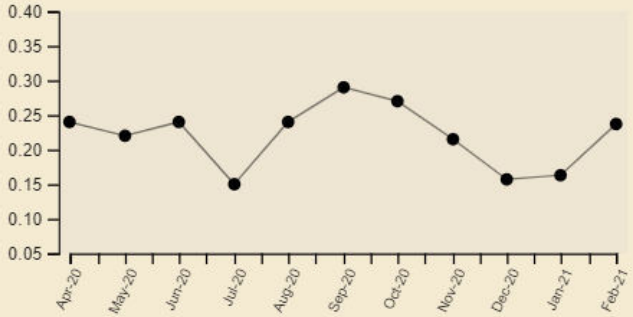
**Acute STEMI Care Bundle Outcome %



February 2021
63.90%
Target
N/A

M-2

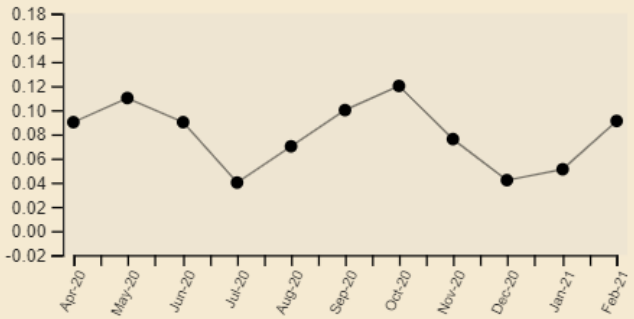
Cardiac ROSC ALL %



February 2021
23.70%
Target
N/A

M-4

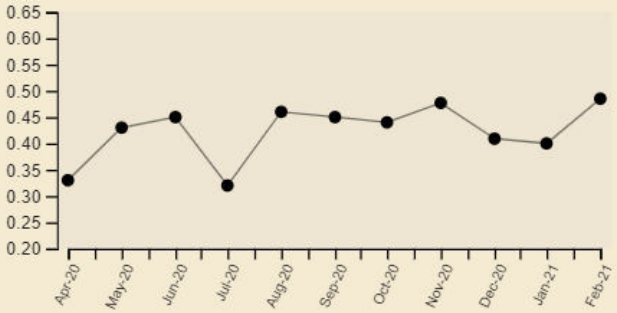
Cardiac Survival ALL %



February 2021
9.10%
Target
N/A

M-1

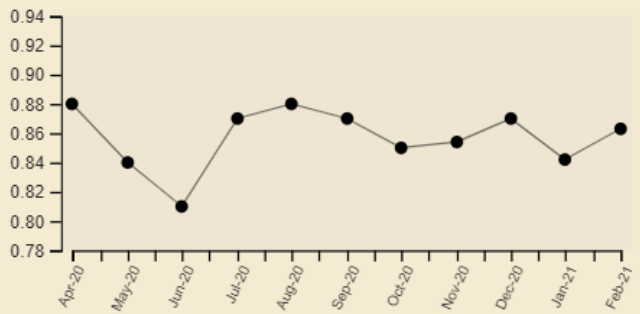
**Cardiac ROSC Utstein %



February 2021
48.50%
Target
N/A

M-12

**Sepsis Care Bundle %



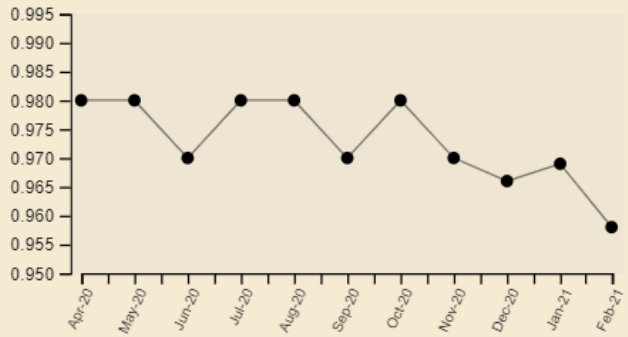
February 2021
86.30%
Target
N/A

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

M-10

**Stroke - Assessed F2F Diagnostic Bundle %



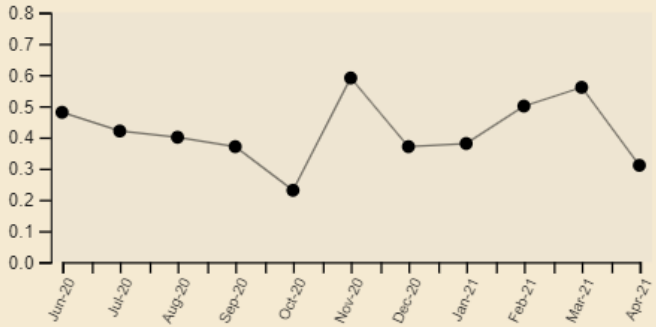
February 2021
95.80%
Target
N/A

Performance by Domain
Caring: Performance Charts

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

QS-10

Proportion of Complaints Relating to Crew Attitude %



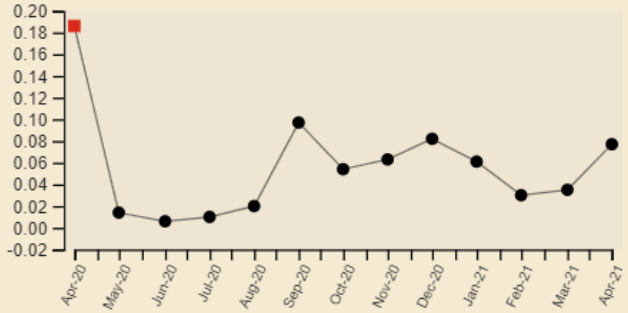
April 2021
31.00%
Target
N/A

Performance by Domain
Responsive: Performance Charts

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

111-3

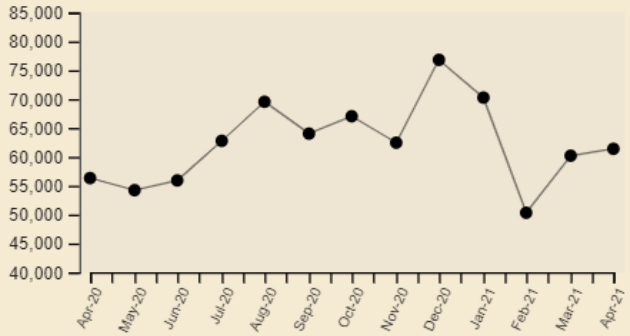
111 Calls Abandoned - (Offered) After 30 Seconds %



April 2021
7.70%
Target
6.00%

999-10

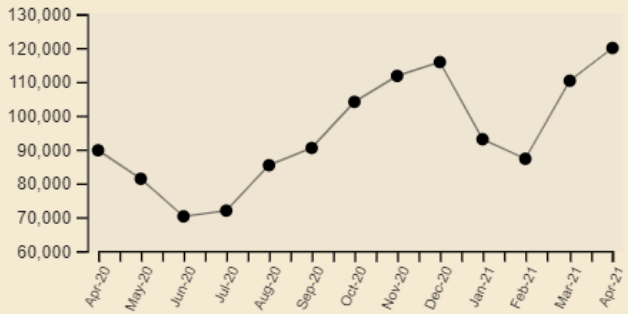
999 Calls Answered



April 2021
61386
Target
N/A

111-1

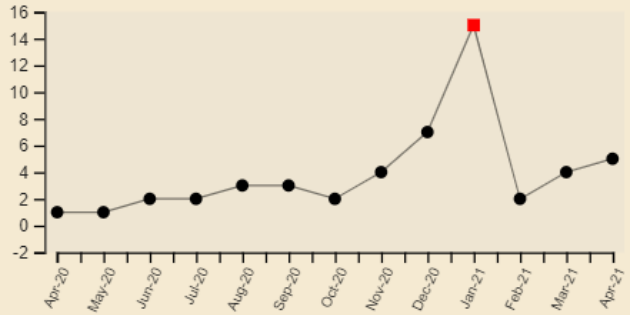
111 Calls Offered Actual



April 2021
104059
Target
N/A

999-1

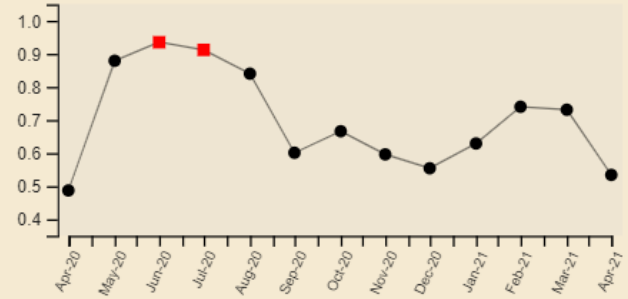
999 Call Answer Mean



April 2021
00:00:05
Target
00:00:05

111-1

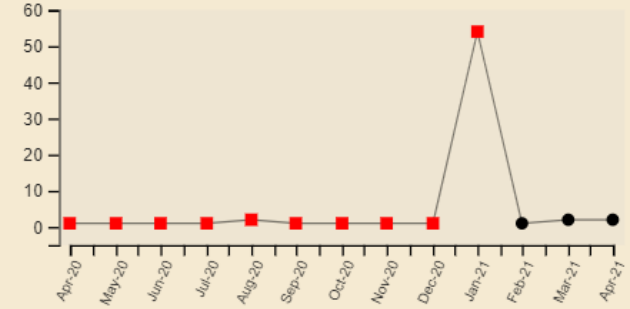
111 Calls Answered in 60 Seconds %



April 2021
53.40%
Target
95.00%

999-1

999 Call Answer 90th Centile



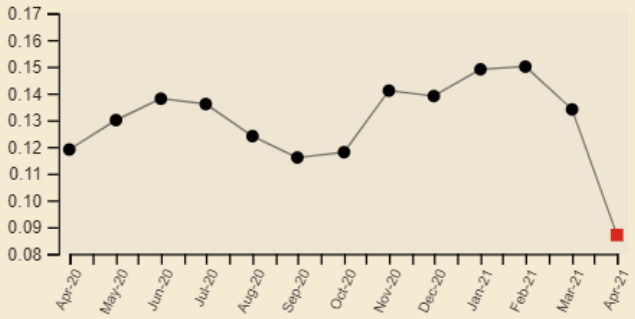
April 2021
00:00:02
Target
00:00:10

Performance by Domain
Responsive: Performance Charts

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

111-4

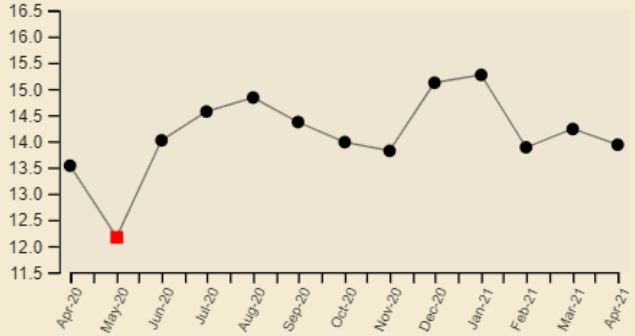
999 Referrals (Answered Calls) %



April 2021
8.70%
Target
N/A

999-2

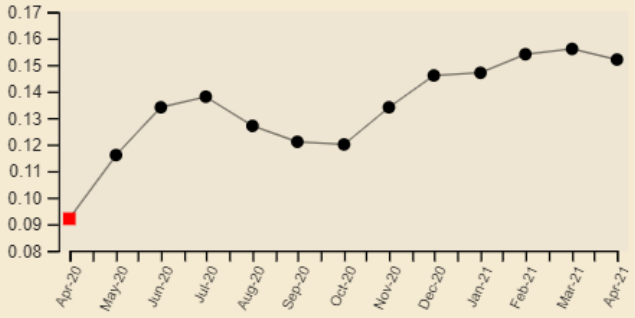
Cat 1 90th Centile



April 2021
00:13:56
Target
00:15:00

111-5

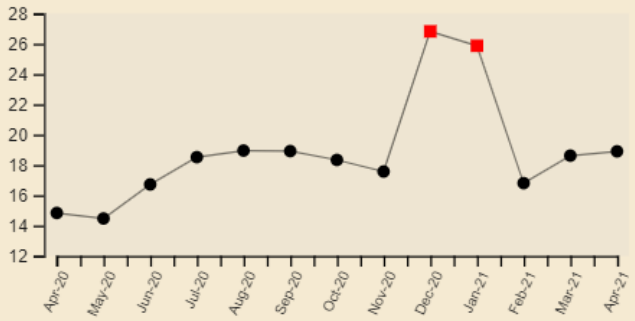
A&E Dispositions %



April 2021
15.20%
Target
N/A

999-4

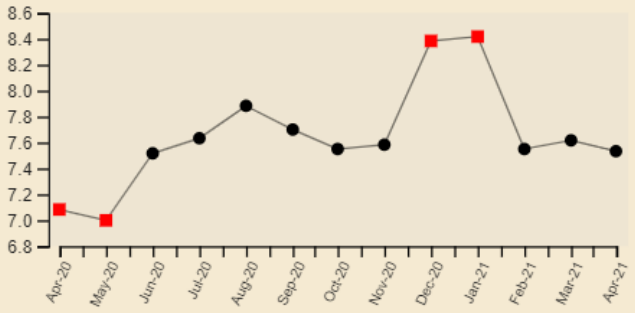
Cat 2 Mean



April 2021
00:18:54
Target
00:18:00

999-2

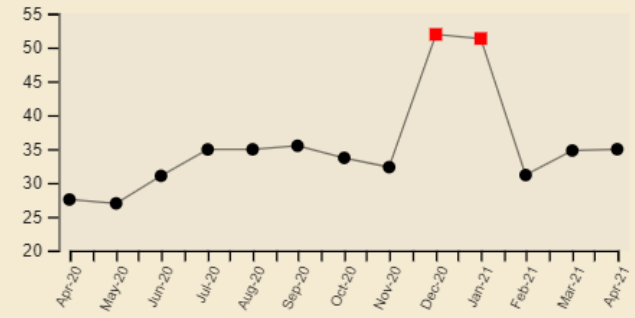
Cat 1 Mean



April 2021
00:07:32
Target
00:07:00

999-4

Cat 2 90th Centile



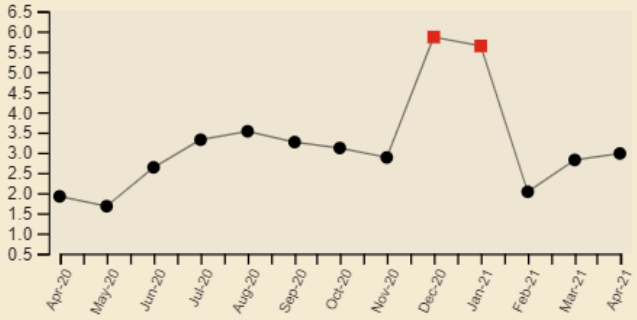
April 2021
00:34:58
Target
00:40:00

Performance by Domain
Responsive: Performance Charts

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

999-5

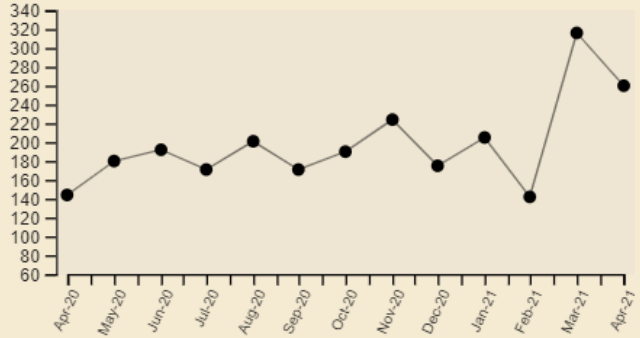
Cat 3 90th Centile



April 2021
02:58:41
Target
02:00:00

999-10

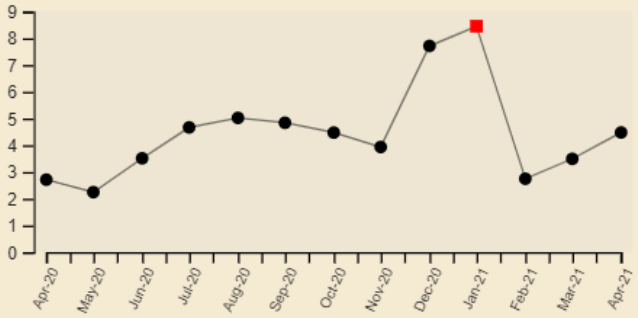
Fire First Responder Attendances



April 2021
260
Target
N/A

999-6

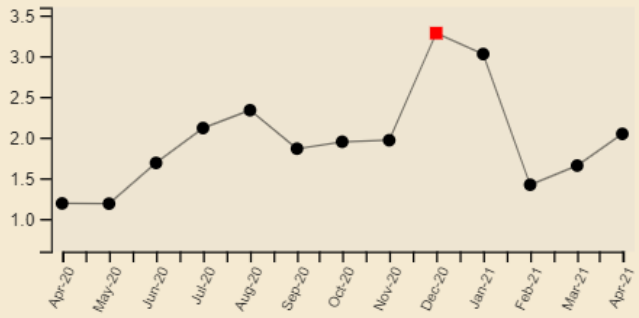
Cat 4 90th Centile



April 2021
04:28:40
Target
02:14:44

999-7

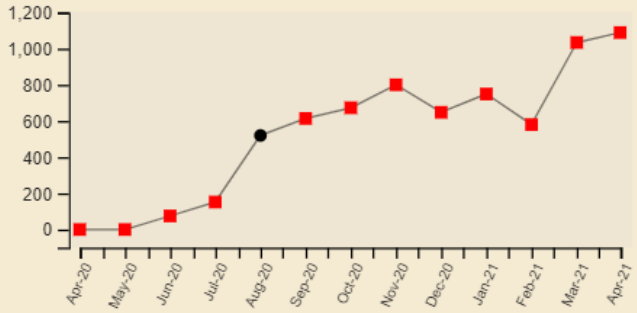
HCP 3 Mean



April 2021
02:02:40
Target
N/A

999-10

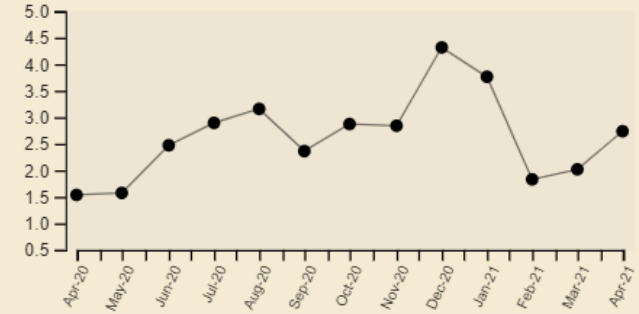
Community First Responder Attendances



April 2021
1089
Target
N/A

999-7

HCP 4 Mean



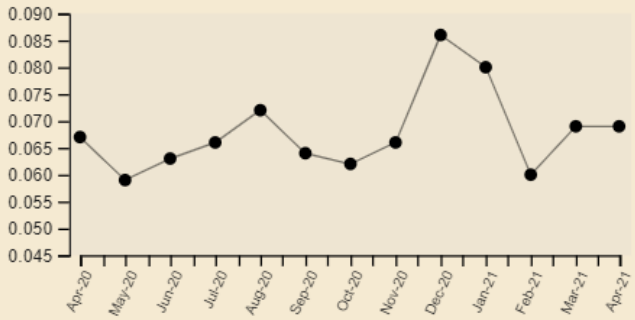
April 2021
02:44:10
Target
N/A

Performance by Domain
Responsive: Performance Charts

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

999-9

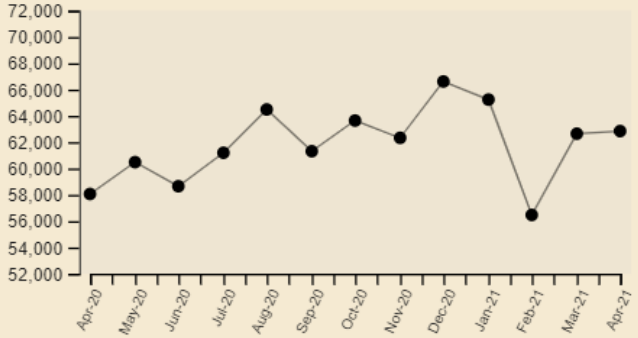
Incident Outcome Hear & Treat %



April 2021
6.90%
Target
N/A

999-10

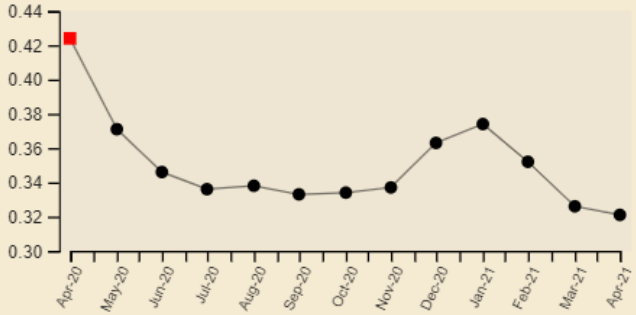
Incidents A7



April 2021
62845
Target
N/A

999-9

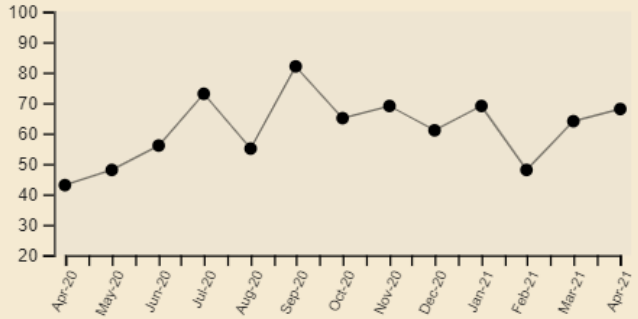
Incident Outcome See & Treat %



April 2021
32.10%
Target
N/A

QS-5

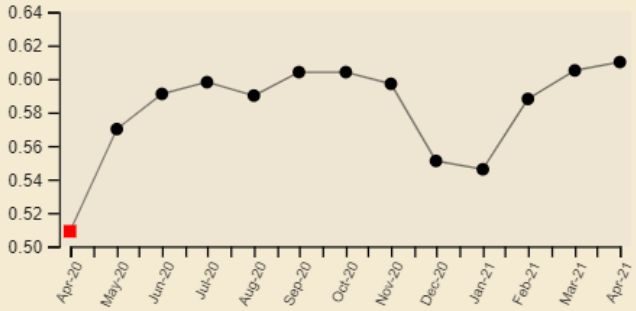
Number of Complaints



April 2021
68
Target
N/A

999-9

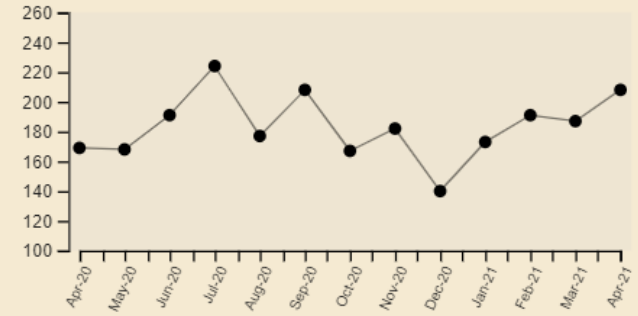
Incident Outcome See & Convey %



April 2021
61.00%
Target
N/A

QS-6

Number of Compliments



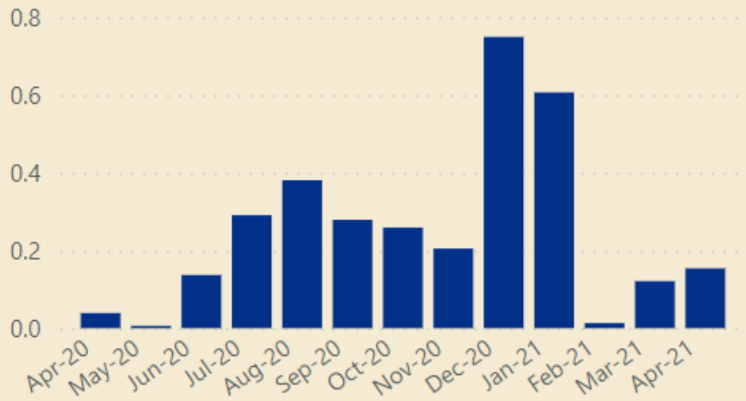
April 2021
208
Target
N/A

Performance by Domain
Responsive: Performance Charts

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

999-14

Surge Managemnt Plan Level 3 or Higher %



April 2021
15.40%
Target
N/A

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

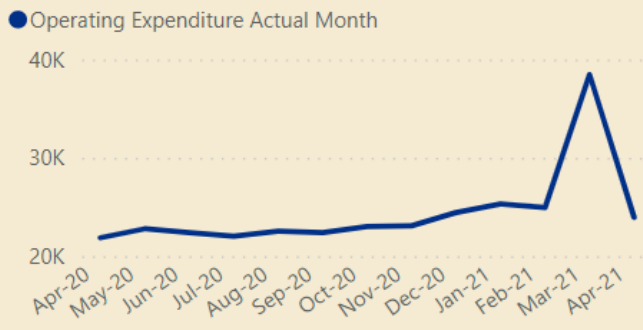
F-1

Income Actual Month

April 2021	Plan
£23241.00	£23325.00

F-2

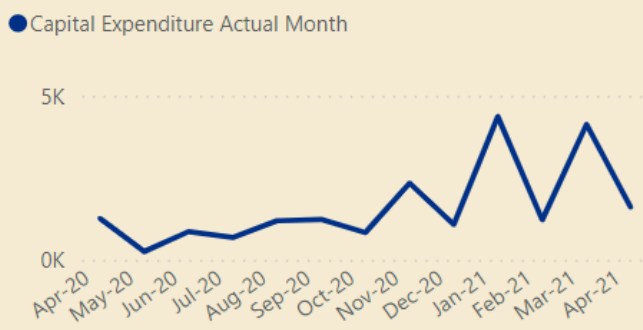
Operating Expenditure Actual Month



April 2021	Plan
£23947.00	£24039.00

F-3

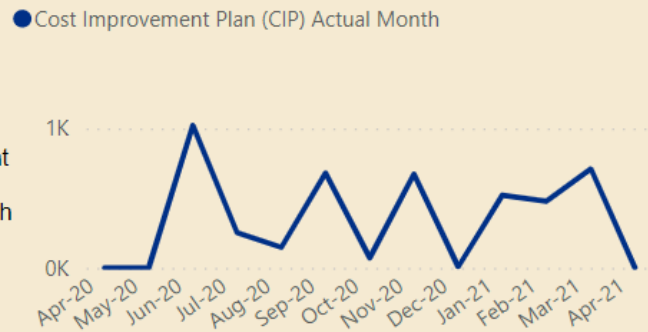
Capital Expenditure Actual Month



April 2021	Plan
£254.00	£918.00

F-4

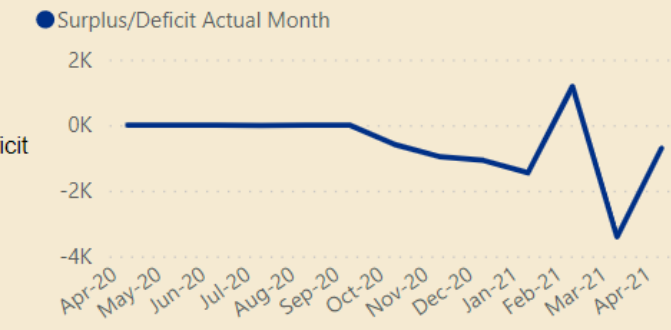
Cost Improvement Plan (CIP) Actual Month



April 2021	Plan
£0.00	£0.00

F-6

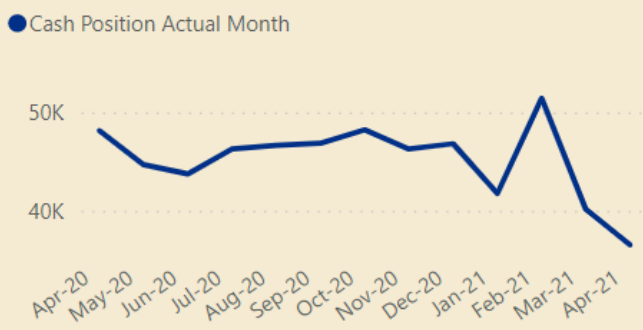
Surplus/Deficit Actual Month



April 2021	Plan
£-706.00	£-714.00

F-7

Cash Position Actual Month



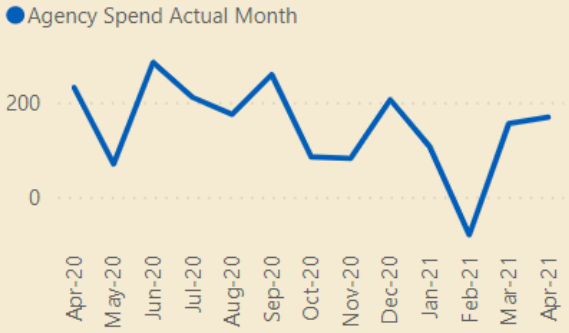
April 2021	Plan
£36526.00	£36526.00

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

F-8

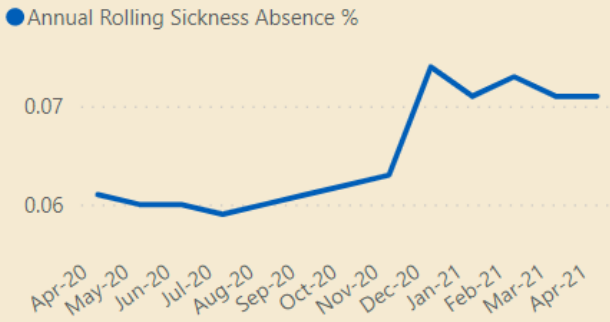
Agency Spend (£000s) Month



April 2021
£169.00
Plan
£200.00

WF-8

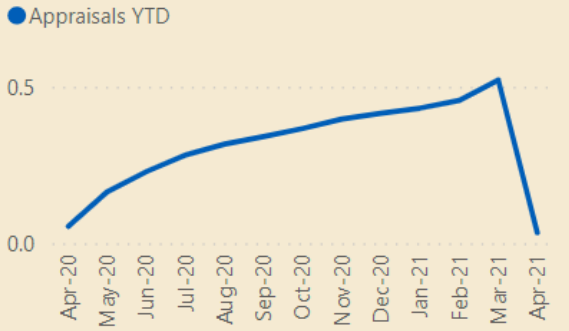
Annual Rolling Sickness Absence %



April 2021
7.10%
Target
5.00%

WF-5

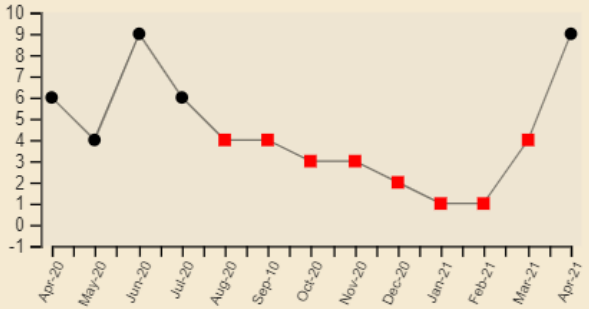
Appraisals YTD



April 2021
3.40%
Target
80.00%

WF-9

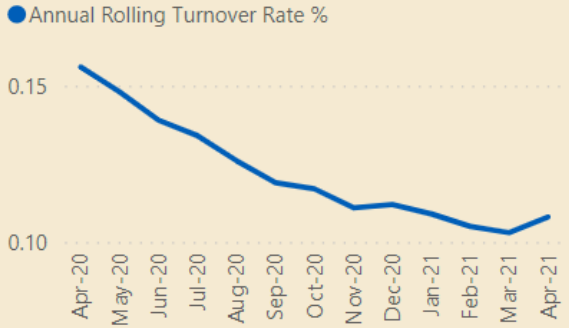
Disciplinary Cases



April 2021
9
Target
N/A

WF-7

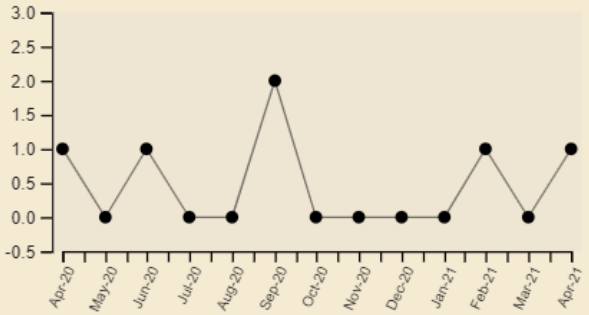
Annual Rolling Turnover Rate %



April 2021
10.80%
Target
N/A

WF-11

Collective Grievances



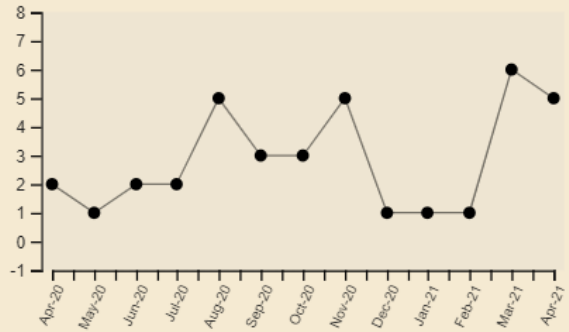
April 2021
1
Target
N/A

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

WF-12

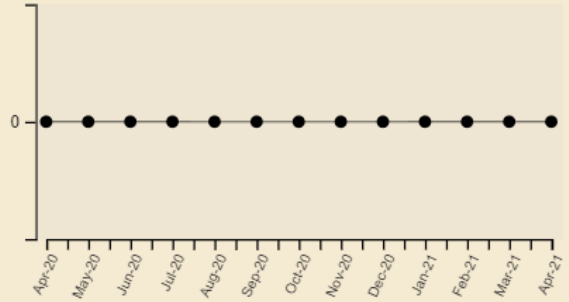
Bullying & Harrassment Internal



April 2021	Target
5	0

WF-13

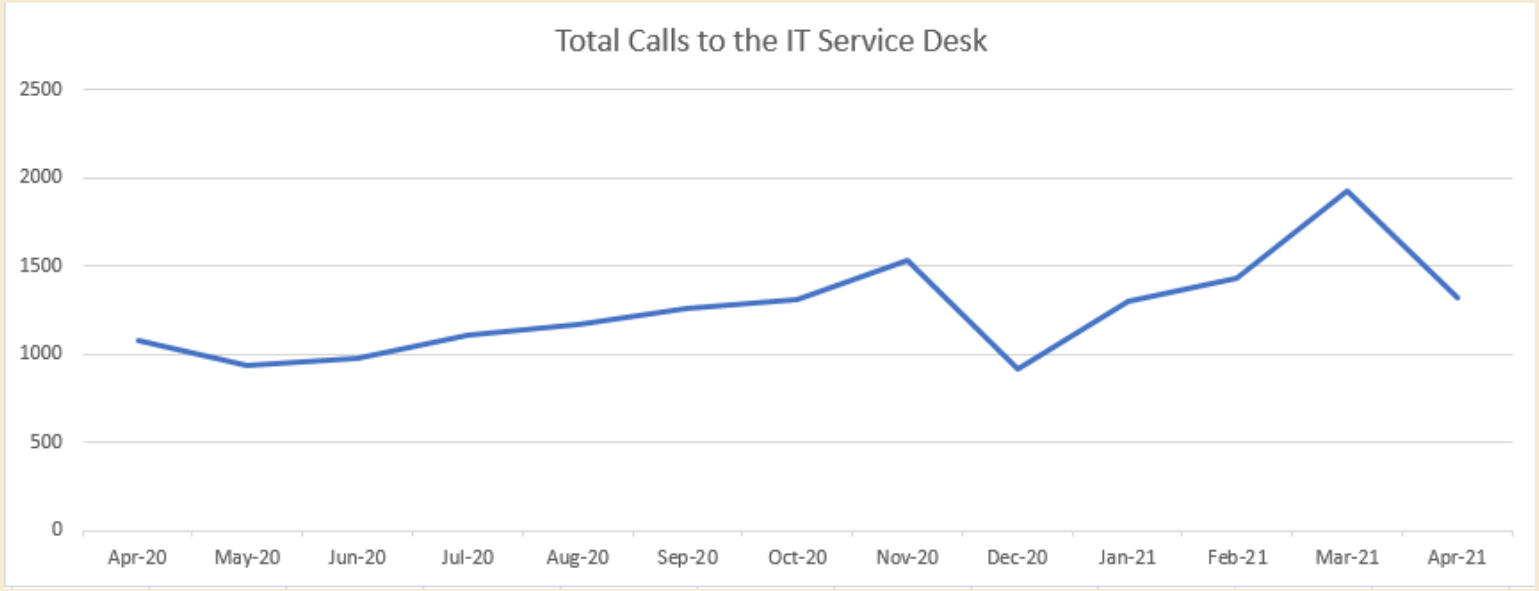
Whistleblowing

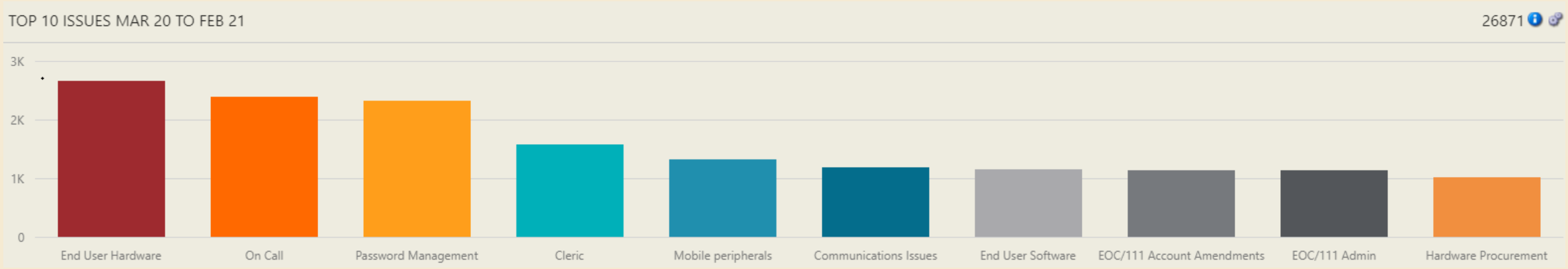


April 2021	Target
0	N/A

Performance by Domain
Well-Led: IT Performance

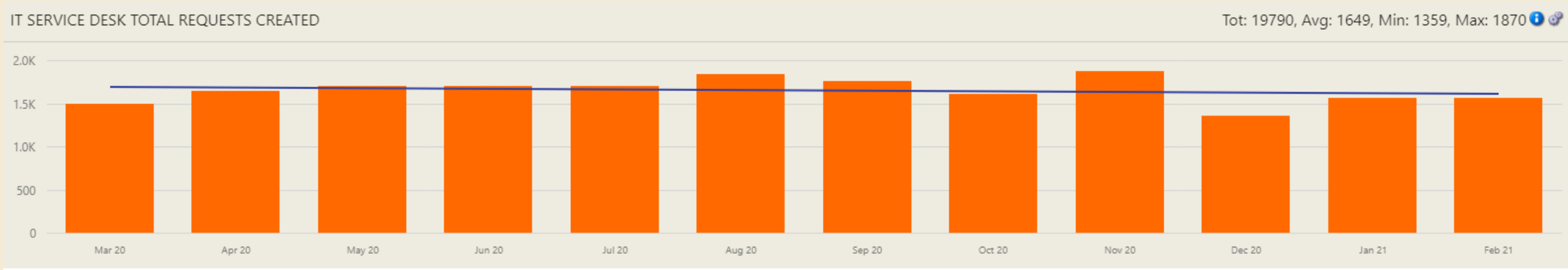
Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

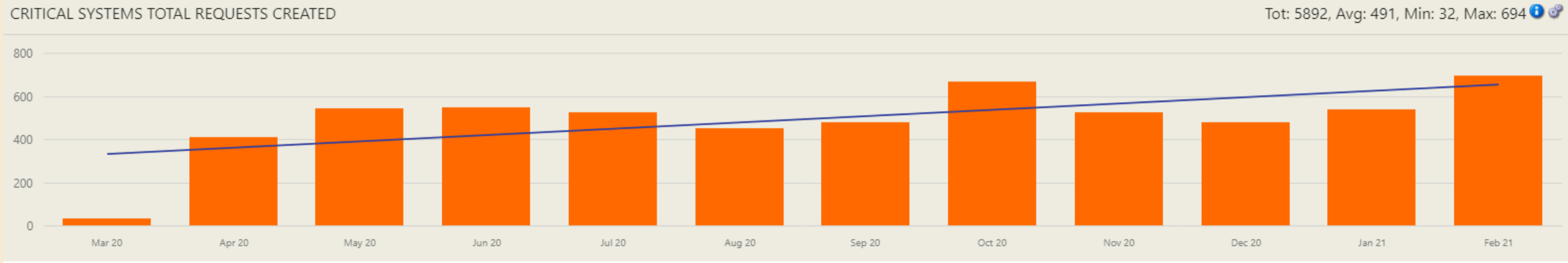




Performance by Domain
Well-Led: IT Performance

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





Appendix 2

Glossary

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

Appendix 3

Symbol Key

PD	Performance Direction		
▲	Improving performance	+	Outperformed target
▼	Deteriorating performance	-	Underperformed target
●	No change	=	On target
■	Aspirational metric	-	Data not provided

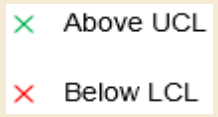
Ambulance Call Categories (Ambulance Response Programme)

Category	
Cat 1	Calls from people with life-threatening illnesses or injuries – such as cardiac arrest
Cat 2	Emergency calls – serious conditions such as stroke or chest pain
Cat 3	Urgent calls – conditions which require treatment and transport to hospital
Cat 4	Less urgent calls – stable cases which require transport to hospital or a clinic

Chart Key

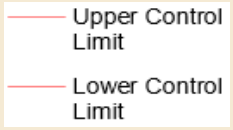
This represents the value being measured on the chart.

This line represents the average of all values within the chart.

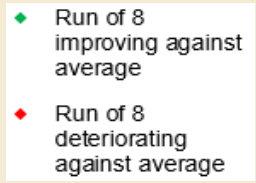


When a value point falls above or below the control limits, it is seen as a point of statistical significance and should be investigated for a root cause.

The target is either an internal or National target to be met.



These lines are set two standard deviations above and below the 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.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Council of Governors

Non-Executive Director Performance Reviews for 2020-21

1. Introduction

1.1. The Chair has met with each Non-Executive Director (NED) to review their performance in the business year 2020-21. The outcomes of those discussions are presented to Council in our Part Two meeting (held without members of the public present). This is to enable Council scrutiny and frank discussion of the performance of our NEDs and to provide assurance about the quality of Non-Executive support and challenge on the Board.

1.2. The Chair is happy to answer any questions about these appraisals at Part Two Council.

1.3. The Senior Independent Director conducts the Chair's appraisal on behalf of the Council of Governors, and the summary of David Astley's appraisal is also presented to Council in Part Two session. The SID will take any questions regarding this appraisal.

2. Context for all NED appraisals

2.1. This last year has presented unprecedented challenges for all. The COVID Pandemic levered change at an unprecedented pace and introduced new ways of working. The Chair is pleased to say that the Trust Board continued to meet virtually and there has been continuation of normal business albeit tempered with having to respond in different ways to the challenges of the COVID emergency.

2.2. The Chair's view is that his Non-Executive colleagues have worked tirelessly over the last year to keep the annual cycle of Board business progressing and have made their time available to support Executive colleagues as required. Remote working is challenging but he is pleased to assure the Council that the NEDs have carried out their duties diligently and contributed to SECAmb handling a number of unprecedented challenges well.

3. Conclusion

3.1. The Council of Governors is invited to receive this report.

Mr D Astley
Chairman SECAmb

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

E – Governor Development Committee

1. Introduction

1.1. The Governor Development Committee is a Committee of the Council that advises the Trust on its interaction with the Council of Governors, and Governors' information, training and development needs.

1.2. The duties of the GDC are to:

- Advise on and develop strategies for ensuring Governors have the information and expertise needed to fulfil their role;
- Advise on the content of development sessions of the Council;
- Advise on and develop strategies for effective interaction between governors and Trust staff;
- Propose agenda items for Council meetings.

1.3. The Lead Governor Chairs the Committee and both the Lead and Deputy Lead Governor attend meetings.

1.4. All Governors are entitled to join the Committee, since it is an area of interest to all Governors. The Chair of the Trust is invited to attend all meetings.

1.5. The GDC met online on 13 April 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 April covered: feedback from the previous CoG, the agenda for the June CoG meeting and for the Joint Board Council meeting held in May, planning annual self-assessment of effectiveness for the Council of Governors, conducting a review of the GDC's terms of reference and the Committee's effectiveness, and a review of Governor attendance at Council.

2. Items of note

2.1. The full minutes are provided and Governors are strongly encouraged to read them in full.

2.2. The GDC are very keen to improve attendance and representation at the Committee, which tends to be attended by similar Governors each time. The GDC discussed how to encourage Governors to attend, opting for persuasion and messaging about the importance of the GDC's work, rather than attempting to stipulate any kind of rota of attendance or other method or boosting attendance.

2.3. The other main point to note that is not covered elsewhere on the agenda was the discussion around the development being undertaken to open Medway MRC, which was raised in 'Any Other Business' by Colin Hall, Governor for Upper East SECAmb.

2.4. Since the meeting, Colin has spoken with the lead for EOC and 111 call centres, and Howard Goodbourn, Chair of the Finance and Investment Committee which scrutinises our programme of estates development. Howard has kindly offered to chair a meeting between

Colin and relevant managers, as well as the Trust Chair, to discuss the issues Colin has raised around availability of parking and staff safety getting to and from work. This meeting is currently scheduled for 1 June.

3. Recommendations:

3.1. The Council is asked to:

3.1.1. Note this report; and

3.1.2. Read the minutes provided.

3.2. All Governors are invited to join the next meeting of the Committee on **22 June 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 – 13 April 2021

Present:

Nicki Pointer	**NP**	Lower East Public Governor & Lead Governor
Geoff Kempster	**GK**	Upper West SECAmb Public Governor
Marcia Moutinho	**MM**	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
Marianne Phillips	**MP**	Lower East Public Governor
Brian Chester	**BC**	Upper West SECAmb Public Governor
Nigel Wilmont-Coles	**NWC**	Staff Elected Governor
Colin Hall	**CH**	Upper East SECAmb Public Governor
Sian Deller	**SD**	Upper East SECAmb Public Governor

Minute taker:

Elaine Taylor	**ET**	Corporate Governance Officer

1. **Welcome and introductions**

   1.1. NP welcomed Governors to the meeting.

2. **Apologies**

   2.1 Apologies were received from David Astley, Chris Burton, Nigel Robinson and Vanessa Woods.

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. Workshops and third manning were currently on hold. NP noted that nothing has been updated on the action log recently.

4.3 IA mentioned that Katie Spendiff was currently off sick until at least the end of May and the team have had to prioritise work. On hold was revising the committee observation report template but this will be picked up as soon as possible.

5. Discussion of any feedback from Council meeting 4 March 2021

5.1 No observations made, taken as useful and effective meetings. NP confirmed that everyone was happy with it.

6. Discussion of agenda for Council meeting 3 June 2021 and Joint COG/Board 6 May 2021

6.1 NP gave an overview of recommended items which included appointing a deputy chair, NED appraisals and looking at the white paper for ICS (Integrated Care System), and whether we are sure that staff wellbeing is being prioritised.

6.2 IA explained that a joint board/council meeting hadn't taken place for approximately a year due to COVID but it was important to restart them.

6.3 IA mentioned that a meeting with the CEO and Chair had taken place to think about what would be mutually beneficial to both Governors and the Board. It had been previously raised that the Governors would like an understanding as to what the white paper means and what is going on with the integrated care system and partnerships. It would be practical and informative if this could be combined with how the board and governors can interact as the system develops. The Chairs of two of the more established ICS had been contacted to see if they were able to attend and give an overview and look at how they would like SECAmb to interact with them. They may not be able to attend but we may be able to get some video conversations that we can listen to. BC mentioned that he attends a monthly meeting with Surrey Heartlands and gets a monthly report from Tim Oliver. BC to send report to IA. IA confirmed that Tim Oliver had been invited.

6.4 BC questioned if the joint board/COG meeting would be online or face to face. Proposal is to be online as currently following Government guidelines with regards to working from home. There is currently minimal meeting space in HQ and we would have to look externally. If things go according to plan and we get past 21st June we can then start looking to meet up in public. BC mentioned that other companies were starting towards the end of May and if they could be done face to face it would be useful.

6.5 HN commented that It would be nice to hear about our relationship building during the pandemic and what worked and what didn't. What other things do we need to put in place and how were things going to work in the future? IA mentioned that pilot projects were being offered to the Trust due to improved relationships with our partners. IA would ask whether this could be covered at the session.

6.6 HN referred to staff wellbeing and noticed on the daily Common Operating Picture reports (COP) that covid absence has reduced but other absences have increased which is common for organisations coming out of an intense/crisis period. Is this currently being looked at? IA commented that it was a priority for WWC particularly

due to the impact of the last year and would affect employees both personally and professionally.

6.7 NP commented that we need to look at coming out of Covid i.e. what's going to happen about staff being supported after the pandemic?

6.8 GK mentioned the constitution/legislation re meeting remotely and whether it was an acceptable format moving forward. IA didn't believe the NHS was under the same regulations as, for example, local authorities/parish councils. She believed that it is more about holding accessible public meetings and we have been fulfilling this duty by holding meetings online. The GDC talked previously about pros and cons – meetings have been made more accessible with higher attendance and no travel. A hybrid approach might be best going forward.

6.9 IA wanted to clarify that there may be space to add an additional topic if felt a priority but depends on how long you wish to allocate to staff wellbeing on top of the wellbeing deep-dive. Members were asked to keep in mind if anything crops up that is more important for the June meeting, and to let IA know and this could be added.

ACTIONS: IA To seek assurance that staff wellbeing is presently being looked into as deep dive would not take place until June 2021.

IA to check wording in constitution re remote meetings

7. Review of GDC terms of reference

7.1 IA noted that a review of the terms of reference for this group needed to be done annually to ensure that it is fit for purpose. The document circulated had very minor changes – a provision for video conferencing added for completeness and the other to update our responsibilities regarding governor attendance at council meetings.

7.2 BC commented that the same faces appear at GDC. This has become more noticeable on-line. Suggested a rota or nominating people from Council of Governors to attend meetings as at risk of not getting a broad view. Need different input and a variety of people attending.

7.3 NP suggested making it mandatory that you have to attend a certain number of meetings (i.e. 2 per year) and felt that it would not be unreasonable to expect that. MP supports the suggestion of mandatory attendance and people knowing from the outset that they must attend and being a benefit to the meeting.

7.4 GK commented re Membership. Paragraph 3.4 needs to be removed. IA agreed that attendance must be a minimum of 3 Governors and a member of the Corporate Governance team.

7.5 WS suggested there may be an advantage to holding meetings on same day to get more people to attend.

7.6 HN suggested that if people were to take the role that they should be committed and have a degree of expectation to attend meetings which would include at least 2 GDC and 2 MDC meetings per year.

7.7 IA stated that the statutory role of a Governor is to attend the formal council meetings and there are certain penalties if you miss 3 in a row. There was no obligation to attend additional meetings. It wouldn't be fair to change the parameters once people

had taken on the position. This is something to consider before next set of elections and be realistic in the election literature.

7.8 NP said an email could be sent stating that people should attend across the board and not just the formal COG meetings as more knowledge and views are required.

7.9 IA noted that the GDC had varied input from Governors. The MDC had more of a dedicated following and due to it being the membership committee, more engagement would be welcome.

7.10 HN suggested that people could be asked why they have not attended and noted that people may have attended other committee meetings but not GDC. It was important to understand attendance in the round and be clear that this was the approach the GDC would take.

7.11 NP noted the usefulness of having the flexibility and balance of online/face to face meetings so that people can attend and being clear what we wanted from the Governors in terms of attendance.

7.12 HN noted that at 8.15 regarding advising on strategies, this shouldn't only reference NEDs. It should also include interaction with other Trust staff. The Committee agreed, but noted that interaction with members, including Trust staff, was mainly for the Membership Development Committee. IA would ensure these points were captured in the ToRs.

8. Process for Council of Governors self-assessment 2021

8.1 IA stated that this committee supported an annual review of the Council of Governors' effectiveness via a self-assessment process and that feedback was given so that if necessary, improvements could be made. The last one was undertaken in February 2020 and prior to this, there was a long series of question which were sent to all Governors to assess themselves. A lot of work was done last year to make it more user friendly and it was proposed that a similar format be used this year. This would enable us to have a comparison year on year. The survey is sent to key stakeholders in the council and people that Governors interact with i.e. NEDs, CEO and Directors to have their input and feedback. Last year a question regarding the Lead Governor role was added as to whether the role was working effectively. The proposal was to send the Governors and board links to the survey towards the end of April and any feedback would be collated before the next GDC meeting. Any recommendations and improvements would then be taken to Council.

8.2 NP agreed it made sense to keep the survey the same as last year to provide some comparable data and see how successful things had been between surveys. HN also agreed, as a lot of work had gone into revising the surveys the previous year. The Committee noted that it had been a different year as Governors were unable to see people face to face. It would be useful to review the questions in case any were not relevant due to the virtual nature of interactions. NP agreed that there had been mitigating circumstances re COVID.

8.3 BC agreed that a lot of work had gone into it and it made sense to continue with what was done last year.

9. GDC Self-Assessment of effectiveness

9.1 IA stated that each committee was asked to evaluate their own effectiveness and review whether it was fulfilling its terms of reference. An evaluation form was reviewed and completed by members of the GDC.

9.2 IA mentioned that there was not a lot of focus on Governor training and there had been limited on-line training this last year. She suggested that training be a standard agenda item at the GDC: this was agreed.

9.3 HN commented that Committee observations, quality inspections, and 999 events were not going ahead. IA apologised for the delay in the committee observations being set up due to Katie Spendiff being off work and this would be picked up as soon as possible. HN suggested that dates be sent out and people could attend. IA explained that it wasn't as simple as people turning up as it needed to be co-ordinated with Chairs.

9.4 IA confirmed that the Council would be updated at the next meeting that the review had been undertaken.

9.5 BC suggested that would be a good time to emphasise that a mix of attendees should be attending.

10. Review of Governor attendance at Council

10.1 IA stated that information had been compiled and there were three Governors whose attendance might on paper present cause for concern.

10.2 In each case, the reasons for absence were known. Chris Devereux had bad internet issues. IA mentioned that after June hopefully it would be possible to meet face to face and he would be able to join then.

10.3 IA had spoken to Vanessa Wood who had sent her sincere apologies. She is the Chief Officer of AGE UK in Thanet and been really busy due to COVID and had given her commitment to attend the June meeting. She had been working with SECAmb outside the Council and really wanted to be more involved. IA stressed that there were no concerns about her commitment and that she was reading everything and would raise anything if she felt the need to.

10.4 IA had also contacted Cara Woods to advise that she had missed two meetings in a row and she had committed to attend the June meeting.

10.5 IA said that it was a good idea to contact people on a bi-monthly basis just to check that people were ok, in any case.

ACTION - IA to contact him Chris Devereux to ensure he is still listening and reading what is happening within SECAmb even if not attending.

11. Any other business

11.1 NP stated that she had previously sent out a link to the NHS Foundation Trust Governors Facebook page. Interesting to see what other Trusts and Governors are doing. NP to send ET link to be sent out.

ACTION: NP to send link to NHS FT Governors Facebook page for ET to circulate to the Council.

11.2 CH bought up the Medway MRC and parking at Dockside Retail outlet and the need for approximately 100 staff to bus from there to the MRC and back. He asked who

he should talk to about this information. IA said that it should be sent to the NEDs to request their assurance that consideration had been given to staff wellbeing. NP asked CH to send an email to IA and she would send it to the relevant NEDs. IA told CH that as a public Governor, he could raise it at the Council Meeting or share the response that he gets.

11.3 HN asked when safety inspections and other opportunities for Governor visits would be resumed and advised that when it restarts Governors would wish to be involved. IA stated that a conversation is being had with regards to this. Guidance had not yet been issued which Governors would follow. HN also mentioned third-manning and WS stated that only students and trainees were undertaking this.

11.4 IA stated that a few Governors had requested SECAmb email addresses to be able to open certain links in internal emails. NP stated that CFRs now have a SECAmb email address. Another benefit of a SECAmb email address was that it would be possible to publicise this address rather than a personal one. IA asked anyone who wanted a SECAmb email address to let us know.

11.5 IA mentioned that if anyone wants to add anything to the agenda to let her know and it can be added.

12. Review of meeting effectiveness

12.1 The meeting was deemed to have been effective.

13. Date of next meeting

22 June 2021 - 2-4pm via Teams

Committee Effectiveness – Self-Assessment Form

Governor Development Committee

Evaluation date	13.04.21
Members present at review	Nicki Pointer (Chair), Brian Chester, Harvey Nash, Sian Deller, Marianne Philips, Nigel Wilmont-Coles, Waseem Shakir, Leigh Westwood, Geoff Kempster, Isobel Allen, Elaine Taylor, Colin Hall.
1. Review of Terms of Reference (ToRs) – for any negative response, note any remedial actions agreed, including owner of the action and timescales	
a. Do the ToRs still reflect what is needed from the Committee?	Yes
b. Are the ToRs clear and easy to understand?	Yes
c. Is the membership of the Committee right given its purpose?	Yes – however the GDC noted that it is always keen to improve attendance from a variety of Governors.
2. Review 3 meeting agendas (can be done prior to the meeting at which the review will take place, then report back and take comments from members)	
a. Do the agendas reflect the ToRs?	Yes – but more could be done to ensure relevant focus on Governor training and development needs – standing agenda item to be added.
b. Is meeting effectiveness reviewed as part of each agenda?	Yes.
3. Review the minutes of the 3 meetings (can be done prior to the meeting at which the review will take place, then report back and take comments from members)	
a. Were the Committee's decisions recorded clearly and in sufficient detail?	Yes.
b. Is meeting effectiveness considered seriously and improvements noted in the minutes if relevant?	Yes.
4. Review the action log (can be done prior to the meeting at which the review will take place, then report back and take comments from members)	
a. Does the action log set out clear actions, with owners and timescales?	Yes.
b. Does the action log demonstrate that actions are being effectively undertaken or escalated to the	Yes – however the GDC noted that several actions had remained open this year due to inability to progress during the Business Continuity

parent Group/Committee if not?	Incident/COVID.
5. General evaluation	
a. Are the papers provided of sufficient quality?[1]	Good papers and timely. Be careful with jargon!
b. Is the chairing of the meeting effective?[2]	Yes.
c. Overall, is the meeting effective?[3]	Yes.
6. Summary of evaluation, including remedial actions planned and/or positive aspects noted	Overall, the GDC is operating effectively. Three actions required: - Add standing agenda item covering Governor training and development - Work to encourage Governors to attend the GDC - Reduce jargon in all papers.
7. Conclusion	The GDC is fit for purpose.
8. Evaluation sign off – including confirmation that remedial actions have been taken if any were identified	Signed: Nicki Pointer Chair of GDC Date: 13.04.21

This evaluation should be carried out annually and presented to the Committee's parent group/committee. Please send a copy of this form to lsobel.allen@secamb.nhs.uk

[1] Quality papers will provide assurance not assertion, are not too long, focus on improvement/risk management, draw people's attention to salient points/decisions needed, are open in identifying risks and challenges clearly

[2] A good Chair should facilitate clear decision-making and follow-up, bring all members into decision-making/discussion, provide effective summaries, and keep to time

[3] Are the right people round the table, with good attendance, and good meeting behaviours (active listening, good preparation, constructive challenges, respectful of colleagues)?

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Governor Development Committee (GDC)

Terms of Reference

1. Constitution

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

2. Purpose

2.1. The purpose of the Committee is to provide advice to the Trust on Governors' wishes in relation to the Council of Governors, including but not restricted to proposing Council agenda items, advising on ways of working, and advising and planning to address Governors' training and development needs in order to fulfil the Governor role.

2.2. The Committee will not be expected to act on proposals from meetings, but will work with the wider Council and Corporate Governance Team to enact proposals as necessary.

3. Membership

~~3.1. The Committee shall not have less than three Governor members, plus the Assistant Company Secretary.~~

~~3.2.~~3.1. Membership of the Committee is open to all Governors. Governors are encouraged to join a meeting to establish whether they wish to become regular members.

~~3.3.~~3.2. The Lead Governor shall Chair the Committee meetings. In the Lead Governor's absence the Deputy Lead Governor shall Chair the Committee meetings. In the absence of both Lead and Deputy Lead, the Committee shall select another member to Chair the meeting.

~~3.4. The minimum membership comprises:~~

- ~~Lead Governor (Chair)~~
- ~~Deputy Lead Governor (Deputy Chair)~~
- ~~An additional Governor~~
- ~~Assistant Company Secretary~~

3.4 The Trust Chair shall attend the Committee when relevant.

4. Quorum

4.1. The quorum necessary for formal transaction of business by the Committee shall be three members and shall include at least two Governors.

5. Attendance

5.1. 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.

5.2. 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.

5.3. Members and officers unable to attend a meeting are requested to provide an update to the Committee members, when relevant, at least two working days beforehand. Members and officers are expected to attend these Committee meetings.

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

6. Frequency

6.1. Meetings of the Committee will be held at least quarterly. 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.

6.2. The venue for the face to face meetings will rotate around the region or be central to the Members. Some meetings may take place using phone or video conferencing facilities.

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 in particular it will cover the following:

8.1.1. Advise on and develop strategies for ensuring Governors have the information and expertise needed to fulfil their role, including training and development for Governors;

8.1.2. Propose agenda items for Council meetings;

8.1.3. Advise on the content of development sessions of the Council;

8.1.4. Review Governor attendance at Council meetings; and

8.1.5. Advise on and develop strategies for effective interaction between Governors and NEDs, and other Trust staff as required to fulfil Governor and Council responsibilities. ~~.~~

9. Reporting

9.1. The Committee shall be directly accountable to the Council of Governors. A member 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 Team and duties shall include:

10.1.1. Agreement of the meeting agendas with the members 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, emailed papers will be due from Committee members;

iii. At least five working days prior to each meeting, papers (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 timeframe;

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.

Due for review: ~~**January 2021**~~ **March 2023**

Committee Effectiveness – Self-Assessment Form

Nominations Committee

Evaluation date	13.05.21
Members present at review	DA, WS, GK, NP, BC, LB, MW
1. Review of Terms of Reference (ToRs) – for any negative response, note any remedial actions agreed, including owner of the action and timescales	
a. Do the ToRs still reflect what is needed from the Committee?	In general yes, however for completeness the ToRs will be updated as follows: IA would add a form of words to the NomCom ToRs around seeking to appoint NEDs to uphold the Nolan Principles, being flexible about Appointed Governor membership if required, and recognising the possibility of future meetings by teleconference.
b. Are the ToRs clear and easy to understand?	Yes
c. Is the membership of the Committee right given its purpose?	As above, provision would be added in case of difficulties recruiting an Appointed Governor to the NomCom who was able to commit the required time.
2. Review 3 meeting agendas (can be done prior to the meeting at which the review will take place, then report back and take comments from members)	
a. Do the agendas reflect the ToRs?	Yes
b. Is meeting effectiveness reviewed as part of each agenda?	Yes
3. Review the minutes of the 3 meetings (can be done prior to the meeting at which the review will take place, then report back and take comments from members)	
a. Were the Committee's decisions recorded clearly and in sufficient detail?	Yes
b. Is meeting effectiveness considered seriously and improvements noted in the minutes if relevant?	Yes
4. Review the action log (can be done prior to the meeting at which the review will take place, then report back and take comments from members)	
a. Does the action log set out clear actions, with owners and timescales?	An action log had not yet been set up and would be set up for future use.

b. Does the action log demonstrate that actions are being effectively undertaken or escalated to the parent Group/Committee if not?	To be set up as above.
5. General evaluation	
a. Are the papers provided of sufficient quality?[1]	Yes
b. Is the chairing of the meeting effective?[2]	Yes
c. Overall, is the meeting effective?[3]	Yes
6. Summary of evaluation, including remedial actions planned and/or positive aspects noted	Overall, the NomCom is operating effectively and will be more effective still with the addition of an Action Log and changes outlined to the Terms of Reference, particularly around the Committee's role in ensuring NEDs to be recommended for appointment adhere to the Nolan Principles.
7. Evaluation sign off – including confirmation that remedial actions have been taken if any were identified	Signed: David Astley Chair of Nominations Committee Date: 13.05.21

This evaluation should be carried out annually and presented to the Committee's parent group/committee. Please send a copy of this form to lsobel.allen@secamb.nhs.uk

[1] Quality papers will provide assurance not assertion, are not too long, focus on improvement/risk management, draw people's attention to salient points/decisions needed, are open in identifying risks and challenges clearly

[2] A good Chair should facilitate clear decision-making and follow-up, bring all members into decision-making/discussion, provide effective summaries, and keep to time

[3] Are the right people round the table, with good attendance, and good meeting behaviours (active listening, good preparation, constructive challenges, respectful of colleagues)?

South East Coast Ambulance Service NHS
NHS Foundation Trust

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Nominations Committee

Terms of Reference

1. Constitution

1.1. The Trust hereby resolves to establish a Committee to be known as the Nominations Committee (NomCom), referred to in this document as 'The Committee'.

2. Purpose

2.1. The purpose of the Committee is to ensure that there is a formal, rigorous, effective and transparent procedure for the appointment of the Chair and Non-Executive Directors to the Trust Board of Directors in line with the terms of the NHS Foundation Trust's Constitution and the *NHS Foundation Trust Code of Governance*.

2.2. In addition, the Committee will consider whether the Chair and Non-Executive Directors reaching the end of their tenure in office should be put forward for re-appointment at a general meeting of the Council of Governors without the need for a formal competitive recruitment process.

2.3. The Committee is also responsible for making recommendations to the Council of Governors in relation to the remuneration and terms and conditions of the Chair and Non-Executive Directors.

3. Membership

3.1. The Committee shall not have less than fivesix members, appointed by the Council of Governors. The Chair of the Committee shall be the Chair of the Foundation Trust, or the Senior Independent Director for matters relating to the appointment of, or terms and conditions of, the Chair. The Chair of the Foundation Trust shall not chair the Committee when it is dealing with the matter of succession to the Chair of the Trust, including possible re-appointment and shall not participate in discussions concerning their performance, remuneration or terms and conditions.

3.2. The membership comprises of:

- Chair (or Senior Independent Director when concerning matters relating to the Chair of the Trust)
- 1 appointed governor (subject to availability)
- 1 staff elected governor
- 4 public governors

3.3. The Lead Governor will be a member of the Committee, and will be included within above categories.

3.4. Appointments to the Committee shall be for a period of up to three years, which may be extended for a further three-year period, provided the committee member remains a member of the Council of Governors.

4. Quorum

4.1. The quorum necessary for formal transaction of business by the Committee shall be 4 members, including the Chair.

5. Attendance

5.1. The Company Secretary, or their nominee, shall act as the secretary to the Committee. The Corporate Services office 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.

5.2. The Chair of the Committee will follow up any issues related to the non-attendance of members at Committee meetings. Should non-attendance jeopardise the functioning of the Committee the Chair will discuss the matter with the members and if necessary seek a substitute or replacement. Attendance at Committee meetings will be disclosed in the Trust's Annual Report

5.3. Other individuals such as the Chief Executive, Senior Independent Director and external advisers may be invited to attend meetings for specific agenda items or when issues relevant to their area of responsibility are to be discussed.

6. Frequency

6.1. The Committee shall meet as required to fulfil its duties, as the Chair shall decide, but at least once annually.

7. Telephone and Video-Conferencing ~~Conference~~

7.1. With leave of the Chair of the Committee, any member or attendee of the Committee may participate in a meeting of the Committee by means of a telephone or video conference ~~telephone~~ call where circumstances require it.

8. Authority

8.1. The Committee 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 Committee is authorised 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 Committee.

8.3. The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers necessary.

9. Duties

9.1. The Committee shall:

9.1.1. Regularly review the structure, size and composition required of Non-Executive Directors of the Board of Directors and make recommendations to the Council of Governors with regard to any changes;

9.1.2. Give full consideration to succession planning for all Non-Executive Directors, in the course of its work taking into account the challenges and opportunities facing SECAmb;

9.1.3. Be responsible for identifying and nominating, for the approval of the Council of Governors at a general meeting, candidates to fill non-executive director vacancies, including the Chair, as and when these arise;

9.1.4. Be mindful that Non-Executive Directors recommended for appointment should adhere to the Nolan Principles in Public Life as well as embody the values of the Trust in their personal and professional conduct;

~~9.1.4.~~9.1.5. Before any appointment is made by the Council of Governors prepare a description of the role and capabilities required for a particular appointment;

~~9.1.5.~~9.1.6. Review the job descriptions of the Non-Executive Director role and that of the Chair on an on-going basis;

~~9.1.6.~~9.1.7. Review annually the time required from Non-Executive Directors to perform their roles effectively;

~~9.1.7.~~9.1.8. With the assistance of the Senior Independent Director, make initial recommendations to the Council on the appropriate process for evaluating the Chair. The Committee will then be involved, again with the assistance of the Senior Independent Director, with making recommendations to the Council on the objectives to be used in the assessment of the performance of the Chair. The Committee will seek and take into account the opinions of the Trust Board, Council of Governors and other stakeholders in making the recommendations;

~~9.1.8.~~9.1.9. The appraisal of the Chair will be conducted by the Senior Independent Director, against the agreed objectives and a report on the outcome provided to the Council of Governors;

~~9.1.9.~~9.1.10. Consider the reappointment of the Chair or Non-Executive Directors in advance of each three year term of office, in line with the requirements of the Constitution, and make recommendations to the Council of Governors; and

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~~9.1.10.~~9.1.11. Receive and consider advice on fair and appropriate remuneration and terms of office for Non-Executive Directors. This will be in the best interests of SECAmb, but take into consideration the remuneration made to other Foundation Trust and comparable organisations' Non-Executive Directors, the commensurate responsibilities of the posts, the Monitor Code of Governance, and the performance of the post holders.

9.2. The Committee shall make recommendations to the Council of Governors concerning:

9.2.1. Formulating plans for succession for Non-Executive Directors and in particular for the key role of Chair;

9.2.2. Suitable candidates to fulfil the role of Senior Independent Director. In line with the Constitution, the appointment of the Senior Independent Director is a matter for the Board of Directors, who should take into consideration the views of the Council of Governors;

9.2.3. Proposals for the position of Deputy Chair, where appropriate and with due regard for the opinions of the Board of Directors;

9.2.4. The re-appointment of any Non-Executive Director at the conclusion of their three-year term of office having given due regard to their performance and their ability to continue to contribute to the board of directors in the light of future requirements; and

9.2.5. Any matters relating to the continuation in office of any Non-Executive Director at any time including the suspension or termination of service.

9.3. The Committee shall ensure that the NHS Foundation Trust's annual report provides sufficient information about its role and duties and the process by which it fulfilled those duties;

9.4. The Chair will present a report to the Annual Members Meeting and take any questions that arise at that meeting.

10. Reporting

10.1. 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 also draw to the attention of the Board any significant issues that require disclosure.

10.2. Recommendations in respect of appointment, remuneration, terms of appointment and performance of the Chair and Non-Executive Directors will be made to the Council of Governors; these recommendations may be made in private;

10.3. All declarations of interest, which could be regarded as relevant or material, must be declared at the beginning of each meeting in line with the Constitution.

11. Support

11.1. The Committee shall be supported by the Corporate Services' office and duties shall include:

11.1.1. Agreement of the meeting agendas with the Chair of the Committee;

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

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

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

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

11.1.4. Recording formal minutes of meetings and keeping a record of matters arising and issues to be carried forward, circulating approved draft minutes within five working days from the date of the last meeting;

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

12. Confidentiality

12.1. All members of the Committee are required to observe the strictest of confidence regarding the information presented to the Committee and must not disclose any confidential information either during or after their term of membership. Failure to comply with these requirements could result in the termination of membership of the Committee.

13. Review

13.1. 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.

13.2. 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.

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

Review Date: ~~September 2021~~June 2023

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=UeDqcq7pE0mFlJzyYfBhGFHlnsSYmzxOp1c2Ro-88d1URE1MVDQ1NVVINEQ2N1dDR05OSDg1VUxWVC4u

Date	Activity	Governor
08.03.21	Gender Equality Network launch - SECAmb	Marcia Moutinho
30.04.21	Agile Working Workstream – ensuring effective communications and engagement on behalf of staff FT members	Marcia Moutinho

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.

25.02.21

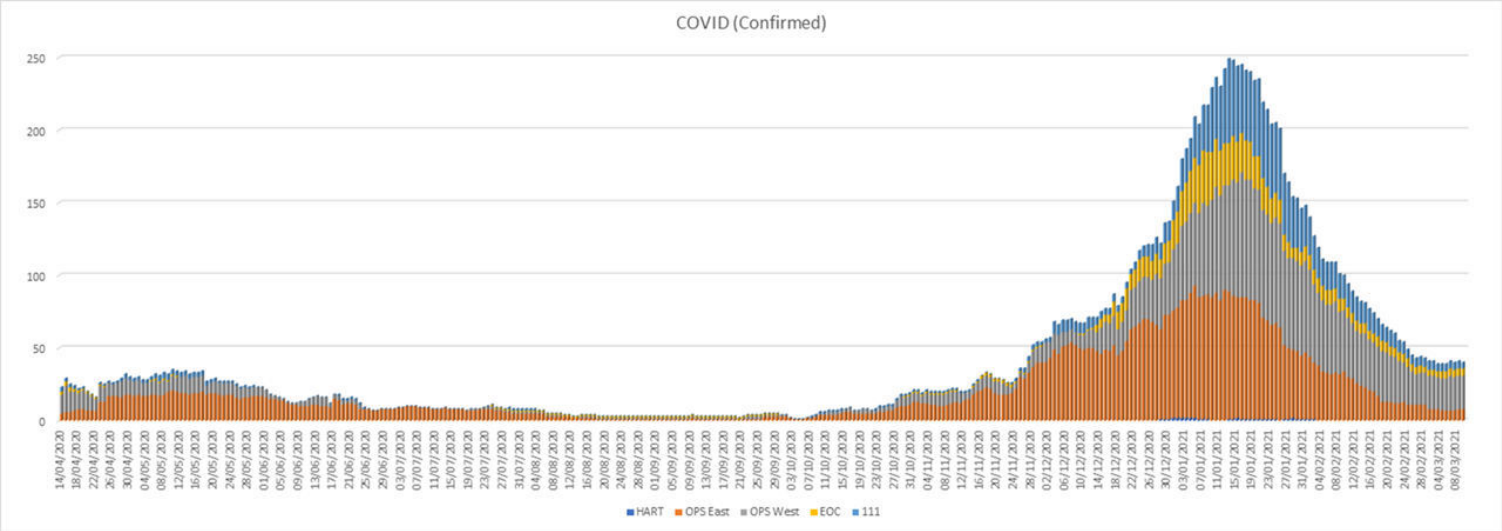
Q: I think it would be of interest to the Council to understand how badly staff have been impacted by COVID-19. It would be useful to have a breakdown of how many staff in each of the main areas i.e. Road Staff, EOC etc, have had COVID-19 and if known what percentage of these are suffering long COVID which is impacting on their ability to work? Can we seek assurance on the support available to any colleagues suffering from long Covid as well?

A: Response from Angela Rayner - 03.03.2021 - Unfortunately we don't have the ability to track this in the Wellbeing Hub. However, I have been aware from some failed RTW's after

Covid that Long Covid symptoms were reported and we have recommended that managers refer to OH and phase returns appropriately. Pathway 3 for alternative duties also supports those who have ongoing symptoms and are unable to undertake their substantive role.

We are working with OH to develop a RTW assessment following Covid diagnosis which will include information on Long Covid, what symptoms to look out for and advice on referring to OH. I spoke with OH today and they are only aware of 4 cases of Long Covid, although I think the incidence is probably much greater. Luckily we have fast access to psychological support and physio via the hub and the assessment process should result in a better process where individuals are referred to their GP to enable them to access special Long Covid clinics in the community.

Charts were also provided as below (apologies for the font size – if you would like to see this email us and we can send it in an email to you so it's bigger):



	Staff Days Lost
HART	40
OPS East	6,902
OPS West	4,863
EOC	1,332
111	2,055

25.02.21

Q: Just had a call from my surgery saying although I have said I have had first jab and will have second via SECAmb they cannot enter it on my records. I assume they are being no

less pernickety than other surgeries so guess others will encounter the same. Has SECAmb a process for getting the jabs it delivers logged onto individuals' NHS records? If so great, but if not.....?

A: The Governor concerned kindly sent their NHS number to our Covid Management Team, who responded that:

SECAmb are required to upload all vaccinations given through Nexus House into the NIVS (National Immunisation Vaccination System) which in turn feeds into NIMS (National Immunisation Management System). Unfortunately, the system does not work the other way round. Other vaccination clinics use different systems of which none feed into NIVS. If any Governors have any issue with their GP surgery not having a record on their jab from the Trust they should email Michael.Bell@secamb.nhs.uk

20.05.21

Q: I would like to seek clarification on something if I may. I have heard on the 4 o'clock call that staff must be mindful in case of international travel. It was said that staff 'must accept the consequences' if they travel on holiday to a 'green' country which then changes to 'amber' or 'red' and have to quarantine for 10 days. I would like to know what the 'consequences' are and what happens to staff who find themselves in that position. Obviously, this is not much of an issue for support staff who can work from home but I would like to know what happens to staff who can't work from home. For some people, albeit a small number in this Trust (that's what I've been told), going abroad means seeing family and it's not simply a holiday.

A: Lengthy excerpts of the Trust's guidance were provided from the Deputy Director of HR and Organisational Development, including

Travel and Quarantine related Q&As

Q21: If someone is out of the country and unable to get a flight home, if their absence goes past the date they were due back at work, how will this absence be recorded and will they get paid?

A21: There is no automatic entitlement to payment in the circumstances, evidence will need to be provided and conversations will take place with the direct line manager with advice from HR on taking a possible mixture of annual leave, special leave and unpaid leave.

The general thrust of the Trust's lengthy guidance (available on The Zone for all staff) is captured in the following extract:

There is no one-size-fits-all answer to this issue. Managers are encouraged to give consideration to staff who are required to quarantine for unavoidable or extenuating circumstances, but who cannot work from home. This may include:

- a staff member who has extenuating circumstances such as a family funeral abroad
- pre-booked holidays that cannot be cancelled without incurring financial cost (i.e. insurers will not reimburse cost) that were arranged before quarantine could have been envisaged

- pre-booked holidays that the tour operator has not cancelled but has instead rescheduled on fixed dates which, if cancelled by the customer, would be at financial cost to them
- sudden changes to Government regulations on quarantine

Managers should consider using a combination of some or all of the different types of leave options shown above.

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

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 four 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. At least half the Committee shall be 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

4. Quorum

4.1. The quorum necessary for formal transaction of business by the Group shall be one Governor 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 and Video 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 3 June 2021.

Approved by Council of Governors
Approved date:
Review Date:

South East Coast Ambulance Service NHS Foundation Trust

SECAMB Board

Escalation report to the Board from the Workforce and Wellbeing Committee

Date of meeting	**11 March 2021**
Overview of issues/areas covered at the meeting:	The meeting started with a review of a ***management response*** relating to an issue escalated to the Board in January about the completion of the learning for AAPs. This relates to 63 AAPs with outstanding learning/assignments and progress reviews with each individual has been taking place through March. The aim is to use this to identify those engaging and on track; those engaging and require support to ensure completion of the requirements, with revised timelines; and then those that are either not engaging or are asking to withdraw. The committee confirmed that if any of these individuals wished to withdraw then we would work with them to ensure they are redeployed. No redundancies are planned or expected. The committee sought reassurance that this delay in our pipeline for clinical staff had been accommodated in our workforce planning. By the time of the Board meeting, we should have a clearer picture. The meeting then focussed on the following areas: **HR Process Performance Update** The committee received updates on progress against some of the HR/management processes and controls. This will remain a standing item until the committee is assured they are all established and working effectively. <u>E-Timesheets</u> The roll out from January went ahead as planned. The engagement from staff has been positive, although as expected there has been a high number of queries, which appear to have been managed well. Some issues have been identified, including some submission errors, data issues and pay, all of which are being addressed. The committee heard that the February pay run saw fewer issues, using the learning from January. The committee acknowledged the huge effort that has gone into this to make it work. It has shone the light on some historical anomalies with how hours have been claimed, which are being looked in to ensure staff are clearer about how to follow the rules. This should remove one source of tension between staff and their line managers. The committee reflected on this work, between HR specialists and line managers, and feels this has been an example of good matrix management and cross organisational learning.

E-Expenses

The roll out has been delayed due to recent operational pressures. Some trial sites have systems fully embedded and are using them well, and this will help the full roll out. The remaining issues linked to car insurance is close to resolution.

P-Files

The numbers of outstanding returns is continuing to reduce and is not circa 400. There are a small number of OUs that require specific focus with more targeted engagement to ensure this project is completed over the coming few weeks. This led to a discussion about how in our broader reporting, we are able to show local managerial 'hotspots', in addition to looking at indicators trust-wide.

Driving Licences

There are now just over 250 outstanding checks for operational staff. Additional resource has been allocated to work through these individuals more directly, in a similar way we are focussed the final push for P Files. The committee clarified that to-date no issues have been identified as a result of either P Files or driving license checks. In risk terms, the likelihood of staff driving our vehicles unlicensed was low but the consequences would be extremely damaging

Payroll Provider

The draft Business Case and Service Specification has been drafted, with the final specification to be agreed by April 2021. The go-live has been pushed back to ensure a safe transition.

Corporate Affairs

The committee had a good discussion on this, based on a paper setting out how we do corporate affairs currently. The Board will recall that this issue was referred to the WWC at a recent Board meeting. Our approach is currently a broad and uncoordinated one involving several different departments and directorates.

Philip led this discussion and the committee agreed with him that there is work to do to ensure we are more coordinated. For example, the Board Strategy Advisory Group should have a role in ensuring strategic messages are developed, agreed and managed by the Board This would require clearer management and accountability arrangements to join up the different leads and ensure better shared intelligence and a consistency of external messaging which will be important to SECAmb fulfilling its purpose in the future.

The committee acknowledged this is a complex piece of work that requires time to work through. However, although achieving change should be given time to ensure it is done properly the committee will ask for an options paper on the organisation and management of Corporate Affairs to ensure that momentum on this important issue is maintained.

Wellbeing Strategy
The committee reflected that in recent times it has focussed more on workforce than wellbeing and so as part of this will ensure there is better balance going forward.

A verbal update was provided confirming that the executive had recently requested a deeper review of our strategy. This will explore the costs and benefits of to explore what and how we deliver in the context of what has become more widely available both regionally and nationally in the NHS since our Wellbeing Hub was established. The committee was pleased to learn that, the executive is establishing a group to work through the more immediate need to ensure we plan for the post pandemic people recovery.

The committee welcomed the appointment of Tom Quinn as the Trust Wellbeing Guardian, which is a national requirement of the NHSE/I to hold the Board to account in areas related to looking after our people. This links to what metrics are reported to Board as part of the IPR. The committee reviewed and accepted all the requirements. The committee felt that it was important that SECAmb met the NHSE/I requirements as part of its own wellbeing work rather as a separate 'programme'.

Increasing workforce diversity
While acknowledging the scale of this challenge, the committee concluded that we must do more. NHS England has set itself an aspirational target of meeting its overall workforce ethnic diversity of 19% across all pay bands by 2025, and a focus on leadership diversity is also a key action within the NHS People Plan. The committee asked that when the executive works through what our target should be it should be both stretching and achievable, particularly in the context of the diversity challenge across the country for the paramedic workforce. It was noted that 'diversity' involved more than ethnicity and gender.

Update on the WRES plan
The committee noted that many of the actions haven't progressed as much as we would have liked during the past 12 months, but this is against the background of the pandemic. There were some 'green shoots' however, with greater focus on diversity with Board appointments and the decision to offer placements from 1 April to two NExT Directors; this is the scheme led by NHSE/I to support senior people from groups who are currently under-represented on trust boards with the skills and expertise necessary to take that final step into the NHS board room. It was noted that this needed to be matched by a similarly focussed programme of management and career development for our managers and clinicians.

Staff survey results / next steps
The committee received an update from Philip on the staff survey results which have since been published. It noted that the results have not identified anything surprising or unexpected, and reinforced that the staff survey provides really helpful indicators and feedback but must be seen alongside the other sources of information. Taken across the

	three year period there is not much change; some indicators are slightly better and some slightly worse. The committee agreed with Philip that it is disappointing that these results aren't demonstrating more progress. It also agreed that all the things we decided a couple of years ago as priorities remain so, but with even greater focus and effort needed. For example, in the development of our approach to education training and development across our entire workforce. Some of these areas will require longer to show impact and the committee will monitor this over the coming year. The next two areas considered by the committee are both on the Board agenda. **Gender pay gap** This paper provides assurance that the Trust is meeting its legislative duties in publishing its annual Gender Pay Audit. It also provides detail and analysis of the audit as well as the actions to be undertaken to help address the disparity. The committee welcomes the recent launch of the new gender network, which helps provide focus on ensuring better gender balance. Emma Williams in the Chair of this network and she highlighted the imbalance there is within the operational leadership, for example, and the need to understand why more females are not applying, getting shortlisted, and/or appointed. **Amin Abdullah recommendations** This paper provides assurance that the Trust has completed a review of all current disciplinary cases in line with the instructions from NHS England and Improvement following the investigation and review by Verita into the death of Amin Abdullah. It confirms the identified areas for focus in the review of our own disciplinary practices in line with the learning from the Verita report. The committee noted the actions to be taken forward in SECAmb as response to the risks identified in the paper. It reinforced the need for robust and timely investigations and asked particularly that the executive review whether we sufficiently cover in this our approach to when we refer staff to professional bodies.
Any other matters the Committee wishes to escalate to the Board	There was a discussion at the start of the meeting under matters arising, related to the significant risk to our ability to meet targets of losing paramedics to other parts of the health system, in particular primary care. The executive is well engaged with system partners on this and the committee will consider this in detail at its next meeting. The Board asked the committee to review the actions being taken to mitigate the incidents of violence and aggression to staff. This was scheduled for the meeting but was deferred to the next meeting, to take account of the recent development linked to the pilot of body worn cameras. There has been frequent reference to the need for assurance that SECAmb has sustainable establishment levels. Even without the effects of Covid, there was concern

	that training, development, appraisal of our colleagues could not be properly conducted because the level of 'abstractions' required would have an adverse effect on performance. This links to the work under case or change and the need to ensure we are adequately funded to meet the development needs of our workforce. Overall, the committee felt it was a good meeting and noted the good quality papers.

SECAmb Board

QPS Committee Escalation Report to the Board

Date of meeting	Friday 26 February 2021 – Extraordinary Meeting Thursday 18 March 2021 – Full Meeting
	This report includes overviews from both the February extraordinary meeting of the QPS to review patient safety priorities, and the March full meeting of the QPS to review the business as usual agenda as per the Cycle of Business 2020-21
Overview of key issues/areas covered at the meeting:	**Management Responses (18 Mar 2021)**

Six management responses were presented to QPS in March. These were:

- **Birthing Centre Transfer Rates**

Efforts to educate external health workers / influence existing behaviours have not resulted in the outcomes hoped for and an audit has shown the Trust is still receiving a high number of inappropriate C1 requests for maternity transfers. Further courses of action were being explored internally and updates will be shared with the QPS to maintain oversight, as this was a patient safety concern.

- **Timeliness of Clinical Audit Actions**

Timelines had been added to the clinical audit actions and a review was underway to ensure that all overdue actions would be complete by 01 April 2021 to be reviewed in the May QPS meeting. The next step is to identify the improved patient outcomes resulting from the actions being carried out.

- **Temporary Dynamic Conveyance (TDC): Lessons Learned and Benefits Realisation**

This was required at the time of extreme pressure and shows system leadership by SECAM and what can be achieved when the system works together. Key lessons highlighted regarding TDC include:

i. A disconnect between the people agreeing the model and those doing the work
ii. Helped address long waits outside A&E as there were other options and greater system visibility.
iii. It should only be used for a few hours in extremis as it causes vehicles to be displaced which impacted negatively on densely populated areas such as Medway and also patients had to be repatriated

- **STEMI Care Bundle**

The Trust is below national targets and benchmarking, so this was identified as a priority area for improvement for SECAmb for 2021/22. Work will be undertaken to understand the root cause of SECAmb performance levels, including the commissioning of a credible independent review to provide their analysis on causal factors.

The Committee identified a lack of cardiac networks within the SECAmb patch as a risk to patient care and outcomes.

- **Risk Ref: 1382 – Public Access Defibrillators (PADs)**

The Trust owns 539 PADs for which it is responsible in terms of maintenance and ensuring the devices are 'rescue ready'. The committee asked the Executive Management Board to consider the replacement and maintenance of these PADs and present it back to QPS in May. All other privately owned PADs were maintained at the cost of the owner and recorded on the British Heart Foundation (BHF) Register and the EMB are asked to consider these as part of their discussions.

- **LifePak15 Therapy Cables**

This item was deferred pending the receipt of a paper to present the options appraisal to QPS, for a decision to be made to support the most suitable course of action regarding the replacement of LifePak15 therapy cables.

Areas for ***discussion*** *or* ***scrutiny***.

18 Mar 2021

- **Covid-19 Management Update**

Highlights from the paper were:

- 117 staff absences related to Covid-19 (126 including adverse vaccine reactions)
- 1 current outbreak of Covid-19 within the Trust (9 in total)
- LFT Phase 1 complete and Phase 2 underway
- Vaccine rates: 82% - Operational / 88% - Corporate / 64% BAME / 81% - CEV
- 60 shielding staff, potentially due back to work following governance guidance with return to work support needs being considered
- Staff identified as 'ineligible' for the vaccine 5-6wks ago to be revisited

- **111/CAS Clinical Model- Assured**

QPS received a newly formatted paper to identify the key KPI's, risks and issues. A go live date for the new Electronic Prescribing System (ePS) had been reported as 01 April 2021; this was a positive step forward and would help to streamline existing prescribing processes.

Call volumes have been +11% and sickness 33% at peak between October – February but now CAS is beginning to stabilise. The committee noted significant steps taken in both 111 First and CAS between October and February resulting in over ~37k ambulance outcomes being validated and ~21k ambulances being stood down to more clinically appropriate dispositions and of ~13K Emergency Department dispositions have been re-directed. This is demonstrating the value of clinicians in the process and being recognised by Commissioners.

- **EOC Patient Safety – Assured**

An overview of staffing levels was given. Clinical Safety Navigator compliance was largely meeting the requirement of always having a minimum of 1 x CSN in EOC at all times (24/7). However, the Trust still does experience difficulties in meeting all the clinical hours required overall. Welfare call-backs were now being made as required after a few months of extreme pressure meant the Trust could not meet demand. Clinical tail audits and no-send audits are delayed due to some IT changes but these are expected to up to date in the next period.

- **IPC Vehicle Cleanliness – Assured**

Vehicle deep clean, hot loading and swab testing was reviewed, and the appropriate systems and processes are in place to support this. The Trust was experiencing variable standards of vehicle deep clean results between Vehicle Preparation Programme (VPP) sites and Make Ready Centres (MRC) and it was anticipated this would remain so until the whole estate was converted to MRC set-up.

The Committee recognised that the number of 'hot loads' was high, and the Trust was not meeting all its targets for deep clean completions.

- **Clinical Outcomes: Stroke – More Information Required**

As with the STEMI update, this paper identified gaps in the stroke networks in the SECAmb region with some expected quality standards not being met; the issues seemed to be with the structure of the networks and were escalated as concerns at external forums, though SECAmb also recognised the excellent clinical leaders within these networks.

The Committee supported the move to adopt telemedicine as regular practice. The Medical Directorate would include patient outcomes in the next Stroke report to QPS.

- **Serious Incident (SI) and Datix Thematic Review (Q3)**

This provided on overview of SI's declared in January and February and a review of Si's agreed for closure. Four cluster* SI's were declared:

- Category 5 (C5) calls not appearing in the clinical stack
- Trust processes when in high demand (call-backs)
- Delayed attendance/call management where duplicate calls were closed in error
- Recognition of STEMI following case reviews

Examples were given of how lessons learned from SIs had resulted in actions being taken to implement improvements across the Trust. These included simulation training to help teach people how to manage equipment failures on-scene and setting LifePak15 devices to auto-switch to AED mode when switched on.

It was noted how one of the SI clusters related to failed recognition of STEMI in patients and welcomed how these reports triangulated; they would further benefit from being cross-referenced.

A concern was raised around the Trust not having a ratified DBS procedure in place but assurance provided that there was old guidance in place and being followed whilst work was in progress to update the proposed new Policy before publication.

*Under the NHS Patient Safety Strategy launched in 2019 there was a requirement to change the way of reporting SIs, which included forming 'clusters' to identify themes from what would now be known as Patient Safety Incidents (PSIs

- **Medicines Management – Assured**

The committee received assurance that the Trust is compliant with Home Office controlled drugs licensing and is performing well in station audits. Confirmation was received that the Medicines Management Governance Group (MMGG) was still meeting despite staff absence and that work was also still progressing though slightly behind target. There have been no external reviews and inspections due to COVID however an internal audit report is due shortly. The Committee recognised the improved professional approach towards medicines governance.

26 Feb 2021

- **Spinal Immobilisation**

SECAMb adopted new spinal immobilisation guidance in July 2020 as agreed by the Trust Board with the expectation that this would be adopted by JRCLAC shortly afterwards. The Medical Director updated the committee that NaSMed had made a recommendation to JRCALC that the new guideline not be implemented at this time due to procedural issues relating to a potential conflict of interest related to some members of the guideline development group.

The Medical Director briefed the Committee on the training and preparatory work to go live with the new guidance and all of the governance that surrounded the decision making. Assurance was provided that SECAmb was able to, and did, deviate from national guidance and that an evidential-based consensus approach to the new guidance had been undertaken. A review of our own incident reporting has shown no evidence of concern since the new spinal immobilisation guidelines have been implemented. It has received a positive reception from JRCALC and staff and is in the JRCALC+ app for staff as a SECAmb-

specific protocol. In addition, letters of support from the regions Trauma networks were presented.

On this basis the Committee supported continuation of the new guidance.

- **Vaccinations Update**

The Trust had vaccinated 81% of Operational staff and 88% of Corporate staff; details were shared on screen with Committee members. 4% had declined the vaccine and another 4% were unable to have the vaccine at that time. This left approximately 10% of the workforce to be vaccinated and the Trust was using its mobile clinic to target areas with the lowest uptake. Vaccination of BAME staff was up to 63% and more work was required to increase this as other Trusts had achieved upwards of 80%.

SECAmb was preparing for its programme of second dose vaccinations.

- **Test & Trace (T&T)**

It was anticipated that 36,000 results had been submitted through Phase 1 of the Lateral Flow Test (LFT) testing programme. Phase 2 had begun, and results were being directly inputted by staff to a central portal. Work was being planned to realise the impact made by LFT testing.

- **PPE / Powered Hood Roll-out**

The roll-out of powered hoods had been managed as a project with a projected completion date of 02/03/21. All feedback had been positive. There were no shortages of PPE; reserves of specific types of FFP3 masks were being held for staff who were unable to use the powered hoods. Annual FIT testing would still be necessary.

- **Hospital Handover Delays**

The wider system was reported to be feeling less pressured but there were still two hospitals of concern and these were being managed locally by local management teams. It was anticipated that it would take some time to see improvements at these sites. Assurance was provided that there was less 'holding time' of patients on ambulances. As an aside, the army had finished its mutual aid shifts with SECAmb two weeks ago. The Committee heard that it had been a positive experience and there was a good debrief on their departure. The fire service would remain providing mutual aid for a longer period of time but in smaller numbers.

The Chairman extended his congratulations to the whole team involved in the management of patient safety at a Kent hospital; he was assured that the Trust did the right thing by escalating its concerns.

- **Impact of Covid-19 on EOC/111 Services**

EOC delays had occurred in call answering and dispatch times although any clinical risk had been mitigated as many clinical workers were able to work remotely under agile working arrangements. Hear & Treat (H&T) rates were down, and this was reported to be linked to the clinical stack. A deep-dive paper was requested for a full meeting of the QPS.
In NHS111, performance had been variable due to call flow and call answer times were beneath the national indicator of answering within 60 seconds for 95% of calls.
CAS had produced very positive results; 93% validation of all calls into 111, Direct Bookings increased from 3,000 to 16,500, and A&E admissions were reduced due to 90% of Emergency Department (ED) call validations.

- **Key Quality / Safety Decisions from ORMG**

SECAmb had received a request from Surrey Heartlands CCG and NHSE/I to vaccinate members of the public in hard to reach communities. This was under discussion at EMB.

Any other matters the Committee wishes to escalate to the Board	There was a theme throughout the meeting that clinical outcomes for cardiac arrest, stroke and STEMI should be better given the talent and knowledge within SECAmb. The Committee was pleased to hear that these workstreams would be a focus for the Medical Directorate for 2021-22. The Quality Account 2020-21 had been delayed nationally with no insight yet as to whether this will be a requirement; the Committee agreed to carry-over the 2020-21 quality improvement priorities to 2021-22. The Committee approved the Cycle of Business 2021-22, and the updated Terms of Reference An AOB was raised by the Director of Nursing & Quality to advise that amendments to the Duty of Candour guidance had been issued by the CQC with confirmation that the Trust was compliant with all requirements. This was my last QPS committee meeting as Chair; I have joined 78 meetings during my time at SECAmb and chaired 55 of those. I now hand over the Chair position to Tom Quinn, NED.

SECAmb Board

QPS Committee Escalation Report to the Board

Date of meeting	Thursday 20 May 2021
	This report is an overview of the May QPS meeting, based on the new Cycle of Business for 2021-22. In attendance we also welcomed Dr Subo Shanmaganathan (NED) and Mamta Gupta (NExT). Three items were agreed to be deferred to July's meeting.
Overview of key issues/areas covered at the meeting:	**Management Responses**
	Four management responses were presented: - **Medicines Tagging Trial (Formerly 'Changes to Medicines Coding System')** The Trust identified the need to consider a new procedure for medicines pouch tagging after themes from incident reporting indicated that there was a risk of crews being on scene with a patient without the necessary medications for the patient's presenting condition. A trial was held in Paddock Wood OU using the main medicines stores at the same site to remove the 'amber' category pouches, which indicated that some medicines were present but not all. The trial was deemed to be a success with positive feedback provided from within the OU. However, the Trust cannot presently fund, does not have the required infrastructure, or cannot provide the capacity needed to roll this model out Trust-wide. QPS has asked the Medical Directorate to work with Operations and consider resource requirements if the trialled Red/ Green coding system was only used on the drugs pouches used most frequently. - **Vehicle Strategy: Decision-Making Process Update (Incl. Datix Incident Analysis, and Vehicle Adjustments)** It was really good to see that SECAmb had considered and reported against all of the analysis findings to provide a solution for staff who feel unable to use the Fiat ambulances. The Committee acknowledged the reported difference in crew comfort between Mercedes and Fiat. Some staff have raised genuine concerns and as well as practical adjustments to these vehicles, there is support from occupational health. Other vehicle manufacturers are also considering the national specification. - **Impact of Clinical Audit Actions on Patient Outcomes** The Medical team is working on streamlining processes around audit actions and there is obvious progress being made. QPS has requested some ongoing monitoring through the management response route to maintain oversight, as there have been similarities identified between this workstream and the historic issue around the timeliness of Serious Incident (SI) actions. - **Public Access Defibrillators (PAD) – Management Plan** This remains a concern for QPS, as it presents risk to SECAmb financially, reputationally and operationally. The Committee was assured that PAD sites and devices is a focus for the Trust and that work is progressing however it would like to see progress ahead of the next QPS meeting in July to demonstrate good risk management.
	Areas for ***discussion*** *or* ***scrutiny***.
	• **Covid-19 Management –** The Committee was assured that sound governance, systems and controls were in place to manage the Trust's response to the Covid-19 pandemic. There had been a fantastic uptake and delivery of the vaccination programme however following national concerns around blood clots there were some younger staff who were declining a second vaccination and were therefore being referred to their GPs as per national guidance. • **111/CAS Patient Safety –** A new format for reporting meant that data and risks /

	issues / successes were much easier to read. There had been a shift in risk themes with focus now being on activity related concerns such as the impact of Covid-19, staff abstractions and the launch of phase two of NHS111 First. QPS also heard how case complexity was impacting the 111 service, as well as some patients bypassing their GP and calling 111 instead. With Emergency Departments reporting to be under the same pressure as before, there is concern over the Trust's validation rate which was as 15.5% against a target of 9%. Assurances were offered that capacity and demand were discussed frequently at regional forums. • **EOC Patient Safety –** The new report format was also used here and worked well. Good discussion was held around NHS Pathways compliance and it was agreed that all relevant compliance criteria would be reported separately in future , replacing the general statement of e.g. 'the Trust is compliant' – this will allow QPS to see actual performance against each criterion and gain further assurance that systems of control are effective. We discussed the management of patients identified for potential overdose or suicide (a new national requirement) and will continue to monitor this in-year. • **Serious Incidents –** A theme had been identified around C2 delayed response so this was due to be analysed as part of a table-top review to pick out any learning. We then had a conversation about suicide prevention and support for staff wellbeing when they have been under investigation or suspended in relation to an SI. The Committee was assured by several support processes in place, including an allocated welfare offer. The future format of SI reports was under consideration to include triangulated learning from complaints, litigations, incidents, and patient experience. It was suggested that Mamta Gupta be invited to contribute to these discussions given her professional expertise as a barrister. • **PAP Governance and Patient Safety** – Assurances were obtained around the monitoring and governance of contracted PAP providers, and the organisational structure in place to support this. However, due to the increased focus of CQC on PAPs it was agreed that FIC be asked to review the viability of our current sub-contractors. • **Clinical Outcomes: AQIs (to include Deep-Dive re: STEMI)** – An excellent piece of evidence-based work was presented to QPS by Claire Hall, Clinical Pathways Lead, that identified where SECAmb had room for improvement in relation to the STEMI care bundle results, which were typically 10% lower than other ambulance services. Now that the main issues have been identified - appropriate choice of analgesia, on-scene time and back-up requests / response times, and careful documentation - the Trust can work on a plan to make sustainable improvements.
Any other matters the Committee wishes to escalate to the Board	The Committee commended the Safeguarding Annual Report 2020-21 to Trust Board, subject to minor changes. Work has begun on the annual Quality Account 2020-21 for a draft to be presented to Board in May prior to publication by 30 June 2021. The Committee received an update on Research activity within SECAmb and was very pleased to hear about the research studies being undertaken; Julia Williams and her team had worked hard to ensure the Trust fulfils its responsibilities as an NHS provider to engage in high quality research. There was a request for the impact of previous studies on patient outcomes to be presented to QPS, and any resulting change(s) to SECAmb practice. The Trust acknowledged an unplanned CAD outage the previous evening. QPS approved

	final amendments to its Cycle of Business 2021-22. This was my first meeting as Chair, and I take the opportunity to thank Lucy Bloem for her support and guidance during the handover. It was also the last meeting for our Committee coordinator, Leane Stephens who has moved on to East Kent University Hospitals. I thank Leane for her support and expertise. The Quality & Safety Directorate are working on finding a new coordinator for the Committee ahead of our next meeting in July 2021.

SECAMB Board

Finance and Investment Committee Escalation report to the Board

Date of meeting	21 May 2021
Overview of key issues/areas covered at the meeting:	This was an extraordinary meeting called principally to review operational performance, and financial planning for the coming year. Two business cases were also considered that require Board approval. Due to commercial sensitivities these are included in the private part of the meeting and summarised below. **Operational Performance** **Partial Assurance** The committee acknowledged that we aren't achieving ARP consistently and that the provision of hours isn't resulting in the expected improvement in performance. The data and analysis needed to really understand this will be supported by the development of the Performance Cell; this is a much needed step in the right direction. On the positive side, performance in category 2 is better and compares well nationally. This is where we see the majority of our activity. In terms of 111 CAS, this continues to be very challenged, with increase in demand at times 20% above predictions. This is consistent with the picture across England. The committee is assured that management has in place via the operational performance and sustainability plan, a good understanding about the key actions needed to ensure better use of resources. Within this plan there is a shorter 12 week plan aimed at making more immediate improvements in both 1s and 9s. Concern was expressed by the committee about not just 'running faster', but ensuring the interventions are effective and sustainable. It is assured by the programme of work that sits alongside this plan that focusses on the delivery model and related processes (Better by Design). This will determine how we might need to do things differently rather than just continuing to try and improve what we currently do. While the committee is able to accept performance will be inconsistent over the next few months, it challenged the executive to come back with an assessment of when sustained improvement will be achieved, noting that some areas require system support. For example, the impact of lost hours due to handover delays and issues with incomplete pathways. Until management has the ability to forecast, supported by the development of the Performance Cell, the likelihood is that we won't be able to stabilise performance this calendar year, but we should be able to reduce variation. There are a number of risks here, however, not least the impact on our workforce by the need for paramedics within primary care. In summary, the committee is supportive of what the executive is doing both in the short and longer term, and it will continue to closely monitor progress. **Financial Results and Financial Planning 2021/22** The committee noted the positive outcome for 20/21 of a balanced control total, although also noted the headline result was adversely affected by an accounting valuation impairment (of land and buildings) of £6.7m.

	Time was then spent reviewing the draft plan for 2021/22. Unusually, we only have detail of the first 6 months due to the funding arrangements thereafter not being finalised. There is a planned half year deficit that the Board will need to consider, and this will be in Part 2 due to the ongoing negotiations. **Business Cases:** <u>COVID</u> This extends the previous business case and provides the worst case scenario, which will be subject to COVID pressures that arise. In all likelihood the costs will be much less than predicted especially if existing trends (abstraction) continue to improve. The committee acknowledged that the COVID costs for last year have been funded. We had committed this investment at risk, which we will be doing for the costs in this year, although verbal assurances have been given that this is within the funding available. The business case is recommended for approval. <u>Payroll</u> Committee explored the background and approach to this tender, which has been supported by group that includes the audit committee chair. We need a payroll provider and have come to the end of a long and extended contract with the current provider. We have tested the market and chosen a provider using one of existing frameworks. The scheduled 3-month transition period will clarify the division of services, and how we will manage the contract, something we haven't done very well previously. The committee recommends the business case to the Board, which is in Part 2 due to commercial sensitivities. The broader challenge to the executive is to ensure in all our investments we get better returns by driving efficiencies. The committee will continue to test this through the post implementation reviews.
Any other matters the Committee wishes to escalate to the Board	N/A

SECAMB Board

Finance and Investment Committee Escalation report to the Board

Date of meeting	18 March 2021
Overview of key issues/areas covered at the meeting:	**Operational Performance** There was a detailed review of performance and the current trends. In summary, things are closer to normal than they have been in terms of activity and delivering hours, and APR performance is improving. We still have much reliance on overtime which as the committee has highlighted before, is not sustainable. The director of operations took the committee through the efficiency metrics, which led to the committee concluding that there needs to be greater focus on what the data and information is telling us about what we need to do to manage our resources more effectively over the coming months. For example, to improve the ratios between hear and treat, see and treat, and see and convey. There was also a good analysis of 111 CAS performance and, linked to the review of 999, the committee noted the efforts to ensure patients are treated at the right place/time. Overall, the committee is assured that during this very challenging period we have done our very best to keep people safe. Forecasting will be key going forward as will getting the best out of our 111 CAS so that as we work through the shape of our operating model, we ensure we are set up as efficiently as possible to deliver safe and effective services. **Information Technology** A really helpful paper was received that set out a very impressive list of Digital / IT deliverables during the past year, along with the resourcing and budgetary summaries. Our structure appears to be similar to others although the committee noted that it is not very easy to benchmark as some have different services. The committee discussed the size of the digital support team based on what we need to do and how our platforms are configured. It explored how far we are from a series of platforms that optimise a level of support, for example more cloud based systems will lead to a lower overhead. It noted we are only halfway in our journey having been focussed over recent years predominantly on network infrastructure. There has also been much investment in the Microsoft estate and roll out of hardware. The next challenge is to look at our disparate systems and this will inform the strategy. The committee is assured with what we have in place and gave special thanks to the IT team for their efforts, especially over the past 12 months of the pandemic. **Commissioning Contracts** A report was received updating the Trust's NHS commissioned contracts and services. This helped to provide assurance that we have effective contract management and an early alert system for potential issues, risks and opportunities that may arise.

	Budget Update 2021/2022 / Financial Performance There continues to be a lack of certainty about the system's financial framework. We are however well engaged with our partners to ensure we gain as much clarity as possible. Internally, the only significant outstanding issue relates to the desk top evaluation of our estate. An impairment is expected. The current headline numbers are as follows: ▪ The month 11 deficit of £3.3m is £2.5m better than plan ▪ The year to date deficit is £4.2m, which is £2.3m better than plan ▪ The full year forecast is a deficit of £4.2m, favourable to plan by £2.2m ▪ The Trust has received some Covid-19 funding and funding is expected for the additional annual leave carry over The committee discussed the main risks, which include the rollover of block contracts into 2021/22 perpetuating the funding gap, and the funding gap for 111 First. In summary, the committee is content with the financial position, in the context of the pandemic. Specifically, the committee does not think the expected deficit is due to sub optimal financial management, nor does it think the underlying position has deteriorated. That said, while some things are not within our control, the committee reinforced the need to understand what we can control like our cost improvement programme, as we must be as efficient as possible. The committee will closely monitor the planning for next year as more certainty emerges and will hold extraordinary meetings, as necessary. **Procurement** There was a really good presentation setting out the approach to procurement. The overarching aim is to establish a robust procurement business partner model to ensure best value for money and improved contract management. The committee supported the approach and asked that we ensure greater prominence of environmental sustainability / anti-slavery etc. as it applies to the supply chain.
Any other matters the Committee wishes to escalate to the Board	**Replacement of iPads** A fully funded business case was supported, and this will be coming to the Board in part 2 due to the commercial sensitivities.

SECAMB Board

Summary Report on the Audit & Risk Committee

Date of meeting	**11 March 2021**
Overview of issues/areas covered at the meeting:	The key areas covered in this meeting were ▪ External Audit Plan ▪ Progress with the Internal Audit Plan ▪ Counter Fraud ▪ Response to COVID / BCI ▪ Preparation of the Annual Governance Statement ▪ Effectiveness of IPR ▪ Risk Management Framework and BAF Risks
External Audit	The committee is assured with the progress being made for the end of year audit. The Board will be aware that this year there is greater emphasis on the assessment of value for money. There is currently no issues to escalate.
Internal Audit Plan	The Internal Audit reports continue to provide good assurance. During the year only one review has provided negative assurance. The draft Head of Internal Audit Opinion was considered and the committee supports this broadly positive opinion. Two Management Letters were provided to the committee, one related to a Q-volunteering grant. This found that the money was spent in line with the terms agreed, but not in accordance with project plan. The issues identified have been mitigated and the committee confirmed that there has been appropriate communication with the affected parties. The second Management Letter related to the procurement of powered hoods and specifically the circumstances whereby these were known to be becoming discontinued. The committee did not think this was a failure of governance, but rather an override of management controls; hence why the review was commissioned. There is some positive learning about procurement training and raising general awareness, as well as the need to circle back to the business case process when significant changes are made. Much better progress is being made with closing the management actions. However, some still remain overdue and the committee was particularly keen that those related to the (workforce) partial assurance report are closed and asked the Executive to ensure this is the case by the time of the next meeting in May.
Counter Fraud	The committee is assured with the work of counter fraud and agreed the workplan for 2021/22. It received positive assurance following the benchmarking report on gifts and hospitality, and noted the actions agreed to further improve the controls around secondary employment. Linked to a report from early 2020, an update was provided on the actions taken to improve the controls for self-rostering. The committee will check the extent to which these controls now in place are working effectively, later in the year.

COVID-19	The committee receives updates on the governance for the response to COVID and continues to be assured. It clarified that there are no issues with the provision of PPE and that there are steps being taken to plan for a potential next wave.
Effectiveness of the IPR	At least once a year the committee will test the effectiveness of the IPR, for the Trust Board. There was good support for the evolution of the current version, which some members felt is the best we have ever had. As part of the development process, feedback was provided to management who will reflect this in the next iterations. For example, including more SPC charts and ensuring the summary really clearly draws out the key issues.
Risk Management / BAF	The committee supported the planned alterations to how we approach the management of risk. While it reinforced the improvements in this area over recent years, there are still some things that require more work. For example, the committee still thinks there are too many risks, and some of this is being clear about the difference between risks and management issues. But overall, there is a relatively good risk management process in place. There was also a review of the BAF risks. The Board will recall that it challenged the executive to review these risks to ensure they were more long term/strategic in nature. The committee supported the revisions that were proposed.

SECAMB Board

Summary Report on the Audit & Risk Committee

Date of meeting	**20 May 2021**
Overview of issues/areas covered at the meeting:	This was the end of year meeting focussing on the annual report and accounts. The areas covered included: ▪ Annual report and accounts and audit findings ▪ Annual head of internal audit opinion ▪ Internal audit progress report ▪ License annual self-declarations
Annual accounts and audit findings	The committee reflected on what a really difficult year this has been with the pandemic and its impact both operationally and financially. The normal contract was suspended and we moved to a block contract working to an ICS control total. The deficit position recorded in the accounts is wholly caused by a one-off non-cash impairment on the estate. Otherwise, we would be at a breakeven position. The committee asked that this is explained more clearly in the accounts. Although the work of external audit is not yet complete, they confirmed that there have been no concern in the work to-date on the financial statements. The approach to value for money (VFM) arrangements has changed significantly this year. In headline terms there have been no significant weaknesses identified. Therefore, no high priority recommendations or qualification on the VFM opinion. The new approach gives the Board much richer assurance in how this level of opinion is reached. The annual accounts are before the Board (in Part 2) and the committee asked external audit to provide an update should their work identify any significant issues in the meantime. The committee felt that the annual report is well drafted and provides a good summary of what we have done over the past year. External audit confirmed that their review identified no material inconsistencies.
Annual head of internal audit opinion	The committee is assured by the positive opinion this year, which confirms the Trust has an adequate and effective framework for risk management, governance and internal control.
Internal audit progress report	The committee received the outcome of two reviews. One relating to clinical education which was partial assurance. The other was split between financial systems and payroll – substantial and partial assurance, respectively. Concern was expressed about the payroll review and the gaps in control that were identified, relating to management practice. There are corrective actions being taken and the committee has asked for an assurance paper later in the year to confirm the management systems are working effectively. The clinical education review was an example of management having pointed internal

	audit to an identified area of concern, to help inform the corrective actions. The committee explored the supply side issues of education and training, noting that there is still work to do. Finally, and more positively, the improvement in the timely completion of management actions continues. Only two are overdue which is a great achievement, especially in the context of the pandemic.
License annual self-declarations	The committee supports the self-declarations linked to our License and these are before the Board, for approval. They will then be published on our website, as per the requirement.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

Governors' Report on the Charitable Funds Commitee

3rd December 2020

Governors present:
Leigh Westwood
Sian Deller
Geoff Kempster

The following report is from these Governors, noting their observations.

NB The full report has been sent to the Committee Chair and Trust Chair. This version is redacted so as not to comment on Committee business but focus on Governors' assurance about the effective operation of the Committee.

1. Prior to the meeting:
A fifteen minute pre-meeting was held with Michael Whitehouse, chair of the committee, prior to the meeting. Michael explained the purpose of the committee and took a number of comments from us about areas of concern we had. He apologised that he would be unable to meet with us after the meeting, as he had to go straight into an Audit Committee meeting after this one. Prior to the meeting we received copies of all of the papers for the meeting.

2. Introductions:
At the start of the meeting, Michael mentioned that there were governors observing, but did not introduce us. There was no introduction to the attendees, although we were able to ascertain who they were from the previous minutes.

3. Attendance:
The meeting was attended by the following members:-
Michael Whitehouse NED Chair
Al Rymar NED
Howard Goodbourn NED
Philip Astle CEO
David Hammond Executive Finance Director
Justine Buckingham Business Support Manager
Angela Rayner Head of Wellbeing
Kevin Steer Head of Finance Accounting
Emma Williams Deputy Director of Operations
Katie Spendiff Corporate Governance Officer
Asmina Islam Chowdhury Inclusion Manager

4. Agenda:
The agenda was very concise with a very limited number of topics to be covered in what was scheduled to be a short meeting.

5. Discussion during meeting:
The discussions throughout the meeting were forthright. Suitable assurance was sought by NEDs present and there was challenge to the existing processes.

6. Chair
Michael chaired the meeting in an informal manner, but kept the meeting to time and on course and ensured everyone was able to have their say.

7. De-brief
We were unable to have a debrief following the meeting, due to time restraints on Michael. He did however invite us to contact him afterwards with any comments, questions or feedback.

8. Conclusion
Although this was only a very brief meeting, the area it is responsible for is very important, and it was good to see that we have suitable governance over the use of our charitable funds, particularly when we have been receiving large sums from the public during the pandemic. To see the way these funds have been utilised for the benefit of staff is reassuring. It is obvious that this committee is currently on a journey to try to improve the way charitable funds are managed, in particular with regards to the funds raised and held by local CFR teams, and how those are used.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

Governor's Report on the Audit Committee

Date of meeting: 3rd December 2020

Governors present: Harvey Nash, David Escudier

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

NB The full report has been sent to the Committee Chair and Trust Chair. This version is redacted so as not to comment on Committee business but focus on Governors' assurance about the effective operation of the Committee.

1. Prior to the meeting: The chair, Michael Whitehouse, held a pre-meet with governors, which was very useful. Governors were welcomed and encouraged to share any points that they would like to see raised during the meeting. The chair also highlighted the three key issues that he was going to focus on for assurance purposes – workforce planning, fleet strategy and 999 performance.

2. Introductions: MS Teams used. Chairman introduced both Governors and the KPMG Audit attendees.

3. Attendance: all invited attendees were present, including the Trust chair and CEO, with NEDs - Laurie McMahon, Lucy Bloem, Howard Goodbourn and Al Rymer

4. Agenda: We had a full pack of papers prior to the meeting including the agenda.

5. Discussion during meeting: A good level of scrutiny was observed in order to obtain assurance or identify lack of assurance. Pertinent questioning was observed. Further information was requested where needed.

All NEDs participated actively throughout, asking pertinent and, at times, quite robust, questions and ensuring they had full responses and actions. They recognised and praised good work and positive progress but sought more definitive timescales and actions where these were not readily provided or if an issue appeared to be languishing. Discussions were focussed and constructive.

6. Chair: Good chairing, set the tone while ensuring all attendees had a fair share, got to ask their questions and were well involved. Kept on track with the meeting agenda, ensuring adequate discussion, a short break and ending just a few minutes over time. Gave fulsome thanks to a NED leaving SECAmb shortly

7. De-brief: Michael Whitehouse offered a post meeting discussion, which in the event we did not need. He made clear he welcomed any comments or queries from Governors.

8. Conclusion: Well run, focussed meeting making good use of all attendees and getting through a wide range of topics. NEDs present were well-informed and au fait with relevant papers and worked well both as a team and individually to raise issues and reinforce areas needing reassurance or additional management focus.

Workforce & Wellbeing Committee	Executive Lead	11 March 2021	13 May 2021	12 Aug 2021	14 Oct 2021	09 Dec 2021	17 Feb 2022	
ADMINISTRATION								
Apologies	Chair	√	√	√	√	√	√	
Declarations of Interests	Chair	√	√	√	√	√	√	
Minutes	Chair	√	√	√	√	√	√	
Action Log	Chair	√	√	√	√	√	√	
Next Meeting Agenda / Forward Look	Chair	√	√	√	√	√	√	
Meeting Effectiveness	Chair	√	√	√	√	√	√	
SCRUTINY								
Programmes (overview of progress against objectives)								
HR Transformation Plan	Executive Director of HR & OD							
Clinical Education Plan	Executive Medical Director							
HR Service Centre								
Payroll Discrepancy - effectiveness of policy	Executive Director of HR & OD							
Payroll Contract	Executive Director of HR & OD							
Workforce Planning								
Workforce delivery (Demand and Capacity Review Phase 1)	Executive Director of HR & OD	√						
Workforce delivery (Demand and Capacity Review Phase 2)	Executive Director of HR & OD	√						
Student Paramedics - recruitment and support	Executive Medical Director							
Workforce Governance								
Personnel Files	Executive Director of HR & OD							
Pre-Employment Checks	Executive Director of HR & OD							
Clinical Education								
External Compliance (Ofsted; Fquals; ESFA)	Executive Medical Director	√						
Annual Training Plan	Executive Medical Director							
Key Skills Annual Plan* / Progress**	Executive Medical Director	√*						
Workforce Education Development Review (B5>6 uplift / mentorship)	Executive Medical Director							
Continuous Professional Development - clinical staff	Executive Medical Director							
Driving Standards	Executive Medical Director							
Apprenticeship Governance	Executive Medical Director	√						
Higher Education Institution - partnerships with Universities	Executive Medical Director							
Employee Relations								
Bullying & Harassment	Executive Director of HR & OD							
Grievances	Executive Director of HR & OD							
Equality, Diversity, Inclusion & Wellbeing								
Equality Delivery System - EDS2 Goals, Delivery on the WRES, DES, Equality Objectives, Gender Pay gap.	Executive Director of HR & OD							
Learning & OD								
Management Training - Fundamentals	Executive Director of HR & OD							
Staff Induction Programme	Executive Director of HR & OD							
Health & Safety								

Workforce & Wellbeing Committee	Executive Lead	11 March 2021	13 May 2021	12 Aug 2021	14 Oct 2021	09 Dec 2021	17 Feb 2022	
Health & Safety Management systems	Executive Director of Nursing & Quality							
MONITORING PERFORMANCE & QUALITY								
Staff Survey Results / Next Steps	Executive Director of HR & OD	√						
Committee Dashboard - Power BI, incl. H&S	Executive Director of HR & OD	√						
Annual H&S Audits	Executive Director of Nursing & Quality							
Annual Wellbeing report	Executive Director of HR & OD							
Annual Inclusion report (including an overview of stat and legislative requirements: Equality Delivery System (EDS2), Delivery on the WRES, DES, Equality Objectives, Gender Pay gap, etc)	Executive Director of HR & OD							
MANAGEMENT RESPONSES (delete once received)								
Violence and Agression to Staff - see action log	Executive Director of Nursing	√						
STRATEGIES								
People Strategy	Executive Director of HR & OD							
Clinical Education Strategy	Executive Medical Director							
Inclusion Strategy	Executive Director of HR & OD							
Retention Strategy	Executive Director of HR & OD							
GOVERNANCE & RISK MANAGEMENT								
Board Assurance Framework / Strategic Risks relating to committee purview	Company Secretary	√	√	√	√	√	√	
Committee Annual Self-Assessment: Cycle of Business Terms of Reference	Company Secretary							
Internal Audit Plan 2020 / 21								
Recruitment Process & Governance								
Workforce / Resourcing								
Clinical Education		√						
E-Timesheets		√						

South East Coast Ambulance Service NHS Foundation Trust

Workforce and Wellbeing Committee (WWC)

Terms of Reference

1. Constitution

The Board hereby resolves to establish a committee of the Board to be known as the Workforce and Wellbeing Committee (WWC) referred to in this document as 'the committee'.

2. Purpose

The purpose of the committee is to acquire and scrutinise assurances that the Trust's system of internal controls relating to the workforce (encompassing resourcing, staff wellbeing and HR processes) are designed appropriately and operating effectively.

3. Membership

Appointed by the Board, the membership of the committee shall constitute at least three independent Non-Executive Directors and at least two Executive Directors. Executive Directors shall number no more than the Non-Executive Directors.

The members of the committee shall be:
Laurie McMahon, Independent Non-Executive Director (Chair)
Tom Quinn, Independent Non-Executive Director
Subo Shanmuganathan, Independent Non-Executive Director
Terry Parkin, Independent Non-Executive Director
Al Rymer, Independent Non-Executive Director
Executive Director of HR & OD
Executive Director of Operations
Executive Director of Nursing & Quality

In addition, each Independent Non-Executive Director will be an ex-officio member of the committee.

4. Quorum

The quorum necessary for formal transaction of business by the committee shall be two Independent Non-Executive Director members and one Executive Director.

5. Attendance

5.1. In addition to the members, the following individuals shall regularly attend meetings of the Committee:

- Company Secretary
- HR Business Support Manager

5.2. At the request of a committee member, other directors, Trust leads, managers and subject matter experts shall be invited to attend or observe full meetings or specific agenda items when issues relevant to their area of responsibility are to be scrutinised.

5.3. With the agreement of the committee chair, members of the committee or other Trust managers and officers may participate in a meeting of the committee by means of a tele/video conference. In such instances, it is a requirement that all persons participating in the meeting can hear each other. Participation in the meeting in this manner shall be deemed to constitute the presence in person at such a meeting. A member of the committee joining the meeting in this way shall count towards the quorum.

6. Frequency

The committee shall meet at least six times a year and extraordinary meetings may be called by the committee chair in addition to discuss and resolve any critical issues arising.

7. Authority

The committee has no executive powers. The committee is authorised to seek and scrutinise assurances that Trust's the system of internal control is designed well and operating effectively. The committee will seek assurance from sources and systems including the frontline operations, corporate services and from external independent sources such as peer review; internal audit, local counter fraud service, external audit and others, including legal or other professional advice when required.

8. Purview

The purview of the committee is set out in the accompanying purview document and annual cycle of business, which is approved by the Board along with these Terms of Reference**.** The committee will prioritise the acquisition and scrutiny of assurances according to the Board's requirements, using a risk-based approach to prioritisation. The committee will not necessarily review all aspects of the system of internal control identified in the purview in every year.

9. Support

The Company Secretary is responsible for ensuring appropriate administrative support is provided to the committee. The support provided by the person(s) identified by the Company Secretary will include the planning of meetings, setting agendas, collating and circulating papers, taking minutes of meetings, and maintaining records of attendance for reporting in the Trust's Annual Report.

10. Reporting

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

11. Review

The committee shall reflect upon the effectiveness of its meeting at the end of each meeting. The committee shall review its Terms of Reference at least once a year to ensure that they fit with the Board's overall review of the system of internal control. Any proposed changes shall be submitted to the Board for approval.

VERSION CONTROL SCHEDULE

Version no.	Date approved by committee as fit for purpose	Date ratified by the Board so that it comes into force	Main revisions from previous version.
1.0	12 July 16	26 July 16	Committee established July 16 based on principles set out in Board paper 'governance improvements' at May 16. WDC dis-established June 16. Discussed at Board June 16. Ratified 26 July 16 Board.
1.1	20 Sept 16		Minor amendment proposed at para 5.3 see italicised changes.
2.0	04 October 2017		Change in Chair and Membership Additional regular attendees Administrative support provided by the HR Business Support Manager; from the corporate governance dept.
2.1		25 May 2018	Updated membership Reduced frequency to minimum 4 times a year (from 6)
2.2		23 May 2019	Updated membership Increased frequency to minimum 6 time a year (from 4)
2.3			Change to membership – Chair will change in Q1 2020/21 Small amendment to section 9 removing the specificity of the administrative support.
2.4		04 March 2021	Changes to membership