

South East Coast Ambulance Service NHS Foundation Trust

Annual Members Meeting minute

Friday 4th September 2020 15:00 – 16:15 [held online on Teams Live](#)

1. Introduction

- 1.1. David Astley SECAMB's Chair opened the meeting, welcoming members and staff and explaining how the meeting would work.
- 1.2. He advised that last year's minutes had been approved by Council during the year and were available on the website for reference.
- 1.3. He introduced a video outlining the impact of COVID on the Trust.
- 1.4. DA reflected on the part everyone had played in terms of helping the people we serve, including the way the sector was able to work together in terms of mutual support. Staff had been on an emotional journey too and we had sadly lost colleagues.

2. Chief Executives presentation

- 2.1. Philip Astle (CEO) introduced himself noting that he had been CEO now for precisely a year and two days. We had 10,000 members of the public as FT members and 500 volunteers who supported us.
- 2.2. He thanked Fionna Moore for her interim leadership as CEO for the first half of the financial year 2019-20. We welcomed Ali Mohammed during the year as substantive HR Director. Our NHS staff survey had been favourable during the year and we spent a lot of time trying to make life better for staff and improve relationships with volunteers.
- 2.3. In 999, we had been effectively on target on category 1 & 2, but further away on 3 and 4. We were improving but needed to continue to improve.
- 2.4. In 111, it had been a challenging start to the year, but things had massively improved and were better in the current year.
- 2.5. On clinical and financial performance, we were just below the national average in terms of clinical indicators, but where the data measured bundles, we can see real improvement helped by the implementation of an electronic patient care record on staff iPads. Financially, we were on target to break even.
- 2.6. Highlights of the year included a CQC inspection rated as Good overall but as Outstanding in urgent and emergency care, well deserved by our staff.
- 2.7. Several projects saw progress, a new Make Ready Centre in Brighton, improvements at Worthing and Sheppey stations, and approval for major developments at Banstead and Medway.
- 2.8. We expanded partnership working with Joint Response Units working with police colleagues.
- 2.9. The COVID pandemic had affected us in three stages: Feb-June 2020 saw incredible responsiveness, partnership working and innovations, as well as PPE, testing and ensuring robust governance was in place. In June-Aug we focused on protecting core services, supporting staff wellbeing, more on

PPE, and undertaking risk assessments with BAME and clinically vulnerable staff.

- 2.10. Aug onwards we shift to embedding learning and making changes based on that where we can, shielding is ending and we focus on staying safe and dealing with our operational challenges.
- 2.11. In the future, our immediate challenges continue to be around our 999 performance, the potential of a second spike, impact of increased demand in winter, implications of EU Exit, and the go live of our new 111 Clinical Assessment Service, and Think 111 First may be introduced which would mean 111 became the triage service for entry to A&E.
- 2.12. Further ahead, we needed to be mindful of the aftereffects of the pandemic, such as financially, and embedding our learning, engaging with the wider system and new health structures, developing and seeking opportunities to grow and expand.

3. Director of Finance and Corporate Services presentation

- 3.1. David Hammond (Director of Finance) presented an overview of our use of resources. Financial performance was important, and we needed a secure and sustainable financial base to enable improvements going forward.
- 3.2. 2019/20 was a year of significant investment and improvement. We delivered a surplus of £0.3m, which included a central allocation of £1.8m for meeting our financial targets. We run a small structural deficit of £1.5m was improved by £0.2m in the year. The cash balance increased to £28.3, an increase of £4.1m. We also delivered our cost improvement target of £7.1m.
- 3.3. Our income had increased over the past two years through new contracts and central allocations for things like pay structure and inflationary pressures. Our income was 84% from our 999 contract, 111 continued to be a growth area but provided 6% of our income last year.
- 3.4. 69% of money was spent on pay, 7% transport costs, 5% on estate.
- 3.5. Our balance sheet reflected the financial health of the organisation, which was a better position than the previous year. £3.4m had been invested in IT and infrastructure, £5.2m on estates improvements, £3.7m on 75 new ambulances.

4. Lead Governors report

- 4.1. Nicki Pointer (Lead Governor) delivered the Council's report to the meeting. The full text of the report is in our Annual Report and copied here:
- 4.2. I represent the interests of the people of Kent, Medway and the eastern parts of London (SECAMB's 'upper east' constituency) on the Council of Governors. This report will focus on how the Council – a group of 24 volunteers including members of the public, staff and people from key partner organisations – has fulfilled its statutory duties in the past year.
- 4.3. Our collective duties are two-fold:
- 4.4. To represent the interests of our Foundation Trust members and the wider public; and

- 4.5. To hold the Non-Executive Directors to account for the performance of the Board.
- 4.6. I'll also touch on Council's perception of the Trust as it continues to progress with plans for significant improvements and embedding improvements already made.
- 4.7. Of course, as I write this in mid-March, the Trust is focused on coordinating the South-East-wide response to the coronavirus outbreak. It's a huge task for management, but much was learned and already in place from the contingency planning in case of a 'no deal' Brexit earlier in the year.
- 4.8. Covid-19 notwithstanding, overall, the Council has been really pleased to see the Trust making improvements. SECAMB's frontline staff, providing care face to face with patients or over the phone thorough the 999 and 111 call centres, have consistently provided a caring service. This year the Trust was recognised as 'good' by the CQC, giving Governors an independent source of assurance that things are really moving in the right direction regarding the Trust's leadership, clinical governance, patient safety and quality of care.
- 4.9. Improving the Trust's leadership and governance has really made a difference this year. The Council has appointed a number of new Directors within the Trust, and been involved in the recruitment and selection of a new Chief Executive Officer, Philip Astle, after Daren Mochrie left for pastures new and closer to his Scottish home, and a new Director of HR.
- 4.10. The Council appoints independent Non-Executive Directors (NEDs) who sit on the Board alongside the Executive Directors and provide oversight and assurance that the Trust is operating effectively and for the benefit of patients. The Council has recruited and appointed one NED during the year, Howard Goodbourn, who brings vast relevant experience to the Board. We have also worked closely with all the other NEDs, who attend our four Council meetings a year where we raise issues from our own experience of interacting with the Trust: as Governors we feel we are taken seriously and our concerns are usually followed up. We have also appraised the performance of all NEDs over the year and reviewed their remuneration.
- 4.11. I'm pleased to say that issues Governors have raised were listened to. The openness between Council and Non-Executives is very welcome and their responsiveness to the issues we've raised has been, we hope, beneficial to the Trust, its staff and its patients. Having said that, often the issues we raise are already high on their agenda, which is fantastic, and of course sometimes things take longer to change than we would like. We have a good relationship with the Chair, and he makes much-appreciated time for two meetings a year with Governors from each constituency to frankly discuss how we think things are progressing.
- 4.12. Despite the ongoing improvements needed, the Council is generally content that the Board has a firm grip on the priorities for the Trust: everyone recognises there will always be improvements that can and should be made.
- 4.13. Here's a flavour of what we've focused on this year on your behalf:
- 4.14. Receiving assurance that the health and safety of our staff is being effectively protected;

- 4.15. Seeking continuous improvement to our safeguarding practices;
- 4.16. Improving the Trust's response to patients requiring transport because of mental ill health;
- 4.17. Continuously looking for better performance for our lower acuity patients (Category 3 and 4) – there is more to do at the time of writing - and seeking improvements in call answer time, which we have been pleased to see made and sustained;
- 4.18. Ensuring that the Trust's commitment to staff engagement was sustained;
- 4.19. Asking for clarity around how volunteers access charitable funds they've raised and ensuring the visibility of Community First Responders' contribution to Trust performance;
- 4.20. Raising concerns that issues around clinical education in the Trust were not seen earlier by the Board;
- 4.21. Seeking assurance about improvements needed in the HR Directorate, including improving recruitment processes and staff retention;
- 4.22. Urging the Trust to join a partnership with the police to ensure staff who are assaulted are supported by the full weight of the law;
- 4.23. Supporting the Trust's communications about the new NHS 111 clinical advice service;
- 4.24. Pushing for improvements in our clinical outcomes, particularly around strokes.
- 4.25. We held two workshops with the full Board of Directors, one to share our views about the Trust's strategic position and plans for the future, and the other to focus on what it means to be a membership organisation and how we can make better use of all the insight we can gain from our members.
- 4.26. In addition, and as usual, Governors have been out and about over the year meeting people at events and plugging ourselves into our local communities. We visited a MENCAP event for people with learning disabilities, Trans Pride in Brighton, a patient forum at Kent and Canterbury Hospital, Surrey Minority Ethnic Forum and Eastbourne 999, for example. If we met you there, we hope you've joined the membership!
- 4.27. At SECamb, we have taken part on your behalf in Quality Assurance and Patient Safety visits to Trust premises, helped review and set SECamb's quality objectives for the year and contributed to the Trust's Patient Experience Strategy. We observed Board Committees – which have been well-run with great engagement, challenge and support from all involved.
- 4.28. Our Annual Members Meeting – planned by the Council's Membership Development Committee – was a roaring success with the biggest attendance SECamb had ever seen. It was fantastic to meet so many members of the public and committed SECamb staff and volunteers: even the air ambulance graced us with a landing.
- 4.29. Elections were held in February 2020 and we were sorry to see two colleagues weren't re-elected, our then-Lead Governor, Felicity Dennis, as well as Harvey Nash. Two other Governors chose not to stand for re-election, Roger Laxton and Nick Harrison. Three Governors resigned during the year

for various reasons and I'd also like to thank them: James Crawley, Frank Northcott and Lorraine Tomassi. And finally, Marian Trendell stood down after nine years (the maximum term) as an Appointed Governor, having worked so hard to improve SECamb's response to people with mental ill health in both her professional capacity and as a Governor.

4.30. We were also very pleased to welcome seven new colleagues to the Council in March, who bring a wealth of diverse interests and experience – it's important that Governors come and go fairly regularly to bring new experience, insight and fresh eyes on SECamb to the Council.

4.31. Finally, a huge thank you to everyone on the Council for giving your time and energy freely in the service of ambulance service patients and staff, to SECamb's staff who work so hard and to the Chair and Board for engaging constructively with the Council. I do hope members feel we are adequately representing your interests and urge you to get involved - opportunities are included in your membership newsletter. We look forward to supporting more progress in the service in the coming year.

5. Question and Answer session

5.1. Joe Garcia Director of Operations introduced the Q&A panel:

5.2. David Astley (Chair), Philip Astle (CEO), Lucy Bloem (Non-Executive Director), Fionna Moore (Medical Director), David Hammond (Director of Finance).

5.3. Robin Kenworthy asked: could an update on the development of the Kent and Medway Care Record project and the impact on SECamb be given in document form please? I am unable to locate any information beyond, I quote:- We hope to be able to confirm this approval towards the end of 2019, and work with our chosen supply on developing the system to begin roll-out from April next year. The patient-accessible version of the KMCR will be delivered in 2021.

5.4. JG advised that we were actively working with Kent and Medway, so we were working on the same underlying technologies, anticipating access for our staff late this year or early 2021. DH added that the impact of COVID across the system had been felt on lots of projects, but we had continued to be involved. The documentation would be going through the usual Trust processes.

5.5. Frank Northcott asked when will Brighton Make Ready Centre come online. DH advised that the planned date was Spring 2021. We were going through some interesting negotiations with BT Open Reach about connectivity to the site. As soon as there was a firm opening date that would be published widely.

5.6. Question about the care bundles: the slide was interesting, but it would be good to know how many people each applied to. FM noted that we included all the stroke patients and the data came from the national database and it was verified in that way. She didn't know the actual numbers.

5.7. What steps had we been able to take to address the delays handing over to acute hospitals. JG advised that we had had a lot of success working in

partnership with hospitals to minimise handover delays. They were now the lowest they had been for many years. Dedicating a senior manager to work on this had had a great impact. We were spending 400 hours a week less on handover since pre-COVID times.

- 5.8. The next question was about pre-COVID response times across Kent. JG advised that there had been a focus on recruiting in Kent and putting lots of Newly Qualified Paramedics on the road, many starting in Paddock Wood and Medway areas. There also tended to be more private provider resource in that area too.
- 5.9. On training, Robin Kenworthy asked about the strains the COVID situation had put on the Trust. Were there arrears in terms of various types of training? FM advised that continuing education was a priority for the Trust, but it was a difficult balance to provide staff for operational delivery, patient safety and keep them up to date on training. Throughout the earlier part of the year we continued key skills training. This had since been paused due to operational issues, and some of the practical elements had not been possible. We had plans to address that. We now used one of the further education colleagues to deliver apprenticeship training.
- 5.10. David Romaine asked about the time taken over the resolution of patient/paramedic disputes. PA advised that he didn't know the specific case referred to, however in general our disputes were settled as quickly as the Trust could do them, but the processes could be quite complex and we needed to follow rules and take the right advice. Our legal department met most of their targets but there wasn't a specific target for these disputes because they had to be done safely. It was disappointing the amount of times these things could take as everyone was unhappy so we did them as quickly as we could.
- 5.11. On charitable funds, was there something patients could contribute to and something around investment in recruitment, retention and training.
- 5.12. DH advised that there had been a huge amount of generosity from the general public. SECAMB could draw down on funds from the NHS Together Charity. We also had a registered charity which would allow us to buy additional things that were not funded more generally. There was a Just Giving link on our website. There was a Charitable Funds Committee to oversee the way this was spent.
- 5.13. DH advised that investment in training, recruitment and retention was a priority for the Trust. A lot of work was going on in terms of staff engagement to understand what was required.
- 5.14. On abandoned 111 calls, JG advised that the abandonment rate was extremely high during COVID. We have prided ourselves by trying to reach a higher target 2% than the national 5%. He was unable to talk about the exact time but abandonments that took place after 30 seconds were counted and reported on.
- 5.15. On finance, are we funded on a per capita population basis taking account of health inequalities? DH advised that this was not the case yet.

This seemed to be the direction of the NHS ten-year plan. At present, we were commissioned on a regional basis across our three counties.

- 5.16. JG advised there had been several questions about fleet: why do we use so many third-party ambulance providers? JG advised that we would like our own staff to do more, but as our growth rate increases, we always require some additional support to target it in the areas that need it most. Private providers only contribute about 6% of daily response hours.
- 5.17. JG advised that there were several questions around fleet, and double-crewed ambulances. The choice of ambulance services was removed once the Carter review work was undertaken to try and standardise the vehicle used and make efficiency savings. Fiat were the only manufacturer that makes a chassis that meets the requirements. We anticipated that other vehicle manufacturers would adapt to make a similar chassis. So, this wasn't a choice undertaken by SECamb.
- 5.18. JG noted that someone had thanked the Trust for the video representing every corner of our Trust. This represented the team spirit and ethos. We had been functioning as a well-oiled team during COVID. The whole leadership team were grateful and proud of the contribution everyone had made.
- 5.19. JG advised that any named questions would receive a response outside the meeting. JG closed the Q&A.

6. Chair's closing comment.

- 6.1. DA wanted to thank all our staff for their contribution in a challenging year. He also recognised the memory of valued colleagues lost during the year, including Tricia McGregor.
- 6.2. He hoped the event had been well-received and helped to improve people's understanding of SECamb. The video would be shared, and he asked people to recommend the video to friends. The Q&A box would remain open for any feedback for the next 15 minutes or so.
- 6.3. He thanked everyone for their contribution and those behind the scenes.

Minutes taken by Isobel Allen – Assistant Company Secretary