South East Coast Ambulance Service NHS
NHS Foundation Trust

Part 1 Meeting of the Council of Governors

3 September 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					
31/21	10:00	Chair's Introduction	**-**	-	David Astley (Chair)
32/21	-	Apologies for Absence	**-**	-	DA
33/21	-	Declarations of Interest	**-**	-	DA
34/21	-	Minutes from the previous meeting, action log and matters arising	**A** **A1**	-	DA
Statutory duties: member and public engagement					
35/21	10:10	Membership Recruitment and Engagement Annual Report, including the annual report of the Membership Development Committee	**B**	Information	Brian Chester (Public Gov. for Upper West)
Committees and reports					
36/21	10:20	Governor Development Committee Annual Report: Recommendations to Council following CoG effectiveness self-assessment 2021	**C** **C1**	Information Decision	Nicki Pointer (Lead Gov. and Public Gov. for Lower East)
37/21	10:30	Nominations Committee Annual Report	**D**	Information	DA
38/21	10:40	Governor Activities and Queries Annual Report	**E**	Information	Nicki Pointer
Statutory duties: performance and holding to account					
39/21	10:50	Assurance from the Non-Executive Directors: - Integrated Performance Report (June data as presented to Board in July, but performance slides updated with latest information to August '21)	**F**	To take as read – queries to NEDs to be taken under escalation reports	-

40/21	11:00	Board Assurance Committees' escalation reports to include the key achievements, risks and challenges: Workforce and Wellbeing Committee - 28 May 2021 - Governor observation report Quality and Patient Safety - 22 July 2021 Finance and Investment Committee - 10 June 2021 Audit Committee - 15 July 2021 Charitable Funds Committee - 15 July 2021 - Governor observation report	**G1** **G2** **G3** **G4** **G5** **G6** **G7**	Holding to account, assurance and discussion	All Non-Executive Directors present
11:30	**Comfort Break**				
41/21	11:40	Chief Executive's report	**H**	To receive an update from the CEO	Philip Astle (CEO)
42/21	12:00	Scrutiny Item Operational performance in 999 and 111: how well are we serving our patients?	**-**	Information and discussion	David Hammond (Chief Operating Officer)
General					
43/21	12:40	Any Other Business (AOB)	**-**	-	DA
44/21	12:50	Questions from the public	**-**	Accountability	DA
45/21	-	Areas to highlight to Non-Executive Directors	**-**	Assurance	DA
46/21	-	Review of meeting effectiveness	**-**	-	DA
		Date of Next Meeting: 7 December 2021	**-**	-	DA

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

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

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

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 3 June 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
Nicki Pointer	(NP)	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
Cara Woods	(CW)	Public Governor, Upper East
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)
Sarah Swindell	(SS)	Appointed Governor – EKUHFT
Howard Pescott	(HP)	Appointed Governor – Sussex Community Trust
Vanessa Wood	(VW)	Appointed Governor – Age UK

In attendance:

Philip Astle	(PA)	CEO
Terry Parkin	(TP)	NED
Howard Goodbourn	(HG)	NED and Chair of Finance and Investment Committee
Michael Whitehouse	(MW)	NED and Chair of Audit Committee
Laurie McMahon	(LM)	NED and Chair of Workforce and Wellbeing Committee
Subo Shanmuganathan	(SS)	NED
Paul Brocklehurst	(PB)	NED
Michael Whitehouse	(MW)	NED and Chair of Audit Committee and Senior Independent Director
Peter Lee	(PL)	Company Secretary
Chris Gonde	(CG)	NExT Director

Apologies:

Chris Devereux	(CD)	Public Governor, Upper West
Nigel Robinson	(NR)	Public Governor, Lower West
DCC Nev Kemp	(NK)	Appointed Governor – Surrey Police

Minute taker: Isobel Allen – Assistant Company Secretary

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6. Introduction

6.1. 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.

6.2. He noted that CG, PB and SS were joining for their first meeting.

6.3. He advised that we hoped that 21 June would mean lockdown would be lifted and we may meet in public again but this was to be confirmed.

6.4. He noted that this was TP's last meeting of the Council. He asked Council members to join him in wishing TP well in his future career and gave his personal thanks to TP for his distinguished performance on the Board. TP thanked the Governors for appointing him.

6.5. DA further noted that this was National Volunteers Week, noting how the health system relied on volunteers and thanked Governors for their support and commitment during the COVID crisis.

7. Apologies

7.1. Apologies were noted as above.

8. Declarations of interest

8.1. No additional declarations of interest were made.

9. Minutes and action log:

9.1. The minutes were taken as an accurate record.

9.2. The action log was reviewed and updated.

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

10.1. DA noted that the GDC set the agenda for this meeting, and had highlighted the issues of staff wellbeing as well as operational performance as areas of particular interest.

10.2. PA thanked the Governors on behalf of the Trust for the wise decision to reappoint DA in his role. On behalf of the Executive, he thanked TP and Lucy Bloem for their contribution over many years. He further noted that we would very shortly be announcing a second appointment – Emma Williams had taken over as Operations Director, and we had also recruited for but not yet announced was a Director of Planning and Business Development.

10.3. It was hoped that the new Director would start in the Autumn.

10.4. PA noted that COVID carried on spreading. The wider spread was not at this stage affecting people to the same degree because the majority of people at risk had been vaccinated. This might change if there was a change in the impact on the unvaccinated, or due to the appearance of a variant that defeats the inoculations. At present the variants were still being held at bay by the vaccines.

10.5. The Trust would not relax its distancing and other safety measures as fast as the public because the prediction was that there would be a third wave, he estimated in August. We did not know how dangerous that wave would be.

10.6. Staff awards had been held online in April and another face to face ceremony was planned for the Autumn.

10.7. The 111 service was an important part of the whole health system and with the Clinical Assessment Service (CAS) and 111 First services it was increasingly the first place to go to for patients. We were funded for about 3000 calls per day but were receiving 4000. The call answer rate was suffering quite badly.

10.8. The only way to deal with this was deal with calls more quickly or recruit more staff. We didn’t want to have clinicians answering calls. This was a balance to strike – the clinical advice part of the service was currently operating well however.

10.9. This high demand had now continued for a couple of months and showed no sign of abating.

10.10. The health system was looking at demand and trying to work out what was happening. Our Category 1 demand was 19% higher than when we had a normal year. Category 2 demand was also up by 14%. Cat 3 % was therefore down 15%. Overall there was a 7% increase and we were funded for a 2% increase. Cat 1 and 2 calls used more resources which then impacted our ability to do the less urgent calls.

10.11. Our workforce numbers were where we had expected them to be, but demand was higher. The amount of leave people were taking had also gone up significantly, and normal sickness had gone up too.

10.12. We were running two improvement plans to recover the position. One was about grip and focus on a 12-week cycle, the second was about increasing availability of frontline capability and reducing the back-office element to a degree to pay for that. This was a longer-term piece of work. He could not see when we would be back on target as the system could not yet understand the demand, Emergency Departments had also seen 25% increase in walk ins, Primary Care was also seeing higher demand too.

10.13. This may be pent up demand from during COVID.

10.14. So early Summer was more difficult that it usually was. We were planning ahead for the usual dip in performance in July. But this was difficult. PA wanted to invite David Hammond or Emma Williams to come to Council and talk about this at the next meeting.

ACTION: IA to invite DH and EW to the next Council meeting to discuss performance and improvement plans.

10.15. PA noted that the indicators of staff welfare were covered in reporting of figures day to day to him. The first thing was whether we had a staff welfare system that worked, which we did. We think we have the best staff welfare system in the ambulance service.

10.16. The number of staff shielding was considered, as this meant they were vulnerable, and all were now back in the workplace apart from one. The numbers off with COVID was below 50, well down from where it was a few months ago. This included some people with long COVID. They all had phased returns to work as required.

10.17. The level of vaccination was at 83%, which would go up a bit more before the vaccination centre was closed on 13th June. We would continue to provide vaccinations for staff through the general centres as required.

10.18. The retention rate, another indicator of staff welfare, was at 10%, down from 15%. Our sickness rate was 7% which was around average for this time of the year. The main causes are musculoskeletal injury and mental health in similar numbers. He also monitored leave being taken. This had been low in April but was back up in May.

10.19. Meal breaks and end of shift overruns were worse than we liked. About 50% of staff had breaks in the window required. This should be in the 70-80% range, but was a sign of the additional demand on the service. Finally, PA monitored violence and aggression incidents within the service and from patients/clients. There had been a spike in this but it had settled to normal levels though it remained too high. We were running a pilot on body worn cameras to see if that affected the wellbeing or feeling of wellbeing of staff on the road.

10.20. Overall, the picture of staff welfare was that our workforce were remarkably resilient, and there wasn't any indicator causing him especial concern.

10.21. GK asked about the issue of CFRs no longer being sent to care homes. This obviously had an impact on response times to care homes. PA advised that this was the first time he had heard this and would find out why and respond to GK and the Council.

10.22. PA could only think that someone thought there was a safety issue but he would look into it.

ACTION: PA to check why CFRs were not responding to care homes and let the Council know.

10.23. HN noted the 83% vaccination rate: was this more or less in frontline staff? PA advised that about 86% of frontline staff were vaccinated. There were 4-5% of people who had formally declined the vaccine. The rest were people who couldn't have it.

10.24. CG asked PA about the 7% increase in demand and whether this had been budgeted for and if not, were additional resources forthcoming. PA advised that we were funded based on a 2% annual increase. We actually had a 7% increase in demand. There would be a budget planning round at the end of the year where we would try to make up for the underfunding. DA advised that Finance and Investment Committee were very well sighted on the financial risks to the Trust.

10.25. PA noted that a lot of the Governors did a really wide range of things and he wanted to mark that during National Volunteers Week, and he noted that LW, for example, was doing an amazing amount of work and volunteering at the same time in several voluntary roles. He thanked all Governors for their hard work.

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

11.1. 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 but would take questions of clarity.

11.2. GK noted that he had looked at the operational performance numbers and then the count of incidents and count of incidents with response, but the number of incidents in the various categories didn't add up to the incident numbers with a response.

11.3. IA advised that the numbers came from the Business Intelligence Team and she would check the figures.

11.4. PA noted that the calls shown may include more than one call for a single incident, and where we are slow to get an ambulance to a patient they may also be repeat calls, so that was the difference between calls and incidents. The difference between incidents and incidents with a response was mostly hear and treat i.e. dealt with by call handlers, which should bridge the gap.

11.5. GK noted that it was about the count of incidents with a response which was 33,600 when you look at the actuals under C1-C4 they didn't add up to that number.

ACTION: IA would check the figures in the IPR.

12. Public update on Non-Executive Director appraisals and Chair appraisal and objectives

12.1. DA advised that Non-Executives were accountable to Council members and had an appraisal process in place that would be reviewed in detail in Part Two of the meeting.

12.2. The paper summarised the process we go through, which was an annual round of appraisals and objective setting.

13. Membership Development Committee (MDC) Report

13.1. BC introduced himself and the work of the Committee, noting that the MDC's remit was reaching out to new members and engaging existing members.

13.2. BC advised that the MDC meeting scheduled for May had been rescheduled for 22nd June. Our Membership Manager had been off sick and thankfully had now returned on a phased basis.

13.3. COVID had caused a number of changes to the usual schedule of MDC work. Since the last Council meeting the Staff Engagement Advisory Group (SEAG) had moved meetings to quarterly. There was a meeting planned for the end of July that was designed to capture staff feedback from around the Trust and share it with relevant parts of the Trust. They would be starting a wider workstream around staff engagement and reviewing the effectiveness of the SEAG itself. Over the last quarter the group had discussed staff survey plans, and reward and recognition plans. The Inclusion Hub Advisory Group (IHAG) hadn't met since January and the next meeting would be in July.

13.4. Annual Members Meeting planning would take place on 22nd June at the MDC. We sought a higher attendance from Governors and were holding Governor Development Committee (GDC) on the same day as MDC.

13.5. The Patient Experience Group (PEG) hadn't recently provided feedback on their work. He asked HN to provide an update from their recent meeting on 20th May. HN advised that it had been a reasonably positive meeting, the strategy had been signed off in June 2020 and an information leaflet had been drafted several months ago, but neither had arrived with HN or NR who represented the Governors on the PEG. There had been useful discussion around measures of patient experience and how to bring together the measures we have got. There had been huge pressures on the people managing the group, and recently the Quality Account report had diverted attention. There was a workshop in June around patient experience but HN was unclear what the workshop would address as yet.

ACTION: Share this feedback on PEG on the Patient Experience Group with QPS colleagues.

14. Governor Development Committee (GDC) Report

14.1. NP noted that the GDC had met to consider its effectiveness and Terms of Reference. The GDC recommended using the same Council of Governors effectiveness survey as the previous year to provide comparable data. The ToRs had some minor changes, including provision for conference calling, alongside adding reviewing governor attendance at Council meetings.

14.2. The GDC ToRs were approved, and IA advised about the outcomes of the review of GDC effectiveness.

15. Nominations Committee business

15.1. DA advised that the NomCom had also reviewed its effectiveness. It had been a busy year in relation to the recruitment of NEDs. He thanked the NomCom members for their time and commitment.
15.2. The Terms of Reference had been reviewed and were presented for approval, noting changes that it was hard to find an Appointed Governor for the NomCom so would seek to replace Graham Gibbens but the ToRs no longer made this a strict requirement on the NomCom. The NomCom had made an addition for videoconferencing and also an addition about being mindful of the Nolan Principles and Trust values in NED recruitment.
15.3. The NomCom ToRs were approved.

16. Governor Activities and Queries Report

16.1. NP introduced the report. Due to the pandemic things had been generally halted in terms of getting out to our constituents, however one Governor had made it to a couple of things.
16.2. There had been a few queries and information requests, mainly around COVID and staff wellbeing.
16.3. BC asked whether we could recirculate the form for recording Governors' activities.

ACTION: KS to recirculate the Governor event feedback form.

17. External Audit Working Group Terms of Reference

17.1. DA advised that Governors work alongside the Chairs of AuC and FIC to manage this important process.
17.2. The ToRs were approved.

18. Board Assurance Committees' escalation reports

18.1. **Workforce and Wellbeing Committee (WWC)**
18.2. DA noted that we had a deep dive into the report later.

18.3. **Quality and Patient Safety (QPS)**
18.4. DA advised that the QPS had been particularly active in recent times.
18.5. MM asked how sure the NEDs were that we were running a safe service despite poor performance. MM further advised that she couldn't understand the information about Public Access Defibrillators (PADs) and she wanted to understand that the defibrillators were in working order.
18.6. DA advised that Lucy Bloem and latterly Tom Quinn as Chair of QPS had been assiduous in ensuring normal business was maintained. He noted several ways in which this was scrutinised by the Committee.
18.7. TP noted that QPS had met regularly to try and provide a significant amount of scrutiny and he believed the Committee had been impressed with work to secure a safe service. There was an increase in demand that we weren't funded for and yet we still sometimes met response targets. He was pleased at how often we had met them. There had been no complacency from QPS nor the Executive Team around this. Given the constraints we had been working under it was hard to know what more could have been done.

18.8. SS advised that as a new member of QPS she was assured around the level of scrutiny and detail, as an example she mentioned the SI reports and Incident reports, which were monitored. She advised that the QPS was conducting close scrutiny and there was follow up.

18.9. DA advised that in his informal contacts with the CEO the safety of our service was his first question.

18.10. TP advised that assurance around PAD sites was a very good question to raise. Within his local community there were three defibs that were managed by different companies, and perhaps SECAmb managed one of them. There were thousands across the patch. If someone goes to a PAD and it is not working, they would hold SECAmb to account for that. They should all be working, all owned, and when new ones were purchased that should be coordinated: there needed to be a coordinated approach to managing these. TP did not think we had the resources to manage them all. He believed that when buying defibs people needed to think about management costs but didn't always. Reputationally there was an issue. There was work going in the organisation, but Governors needed to be aware and he asked Governors and members to ensure that every time there was a community project around a defib, we know about it and the BHF know about it, and that it is well established.

18.11. PA advised that we had a group of alternative duties staff doing checking on PAD sites to get things fixed where necessary. A lot of the ones we are not responsible for are no longer there, or don't work. We were trying to get those fixed at the same time. He gave a commitment that we would have ours working and running.

18.12. DA noted that feedback from members and Governors would be useful but the process was being managed by the Executive. There was a need for careful management due to the reputational risk around this. There was also a need for careful communications around this which, like the programme to update the PADs and our data, would be managed by the Executive Team.

18.13. HN noted that on page 7 of the IPR, the metric on time to answer 999 calls showed the target mean as 5 seconds and the target 90th centile was 10 seconds. We are reporting a 5 second mean and a 2 second 90th percentile, which HN advised is not statistically possible unless 10% of callers are waiting on average 32 seconds for their call to be answered, which would cause him concern for patient care and safety if that was the case.

18.14. PA noted that just after he arrived we were doing 2 seconds mean and 1 second 90th . PA had queried it and was given a reassuring explanation of why but he couldn't remember what it was.

ACTION: PA to look into the reason why we are reporting a quicker 90th centile call answer than our call answer mean. (NB response subsequently provided by PA at 22.4 below).

18.15. HP reflected on the IPR on p.15 about the risks outstanding review, and asked how assured the NEDs were about the management of the risk register. There was no mention in the escalation reports around risks scored 12 and above.

18.16. MW noted this had been raised at the last Board meeting. The Board were provided with assurances. The Director of Nursing who was the Executive lead for the integration of the risk register had advised that because of COVID some risks had not gone through the formal process of being updated but the bigger strategic risks were being reviewed appropriately and were considered at the last AuC.

18.17. NP noted that on defibs, her scheme in East Sussex had found the PAD sites in their patch and would go round and look at them and maintain them and feed that information back to SECAmb. This could be a really good use of CFR teams i.e. to look after PAD sites in their areas.

ACTION: Share this with Community Resilience Team and QPS

18.18. VW noted that she had a defib at Age UK Thanet and would like to ensure this was linked in.

18.19. GK noted that local CFRs could help and were probably aware of local PAD sites, so it would be useful to get an extract of the SECAmb database and they could doublecheck they existed and were maintained.

18.20. LW noted that on AEDs, he had spoken to someone working on this project and they were trying to give CFR Team Leaders access to Power BI so they could interact with the system directly.

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

18.21.1. DA invited questions regarding the work of the Committee. MM asked about the benchmarking report in the IPR. West Mids and a couple of others were doing far better than us in terms of operational performance. Was there anything we could learn from them?

18.21.2. MW noted that this was a question that every NED raises when they join the SECAmb Board. This is the strategic question about what we are seeking to do: whether we just transport people from home to hospital, or were trying to deliver a more sophisticated and forward-looking model of care to treat people in the most appropriate place for their condition. He felt this was the best way forward. It did make things more complex to manage and sustain, and we needed a fundamental review of our model to reflect on the lessons we could learn. A review was being led by David Hammond and Emma Williams to look at our operating model. As a Board, he thought that the view was that way we approach this to best meet patients' needs: the complex approach made us a more responsible member of the health community.

18.21.3. PA advised that the Trusts who are more successful were that way for different reasons. West Mids had large conurbations, as did London, where most of their patients were based. Rurality in our patch made things more difficult. WMAS had persuaded people to pay them a lot so they also had far more colleagues out and about, over many years. SECAmb had only just in the last few years been able to persuade commissioners for better funding.

18.21.4. South Central Ambulance Service (SCAS) were probably more similar to SECAmb in terms of the geography, so we could learn from them. We were bringing in a system of planning that had been copied from SCAS based on their kind support. It took them many years at SCAS for this to work, and we hoped that by using the lessons they had learned, we would get it running well in two years.

18.21.5. DA confirmed this work was going on and noted that we needed to be clear about the differences in performance.

18.21.6. LM noted the difference in our operating model, and that his feeling was that SECAmb was ahead of the game given the policy shifts in the NHS. Other ambulance Trusts would likely be asked to do something more similar to the way we were already operating.

19. Audit Committee (AuC)

19.1.1. MW advised Council what the AuC had been working on.

19.1.2. In the business cycle, AuC had just completed Financial Year 2020-21 and the Committee was supporting and holding to account to ensure the Trust had appropriately audited financial statements and an annual report that it could publish to the regulator. The reports were not fully approved as there was a final meeting on Monday but the results subject to this looked very good, having broadly broken even. There had been an accounting adjustment that increased our reported deficit but in cash terms this was a good outcome, particularly with the uncertainty in public finances at present.

19.1.3. To have a clear audit opinion was very important in terms of what it tells us about the way the Trust was run.

19.1.4. The public sector audits also include a value for money opinion to ensure we're cost effective and delivering high quality care. The work done by External Audit was now more demanding and focused on a number of aspects of the Trust's performance, and we believed we should have a positive result.

19.1.5. He paid tribute to David Hammond and the team in ensuring we had got to this position.

19.1.6. MW further noted that the financial statements were a summary of key aspects of performance. We need to give assurance that we were managing the risk of fraud and malpractice, for which we rely on independent assurance from internal audit, and we received positive assurance and came out fairly well in terms of benchmarking. We also had to be confident that the information we held was held securely and that we protected information appropriately. Again, we were pleased with assurance on this.

19.1.7. Throughout the year internal audit did independent reports about our governance and control systems and we were given 'moderate assurance' which showed our systems worked appropriately and we had a good culture of compliance and consideration about the use of public funds.

19.1.8. MW noted that he was concerned that systemic issues be brought out through AuC and sought to gain assurance that the Trust continued on its improvement journey. There was more to be done on the supply side: we had the appropriate skills, sustainably, in relation to recruitment but also staff wellbeing was important and having the right skills and resources to maintain the right standards of care. SECAmb was still on this journey, but there was a lot of work in play that AuC would continue to monitor, as would Workforce and Wellbeing Committee, including the work on the operating model.

19.1.9. MW was also keen that the Trust take a longer-term perspective to anticipate problems and have strong resilience. We were good at responding to issues as they arose, but AuC was encouraging the Executive to focus more on longer-term issues. Again, our longer-term operational model was being looked at in relation to this.

20. Scrutiny: Workforce and Wellbeing Committee (WWC)

20.1. LM noted the contribution of both Al Rymer who had left and TP who would be leaving soon. He welcomed Tom Quinn to WWC. TQ had taken on the role of Wellbeing Guardian for SECAmb. SS had also joined to bring her experience of education and training. Both were great assets to WWC.

20.2. LM thanked Governors for their excellent appointments. He further noted new appointments within the HR team.

20.3. LM noted that the way in which HR processes were being handled had been revised and updated. The WWC saw tremendous progress being made. For example, around personnel files. The Committee had greater confidence that the team had the capacity to resolve issues. They were also working in a more integrated way with line managers and union colleagues.

20.4. A number of shifts in the balance of the work of WWC had been made. Initially, the focus had been on scrutiny and looking back at what had been done, but now the Committee wanted to look forward at the big issues coming over the horizon.

20.5. Clinical Education had had two failures in relation to our clinical education schemes. The Clinical Education Team deserved credit for putting things right. It was interesting to see how much focus there was on the wellbeing of the learners.

20.6. It was clear that there was a lot to do for the newly appointed Head of Clinical Education. The WWC felt confidence in his ability to work across the network required to get things working well.

20.7. Internal Audit of Clinical Education (ClinEd) had given us details about the work of Crawley College: their feedback from our staff had not been great. TP noted that Crawley College was part of an 'outstanding' college group, so we approached them to support ClinEd's development. The Head of ClinEd had undertaken to review why the figures relating to Crawley College appeared poor on the surface, but a year ago Internal Audit had identified significant issues around lack of support for students and since then there had been a sea change in terms of the expectation of students. It would be important to understand whether the issue was Crawley or historic views impacting staff experience. LM expected Governors might want feedback on this at a future meeting and he confirmed that it would remain a focus of WWC.

20.8. WS advised that he had heard a few very strong complaints about Crawley College, which he believed had been formalised into grievances. LM thanked WS and noted this would need to part of the WWC's ongoing review.

20.9. The education and training function within SECAmb was a further focus of the Committee, including how it was managed and where roles and responsibilities lay.

20.10. There was pressure on our establishment numbers. We may not have a sustainable establishment to meet our service requirements and needs for training etc.. This would be considered in more detail.

20.11. TQ had noted the Committee's focus on workforce and lack of agenda items about wellbeing. The WWC was working on indicators about wellbeing in order to scrutinise at WWC and report to the Board. This should focus down geographically to identify any hotspots.

20.12. TQ was now the SECAmb Wellbeing Guardian, which was an NHS England requirement and he would bring additional assurance to the Board in this area.

20.13. Workforce planning was a further area of scrutiny. This fitted closely with the work on the operational model that had been mentioned.

20.14. Organisational Development fitted within the work of WWC, and the Committee would be considering matrix management, to shift away from top-down approaches and create more autonomous units out in the communities, and enable managers to link into relevant healthcare structures.

20.15. LM had welcomed the presence of Governors at WWC meetings as observers. The WWC would meet to talk about how NEDs could best get out and engage on the frontline to get a feel for how things were going and identify issues.

20.16. SD raised the wellbeing of learners, noting that in the previous minutes it was noted that students struggled with pastoral support and she was glad to hear this was being monitored. LM was happy with the welcome efforts of the ClinEd Team to improve leaner support.

20.17. WS noted that all Paramedics did their best to help learners and this had been rolled out to ECSWs too which provided more support to students. LM noted that line managers had not previously been able to support their learners well as little was provided by ClinEd. LM felt this looked as if it had improved but WWC would follow this up.

20.18. DA advised that ClinEd was a matter for the whole Board not just WWC.

20.19. MM asked about the agile working programme, around what the future would look for support staff. Would this be part of future agendas for WWC? LM advised that he had been talking about the Better by Design programme addressing this and wanted to work hand in hand with that programme.

20.20. NP noted that secondments had been pushed back, people had been given a rota for their new positions but then asked to go back on the road. Other employees had been told that their secondments were in jeopardy as they had been paused. Were we assured that proper communication had been fed through to those affected? NP was hearing that people felt so disengaged they were seeking to leave.

20.21. LM asked which secondments were under discussion. NP noted that this was internal secondments. TP noted that these were management and operational decisions, and secondments were only possible when the needs of the organisation were paramount. NP noted that she was concerned about the communication around the decisions.

20.22. DA asked NP to supply details to PA and copying LM and this would be looked at outside the meeting.

20.23. LM noted that more attention needed to be paid to career development in general.

20.24. HN supported LM as he had observed the last WWC, noting the concerns that changes in the NHS produced a pull outside SECAmb for Paramedics in particular. We needed to ensure SECAmb was the place they wanted to work, so getting development and communication right was key.

20.25. On agile working, MM checked whether new ways of working for corporate staff would be included within Better by Design. LM noted that this was a good point and WWC needed to be clear that this was included. The relationship between corporate functions and the people providing those services was important.

20.26. DA believed there would be more of a hybrid working model in future.

20.27. LM noted that he was happy for Governors to attend the WWC meetings and Governors were encouraged to get in touch with IA to get booked into the meetings.

21. Any other business

21.1. There was no additional business.

22. Questions from the public

22.1. A question had been submitted in advance by Foundation Trust member Frank Northcott:

22.2. Frank asked for an update on his question about election boundaries that was taken at the previous Council meeting. IA advised that this would be reviewed at the next Governor Development Committee – which will plan September's Council meeting which is usually held on the same day as our Annual Members Meeting, so that if changes are required to the Constitution that need taking to the AMM, we could plan them there.

22.3. Frank's second question was about whether there would be an Annual Members Meeting this year. The answer was yes, but we had not yet decided whether it will be safe to hold this face to face or whether, like last year, the event will need to be virtual.

22.4. PA noted that during the meeting he had checked on the issue that GK had raised regarding the IPR and he could confirm it was an error – there were 33 incidents double-counted and this had been now been corrected.

22.5. On 90th percentiles and means, PA confirmed that when performance was good it was quite often the case that the 90th percentile was lower than the mean, because most of the times were really short, and then maybe a couple of long calls were in the 90th percentile, so when the maths was done, this gave the figures identified.

23. Areas to highlight to the NEDs

23.1. DA summarised that he believed the areas to highlight to NEDs were around:

23.1.1. As we emerged from COVID normal business needed to resume, including follow up of postponed actions as outlined in action logs;
23.1.2. PAD issues needed to be followed up;
23.1.3. New ways of working and improving the way SECAmb responded to demand;
23.1.4. Concern around staff welfare and wellbeing remains; and
23.1.5. Clinical Education and Crawley College.

24. Review of meeting effectiveness

24.1. DA asked for Governors to comment about areas for improvement. The meeting was deemed to have been effective.

Signed:

Name and position: David Astley, Chair

Date:

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	
03.06.21	10.14	297	IA to invite DH and EW to the next Council meeting to discuss performance and improvement plans.	IA	Sep.21	CoG	C	DH attending and invite extended to both EW and DH
03.06.21	10.22	298	PA to check why CFRs were not responding to care homes and let the Council know.	PA	Sep.21	CoG	C	Response sent to GK in early July. Awaiting outcome of a further meeting and ET/KS to advise GK following this (12th July).
03.06.21	11.5	299	PA would check the figures in the IPR. 11.2 GK noted that he had looked at the operational performance numbers and then the count of incidents and count of incidents with response, but the number of incidents in the various categories didn't add up to the incident numbers with a response. 11.5.GK noted that it was about the count of incidents with a response which was 33,600 when you look at the actuals under C1-C4 they didn't add up to that number.	PA	Sep.21	CoG	C	PA later in the meeting advised: 22.4 PA could confirm it was an error – there were 33 incidents double-counted and this had been now been corrected.
03.06.21	13.5	300	Share HN's feedback on PEG on the Patient Experience Group with QPS colleagues.	IA	Sep.21	CoG	C	Feedback shared with Team that run the PEG and TQ, QPS Chair, was at Council meeting to hear the feedback directly.
03.06.21	16.3	301	KS to recirculate the Governor event feedback form	KS	Sep.21	CoG	IP	
03.06.21	18.4	302	PA to look into the reason why we are reporting a quicker 90th centile call answer than our call answer mean.	PA	Sep.21	CoG	C	Response subsequently provided by PA: 22.5.On 90th percentiles and means, PA confirmed that when performance was good it was quite often the case that the 90th percentile was lower than the mean, because most of the times were really short, and then maybe a couple of long calls were in the 90th percentile, so when the maths was done, this gave the figures identified.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

B - Annual Report of the Membership Development Committee
1st April 2020 – 31st March 2021

1. Introduction

1.1. The Membership Development Committee (MDC) is a Committee of the Council that advises the Trust on its communications and engagement with members (including staff) and the public and on recruiting more members to the Trust.

1.2. The duties of the MDC are to:

- Advise on and develop strategies for recruiting and retaining members to ensure Trust membership is made up of a good cross-section of the population.
- Plan and deliver the Council's Annual Members Meeting.
- Advise on and develop strategies for effective membership involvement and communications.
- To contribute to the realisation of the Trust's vision 'Best placed to care, the best place to work'.

1.3. The MDC meets three times a year. All Governors are entitled to join the Committee, since it is an area of interest to all Governors. In addition to Governors, two staff members with responsibility for membership and Governor engagement attend the committee and support its activities. Representation from staff engagement, voluntary services and our equality and diversity department also attend.

1.4. In 2020/21 the MDC was and is still currently chaired by Brian Chester Upper West SECAmb Public Governor (Surrey/ NE Hants/ West London), and Deputy Chair Chris Devereux Upper West SECAmb Public Governor (Surrey/ NE Hants/ West London). Due to Chris Devereux experiencing connection issues for online meetings, Harvey Nash Lower West Public Governor (West Sussex) stood in as Deputy Chair.

2. Annual report of the Membership Development Committee

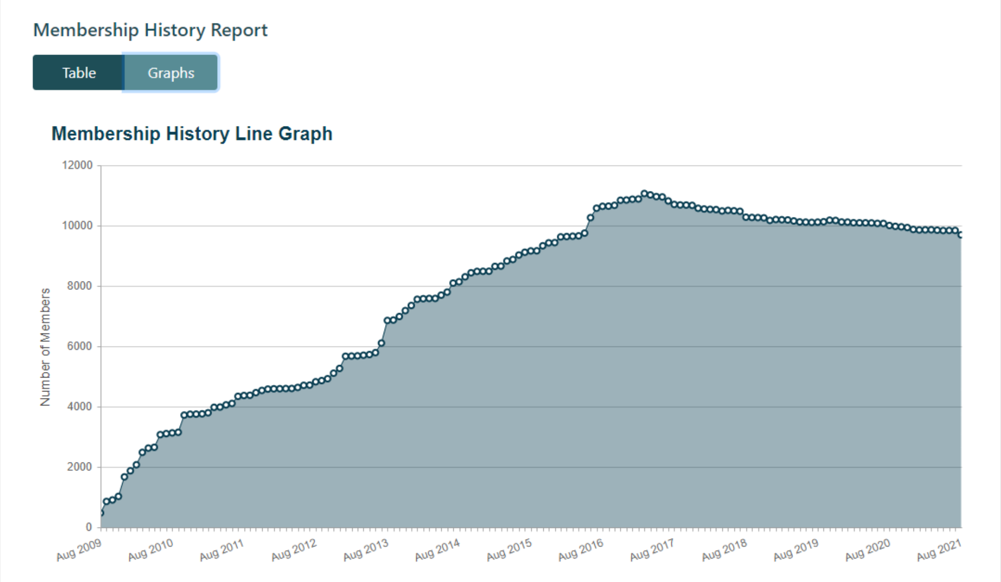
2.1. One of the core duties of the Council is to represent the interests of members and the wider public. The MDC focuses on ensuring that the Trust supports Governors to undertake this part of their statutory role. The MDC regularly reviews the composition of our public Foundation Trust (FT) membership and endeavours to ensure it is representative of the population the Trust serves.

2.2. We were not able to undertake any external membership events in person in 2020/21 due to the pandemic. Other online membership engagement activities were undertaken as detailed further on in the report.

2.3. Membership numbers hold steady due to the public interest and support of NHS services during the pandemic. We have always sought to maintain the numbers rather than dramatically increase them overall. The MDC proposed our previously agreed focus was rolled over and revisited in early 2022 pending global events:

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

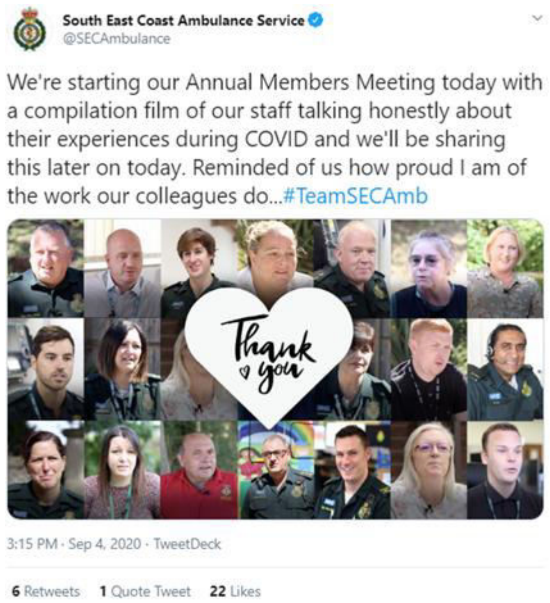
- Attend an additional large-scale event in West Sussex to develop membership numbers to bring them more in line with East Sussex figures as the populations are similar.
- Attend an additional patient/disability event to build patient membership numbers as these have been on a declining trend over the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



2.4. This report includes a summary of our current public membership numbers and geographical representation and reports on the work of the MDC throughout 1 April 2020 - 31st March 2021. It also includes reports on membership engagement at the Inclusion Hub Advisory Group (public FT members), Staff Engagement Advisory Group (staff FT members) and Patient Experience Group (patient FT members).

2.5. During 2020-21, the MDC worked on behalf of the Council to:

- Monitor the implementation of Membership Action Plan. Aim of the plan: *We will make involvement and engagement an integral part of Trust business. We will educate Trust staff about the benefits of involvement and engagement, and with Board level backing for this work we will ensure staff understand when and how they should involve and engage stakeholders in their work.*
- Contribute to the Annual Members Meeting planning and provided ideas for content. It took place on the 4th September 2020



South East Coast Ambulance Service
@SECAmbulance

We're starting our Annual Members Meeting today with a compilation film of our staff talking honestly about their experiences during COVID and we'll be sharing this later on today. Reminded of us how proud I am of the work our colleagues do...#TeamSECAmb

3:15 PM · Sep 4, 2020 · TweetDeck

6 Retweets 1 Quote Tweet 22 Likes

online via a Microsoft Teams Live event. It peaked at 165 live attendees on the day. This was the first purely online event the Trust had held for all members. Attendees included public FT members/ members of the public and staff FT members. We also saw a number of attendees from London Ambulance Service attend, Care Quality Commission, Healthwatch and Clinical Commissioning Group attendees.

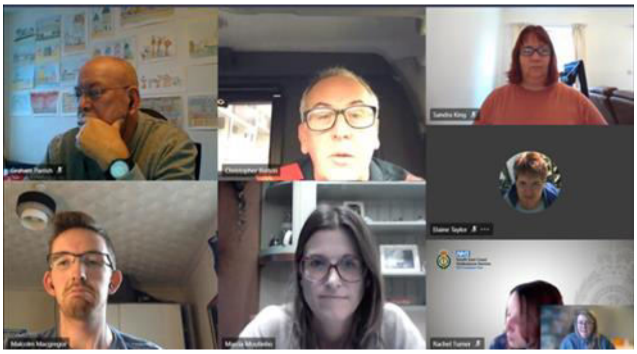
- Organise online membership recruitment via social media relating to wider health campaigns such as carers week. The capacity of the membership office was reduced from March to May as Operational support was required due to the pandemic, so this was limited.

- Ensured a communications plan on FT membership was sent to the communications team campaigning around the public becoming more involved with their local ambulance service to tie into the 72nd birthday of the NHS on Sunday 5 July.

- Ensure live stream access for members and the public to observe Board and Council meetings was in place to watch live and ask questions at the end.

- Review existing membership engagement opportunities. An on-going theme of discussion was how we represent the views of our members on the Council. By being a Governor and turning up to meetings you are in fact representing the views of members as per the formal part of the role, but we understand that Governors actually in turn want to hear the views of members as well as representing them. Governors were remined of the Trusts online opportunities for them to hear members views.

- Organised trial online Governor and member drop-in sessions in West Sussex and with Staff members to add an additional mechanism for hearing members views during his time. Key themes raised by members at these events were raised at a Council of Governors meeting.



- Organised informal Governor catch up sessions to enable Governors to share with each other what they were hearing from members across the areas we serve.

- Suggested content for the member newsletter.

2.6. In addition, the MDC undertook its on-going duties to:

- Plan and participate in online events to meet members and the public and recruit new members.

- Appoint public members to join the Trust’s Inclusion Hub Advisory Group, which advises on Trust policies and plans.

- Review input from the Trust’s Inclusion Hub Advisory Group of public members, the Staff Engagement Advisory Group and Patient Experience Group, to ensure members’ views are shared with the rest of the Council.

- Seek assurance that the Trust is effectively communicating and engaging with members and the public about key developments.

3. Membership overview

3.1. The MDC would like to thank all our members, both staff and public, for their continuing support of the Trust.

3.2. The following table shows the Trust’s public members at the year-end of 2019/20 and 2020/21 according to their constituency and the proportion of people who are members in relation to the eligible people in that area.

3.3.

Constituency	2019/20 Members	2020/21 Members	Population	Percentage of eligible population 19/20
Lower East (East Sussex, Brighton & Hove)	2,064	2,007	848,414	0.24
Upper East (Kent, Medway & East London)	3,624	3,550	1,850,857	0.19
Upper West (Surrey, NE Hants & West London)	2,460	2,382	1,386,062	0.17
Lower West (West Sussex)	1,565	1,514	866,131	0.18
Total	**9,713**	**9,857**	**-**	**-**

3.4. Public membership increased from 9,713 on 31 March 2020 to 9,857 on 31 March 2021. As of March 2021, we had 404 in the ‘Out of Area’ constituency (no voting rights and unable to stand as a Governor) bringing the total public membership to

10,261.

3.5. 374 members were moved from ‘Out of Area’ into public constituencies detailed above when the changes to boundaries were made in December 2019.

3.6. As of March 2020, the Trust had 4,020 staff members, and in March 2021 staff membership was 4,367.

3.7. The MDC has agreed to specific and quality member recruitment and engagement over the last few years with the aim of maintaining overall membership figures and developing representation of specific membership characteristics. Quarterly updates removing deceased members from the register contribute to reductions alongside those that have moved out of the area.

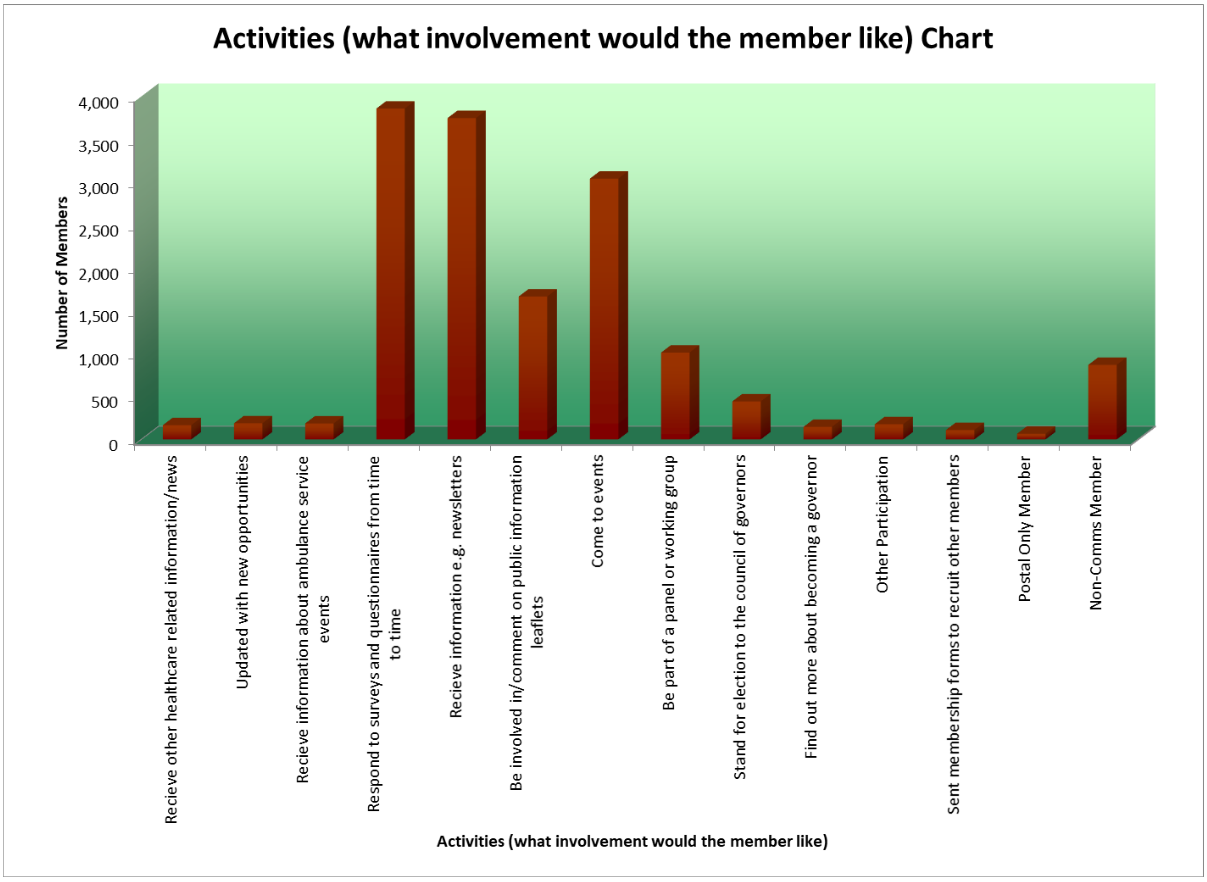
3.8. We monitor a number of attributes of our members (from those who are willing to share the personal information with us) in order to try to build a membership representative of the diversity of our communities. The table below shows this diversity for our total public membership at year end:

Attribute	No. of members
Male	3,846
Female	5,293
Other/gender not recorded	716
Not identifying with the gender assigned at birth	76
Heterosexual	2,728
Lesbian	81
Gay man	89
Bisexual	95
Identifies as disabled	948
White	8,094
Asian	230
Black	98
Mixed	81

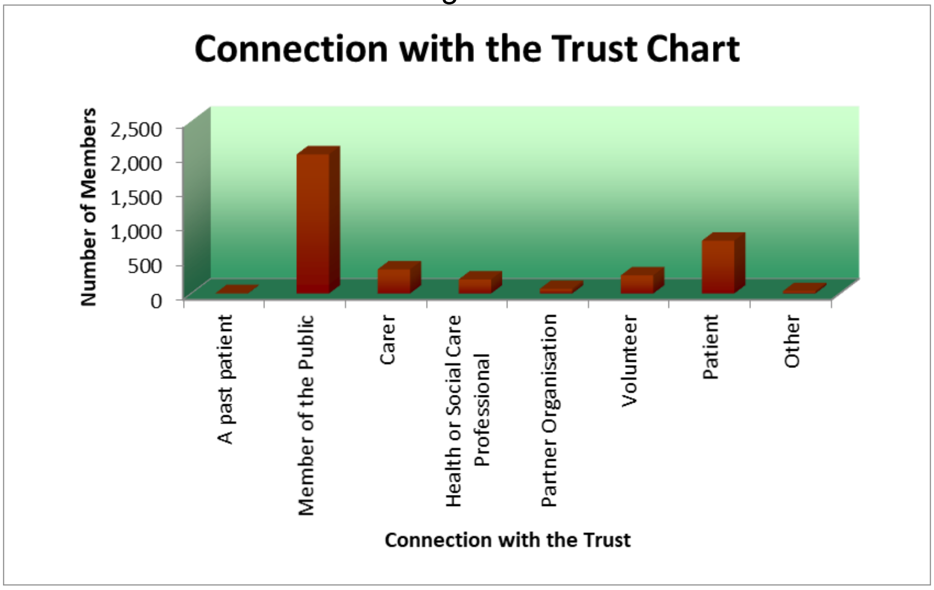
3.9. We ask public members how they would like to get involved when they join us. This enables us to target involvement opportunities to members appropriately, based on their interests. This chart shows the involvement preferences of our public members:

Activities (what involvement would the member like)

3.10.



3.11. We also ask members whether they are a carer, are or have been a patient of the service, or whether they volunteer for SECAmb. The chart below shows the number of our members in these categories:



3.12. All our members were invited to our online Annual Members Meeting Members in in 2020. Members were also invited to online Governor engagement events. Several voluntary positions were advertised to members and taken up. We are grateful that so many of our members are happy to be involved.

3.13. If you have participated in any of our online events – or are simply keeping up to date about the ambulance service by reading the membership newsletter ‘Your Call’ and emails from the membership office – thank you.

4. Public involvement and engagement

4.1. During the year, the Trust has engaged with public members on a variety of subjects. Our Inclusion Hub Advisory Group (IHAG) is made up of around 25 public FT members from different locations and who represent the diversity of our population. Governors regularly observe the meetings, and two Governors are permanent members, providing a direct link back to the MDC.

4.2. The IHAG meet four times a year to advise the Trust on public engagement in relation to our plans, policies, and any changes we might make that could affect patients, as well as participating in our annual grading of the Equality Delivery System and review of our equality objectives. Members also attend a variety of subgroup meetings and focus groups depending on their area of interest. Governor representatives attend this meeting to feed member views back into the Council and MDC.

4.3. Here are some highlights of the IHAG’s activity over the year:

- Reviewing an Engagement Toolkit. The IHAG recommended an easy read cover sheet so people could navigate to the parts they needed and engage with the document straight away.
- Communications on the Trust’s estates programme were reviewed, and suggestions made.
- The IHAG hosted informal coffee mornings with members to keep volunteers engaged with the Trust in-between meetings.
- Being presented a new model of care for falls. The IHAG acknowledged the patient benefit from this proposed model and highlighted areas to be looked into regarding supporting Community First Responders in the roll out.
- Reviewed a Quality Improvement Methodology and highlighted need for ensuring staff understood the reason for the change via clear communication. Engagement needed to be built in and clarity for staff on how to progress a good idea
- Patient Experience Strategy – Five Year Plan 2020-2025. How to embed equality & diversity, putting the patient at the heart of inclusion. The IHAG provided feedback on identified priorities for the next six months.

On behalf of my Governor colleagues, I would like to thank the members of the IHAG for their passion and effort during 2020-21.

5. Patient involvement and engagement

5.1. The Patient Experience Group (PEG) is a group, which oversees the development and implementation of a patient experience strategy and associated work plan. It seeks to ensure that the organisation
is using Patient Experience feedback from a wide range of sources to improvement services, based on what people say about the service they received

5.2. The group focuses on the review of complaints and patient experience data, identifying core themes, areas of learning and ensuring changes to practice are shared and embedded. The also ensure that the findings from patient surveys, the NHS Friends and Family Test, and Healthwatch are shared and changes to practice made where appropriate. This group reviews existing mechanisms and considers new mechanisms for eliciting patient experience.

5.3. Outcomes from these meetings are fed back to the Council via the MDC report and our Governor Representatives on this group.

5.4. Over the last year the PEG:

- Welcomed Governors Nigel Robinson and Harvey Nash as the newly appointed Governor representatives on this group.

- Launched the Patient Experience Strategy – Five Year Plan 2020-2025 and associated actions were monitored via the PEG.

- Meetings of the PEG were limited in the last year due to operational pressures during the pandemic. Governors would really welcome a renewed vigour from secamb colleagues in this group in 2021/22 so progress on patient experience workstreams can be made in a timely manner.

6. Staff involvement and engagement

6.1. Our Staff Engagement Advisory Group (SEAG) is made up of Trust Staff Engagement Champions from across the Trust and Staff Governors are permanent members of the SEAG, which allows them to hear the views of a wide range of staff members, as well as sharing information about what is happening at Board and Council level.

6.2. The SEAG meets quarterly but is cancelled in times of high operational demand so as not to have an impact on performance.

6.3. During this year, the Staff Engagement Advisory Group has, on behalf of the wider staff membership:

- Contributed views within the new Town Hall events that have been set up for a Q&A session with operational colleagues. Staff Governors have attended these events.
- Enabled Staff Governors to have a permanent slot on the agenda at every meeting to provide an update on their areas of focus and to canvas views.

- Looked at the ‘New Ways of Working’ which is developing a process and toolkit for local senior managers to be having the conversations and making the decisions on what their areas should like look and how they should work going forwards (agile etc), including operational staff.
- SEAG were asked to complete a survey that looked at ways to improve our Management and Leadership training.
- Staff Survey: SEAG were asked to engage with wider teams on completing the survey and given an overview on the value of doing this.

Thanks to all members of the SEAG for their work over the past year.

7. Get involved

7.1. I would like to end this report by asking anyone who is not a member of the Trust already to join us and you can join online (it’s free) by clicking Join Us, then Become a member on SECAmb’s website.

7.2. Members usually receive our newsletter, ‘Your Call’, three times a year to keep them up to date with the Trust’s activities. Your Call also provides health advice and local news, as well as opportunities to get more involved with the Trust. If you receive the newsletter in the post, we’d be grateful if you would let us know if you’d prefer to receive it electronically, as this is not only better for the environment but saves the Trust money as well!

7.3. Members are able to vote or even stand in public & staff Governor Elections to the Council. If you want to be more involved with your local ambulance service and representing our public members, why not consider standing for election to the Council. Nominations open on the 6th September 2021 and information on the elections will be sent to all members at that time and is available on our website.

Brian Chester
Chair of the MDC & Public Governor for Upper West (Surrey, NE Hants & West London)
On behalf of the Membership Development Committee

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

C - Annual Report of the Governor Development Committee

1 April 2020- 31 March 2021

1. Introduction

1.1. The Governor Development Committee (GDC) 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. The Chair of the Trust usually attends meetings and members of the Corporate Governance Team attend and support the GDC.

1.4. All Governors are encouraged to join the Committee, since it is an area of interest which concerns all Governors. The following Governors have attended during the year:

Nicki Pointer	(NP)	Lower East Public Governor & Lead Governor & Chair of the GDC
Leigh Westwood	(LW)	Lower East Public Governor
Marianne Phillips	(MP)	Lower East SECAmb Public Governor
Harvey Nash	(HN)	Lower West SECAmb Public Governor
Pauline Flores-Moore	(PFM)	Lower West SECAmb Public Governor
Nigel Robinson	(NR)	Lower West SECAmb Public Governor
Geoff Kempster	(GK)	Upper West SECAmb Public Governor
Chris Devereux	(CD)	Upper West SECAmb Public Governor
Brian Chester	(BC)	Upper West SECAmb Public Governor
Amanda Cool	(AC)	Upper West SECAmb Public Governor
Sian Deller	(SD)	Upper East SECAmb Public Governor
Marguerite Beard-Gould	(MBG)	Upper East SECAmb Public Governor
David Escudier	(DE)	Upper East SECAmb Public Governor
Marcia Moutinho	(MMO)	Staff Elected Governor (Non-Operational)

Waseem Shakir	(WS)	Staff Elected Governor (Operational) & Deputy Lead Governor
Chris Burton	(CB)	Staff Elected Governor (Operational)
Nigel Wilmont-Coles	(NWC)	Staff Elected Governor (Operational)
Malcolm MacGregor	(MM)	Staff Elected Governor (Operational)
Vanessa Wood	(VW)	Appointed Governor
Howard Pescott	(HP)	Appointed Governor
Graham Gibbens	(GG)	Appointed Governor

1.5. In attendance during the year were:

David Astley	(DA)	Chair
Isobel Allen	(IA)	Assistant Company Secretary
Katie Spendiff	(KS)	Corporate Governance and Membership Manager
Judith Ward	(JW)	Deputy Director of Nursing
Leane Stephens	(LS)	Head of Quality Assurance.

2. Annual report of the Governor Development Committee

2.1. The GDC undertakes a vital function: allowing discussion with and between Governors about our needs so that the Trust can support the Council to fulfil its role as effectively as possible.

2.2. During 2020-21 the GDC met five times and worked on behalf of the Council to:

- Provide feedback and suggest improvements to the running of Council meetings;
- Set the agendas for Council meetings and the joint Board/Council meetings held during the year;
- Instigating Council informal get to know you meetings due to not being able to meet in person;
- Raise issues and concerns between Council meetings;
- Develop and advise on proposals for the content and format of the Annual Members Meeting;
- Review the draft Trust Quality Account;
- Monitor Governor attendance at Council meetings and ensure adequate engagement;
- Updating the Governor queries process to enable escalation if responses were not forthcoming within a timescale;
- Revising the Governor Code of Conduct to improve the information governance section in line with the new General Data Protection Regulation (GDPR);
- Revise and update the process for the annual review of the Council's effectiveness and the review of the Lead Governor's performance over the year;
- Reviewing the way Governors report back on Board Committee observations to Council and the Chair;
- Undertake the GDC's annual review of its effectiveness;

- Review a proposal to create an additional Governor post to ensure representation in all areas of SECAmb's patch;
- Propose that Governor elections be 'staggered' to take place every year instead of two out of there years, to ensure less disruption to Council business; and
- Revise Governor election timings to enable better induction/shadowing for newly elected Governors.

2.3. This year, during the COVID-19 pandemic, the GDC has continued to meet virtually to carry out its duties.

2.4. Achievements of the GDC last year include:
   2.4.1. **Improving effectiveness:** Reviewing and developing Council **meeting agendas** over the year to ensure Governors are able to most effectively hold the Non-Executives to account for the performance of the Board.
   2.4.2. **Improving effectiveness**: Advising the Trust whether each Council meeting had been effective and raising issues where items had not been fully covered the proposed topic or questions and concerns remained.
   2.4.3. **Improving effectiveness**: Reflecting on induction for new Governors and introducing earlier elections to enable those elected to shadow their counterparts before starting formally as Governors.
   2.4.4. **Improving effectiveness:** Introducing a three-year cycle of Governor elections, to smooth the turnover rate, improve continuity and reduce the potential for disruption if 2/3rds of elected Governors potentially left the Council in one year;
   2.4.5. **Governors' attendance**: Regularly monitoring attendance at Council and escalating to the Chair if there were any issues with attendance.
   2.4.6. **Training:** Discussing and advising on Governors' training needs throughout the year.
   2.4.7. **GDC Terms of Reference (TOR)**: Reviewing the TOR and conducting an annual effectiveness review of the meeting.

2.5. Based on the recommendations of the GDC, the Council of Governors requested assurance in the following areas during the year:

Improving external communications during the pandemic, and seeking assurance around the development of a Trust Communications Strategy	Quality improvement (quality account objectives and audit)
Implementation of the Trust's Patient Experience Strategy	Staff wellbeing and support for staff during COVID
Effective utilisation of Community First Responders (CFRs)	Performance challenges during COVID and EU exit planning
Understanding how the NHS White Paper (on changes in the commissioning structures) would impact on the Trust and our patients	

2.6. I would like to thank all members of the GDC for all their hard work over the year. I would also like to thank those Governors who left us this year after being part of the

GDC: Pauline Flores-Moore, Marguerite Beard-Gould, Malcolm MacGregor and Graham Gibbens.

Nicki Pointer
Chair of the GDC
Lead Governor and Public Governor for Lower East SECAmb
On behalf of the Governor Development Committee

SOUTH EAST COAST AMBULANCE NHS FOUNDATION TRUST

C1 - Council of Governors Annual Self-Assessment of Effectiveness

2021

1. Introduction

1.1. It is recommended that Councils of Governors undertake self-assessment of the Council's effectiveness annually. This enables the Council and the Trust to understand:

  1.1.1. The Council's view of the effectiveness of the Council as a whole, and

  1.1.2. The effectiveness of the processes to support the Council that have been put in place.

1.2. A self-assessment enables Governors to hold the Trust to account for providing the support and structures Governors need to fulfil their role, and also enables Governors to hold each other to account for being effective in the role.

1.3. The last self-assessment was undertaken in mid-2020 and a further self-assessment was due and has been undertaken alongside a '360' review of Council effectiveness by key stakeholders.

1.4. An assessment of the Lead Governor role was also included for the second year.

1.5. The GDC reviewed the feedback from the self-assessment and the stakeholder feedback at its meeting in August 2021. Its recommendations for consideration by Council are set out below.

1.6. This paper also sets out the full results for the Council to review and discuss in respect of any actions needed to improve Council effectiveness.

2. Self-assessment process

2.1. The GDC worked with the Trust to design the self-assessment process and is asked to review and refine it each year.

2.2. The process was/is as follows:

  2.2.1. Completion of an online survey (anonymous);

  2.2.2. '360' survey sent to the Non-Executive Directors and CEO; and

  2.2.3. Review and collation of all feedback with the GDC prior to sharing with the Council and Board.

2.3. Responses to the self-assessment, 360 assessment and Lead Governor assessment are set out in full below (Appendix 1).

3. Response rates

3.1. 20 Governors were in post at the time the self-assessment and Lead Governor survey was sent out (June 2021). 11 survey responses were received, a response rate of 55%, down from 71% last year.

3.2. It would be helpful to discuss whether it is worth raising again the question of why colleagues may not have completed the survey. Several reminders were sent out.

3.3. 17 NEDs and other key stakeholders (CEO, Corporate Governance staff) were sent the 360 survey and we received only four responses or 24%, down from a 66.6% response rate last year. This is a disappointing response rate but also likely indicates that there aren't concerns from the majority of Council's key internal stakeholders, and it has been a rather different year.

4. Overview

4.1. It is for Governors to interpret the feedback but it is also vital for the Trust to take note and assure itself the Council is operating effectively, and we are doing all we can to support that.

4.2. Based on discussions at the GDC in August, the following observations and actions are proposed.

4.3. **Overall**, the Council is operating reasonably effectively, though there has been a marked decline in people feeling entirely content with aspects of the way the Council operates (there are a lot more 'not sure' responses than last year), some of which may be due to our remote ways of working over the past 18 months, though this should not be used to mask any genuine opportunities for improvement.

4.4. Some **Governors** have identified issues in relation to the following:

- 4.4.1. Governors not being as aware of the Trust's current strategic vision as they had been before.
- 4.4.2. Although Governors for the most part feel they receive relevant information, there is a want for more. It would be good to understand exactly what information Governors feel they are missing out on receiving at the moment. There has always been a balance to strike in sending info out so if we are on the wrong side of it, we would welcome views about how to improve. This could tie into the need for a rolling training plan as noted below.
- 4.4.3. Governors were keen to get back to engaging with the public, staff and members when appropriate.

4.5. **NEDs/stakeholders** feel that the Council is working effectively and that their experience of working alongside them is a positive one. The respondents recognised the value of the Council and the insight and challenge that Governors bring to meetings. This is a good indication of collegiate working between Board and Council.

4.6. **Lead Governor evaluation**: With the exception of one respondent, both Governors and stakeholders felt that the Lead Governor role was operating effectively, and the coordination and collaboration afforded by the pre-meets chaired by the Lead Governor were particularly felt to have been useful.

4.7. The GDC were keen to reinforce with Council members that the Lead Governor role does not mean that Governor 'leads' the Council in any way. The statutory role of the Lead Governor is simply to be the contact point with our regulator if relations break down with the Trust.

4.8. The additional duties the Trust confers on the Lead Governor are entirely voluntary and the outcome of collaboration between Governors and Trust governance leads. At no time should interaction with the Lead Governor be considered a substitute for interaction with the Council as a body.

4.9. However, the Lead Governor is able to act as a conduit for concerns Governors may have between meetings, notwithstanding the established Governor query process. If anyone has concerns they feel unable to resolve or are unsure where to turn, Nicki has kindly offered to help signpost.

4.10. **Training and development:** The response rate to this section was really low, however one Governor noted they would be keen for a rolling training plan for the Council to be developed and the GDC felt this was a good idea. Governors highlighted needing further support to develop their knowledge of our service after their initial induction and comprehensive Governor training from NHS Providers. This used to be picked up in private afternoon sessions after the public Council meetings so could be revisited. For example, an afternoon session on analysing the IPR or similar as suggested by Governors.

4.11. Strategic objectives and aims could form an afternoon learning session as well. It is unfortunate that those who commenced their term in March 2020 have been unable to go out observing on a vehicle or in a 999 or 111 centre, due to the pandemic, as these are fundamental parts of the induction and provide true insight into the Trust.

5. Recommendations

5.1. The GDC recommended three actions following review of the annual self-assessment:

5.2. Recirculate role of the Lead Governor to the Council for information.

5.3. Work with the GDC to prepare a rolling training plan for Governors over the year.

5.4. Feed back to the Chair on the importance of early notification of significant incidents to Governors and staff members.

5.5. Council is asked to:

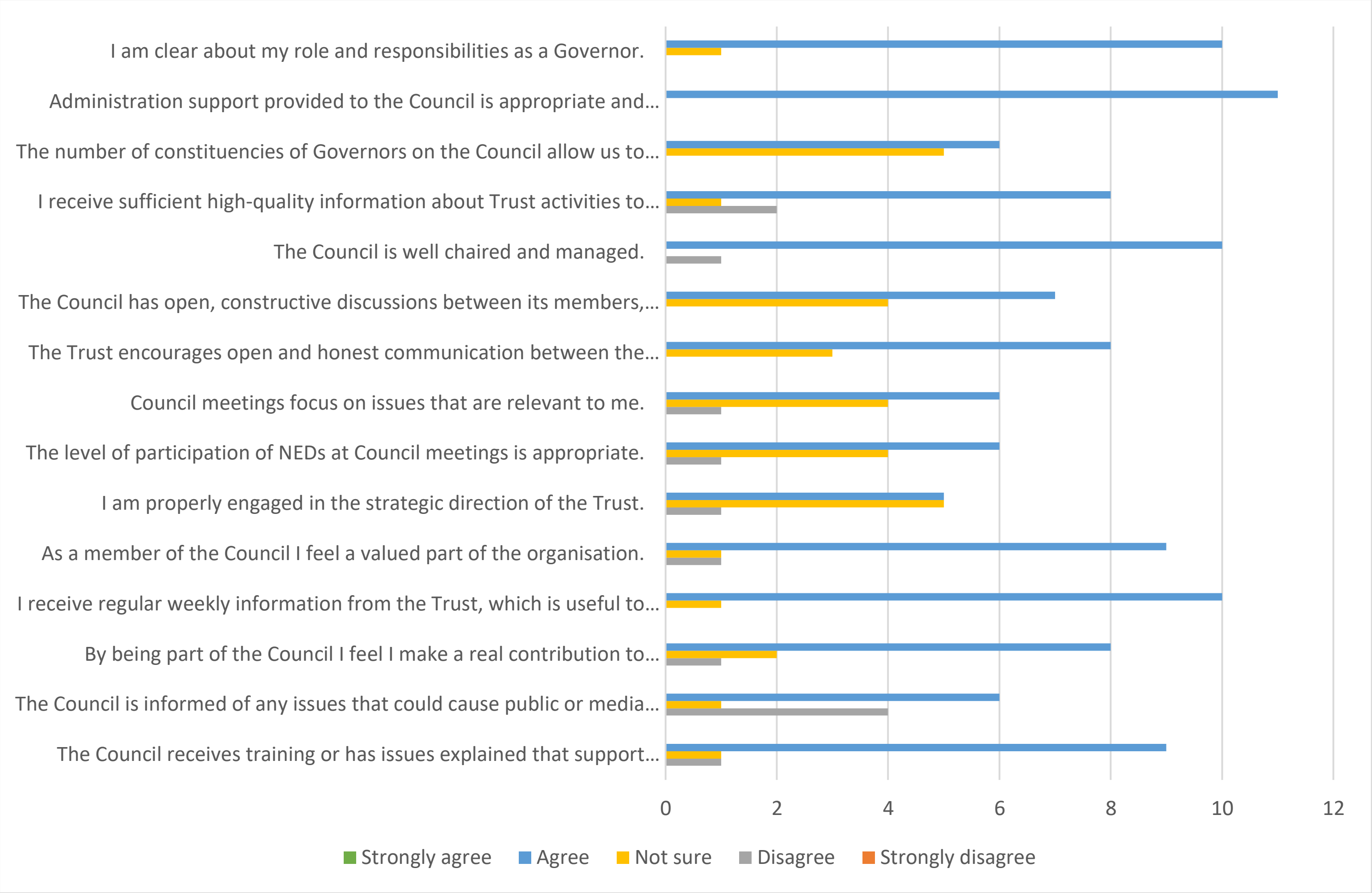
5.5.1. Review the data below and come to the meeting prepared to comment on your interpretation of the results;

5.5.2. Consider the recommendations for improvement and bring any additional suggestions.

Izzy Allen, Assistant Company Secretary

Appendix 1:

Council of Governors self-assessment 2021 results



Free text responses:

Statements	Comments
The Council receives training or has issues explained that support understanding of a topic.	The staff governors and or NEDs are always able to explain topics or the background to issues There are a range of methods for this. The periodic deep dives and the joint meetings with the Board are particularly useful. Covid has inevitably impacted this as regards both priorities and meeting formats. The council has had suitable briefings on relevant topics After some initial training when I began this role c18 months ago there has been very little offered since. There is no published development plan, no initial nor subsequent training need analysis to identify what if any gaps/training needs I have. The amount of training in the current environment is less than ideal but acceptable in the circumstances Due to the pandemic, I don't believe that the new Governors have received the full range of

	training that would usefully be available but there is always support available regarding understanding topics or any issues that are affecting the Trust. Established structure that is reactive to Governor questions Access to staff to ask questions I have always found that any questions I have are answered and any issues clarified. I still find the IPR report a little unfriendly and I think it would be useful to have someone explain what certain data means. That said, the IPR is getting better with time so fingers crossed I will be able to understand it fully soon.
The Council is informed of any issues that could cause public or media interest before they are a risk.	In the vast majority the governors are kept up to date and pre - informed, however there have been a few media articles that have not been. We have been kept informed despite the impact of Covid and my thanks to the Company Secretariat for this. The council is briefed when something is likely to appear in the press Communication is weak. There are weekly sometimes daily media releases but none are communicated to the council. There is no way that I feel we would be warned prior to a release. We are informed simultaneously as the media or not at all. The significance of the council being told is not realised OR there have been no issues of significance - how would I know? To be sent a weekly report of statistics and an occasional CEO report promulgated to all staff is about it There have been occasions when information was late or missing Media statements are usually shared with Governors the day before release. It is a short amount of pre-warning, but this is the nature of that beast. Email sent round explaining I think we are kept up to date of any communications that are sent out to the public/staff.
By being part of the Council I feel I make a real contribution to SECAmb and the communities it serves.	Even remotely - am able to review papers and query issues with local teams, the COG or direct to NEDs We have an input to strategic considerations as well as discussing operational issues and changes. Ideas and questions are clearly valued and positively responded to by both NEDs and Executive Directors. The ability to seek assurance from the Non-Execs on areas of concern and receive suitable feedback. We are not part of a decision making process. We are informed and the likely action required is always presented. I have submitted 4 governance questions since last Oct, and only received 1 answer which was vague and missed the point. There is a great deal of talking but little action. The ability to exercise governance in its proper form is not facilitated. I have active engagement both within Secamb and my locale I don't feel like I am fulfilling my role as Governor. The COVID pandemic has not helped, as I have not been able to get out into the community and meet with members and in that fact not doing my part in representing them to the fullest To check Governance and keep awareness of concerns and address them correctly

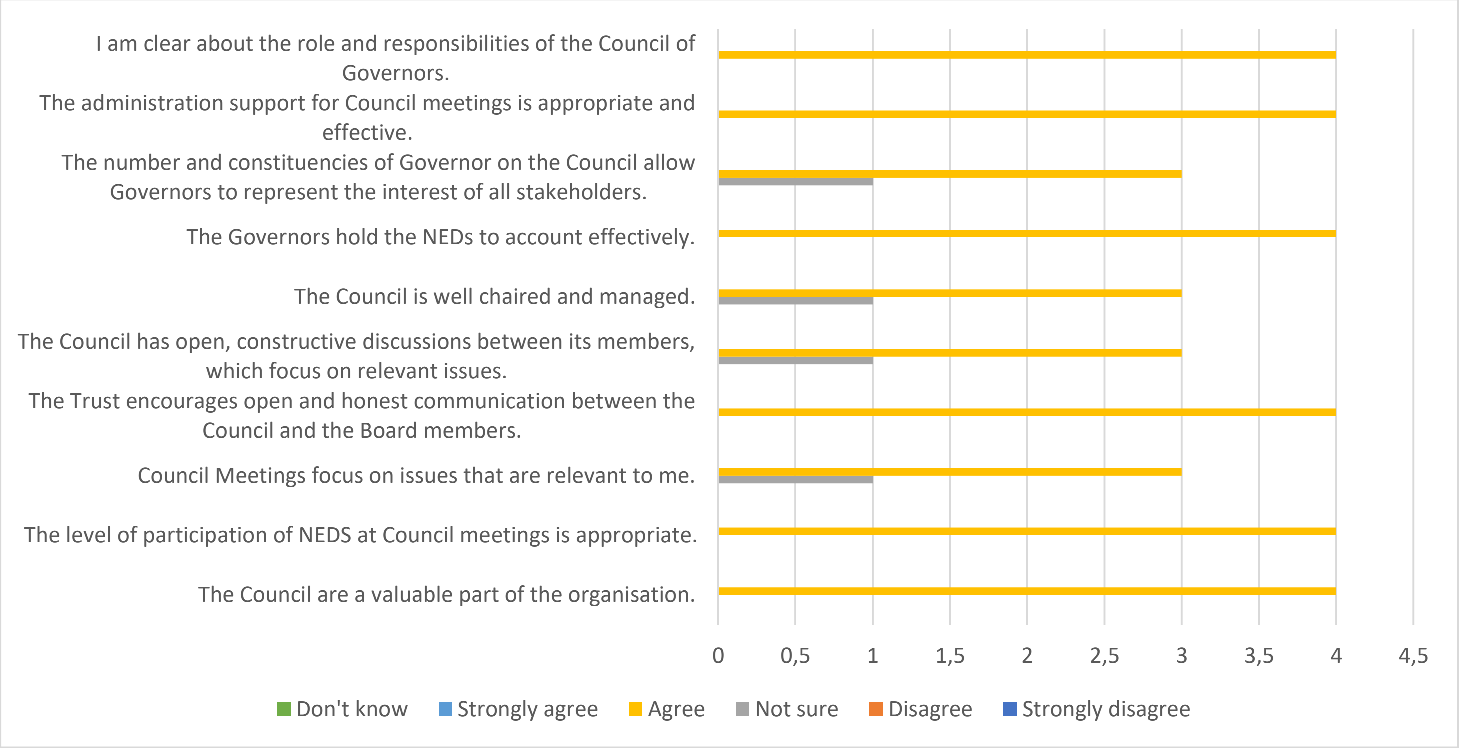
	I feel it's difficult to quantify my contribution but I hope so. That is the reason I chose to become a Governor.
I receive regular weekly information from the Trust, which is useful to understand the general business of the organisation.	Weekly COP is useful I receive the weekly bulletin and other relevant documents regularly. As I say this is fulfilled by being e mailed a copy of the weekly performance updates, the monthly internal communique to all staff and its content is not really useful The weekly info and recently daily COP has covered that point Always kept informed with weekly briefings and information from the organisation., Regular weekly updates with clear information We don't get updates as often as we used to which is a shame. The weekly updates are very useful though.
As a member of the Council I feel a valued part of the organisation.	Volunteers week was welcome - the chair, membership office and NEDs all treat the COG with respect and gratitude The positive welcome and engagement from NEDs when observing committees, coupled with the involving style of the whole Board and especially the Chair and CEO make it clear how well valued our inputs are. I think the above says it all Feed back from staff seems to support that. I do feel a valued part of the organisation and that the views of the Governors are important in ensuring the voice of members are heard and SECAMb recognise that this is important. Friendly staff to talk to and be part of the team I do. I have to say that the CEO shows that he values the Council input.
I am properly engaged in the strategic direction of the Trust.	The joint meetings with the Board are well-established and enable us to both input to and understand the strategic issues and direction. Inevitably this has been adversely affected by Covid and it will be good to get back to longer face to face discussions as we move out of current restrictions. As a council member we get to see a number of documents in initial draft format and have the opportunity to input into the documents, I rubber stamp decisions already made by the Chair and NEDs. Remote meetings caused by Covid mitigates against one being engaged as much as one would like, This has been shared with Governors but I can not honestly say that I am fully engaged with strategic direction of the Trust and the COVID pandemic has had a lot to do with that. I feel that a lot more goes on in the background that we find out - opposed to being informed and engaged.

	Emails and information given in a timely manner I am not sure I understand what steps Secamb intends to take to deliver their strategy
The level of participation of NEDs at Council meetings is appropriate.	NEDs nearly always are able to respond adequately to concerns or queries NEDs are consistently involved and active participants in Council meetings (and others). While we are losing two quite excellent NEDs (Lucy Bloem and Terry Parkin) shortly their 'replacements' seem to be inputting increasingly well. I think the current remote format perhaps discourages participation by some members due to technical issues or reluctance with the technology. Not really sure the NED's consider the councils contribution meaningful. They will tell you they do so! This depends on the NED, some are excellent but others are less convincing There has always been good representation from the NEDs at COG's meetings. They provide a valuable input and insight Trying to get qualitative and quantitative answers regarding L& D could be better with NED push . Feedback from NEDS in meetings and questions given I think it was unfortunate that both Lucy and Tom were absent at the last council. But I do feel that there was a good level of participation in the majority of the council meetings I attended
Council meetings focus on issues that are relevant to me.	members of the COG are always able to voice their concerns at council meetings, no matter what the topic - however the NEDs and Chair do take offline more tactical or operational matters I engage where I have an interest and or can add value They are not necessarily relevant to me but they are relevant focus for SECAMB. It is up to me as a Governor to make sure I am informed enough to be able to contribute to the focus of whatever the topic may be. It is important to cover all topics
The Trust encourages open and honest communication between the Council and the Board members.	There are excellent communications between Council and Board members both formal and informal, albeit the latter less often in the absence of face to face meetings limiting pre, post, coffee etc chats during Covid. I have never felt unable to make comment to board members I disagree with the decision to allow anonymous comments/complaints against Council Members Yes, I do believe that there is honest communication but also robust and constructive communication which is vital for the Council and Board members Although I feel that the answers are sometimes "washed", for example I raised the question of Annual Leave being agreed to be honored in line with the Government announcements in early 2020, the first 2 answers I received were a not the same as the 3rd and final answer.

	Open questions always allowed and discussed first I think so. I also feel that the Board members value the council's contribution.
The Council has open, constructive discussions between its members, which focus on relevant issues.	COVID has affected the amount of networking the COPG has been able to undertake - focusing only on very local networks The discussions at GDC and MDC are wide-ranging, relevant and constructive. It would be useful for more Governors to attend as there is a tendency towards the 'usual suspects'. Again the absence of face to face meetings reduces our opportunities for informal discussions. see comment above (I disagree with the decision to allow anonymous comments/complaints against Council Members) The engagement with members hasn't been the same this year due the pandemic but they are kept informed of what is happening within the Trust and have opportunities to contribute. Questions and answers are open and can always gather more information I think all members are respectful of each other which allows for open conversations.
The Council is well chaired and managed.	Nicki is doing a great chair role David is an excellent chair, ensuring full participation. It focuses on the issues the chair needs to address to the council. The agendas are always so full and time is precious that I am not confident that we are always heard Pace the anonymous complaints procedure this is true David is am open, approachable, and a fair Chair, who facilitates the views of the COG's Very approachable and chairs well We have the best Chair!
I receive sufficient high-quality information about Trust activities to enable me to hold the NEDs to account.	Good quality papers - usually written in Plain English See 6 above (I rubber stamp decisions already made by the Chair and NEDs.) This is amply demonstrated in Council meetings I do receive a lot of information but I do feel that I must also attend the MDC and GDC in order to give me a full scope information on activities. There are other meetings I feel would also help with this but due to work constraints, it is not possible to join every meeting. Performance review is thorough Regular Updates We do receive good information however i still struggle with some of the language used. The papers are not always clear and Secamb still uses a lot of jargon.
The number of constituencies of Governors on	Am aware that one member feels the change to constituencies is not fair They will do once the third 'lower west' post is filled.

the Council allow us to represent the interest of all stakeholders.	This is a well-represented COG It would be beneficial to have a Police Representative in the Council as we work closely together, and not always in harmony. Different stakeholders have different points of views and skill set
Administration support provided to the Council is appropriate and effective.	Katei and Izzy are always on hand to support where needed Consistently friendly, constructive, professional and helpful regardless of the pressures on them - a credit to SECAmb. Both Katie and Izzy provide excellent support along with Elaine The team are excellent and do a really great job. They are calm, knowledgable, considerate and ALWAYS try to help. Always efficient - thank you Friendly supportive team We receive excellent admin support - very responsive and helpful.
I am clear about my role and responsibilities as a Governor.	I am clear on my role as Governor but the pandemic has meant that I have certainly not currently fulfilling my role. Training received and completed

6. 360 (stakeholder) feedback



Free text comments:

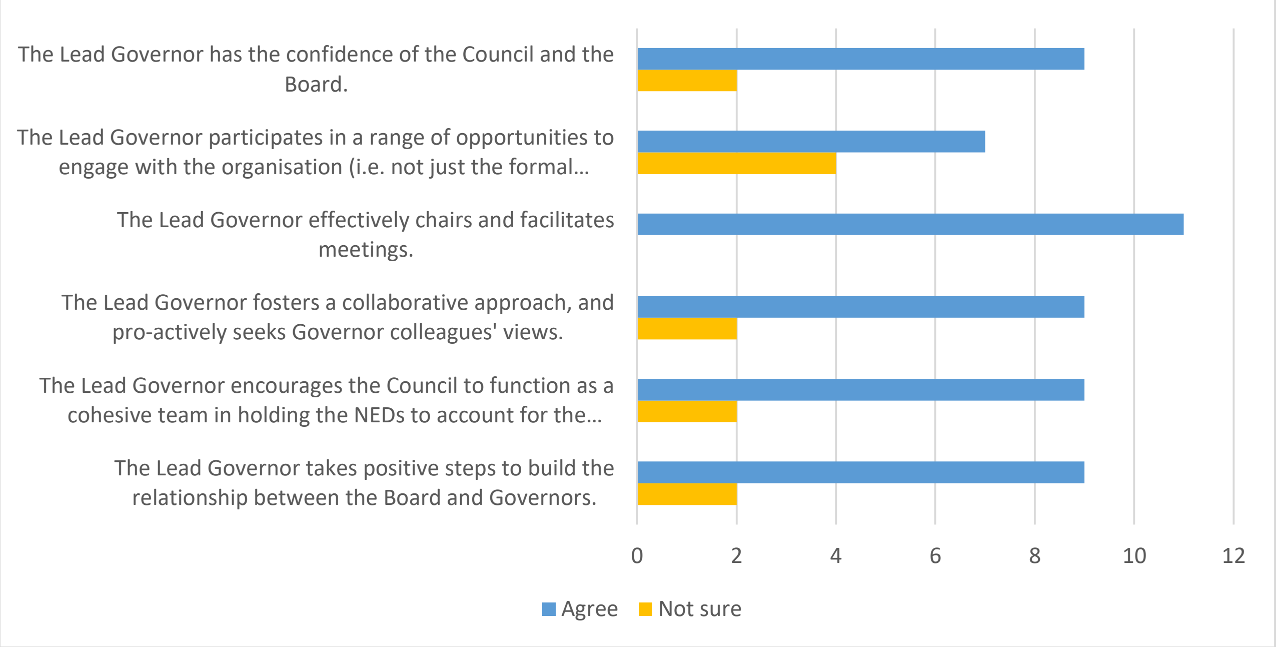
The Council are	I find that the wider experience of the Governors inspires some challenge that you don't

a valuable part of the organisation.	get from those who are closer to the business and the input of the Staff Governors has been intelligent and cogent. As a public service, they provide important accountability, intel and challenge. Show good level of understanding of work of organisation and bring appropriate degree of challenge. Very important to hear the views of all stakeholders
The level of participation of NEDS at Council meetings is appropriate.	It is primarily a non executive council and so it is appropriate that the NEDs and Governors do most interaction Now there are calendared and themed attendance slots, I think the participation is more impactful.
Council Meetings focus on issues that are relevant to me.	Connects me to the public in a way Yes but...there is no consultation between governors and NEDs when NED posts become vacant. This means that the expertise of the NEDS as a group are completely overlooked and so decisions relating to adverts are not based on all available information. This makes the NED group perhaps less broad than it might be. At the last meeting, someone raised a very specific issue about an individual's employment issue. I wasn't sure if that was either appropriate or a good use of the time.
The Trust encourages open and honest communication between the Council and the Board members.	Nothing is hidden as far as I can see and I certainly am very open with the Council
The Council has open, constructive discussions between its members, which focus on relevant issues.	Always constructive and relevant Council's questions and comments are increasingly pertinent. This seems to be the case (but I do not attend the private sessions). As per my answer above (At the last meeting, someone raised a very specific issue about an individual's employment issue. I wasn't sure if that was either appropriate or a good use of the time.)
The Council is well chaired and managed.	Very well chaired - giving everyone airtime
The Governors hold the NEDs to account effectively.	There is some excellent challenge Questioning at the focused sessions and attendance by Governors at Committees gives a good level of understanding of the work.
The number and constituencies of Governor on the Council allow Governors to represent the	There are enough and they come from the right places but I am never sure how they represent the public view Much better since reorganisation.

interest of all stakeholders.	
The administration support for Council meetings is appropriate and effective.	Excellent I think this is excellent - papers are timely and agendas well-thought through.
I am clear about the role and responsibilities of the Council of Governors.	Very Clear

7. Lead Governor Role Assessment

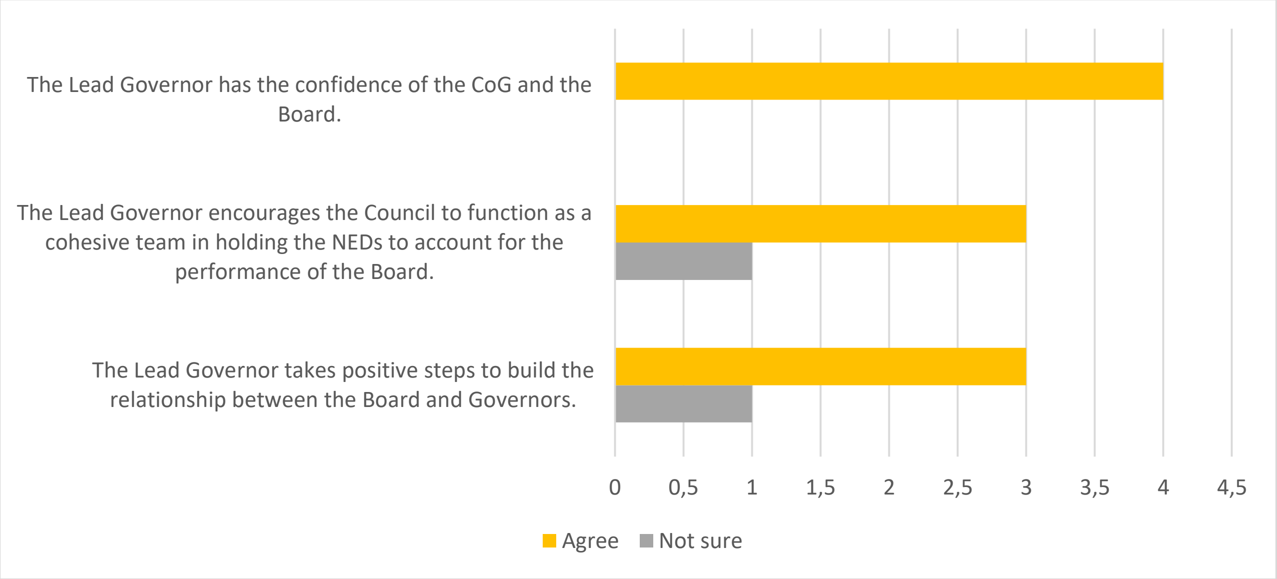
Governor feedback



The Lead Governor takes positive steps to build the relationship between the Board and Governors.	I am sure the lead considers this to be done very well A positive, knowledgeable leader
The Lead Governor encourages the Council to function as a cohesive team in holding the NEDs to account for the performance of the Board.	Pre- meets are very useful for this, as is the COG whatapp group I am sure the lead considers this to be done very well The Lead Governor always takes steps to ensure the COG's function cohesively and are raising issues to ensure the NED's are held accountable. Its really difficult to do this when we are working remotely - really good job by the LG in very difficult circumstances.
The Lead Governor fosters a collaborative approach, and pro-	I am sure the lead considers this to be done very well

actively seeks Governor colleagues' views.	Yes - Nikki is very good at ensuring the COG's operate in a collaborative manner and is keen to hear the views of all Governors Asked questions and encouraged to speak up I think our Lead Governor encourages everybody to participate and treats people fairly.
The Lead Governor effectively chairs and facilitates meetings.	The Lead Governor is an effective Chair, listening to the views of Governors, ensuring the issues are raised in order to hold NED's accountable. She is very good and patient
The Lead Governor participates in a range of opportunities to engage with the organisation (i.e. not just the formal Council meetings).	I am sure the lead considers this to be done very well The lead Governor participates in a number of meetings i.e NED's recruitment, MDC and has extensive knowledge of the health sector which the Trust benefits from. Curtailed due to covid I think this is very difficult at the moment with the current and past restrictions.
The Lead Governor has the confidence of the Council and the Board.	I am sure the lead considers this to be done very well A good appointment - a knowledgeable, experienced leader, who is keen to ensure the best for SECamb Absolutely!

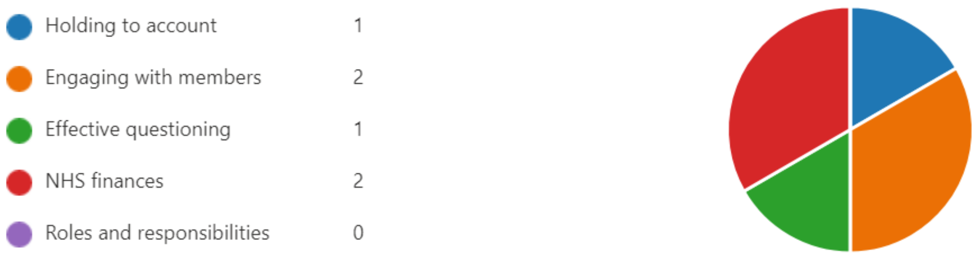
360 feedback



The Lead Governor takes positive steps to build the relationship between the Board and Governors.	She is busy but very effective Not sure they can do this themselves.
The Lead Governor encourages the Council to function as a	I am not witness to that interaction

cohesive team in holding the NEDs to account for the performance of the Board.	Since council pre-meets have been taking place, council questions are more focused and coordinated.
The Lead Governor has the confidence of the CoG and the Board.	Very much so

8. Training and Development Needs



Free text responses:

Nothing that is not already logged via GDC
It is surely someone else to decide if I may benefit from any such training as in 43. I simply do not know what i do not know and it would appear that is the case else where in SECAMB. As I said formalise a training needs gap analysis and lets see what i would benefit from? I would probably benefit from initial input or refresher training on them all but the need must drive the perception and not be entirely self driven. Bland statements are not enough nor in this form, No one has ever told me the trusts expectation in each of these so I have no chance of measuring my competence. How do I maintain my CPD under each heading in 43 - assuming these are all that matter - - who cares if I do or not?
So far, I've not had the chance to meet with members but I am keen to maximise my input with members to ensure they I am representing their needs to the best of my abilities.
Although I probably should know more about NHS Finances I don't really have the time right now for further training.

SOUTH EAST COAST AMBULANCE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

D – Annual Report of the Nominations Committee

1. Introduction

1.1. The Nominations Committee (NomCom) is a Committee of the Council that makes recommendations to the Council on the appointment and remuneration of Non-Executive Directors (NEDs) and considers NEDs' appraisals, including the appraisal of the Chair.

1.2. The duties of the NomCom are to:

- Ensure that there is a formal, rigorous 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*.
- 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.
- Make recommendations to the Council of Governors in relation to the remuneration and terms and conditions of the Chair and Non-Executive Directors.

1.3. The Chair of the Trust chairs the Committee except in circumstances where the performance, remuneration or appointment of the Chair is under consideration. In this case the Senior Independent Director (one of the NEDs) chairs the Committee.

1.4. Governors are elected to the Committee by the Council and the Committee comprises four Public Governors, one Staff-Elected Governor and one Appointed Governor. The Lead Governor is a permanent member of the Committee and is included within the categories above.

1.5. Membership of the NomCom changed during the year due to changes on the Council. Those Governors who served on the NomCom during 2020-21 were:

Marguerite Beard-Gould	Public Governor for Upper East SECAmb
Geoff Kempster	Public Governor for Upper West SECAmb
Brian Chester	Public Governor for Upper West SECAmb
Graham Gibbens	Appointed Governor
Malcolm McGregor	Staff Governor (Operational)
Nicki Pointer	Public Governor (Lower East SECAmb) and Lead Governor

Waseem Shakir	Staff Governor – Operational and Deputy Lead Governor

1.6. David Astley (Trust Chair) has Chaired the NomCom throughout the year, with Lucy Bloem as Senior Independent Director attending when required.

1.7. Those also in attendance during the year were:

Peter Lee – Company Secretary
Isobel Allen – Assistant Company Secretary

2. Annual report of the Nominations Committee

2.1. The NomCom met eight times during the year to undertake its duties, with additional meetings held to meet NED candidates in what was a busy year for NED recruitment.

2.2. In June 2020, the Trust was hugely saddened at the loss of NED Tricia MacGregor after a short illness. Tricia had brought a clinical perspective to the Board. Our thoughts remain with her family.

2.3. A fond farewell was said after 6 years with SECAmb as a NED to Al Rymer in January 2021. Al had brought HR, training and staff development experience to the Board.

2.4. During 2020-21 the NomCom made recommendations to the Council in respect of Non-Executive appointments, terms and conditions and the performance of the NEDs as follows:

2.4.1. Appointment of a NED with a clinical background;
2.4.2. Formally reviewing the NED appraisal process and contributing to NED appraisals; and
2.4.3. Appointment of a NED with an HR and organisational development background.

2.5. NED recruitment is undertaken in partnership with a recruitment agency, followed by presentation of a longlist to the NomCom from which a shortlist is selected for formal assessment.

2.6. The current process used to assess NED candidates involves two stages:

2.6.1. A discussion group with key stakeholders, usually including Executive Directors with knowledge and skills relevant to the appointment, representatives from our Staff Networks, patient/public representatives and Union colleagues. The discussion groups are usually chaired by a Non-Executive Director who then provides feedback to the panel on the candidates' style, strengths and weaknesses.
2.6.2. A formal interview panel consisting of the NomCom itself and using competency-based questions, asking candidates to describe their skills and experience with examples.

3. Diversity on the Board

3.1. In respect of NED appointments, the Nominations Committee was pleased to partner with BAME Recruitment agency in order to ensure their candidate pool for these vital Board positions was as diverse as possible, seeking to improve the diversity on our Board. BAME Recruitment specialises in reaching potential candidates through networks across all protected characteristics.

3.2. The Chair is the Trust's Diversity Champion on the Board and during the year the Nominations Committee focused on improving gender and BME representation in particular, with some success.

3.3. In March 2021, the Trust interviewed two potential associate NEDs, recommended to the Trust as part of the NHS's NExT Director scheme, specifically aimed at increasing ethnic diversity on Boards by enabling aspirant NEDs to join NHS Boards for 12-month periods to gain insight, experience and share their perspectives. We are now members of the scheme and are committed to participating on a rolling annual basis.

4. Conclusion

4.1. The Council is asked to note this report.

4.2. On behalf of the Trust, we would like to thank all Governors who have served on the NomCom in the past year. The Committee's work is crucial to developing an effective Board and we're grateful for your time, wisdom and commitment on behalf of our patients and the public.

Izzy Allen
Assistant Company Secretary

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

E - Review of Governor Activities and Queries 2020-21

1. Introduction

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 the Membership and Governor Engagement Manager has been made aware of.

1.3. For this meeting, all activities over the financial year 2020-21 are documented for the benefit of members who may wish to understand what Governors have been doing.

1.4. Of course, members will be well aware that April 2020-March 2021 was not a normal year and, due to COVID, meetings and events were not held in person for the vast majority of the year. Nonetheless our Governors have continued to try and reach out to their constituencies, and have been assiduous in holding the Trust to account through questions submitted between formal meetings.

1.5. **Governors are asked to please remember to update the online form after participating in any such activity:** https://forms.office.com/Pages/ResponsePage.aspx?id=UeDqcq7pE0mFIJzyYfBhGFHlnsSYmzxOp1c2Ro-88d1URE1MVDQ1NVVINEQ2N1dDR05OSDg1VUxWVC4u

Date	Activity	Governor
08/03/2020	Attended Trauma Care UK Conference with CFR and Governor hat on and presented on how to build a successful CFR team and how Secamb support volunteers. Nicki was asked to attend by the Community Resilience Team.	Nicki Pointer
09/03/2020	111 Resources – sharing the message about 111 with your networks and communities.	All
21/04/2020	Made contact with Thanet Operating Unit Manager to share an update on Age UK's work in the community during Covid and provide signposting for support for elderly, frail and vulnerable patients our crews might visit who need community assistance.	Vanessa Wood

April/May	Many of our colleagues on the Council are also Community First Responders and they have been assisting the Trust over the last two months with temperature checks for staff, supporting the testing coordination service and staffing the welfare vehicles outside of hospitals. Thank you.	Geoff Kempster / Pauline Flores Moore / Nicki Pointer / Leigh Westwood
1/3 June 2020	Attendance at online NHS provider Governor conference.	Amanda Cool & Chris Burton
Sept 2020	Inhouse Governor training on effective questioning and core duties	Nigel Robinson, Vanessa Woods, Leigh Westwood, Chris Burton,Sian Deller, Marcia Moutinho, Cara Woods, Amanda Cool
Nov 2020	Governor Focus conference	Sian Deller David Escudier
03.02.2021	Meeting with John O'Sullivan and Will Bellamy (SECAmb managers) regarding Medway estate proposals.	Colin Hall
25.11.2020 10.12.2020	Online membership drop-in event with West Sussex Governors	Harvey Nash & Nigel Robinson
25.11.2020	Online membership drop-in event with Staff Governors	Marcia Moutinho, Waseem

		Shakir, Malcolm MacGregor & Chris Burton
2020/21	Governors who are also Community First Responders have been supporting the welfare trucks and hearing colleagues' views on the frontline.	Geoff Kempster, Leigh Westwood
29.01.2021	Attended informal Council catch up session to share views on what Governors are hearing Trust wide and to build Council relationship as a team.	Multiple

2. Governor Enquiries and Information Requests

2.1. At each Council meeting, the council receives this report on enquiries and information requests from Governors and the Trust's response. This enables all Governors to see what other Governors are asking for assurance about.

2.2. The Trust reminds Governors that general enquiries and requests for information should come via Izzy Allen (Assistant Company Secretary) in the first instance to prevent duplication and ensure issues are captured for this report.

2.3. This report collates all formal queries and responses during the financial year 2020-21 for the benefit of members present.

26.03.2020
Q. Query around out of date PPE and availability and also around Community First Responders being stood down. Query to utilise their skills in other roles for now.
A. This was addressed within a webinar held by Bethan Eaton Haskins where assurance was provided around PPE measures in place to ensure safety and that the Community Resilience team were looking at ways to utilise CFR's skills in other roles such as temperature checking at the HQ.

27.03.2020
Q. Concern around the financial implication and overall resilience of the trust's ability to continually cope with the impact of Covid-19.

A. The Board discussed yesterday (March), and NEDs drew on more detailed scrutiny by the Finance and Investment Committee on 19 March. The whole health system has responded well, advance funds have already been received from Department of Health to finance our COVID-19 response. As a Board we are meeting weekly (short focussed meetings) to ensure that the Trust can continue to respond to Covid-19 and that our response continues to remain sufficiently resourced and that the wellbeing of our people is being protected. On the final issue raised - pinch points - we are managing our response effectively. The Trust's Quality and Patient Safety Committee is carefully monitoring our response to ensure that quality is guaranteed and that we have sufficient resources and supporting equipment e.g. PPE.

02.04.2020

Q. With student paramedic placements paused/cancelled and plans for unqualified students to be employed by SECAmb in clinical roles, could you please provide assurance that these students, who may well not yet have completed their required hours or skills document/assessments, will be provided with the appropriate training and upskilling as necessary, and most importantly, will be provided with appropriate clinical support and supervision as they will be in a very vulnerable position.

A. The proposal for the direct employment of student paramedics studying at partner HEIs was shared yesterday via the JPF with a request for comments and feedback and I have attached it again here. We very much welcome any guidance from staff-side colleagues and others as to how we can ensure those involved are as supported as possible.

The approach taken was to ask the HEIs to map the progress of their students against the SECAmb scope of practice for AAPs and ECSWs. This exercise was completed at the end of last week, along with a survey of interest from students who were willing to work for SECAmb. We are seeking to primarily employ Year 3 students as either AAPs or ECSWs (depending on what the university had indicated would be appropriate based on the completed components), and some Year 2 students as ECSWs. The aim was to ensure that we did not place any students in a position where they are working beyond where they should be capable and we have adhered to the university's assessments of their competency. There is therefore some variation between universities as to which role Year 3s and Year 2s can perform. The guiding principle is that they must exceed what we would expect of someone working to the ECSW or AAP scope under normal circumstances. For the Year 3 AAPs, those that are eligible for AAP scope under this proposal are very close to being qualified as paramedics in their own right, but we are not seeking to have them join the temporary register to "fast track" them through and are fully supportive of them completing their studies. The HEIs are continuing to deliver the content remotely where possible and working for SECAmb should not disadvantage them in their studies. Where appropriate, they can continue to get their skills and competencies signed off while working. We are not proposing using Year 1 students in any frontline roles. None will be emergency driving. Only those with C1 can drive Trust vehicles and only following completion of a 2 day non-emergency driving course and assessment.

There will be a 5 day induction course for all these students which will be delivered remotely and via the OUs and this is being designed to reflect the essential components of the Clinical Conversion Course that is attended by new staff joining the Trust. They will be employed in the areas where they have already undertaken placements and are known to local OU staff. The stipulation is also that they will only work crewed with SECAmb staff and not with any others that may join the service to support during this time, so that they are with someone who can provide support. We are also working up a mentor scheme from those clinicians that are isolated at home to provide them with regular check ins from a support perspective. I have discussed the proposal with Angela Rayner and we are ensuring that they will get full access to the Wellbeing Hub and this will be a part of their induction joining the service that they are signposted to resources that are available.

The intention is to offer them a bank agreement that lasts for the duration of the COVID crisis, and we are working on the minimum hours. Mark Tilley fed back that his view was that this should not be a zero hours contract as was originally proposed, which I agree with, and this has not yet been finalised as HR are working this up into a formal agreement which will then also be shared with JPF before it goes any further.

Clinical errors will be managed in the same way as they are for any employed clinician and we will be seeking to support the students via the Practice Education Leads as they do when they are on placement with us currently, with regular support which they will also continue to receive from the university. From a medical directorate perspective, if any of the students experiences issues or concerns with clinical practice, errors or other issues, this should be reported to their Practice Education Leads and will be escalated to me if required so that we can support them directly.

They are vulnerable, mostly young and inexperienced people and I also share your concerns as to their wellbeing and our responsibility to support them. We have actually been pushing back against requests from some of them to work in higher grades and take our responsibility to them as learners and people facing a really difficult task very seriously. We have had lengthy discussions with the universities and Health Education England also as to how we undertake this and ensured they are in agreement.

Your suggestions as to how we can make this proposal better will be much appreciated and considered carefully by me and the rest of the education team. These are very challenging times, but that does not mean we do not have a very serious duty of care to students, staff and patients and we are very mindful of that.

10.04.2020
Q. I have been made aware of a situation where a nurse was tested for Covid-19 and was given a negative result by Secamb. Secamb didn’t have the nurse’s phone number so they contacted the nurse’s GP surgery and asked them to pass on the results to this nurse, which the GP surgery promptly did. Two hours later, this nurse received a phone call from Occupational Health (I am assuming her hospital OCC Health) and was told that she had in fact tested positive. There have been similar cases reported to our Trust. My question is, are NEDs satisfied with the existing process regarding the handling of tests results and the way Secamb is dealing with these very serious incidents?

A. At present, the Coordination Service is only returning negative results to patients. All results returned by the Coordination Service are received by Public Health England via a secure means, and should only be negative results. In essence, the Trust is only forwarding negative results received and is not interpreting or making decisions surrounding these.

The Trust is not in a position by which we are reporting on staff results for other trusts where they have been tested as part of the NHS retention testing programme, however having discussed with Gio, I understand that some acute trusts within Kent are still using the PHE laboratory in Southampton for both patient and staff swabs. PHE colleagues do not differentiative between staff and patient swabs and return all negative test results to us to forward onto the individuals' tested, which is how we have likely ended up with this staff member's swab result.

I have also been made aware of another matter by which SECAmb reported a negative result to a patient (as per the information received from PHE), when they were also reported as positive by other means following data from the same PHE laboratory.

Consequently, this has highlighted further concerns in relation to how PHE are processing and grouping these results. Again, this appears to be a reporting issue within the PHE laboratories, however I have asked the team to input any such concerns onto Datix and for Hilary to lead on investigating these. We will then escalate any findings to PHE via the Trust's COVID Management Group.

27.04.2020

Q. I remain highly concerned that staff remain exposed to COVID-19 by not having been supplied appropriate FFP3 masks, namely those staff that have failed fit testing for which a suitable alternative has not been provided. A sample audit of Microsoft TEAMs shows that 4.8% of our staff have failed testing and not passed on another mask (18 of the 375 tests recorded alphabetically).

I have not seen communications to our staff regarding how they may be prevented from attending such incidents but am aware that ad-hoc arrangements are being made in each area.

Please can you provide assurance that the Health and Safety of our frontline staff is being addressed and overseen by yourselves?

A. I would direct them to page 8 of the latest Trust IPC Guidance which states; If an Aerosol Generating Procedure (see Appendix 4) is performed, all crew members must don full personal protective equipment before being within two metres of the patient. This must include FFP3 respirator (the wearer must have passed the Fit Test for the make of FFP3 respirator). If required (dependent on the number of staff present who have passed a fit test) a second/further resource should be dispatched to assist the crew. One member should not don PPE to enable them to drive the conveying vehicle to hospital.

We are trying to source alternative options but these have not been forthcoming at present, however we will continue to prioritise this.

04.05.2020
Q. The CV19 pandemic is difficult for most of the staff involved in the Ambulance Service, but considerably more traumatic for those staff who do not have the correct PPE due to a smaller face.

Thank you for highlighting the IPC manual where one person needs to stay “clean”, but this does not take into consideration the additional guidance issued by SECAMB of stepping into level 3 PPE if the clinician feels it is appropriate, which is now impossible for those without appropriate PPE, it may also be worth recalling that a number of calls are inappropriately graded and the situation is not as given.

As for the Cardiac Arrest situation I have spoken to staff who are psychologically traumatised by remaining outside, for example the only Paramedic remained outside as the non -registered staff attended, or the patient that deteriorates presenting staff with the most distressing of choices.

Would you provide assurance to the council that this matter has been addressed and appropriate PPE (to fit the smaller face) has been requested and escalated when problems were highlighted?

Would you provide reassurance that failures to supply PPE have been addressed, for example by out sourcing?

A. Raised on Governor webinar: PA advised that the Trust had ordered and partially received a full-face mask with filters for these staff. The masks had arrived, but the filters hadn’t. There was competition for PPE, hence the delays.

12.05.2020
Q. Governor had been advised that a colleague had gone to submit an application for the AAP course in time of what was the advertised deadline but the vacancy had been closed early so was not accepted. Query if the text within the advert itself did state anything along the lines of the opportunity closing once a certain number of applications had been received.
A. We did have an advert out for AAP apprentice role, and as we had received high volume of applications, it was advised to close the advert. However it was also explained in the advert that ‘Trust reserves right to close vacancy early if sufficient amount of applications are received’.

12.05.2020
Q. Governor approached by some non-operational colleagues who somehow feel forgotten by the Trust. Is the Trust doing enough to welfare check staff who have been working from home for the past 2 months.
A. There are a number of things that the wellbeing hub is working on to help staff wellbeing,

however, these are aimed at all colleagues and perhaps not specifically to those working from home. Health and Safety will soon be releasing comms around working from home, Display Screen Equipment (DSE) and appropriate working equipment so this will certainly be more directed to our support staff.

- the posture/back pain leaflets have been sent to the Executive Assistants for distribution. These will provide small, easy exercises for those who are computer based and will provide other information on how to sit etc. As mentioned above, Health and Safety are predominantly responsible for home working conditions.

- We are hoping to soon launch a posture live session with our physio and whilst this will be available for everybody, it will be focusing on desk exercises which will support our support staff, especially with back, shoulder, wrist pains. [NB these are now happening three times a week]

- Our physio pathway is still available and our physio's are offering 1:1 physio sessions via teams to help prove tailored exercises to those who need them. All you need to do is contact the Hub and we can provide a referral form.

- Wellbeing Hub has also created a 'Covid-19 Referral Pathway'. This pathway provides fast track access to a wellbeing assessment with one of our Wellbeing Practitioners. This assessment is designed to be an outlet for staff to discuss the different ways in which the current Covid-19 pandemic is affecting their emotional and/or mental wellbeing. From here further support avenues can be considered with a Wellbeing Practitioner as/if required.

You do not have to be managing persistent or ongoing mental health difficulties in order for this pathway to be appropriate. This pathway is designed to create an outlet for ALL staff. This pathway will be in place for the duration of the Covid-19 outbreak and will cease when we return to normal business.

- The wellbeing practitioners have been consolidating a wide range of self-help resources and specialist support services being offered to NHS staff during this difficult time. These resources can be accessed through The Zone in the dedicated Covid-19 Wellbeing page: https://secamb.sharepoint.com/sites/intranet/knowledge/clinicalops/Pages/Covid-19wellbeing.aspx

- An increase of wellbeing bulletins (we are aiming for one every two weeks- the next is due out on Monday). The next bulletin will include information on finances during covid, mental health, kindness etc.

15.06.20
Q. Letter outlining continued concerns over PPE provision and fit testing from all three Operational Staff Governors sent to the Chair and WWC Chair for review. Scrutiny into the decision-making process surrounding the general issue of PPE remains a significant concern for the staff operational governors.

A. Chair advised it would be reviewed at QPS and a response prepared.

02.07.2020
Q. In today's COP the number of staff 'unfit' due to FFP3 is shown as 58, whereas yesterday it was 49. Is this increase because some fitting kit has now failed or......? If these numbers are merely the number of staff who would have been on frontline per rota then they do not tell us much about progress, which I had thought they were showing.

The Governor is seeking some assurance around: the non-fitting FFP3 masks data reliability. What is the purpose of the stats on this in the COP - is it operational or organisational, tactical (next day impact) or strategic (progress to solving issue)? I would thus like assurance that NEDs are fully aware and monitoring this with the Exec Board and are:

(a) satisfied that SECAmb knows the numbers, and names, of all our people affected, knows exactly what is being done / planned to fix (inc timescales) and are being regularly updated with progress.

and (b) satisfied that the Board knows the impact on daily operations.

Whether that needs to be in each COP is for the Exec Board and NEDs to decide, but what is shown at present does not, for me, provide any reassurance.

A. from Emma Williams Deputy Director of Operations:

The number of staff 'unit' due to FFP3 does relate to the number of staff unavailable that day to undertake front-line duties. It is to give an indication of the potential impact on the service for the day.

The data regarding which individuals have or do not have an FFP3 solution is accurately captured and recorded within the PowerBI system. This system has been in place for a few months and has been demonstrated as providing the level of assurance required to both the Executive Team and the Trust Board. A report on the journey relating to fit-testing across the Trust in relation to the COVID was delivered to the Quality & Patient Safety Committee in July, within it was a section relating to data reporting, recording and assurance.

At the time of writing (05.08.2020), the Trust has now received enough stock of reusable masks/hoods to support all staff needing these items for them to return to front-line duties. The COVID Management Group monitors the current situation relating to both current PPE issues as well as reviewing performance including reviewing the REAP (Resource Escalation Action Plan) position. Escalations are taken to the Executive Management Board and on to Trust Board as appropriate.

08.07.2020

Q. My concern on the changes to shielding is that the original HMG notices talked of those (c2M) at especial risk who should fully shield, would get food deliveries etc and those at ‘increased’ risk - 70+ and those with a variety of medical conditions (but essentially those that GPs would invite for flu jabs), who would be contacted by GPs and should take particular care to obey social distancing etc. In virtually everything since the references have been to those shielding and occasionally to 70+ (as in Bethan’s note), but no mention of those under 70 at increased risk (but not classed as shielding). Is 70+ used as shorthand to include such, or has there been a change that makes these people less at risk or ......? I suspect SECAmb will have far more of the latter than 70+. Is anything being done specifically to assist them?

A. Answer from Dawn Chilcott Head of HR Business Partners on Bethan’s behalf:

Those classed as shielding include lots of people under 70 – anyone who received a letter from the Government, has a GP note, or a long-term condition the Trust is aware of have been included in the first tranche of clinically vulnerable and shielding risk assessments that are nearly completed now.

The next phase is to risk assess all staff to capture anyone missed during this process. There has been a huge amount of communications about requesting a risk assessment from your line manager if you were not approached by the manager in previous weeks.

The risk assessments identify those at low/medium risk and that initiates a discussion with line managers about appropriate mitigations of risk e.g. PPE, COVID-secure workplaces and with those in place the colleague can come back to work.

Colleagues found to be at high risk are advised to continue shielding or redeployed to a non-patient-facing role.

It’s been a learning curve for managers and colleagues as managers are not used to having so much discretion to effectively negotiate whether their team members feel able to come to work, but we hope we are striking the right balance between protecting staff and keeping people on the road to provide the care our patients need.

14.07.2020
Q. There is new guidance from NHSE/I to implement SDEC pathways to all disciplines not exclusive ED or frailty. Are we assured that NHS 111 Are ready to implement these new pathways and dispositions by the October deadline.

A. Response from John O’Sullivan Associate Director for contact Centres 111 & 999: I can confirm that this sits within the work for CAS mobilisation which has an October deadline for deployment. In terms of specifics, SECAmb have been provided with a Digital Roadmap from Kent, Medway, and Sussex commissioners which our IT, Systems, and Performance & Information team are reviewing and discussing to establish what is feasible within the timescales.

Progress against the evolving commissioning requirements to facilitate Direct Appointment Booking (DAB) from 111 into SDEC is being tracked through the Trust's KMS 111 Mobilisation Programme Board. As a Trust, SECAmb is working with system partners in Medway on a ‘proof of concept’ regarding DAB from 111 into Emergency Departments. Currently, this is the only pilot across Kent and Sussex where SECAmb is undertaking this NHS E initiative. We are also working with other systems and providers to support the implementation of the Commissioner-led digital roadmap across the region, developing electronic interoperability/email referral notification whilst enabling services to directly contact the patient to arrange an appointment.

24.07.20
Q. With recent and ongoing increases in mental ill health among ambulance staff (preceding but exacerbated by the COVID pandemic), are you confident that the trust has sufficient skills and capacity to support staff? This inquiry is in light of comments brought to my attention by front-line colleagues that our wellbeing hub seems to be struggling under workload and therefore unable to provide useful or timely support.

A. My team has supported the Hub by providing a MH drop in service for EOC/111 during lockdown, and we have frequently provided support to OUs on request. We are about to begin attending OUs to support staff in anxiety management. In addition to this we often support the Hub when request to advise on specific cases. Scott says: The Wellbeing Hub is currently experiencing an elevated number of referrals for psychological support/assessment, as recently highlighted in the weekly comms bulletin dated 23rd July 2020. Where we have a self-imposed 2 week wait limit for assessment, due to both demand, and capacity, we are currently in a position where we may not be able to meet this. This is the case across the Hub generally… We anticipate the referral numbers to increase over coming months, and we are continually assessing the level of referrals against capacity, and continually striving to meet this deadline. The skill set of staff can be assured in relation to their specific roles, however additional capacity may be required…

Prior to the onset Covid-19, the Hub/Trust had committed to a Strategy Review of the Hub, which was set to commence in April 2020, however this has been delayed until either a suitable time, or method for carrying it out is established. It is anticipated that this method will aim to utilise Microsoft Office technology to assist in this… It is anticipated that the outcome of this review and support from the Trust may provide an updated model for the Hub, and help alleviate the current capacity pressure…

27.07.2020
Q. At the IHAG meeting today Andy Collen briefed the IHAG on the progress being made in the falls project. This appears to be an excellent project which will have a positive impact on our patients and potentially improve the outcome for many them. When he was asked when this would start, he explained that it was waiting for a project manager to be assigned to the project to start the process moving forward. He was therefore unable to give any indication of the timescales. The IHAG has therefore asked the Council of Governors to get

assurance from the NEDs that allocating a project manager to this project will be given the highest possible priority in order to ensure that we are providing this support to our patients as soon as possible.

A. We have Peter Goodbody, the Medical Consultant Admin, supporting the project currently. He has a project/programme management background and is kindly and competently assisting until such time as either the new Medical PM starts or the falls project is embedded into the Medical CRLIG, in which case would fall under PMO resourcing. This will be discussed today coincidentally.

It should be stressed that this is not delaying the project in any way and we are making progress against our action plan/log etc. If any stakeholders would like further scrutiny or assurance, I would be happy to meet but at this stage we have no identified resource or delivery risks.

Oct 2020 - I am pleased to say that Naomi Green, the new Medical Directorate project manager, is now the PM for the falls project manager. She has attended several meetings and is organised the project into its individual workstreams and is working with each workstream lead on the delivery plans. She is providing effective project oversight and governance and is working closely with me to manage any risks, issues, escalations, and approvals.

29.07.20

Q. What assurance do you have that our paramedic practitioner management team have the necessary financial support/budget to deliver key objectives and to allow the paramedic practitioners to undertake the full range of their duties?

A. The issues you have raised have been escalated to Executive colleagues, and there is a growing understanding and acceptance that the situation requires urgent resolution. The way of working for PPs has been formally agreed and the current level of posts significantly limits the delivery of the core aspects of the role in the OUs, as per the OU Toolkit specification.

It appears that the ECAL/hubs element of the role was omitted from the initial Demand and Capacity review, and discussion are taking place to substantiate this and to resolve ahead of the next phase of the demand and capacity review. As you correctly point out, there are many elements of a fully established PP programme that provide benefits to patients, staff and the wider trust and this has been included in the COVID recovery and learning programmes in both the Operations and Medical directorates.

We very much hope to be able to fully staff PP rotas in all OUs in order to realise the additional benefits that a fully established PP programme can deliver to patients and staff.

03.08.20

Q. I was wondering if I could ask clarification about something. I have been made aware through my work that our service seems to be unable to contact deaf patients. I have copied below an extract of the email I received which hopefully will explain my query.

‘After speaking to OUM call handling and several EMATLs, it seems that we are unable to call people using Relay UK, and if we are no one knows how to use it. The only time we can speak to a deaf patient is if they instigate the 999-call using relay UK or a text relay service. However, as soon as this call has been terminated it appears we have no special way of contacting them, which causes undue distress to the deaf caller, however, it also poses a significant safety risk to our patients, i.e. if the address is wrong. It would be good to find out what the trust systems for dealing with this situation is, as no one in EOC, even senior management can advise a system for contacting deaf or hard of hearing callers. If a caller is hard of hearing and no text relay is available, all they do in EOC is ‘early exit’ – ‘triage not possible’ and reach a C3 disposition’.

I find it concerning that this may be the case and hopefully someone will be able to assure me that there is in fact a system in place which then needs to be better publicised as nobody seems to be aware of it.

With the service constantly experiencing high demand and relying on welfare calls to manage the risk when leaving patients waiting for hours for an ambulance, I find it hard to believe that we are unable to carry out welfare calls to deaf patients.

There has been a lot of recent talk on inclusion and we will all agree that communicating effectively with all our patients is a key element of an inclusive service.

A. The information I have regarding text relay in EOC is attached but you are correct, I don’t see a way to go back to the patient with a hearing impairment other than to send them a text message. This is something that was highlighted to me within the pandemic and we do need to look at accessibility for our hearing-impaired patients both face to face and in EOC. I’ve had initial discussions with Judith and will be having further discussion with the new Head of Patient safety when they start.

13.08.20

Q. The increased phone response times for 999 are significant - 18 secs for the 90%ile means some are waiting for what will seem like ages. On the other hand, 111 calls seem to be holding up better (do check my understanding on that!). Are we clear on why the bigger impact is at the front end - lots of heat stroke...? Is there any opportunity to shift 111 phone resources to 999?

A. The assessment from the governor is correct that 999 have been under significantly more pressure, although 111 is now experiencing increases in demand, and this has been consistent with previous shifts in demand linked to weather which impacts 999 immediately and then impacts 111 gradually. This is being experienced nationally. 111/999 trained clinical resources and 111/999 dual-skilled call handlers can and have been shifted to 999

to support the increased pressure. The Trust is looking to expand that resilience with dual skilling.
Penny Green regarding cause of impact on 999: I would echo Sean ‘s thoughts around the impact weather has on the 9’s in a shorter time frame. Those with long term health conditions are more adversely effected by the heat and can be push into having a health crisis by the extremes of weather we saw last week, for example long term heart conditions the impact of heat means individuals bodies are working harder therefore more susceptible to emergency situations they would feel most appropriately assisted by the 9’s rather than the 1’s.

Re performance, in summary, we resourced to meet the activity forecasted but the demand for our service was much higher than forecasted. Work had started to develop the cross training of our staff when the pandemic hit. This work had to be paused to meet the new challenges we faced but it is now again being prioritised but still faces challenges as the training capacity needs to be planned into business as usual as well as planning normal training pipelines.

25.08.20
Q. Clinical Education: What efforts have been made to triangulate the assurances you have received from management colleagues by speaking to those who deliver and receive education "on the ground"?

How will you be assured that the serious and ongoing issues will be addressed?

Do you remain assured that the trust has the capability to successfully deliver nurse conversion courses and internal paramedic training courses?

A. From the Chair: I have discussed this issue with colleagues and I would like to address your specific questions now, and then some of the broader concerns will be picked up at the COG meeting tomorrow. Firstly, in terms of triangulation, the Board has relied on different sources of assurance, for example, the feedback from Ofsted and most recently Future Quals. In terms of your direct question, I am not aware any NEDs have spoken directly with those delivering or receiving education. You ask how assurance will be sought that these issues will be addressed. The workforce and wellbeing committee will continue to have clinical education as one of its priority areas of focus. The current issues have only recently emerged and as a Board we are reflecting on how this took us by surprise. The committee was updated last week verbally and will be seeking assurances at its next scheduled meeting on 17 September. It will then report to the Board in the usual way. Considering these recent issues, the Trust Board will also be asking for specific assurances when it meets at the end of the month.

The general answer to your final question is that prior to the current issues there was already significant concern about clinical education, notwithstanding some of the improvements that had been reported and independently validated. It remains one of our BAF risks.

More specifically, I am told that the nurse conversion courses have already been put on hold as there are other priorities. We are progressing the employment of nurses in 111, mental health etc, but a conversion course to put nurses with no current prehospital experience on an ambulance is something to be progressed in the future. The Board is not aware of any specific issues with the internal Paramedic courses; we are working with the University of Cumbria to progress this with the first intake next year and understand this is currently all going to plan.

I hope this helps to address your specific questions. The recent issues are very disappointing and, as I say, we are as Board reflecting on how this came about in the way it did.

05.09.20
Q. During the CoG yesterday, I was very pleased to hear you state, unprompted, that you and the NED team will be challenging the Exec to plan for surplus in terms of front-line hours, rather than running the minimal number of hours simply in order to meet demand. However, not five minutes later in response to my question, the CEO stated very clearly that this demand-driven approach is *exactly* what is being done currently, and this certainly correlates with what I hear from other sources.

Could you please assure me that it is indeed your goal to continue to challenge the exec on this point and highlight the benefits that such an approach is likely to bring.

A. Thanks for your email. I have spoken with Philip Astle today and plan to speak to David Hammond tomorrow. I have made the point that that either we need to target more than 100% of expected demand (or alternatively, as Philip mentioned to me, make less aggressive assumptions on ‘abstractions’ in the planning - which would have exactly the same effect of increasing the required base level of hours) as we continue to undershoot the frontline hours supplied.

We are all trying to do the right thing with the same objective and as always (as I’m sure you know) the problem is more complex than meets the eye (e.g. the type / mix of hours and their geographical distribution) but I do think that increasing the base level of hours and being less reliant on overtime and PAPs to meet regular demand is the right approach. This raises the question of financing the higher base level of hours which is why I need to discuss it with David and FIC members and ensure we are all agreed on a way forward but I am optimistic there will be a way through which achieves this maybe with an offsetting lower cost by reduced use of PAPs. I am also aware this is not necessarily a quick solution as it involves additional recruitment.

09.09.20
Q. I am currently working with the Clinical Education team fit testing the student paramedics, so they are ready for their placements. During my time with them, I was concerned to hear of the very low morale within the department, and the high turnover of senior managers in the department. The morale issue was highlighted by the video shown

at the AGM, which appeared to cover all departments except for Clinical Education, despite the large amount of effort they have had to put on to reorganise all of the courses to be online rather than in the classroom.

Can we please get assurance from the relevant NEDs that they are aware of the low morale within this department, and that the executive team are ensuring that their concerns are being recognised and addressed going forwards. We are aware there have been some issues within some parts of the department, but the whole department feels it has been tarred with this brush and that they are getting a lot of stick for things that are outside of their control.

A. Response from Michael Bradfield

There have been significant challenges that we are still working through post COVID, including the issues around OFSTED, FutureQuals staffing and the move to a new location

- The senior leadership team is listening to the concerns of staff, including the WWC scrutiny and the assurance reports you have requested from us (the HEI report for this week's meeting from Neil Monery has some good detail on the excellent work done by that team, as well as the challenges being faced)

- I feel we are not good as a team in sharing our successes so cannot expect others to know what we do, we are trying to address this but the recent environment has not been conducive to 'marketing' our work and those of the learners. I believe most people would not be able to say all the work that Clinical Education does.

- Staffing has now increased considerably with 3 new Practice Education Leads and 3 new Clinical Education Leads joining the team since March 2020

- When I started we did have one Senior Education Manager on secondment to an HEI, and then one to the COVID command hub for a few months, but we now have all three substantive Senior Education Managers back in post, so that tier of leadership is steady

- The head of department staff turnover point is harder to challenge, as we have had multiple people in "head of" positions in the past 12 months. I have been in post since February 2020 but am leaving the Trust in November, so that may be what has prompted that comment. Fionna and Richard will be best placed to comment on the senior leadership recruitment plan, but once I have been replaced, there will only be a couple of vacancies due to progression or end of secondments within the team and we easily recruited last time around.

14.09.20
Q: How are you considering environmental and sustainability factors in new builds and how are you engaging with colleagues on this and the proposed builds?

A. All new build designs include considerations relating to Building Research

Establishments Environmental Assessment Method (BREEAM). Through compliance to these standards, the proposed designs will meet a ‘very good’ rating. By achieving this rating, the Trust will be ensuring a significant reduction in our estate’s carbon footprint and will develop an exemplar building that operates to a very high standard of resource efficiency and sustainability.

The requirements to meet this rating of ‘very good’ are outlined in the building designs which are reviewed and approved as part of the planning process with delegated leads from each of the relevant workstreams.

Project Boards have been established for each of the projects to ensure senior managers in relevant departments are sighted on all aspects of the design and allow collaborative decision making.

23.09.20

Q. Yesterday I attended an exercise to look at the traffic management plans for Kent following the UK’s exit from the EU on 31st December 2020. Key organisations were involved as well as Government departments. SECAmb took part both in person and virtually.

Much of the traffic management plan remains the same as last year but there are also significant changes that will potentially have an even greater impact on SECAmb especially around Junction 10a of the M20 (coastbound), which will be used as a border readiness checkpoint for outbound freight and the potential use of the Waterbrook site formally Truckstop 24 for inbound CT checks. The use of these sites would have a major impact on SECAMB as well as the East Kent Hospitals in particular WWH. There are a number of challenges that SECAmb face once these traffic management plans are implemented in Kent, although designed to keep the freight moving, the full impact is still an unknown quantity and all risks need to be assessed and where possible contingencies are put in place.

I would like to seek assurance from the NED’s that all the risks and impacts have been taken into account, and that the SECAmb plans align with what is being proposed by the Op Fennel traffic management plan. Much of the plan is still dependent on information from the Government but with only 100 days remaining, I’m keen to ensure that SECAmb is in the best position possible to continue providing a service.

The MOD were also at the meeting, they are keen to work with organisations to develop plans that consider how military assistance could be utilised. I know the military are already working with SCAS and would be keen to work with SECAmb in a similar way.

A. Yes we are actively engaged in the planning and preparation for the EU-Transition and have a number of working groups established within the Trust already to look at this. Indeed, we have an Information and Analytical cell, an Operating model cell and linked in with our Operating Unit Managers for the three counties as we can see the effect of this could be wider than just Kent. We have reviewed the risk assessments from the last period and updated these on Datix and have been updating and reviewing all the plans in place for this period that were in place for the last period of EU Exit. As noted in the question the majority of the information is still awaited so the Trust is working to the Reasonable Worst Case Scenarios that have been issued and with our partner agencies within the Kent Resilience Forum and the Kent Resilience Team.

In addition, our Associate Director of Resilience has been in contact with our MOD liaison officers to establish connections should we require the assistance of the MOD. This follows the established process to request any support from the military in our region. The winter period as a whole falls under the Organisational Response Management Group, a cross organisation group, established to provide oversight and coordination during this period.

18.09.20
Q. I would like to inquire as to whether or not you have received sufficient assurances that our Paramedic Practitioner programme will be sufficiently funded in order to carry out all aspects of the role as expected by the trust.

A. The consultant paramedics have been working with colleagues from the Operations Directorate to review the current position of the PP programme. The levels of staffing and funding are currently out of kilter with the model of care outlined in the OU support documents. Essentially, we were short of establishment, not necessarily funding, because as we lost PPs into other roles within the NHS and primary care, their posts were converted into alternative clinician establishment numbers. We are now starting to rectify this and have a 3-year plan to increase our establishment and are in discussion with HEEKSS around re-establishing the funding for the education of this group of staff.

In terms of increasing numbers, 22 Student PPs qualify this month (cohort 24). Cohort 25 have a start date of late January / early February 2021 and places have been offered to 24 students.

We now have Practice Development leads in 5 OUs with the aspiration to increase this to cover all our OUs. The PPs remain within operations and therefore line management falls under the operational management structure.

The PP establishment has increased to 131 WTEs from April 2021.

28.09.20
Q. At the AMM I sought further information/assurances about the ongoing difficulties of CFR teams being able to easily access funds from the SECAmb charitable account.

I have had a few TLs contact me across the Trust, reporting they still have issues and asking for support, but I have not overall received anything back from Michael Whitehouse who advised he would look into and come back to me.

A. From MW - At the Council meeting in September you raised with me as Chair of Secamb's Charitable Funds Committee the time it was taking in Brighton to access charitable funds. My apologies for not getting back to you sooner but both David Astley and I wanted to look at this in some depth to understand the issue you raised and how it might be successfully resolved. Firstly, I want to emphasise the great appreciation which the Board and Secamb more widely has for the work and time which Community First Responders and their supporters contribute to both patient care and in raising funds.

It is paramount that those who devote their time and energy to raising money can be confident that this results in real tangible benefits for those whom we serve and the wellbeing of Secamb's people. At the same time however, as I know you appreciate, as a charity we need to ensure that we operate appropriate governance which meets the requirements of the Charity Commission and commands public trust. Inevitably an appropriate balance is needed so that we have reliable controls but ones which are not unnecessarily onerous. It is this which we want to ensure and to help achieve it. David Astley has suggested having a larger meeting of Community First Responders when we can both to thank them for their considerable contribution and achievements and also to explain and consult with them on the overall governance needed so that we get the right balance. This meeting will be arranged shortly.
May I finish by thanking you for raising this important issue.

01.10.20
Q. I have had some concerns raised to me regarding the Trusts move from Timpanic Thermometers to the 3M Tempa Dot disposable thermometers.

Could you please ask the NEDs on the Patient Safety Committee for assurance that the switch to these has been thoroughly investigated.

The reservations that have been voiced to me are regarding the time take to get a temperature (compared to the Timpanic Thermometers) and how they are to be used on an unconscious patient.

A. I have had a conversation regarding this with Andy Collen, and can confirm that I am assured that the move to tempa dot will not have a negative impact on patient care or the staff's ability to ascertain the patients temperature.

02.10.20
Q. Re new website not properly being tested, no mention of membership and how to become a member, links don't work.
A. After discussion at the MDC the comms team quickly rectified the issues with the membership and Council pages.

07.10.20
Q. I want to know more about SECAMB in detail.

Currently my initial quest is for the following.

1. How many ambulance stations and where are they

2. How many vehicles and what type?

3. How many staff in what roles – Paramedics, CFR's, Technicians, PTS staff, EOC staff, Workshop staff, Admin, and support staff and so on

4. Overall cost to rum the trust – surplus or deficiency?

5. Staff training strategy?

A. Annual Report sent by IA. Our "Staff training Strategy" is still work in progress, as it's been signed off by the Exec, but we are still working on the Business Case

Please find the slide attached which illustrates where we are currently, and if you need any further information, feel free to contact me.

09.10.20
Q. Staff workplace location – potential for remuneration. For some time SECAMB staff have been assisting the trust to reduce the risk from COVID by working from home. This has a beneficial impact upon staff and the trust. However, whilst it may be argued they are saving on travel costs they may also be exposed to a somewhat punitive financial impact and may be facing additional costs albeit hidden in the main.

How confident is the board that due consideration is being taken on behalf of the staff to ensure that;

1. any staff who are being asked to work from home or are asking to work from home should not be incurring additional costs? Any such arrangements or impositions must not be seen as a benefit nor liability to the trust?

2. Is it appropriate for the trust to consider a financial pro rata contribution toward the cost of homeworkers e.g. extra use of utilities - electricity, gas, internet provision, workplace facilities – be that a room or carpet as simple examples? Even down to and including extra water being drawn off on the meter for toilet, tea, hand wash etc? Frankly the consideration list is endless.

A. Both questions have been discussed at the New Ways of Working group and with a wider engagement group of managers to develop a plan moving forward for how agile/home working will function, including financial support, arrangements for additional cost in bills etc.

A framework and a project plan for how to get us there dealing both with the intermediate plan and long-term plan has been written up as a paper to the board which was considered yesterday afternoon. Once we have heard back with regards to decisions on this we can provide further detail, this will also be going out to the Trust through wider communications shortly.

09.10.20
Q. Much has been discussed around the suitability of face masks, fit testing, and facial hair. The type of masks has been examined and re-examined. When staff are patient facing the requirement to wear masks and the duration of each wear, appears quite definitive.

During other duties staff have been told when /where to wear masks – office, EOC, rest areas, make ready locations and so on. Staff should also be fully aware of any limitations of the masks, the potential limiting factors upon the duration time of any wear, when and how should masks be disposed of? Current guidance should be adequately definitive for all those other non-patient wear times when all staff are repetitively/continuously wearing the masks.

How confident is the board, if challenged as a consequence of any incident occurring which may be attributable to the methodology of mask wearing and associated guidance that;

1. the welfare of all staff, the practical application of PPE & RPE regulations and guidance is fully understood and can be adhered to?

2. all current guidance provides adequate information to all staff around the wearing time and disposal of masks, including any potential limiting factors upon this type of RPE?

A. From Aide Hogan - 1. staff understand the practical application of PPE & RPE regulations and that guidance is fully understood and is be adhered to? - staff undertake IPC training on an annual basis which includes PPE & RPE instruction and we have also kept staff informed of changes due to Covid-19 guidance all the way through the pandemic.

2. all current guidance provides adequate information to all staff around the wearing time and disposal of masks, including any potential limiting factors upon this type of RPE? – all guidance is up to date and follows the national guidance and we escalate any non-compliance through to their local management teams for actioning.

13.10.20
Q. During East Governor Constituency Meeting HP asked about staff wellbeing and what support had been put in place during COVID.

A. Throughout the COVID period so far, the following has been implemented with the aim of sustaining and improving the health and wellbeing of our SECAmb colleagues:

- Changes to the existing wellbeing pathway was made to give colleagues who had been affected by COVID fast track access to mental health assessments. Appointments were guaranteed to be within 24 hours vs the usual two-week timeframe.

- The Physio's were unable to provide hands on physio however, we adapted our process to allow virtual physio sessions, enabling injured colleagues to receive fast and effective advice from qualified physiotherapists. Exercises would be provided, and the physio would follow up a week later to check progress.

- In addition to virtual physio, the physiotherapist would provide live stretch sessions three times a week to help our colleagues working from home (and anybody else who wished to attend).

- The following webpage was created, highlighting many external support options for a wide range of topics/issues, including depression, sleep, mindfulness, bereavement, and information for managers: Your Wellbeing During COVID Webpage

- A separate webpage was created, dedicated solely to the benefits that NHS workers could access during lockdown, for example food and drink discounts

- We promoted the Headspace app that was providing free full memberships to their app till December 2020. Headspace provides meditation and mindfulness support.

- Wellbeing bulletins were created that provided activities for children and home-schooling support. It also provided useful links to indoor exercise providers, i.e. Joe wicks.

- All colleagues could access the trauma risk management (Trim) pathway as usual.

- The COVID reassignment pathway was created with the aim to provide shielders with meaningful work to replace their front line duties whilst they were at high risk. This enabled colleagues to maintain routine, social skills and stability. It also provided vital support to various areas across the Trust.

- We advertised the use of break out rooms. These were safe spaces for ambulance personnel across the country to meet virtually to discuss their experiences with likeminded people. (This was not organised by SECAmb- we simply advertised)

15.10.20

Q. How we are assured that PAPs comply to our PPE guidance and if they are trained in JESIP standards as, as a Trust we have committed to this but I'm not sure if it extends to expectations of PAPs?

A. As per the standard NHS contract & framework the PAPs must comply to all trust guidance and policies stipulating PPE guidance. In terms of JESIPs principles we have never stipulated this however this can be checked and reviewed upon request.

15.10.20

Q. At the constituency meeting I asked about the effect of COVID testing problems on Secamb and we had a clear reassurance from David that this had been effectively tackled - including via the use of mobile testing units. However, today's Daily update indicates it is affecting front-line performance!

A. Thank you for asking about access to COVID tests referred to in the daily Common Operating Procedure Report (COP).

My understanding is the situation regarding access to tests and obtaining results is as I reported when we met. There has been a general improvement, but some days are better than others, as our Head of COVID-19 Management Team says below.

When reports have several standardised paragraphs the variability of performance is not always communicated well. I would not expect to know or be advised of small variations in performance in any case.

My understanding is that we have mitigations in place to speed up the taking and analysis of samples for COVID when other available systems cannot do so. I would expect to know if there was a systemic failure and to date, I have not been advised of that. However, I will double check with the CEO when I meet him on Thursday.

18.11.2020
Q: Regarding the Government's announcement in March 2020 that Annual Leave entitlement can be carried over for 2 years (https://www.gov.uk/government/news/rules-on-carrying-over-annual-leave-to-be-relaxed-to-support-key-industries-during-covid-19).

Some of our Staff are being informed that this is not the case and are having to book unwanted leave, or unable to cancel leave even if their extended trip has been cancelled.

I am aware of this occurring in 2 OU's and suspect this is widespread practice.

Can the Council be assured that the Governments message will be honoured and that this will be communicated to all staff in a timely manner?

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

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

23.11.2020
Q. Please can I ask the following question for the Chairman and appropriate NED.

Regarding recent Emergency Ambulance delays at Medway Maritime Hospital.

(some crew having to wait up to 3 hrs to handover patients) .

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

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

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

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

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

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

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

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

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

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

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

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

- relationship pressures with stressed hospital staff.

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

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

14.12.20

Q: I was concerned to see a topic on the SECAMB Facebook group regarding AAPs being asked to complete some additional tasks in a month, or be demoted to ECSW. I am concerned that our communications to our staff are extremely demoralising for them. I appreciate that due to the challenges that have existed in clinical education, it is quite possible that we have now found out that the work completed by these AAPs during training may not have been up to the futurequal requirements, and they are therefore required to complete some additional modules. However, if that is the reason, then the error is on SECAMB's behalf, and not the students. SECAMB should therefore be taking a far more considerate approach to the problem. I note form the comments that some staff who have received this letter qualified as far back as April, so have been in the role for over 6 months. I would like assurance from the workforce and welfare committee that they were fully aware of this letter going out to staff, and the actual content of the letter. I would also like assurance that every consideration has been made to ensure that the staff are inconvenienced as little as is practically possible. They are already under considerable strain, due to the current pandemic. I know the trust has been in BCI at least twice in the last week, and that they have been at Surge Level 4 every day for the last week or so. Adding additional burdens on them at this time is going to severely damage their morale.

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

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

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

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

Current status - - of the 63 AAPs:

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

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

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

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

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

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

09.12.20
Q: One of the things that has been highlighted during the constituency meeting was the benefit of intranet information around organisational structure and teams. New members of staff have reported that they find it difficult to understand who is who and where to go for certain information (especially now, when we have lots of people working from home). Personally this is a headache of mine but I am quite confident and don't mind asking around. A member of staff has recently told me that they had no idea who managed their line manager, so they were unsure how to escalate their concerns, if they had them. Do you know if there are any plans in the near future to rectify this? Is this something even being considered at the moment?

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

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

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

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

09.12.2020
Q: The other thing that is concerning me a little is the SECAmb Facebook page and how is managed. I obviously have the highest respect for the moderators, and this is not a criticism to them at all. As far as I am aware this page is moderated by volunteers who do what they can when they have the time. But considering that this is a SECAmb Facebook page shouldn't it be managed in a different way perhaps? Who oversees the work of the moderators, for example?

Staff have reported that this is not a safe page. Some of them left the page after being mocked for or being at the receiving end of very unkind comments. Other members of staff report real concerns as a passing comment somewhere and I wonder if this is ever followed up by anyone. It just feels all a bit ad hoc and disjointed at the moment which I think contributes for the toxic environment that we see sometimes. Is this something that is being looked into at the moment?

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

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

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

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

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

31.12.2020

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

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

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

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

14.01.2021

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

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

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 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.

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. Michael Bell - Could you email me separately with your NHS number please and I can look up. SECAmb are required to upload all vaccinations given through Nexus House into NIVS which in turn feeds into NIMS. Unfortunately the system does not work the other way round. Other vaccination clinics use different systems of which none feen into NIVS.

2.4. On behalf of myself and the Chair I would like to sincerely thank all Governors for the amount of work they undertake in their role.

Nicki Pointer
Lead Governor
Public Governor for Lower East SECAmb

NHS
South East Coast
Ambulance Service
NHS Foundation Trust

Integrated Performance Report

Trust Board
July 2021

Data up to and including June 2021

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

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CQC Rating and Oversight Framework

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

*	NHSI segments Trusts (1-4) according to the level of support each Trust needs across the five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability, with level 4 requiring the most support (Trusts in special measures).
**	Our rating following the most recent CQC inspection. These can help patients to compare services and make choices about care. There are four ratings that are given to health and social care services: outstanding, good, requires improvement and inadequate. **GOOD:** We are performing well and meeting CQC expectations.
***	The Information Governance Toolkit is a system which allows organisations to assess themselves or be assessed against Information Governance policies and standards. It also allows members of the public to view participating organisations' IG Toolkit Assessments. Levels range from 0 to 3; 3 being the highest.
****	Resourcing Escalatory Action Plan (REAP) is a framework designed to maintain an effective and safe operational and clinical response for patients and is the highest escalation alert level for ambulance trusts. Level 3: Major pressure (September 2020)

Symbol Key

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

How to use this report

Format & Reporting Aspirations

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

Performance Dashboards

- The Board is presented with additional IT metrics around critical system uptime and a new 111 dashboard (slide 10), mirroring the dates for the 999 dashboard, has been added.
- 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 each month and we are improving and adding to the metrics, as set out on page 3. The aim of the report is to provide the key performance indicators and highlight to the Board through the exception reports the areas where the executive is most concerned. These are summarised on page 16.

While it is important to keep across all the areas within the IPR, by far the most significant issue now is operational performance and patient safety. I therefore propose that this should be primary focus of the Board this month.

The current challenges are so significant a separate paper is provided to describe the current position and the steps we are taking in the immediate and medium term to provide as safe a service as is possible. In light of this, I suggest the Board uses the IPR to help see from the metrics just how challenging it has been (for example, page 9 illustrates the time we have been at surge level 4 / black) and then the executive will set out the measures being taken under the separate agenda item.

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 (July 2021)

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

Safe

Metric	Jun-21	PD
999 Frontline Hours Provided %	94.30%	▼
Number of Incidents Reported as SIs	6	▼
Hand Hygiene Compliance %	95.00%	●
Violence and Aggression Incidents (Number of Victims - Staff)	87	▼
Medicines Management % of Audits Completed	98.70%	▲
DBS Compliance %	100.00%	●
Number of RIDDOR Reports	14	▼

Effective

Metric	Jun-21	PD
**Cardiac ROSC Utstein %	41.00%	▲
**Stroke - Assessed F2F Diagnostic Bundle %	96.00%	▲
**Sepsis Care Bundle %	85.00%	●
**Acute STEMI Care Bundle Outcome %	69.00%	▼
ECAL Mean Response Time	00:22:56	▲
999 Operational Abstraction Rate %	31.00%	▼
Statutory & Mandatory Training Rolling Year %	63.30%	▲

** April 2021 data

Caring

Metric	Jun-21	PD
Proportion of Complaints Relating to Crew Attitude %	31.00%	▲
End of Life Care Performance		■
Falls Performance		■
Complaints relating to privacy and respect %	0.00%	●
Dementia Performance		■

Responsive

Metric	Jun-21	PD
Cat 1 Mean	00:07:57	▲
Cat 1 90th Centile	00:14:54	▲
Cat 2 Mean	00:21:28	▲
Cat 2 90th Centile	00:40:51	▲
Cat 3 90th Centile	03:51:24	▲
Cat 4 90th Centile	04:39:46	▲
999 Call Answer Mean	00:00:08	▲
111 Calls Answered in 60 Seconds %	34.00%	▼
111 Calls Abandoned - (Offered) %	16.00%	▼
111 to 999 Referrals (Answered Calls) %	9.70%	▼
Complaints Reporting Timeliness %	96.00%	▼

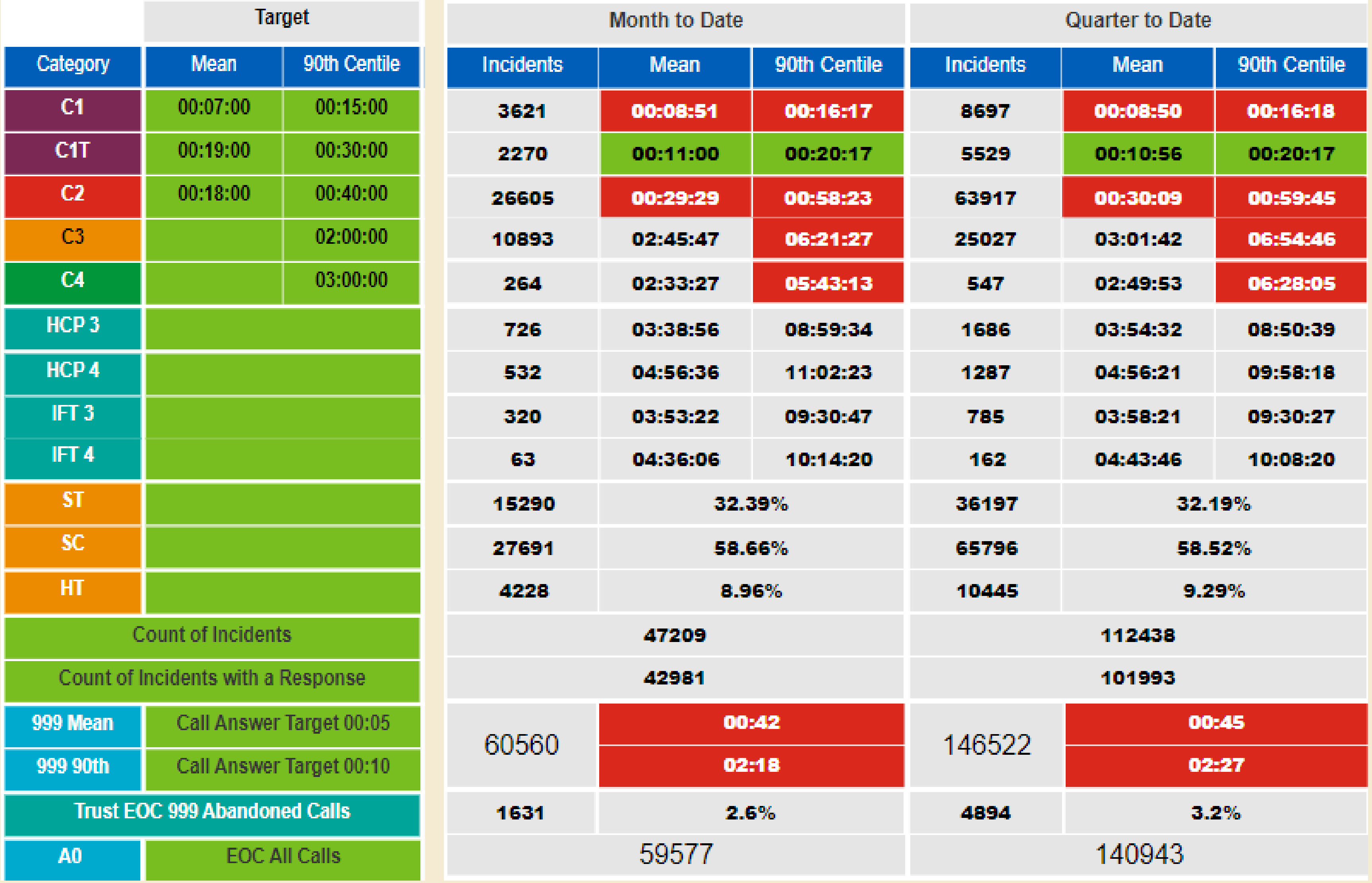
Well-Led

Metric	Jun-21	PD
Disciplinary Cases	2	▲
Collective Grievances	1	●
Bullying & Harrassment Internal	1	▲
Annual Rolling Turnover Rate	12.10%	▼
Annual Rolling Sickness Absence	7.60%	▼
Absence Relating to Mental Health %	9.00%	▼
Absence Relating to MSK %	5.80%	▲
999 Frontline Late Finishes/Over-Runs %	53.40%	▲
Staff Successfully FIT-Tested %	69.90%	▬

Symbol Key

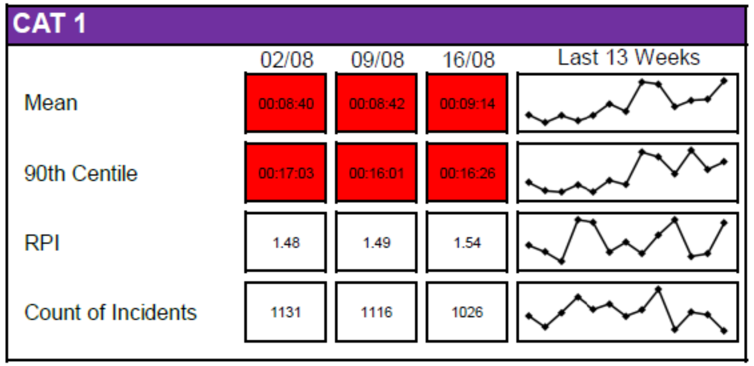
▲	Improving performance	▼	Deteriorating performance	-	Data not provided
●	No change	■	Aspirational metric	PD	Performance direction

Current Operational Performance
999 Emergency Ambulance Service (as of 24.08.21)



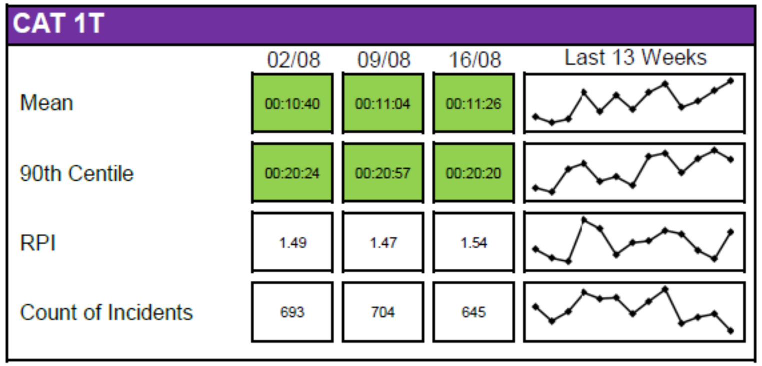
	Target		Month to Date			Quarter to Date		
Category	Mean	90th Centile	Incidents	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	3621	00:08:51	00:16:17	8697	00:08:50	00:16:18
C1T	00:19:00	00:30:00	2270	00:11:00	00:20:17	5529	00:10:56	00:20:17
C2	00:18:00	00:40:00	26605	00:29:29	00:58:23	63917	00:30:09	00:59:45
C3		02:00:00	10893	02:45:47	06:21:27	25027	03:01:42	06:54:46
C4		03:00:00	264	02:33:27	05:43:13	547	02:49:53	06:28:05
HCP 3			726	03:38:56	08:59:34	1686	03:54:32	08:50:39
HCP 4			532	04:56:36	11:02:23	1287	04:56:21	09:58:18
IFT 3			320	03:53:22	09:30:47	785	03:58:21	09:30:27
IFT 4			63	04:36:06	10:14:20	162	04:43:46	10:08:20
ST			15290	32.39%		36197	32.19%	
SC			27691	58.66%		65796	58.52%	
HT			4228	8.96%		10445	9.29%	
Count of Incidents			47209			112438		
Count of Incidents with a Response			42981			101993		
999 Mean	Call Answer Target 00:05		60560	00:42		146522	00:45	
999 90th	Call Answer Target 00:10			02:18			02:27	
Trust EOC 999 Abandoned Calls			1631	2.6%		4894	3.2%	
A0	EOC All Calls		59577			140943		

Current Operational Performance
999 Emergency Ambulance Service (02/08/2021 – 22/08/2021)



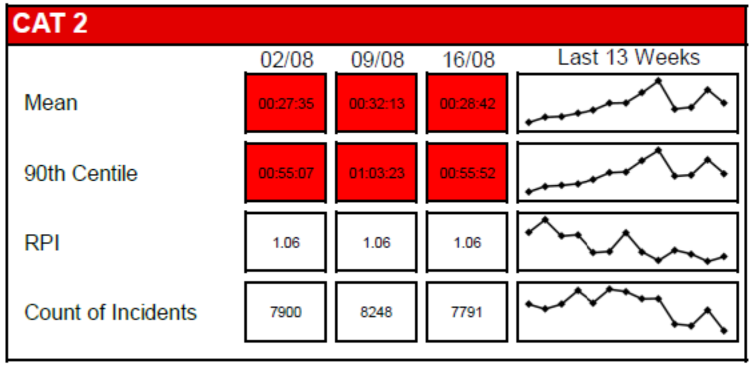
CAT 1

	02/08	09/08	16/08	Last 13 Weeks
Mean	00:08:40	00:08:42	00:09:14	
90th Centile	00:17:03	00:16:01	00:16:26	
RPI	1.48	1.49	1.54	
Count of Incidents	1131	1116	1026	



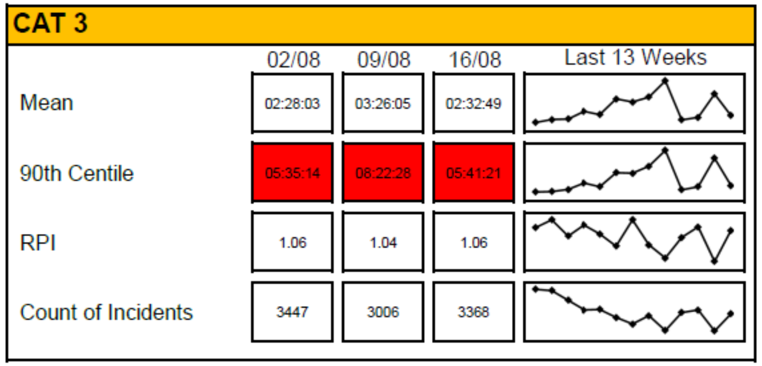
CAT 1T

	02/08	09/08	16/08	Last 13 Weeks
Mean	00:10:40	00:11:04	00:11:26	
90th Centile	00:20:24	00:20:57	00:20:20	
RPI	1.49	1.47	1.54	
Count of Incidents	693	704	645	



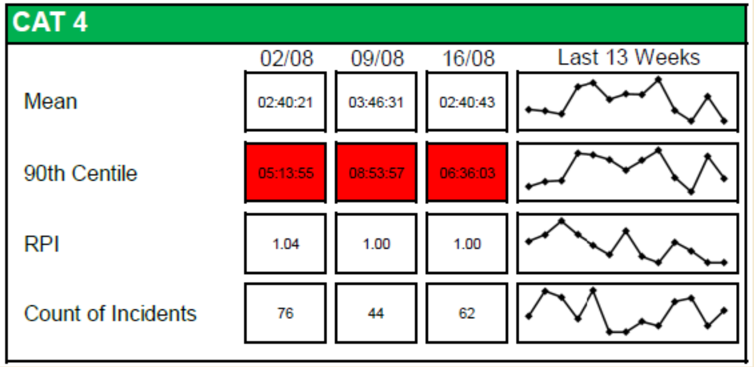
CAT 2

	02/08	09/08	16/08	Last 13 Weeks
Mean	00:27:35	00:32:13	00:28:42	
90th Centile	00:55:07	01:03:23	00:55:52	
RPI	1.06	1.06	1.06	
Count of Incidents	7900	8248	7791	



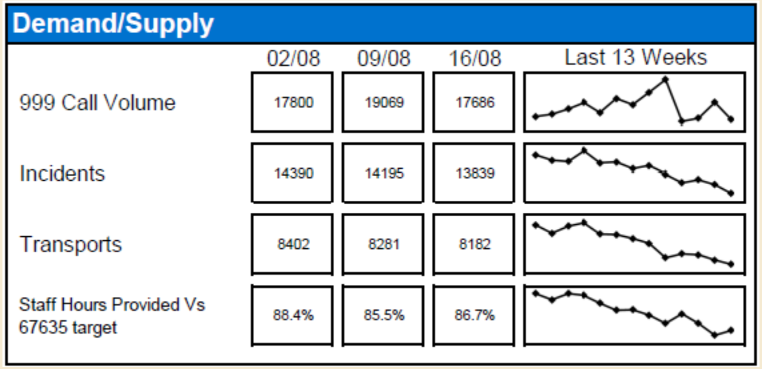
CAT 3

	02/08	09/08	16/08	Last 13 Weeks
Mean	02:28:03	03:26:05	02:32:49	
90th Centile	05:35:14	08:22:28	05:41:21	
RPI	1.06	1.04	1.06	
Count of Incidents	3447	3006	3368	



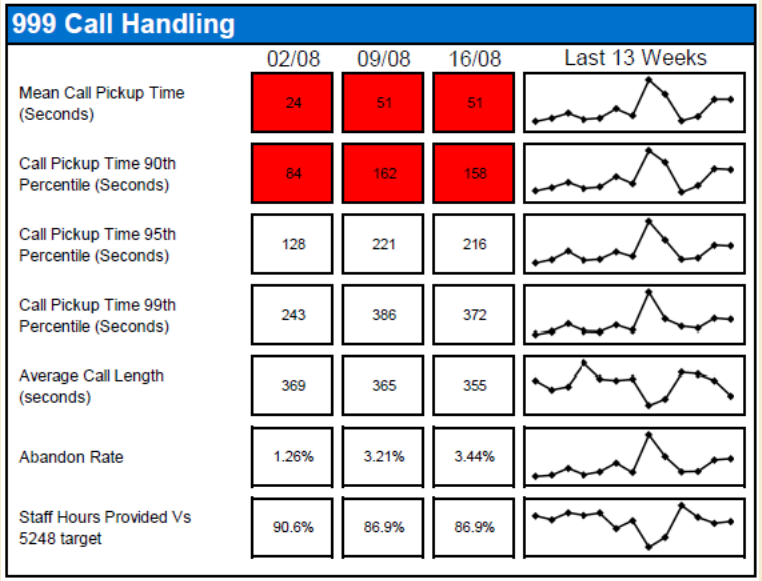
CAT 4

	02/08	09/08	16/08	Last 13 Weeks
Mean	02:40:21	03:46:31	02:40:43	
90th Centile	05:13:55	08:53:57	06:36:03	
RPI	1.04	1.00	1.00	
Count of Incidents	76	44	62	



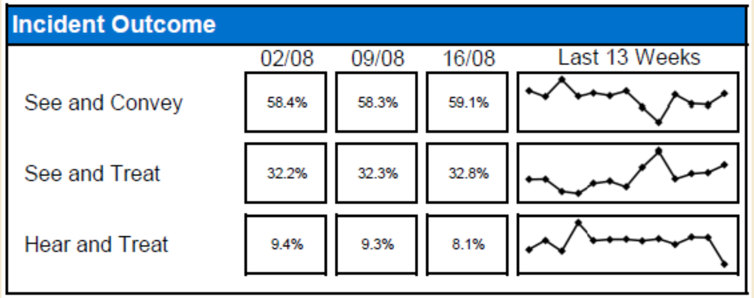
Demand/Supply

	02/08	09/08	16/08	Last 13 Weeks
999 Call Volume	17800	19069	17686	
Incidents	14390	14195	13839	
Transports	8402	8281	8182	
Staff Hours Provided Vs 67635 target	88.4%	85.5%	86.7%	



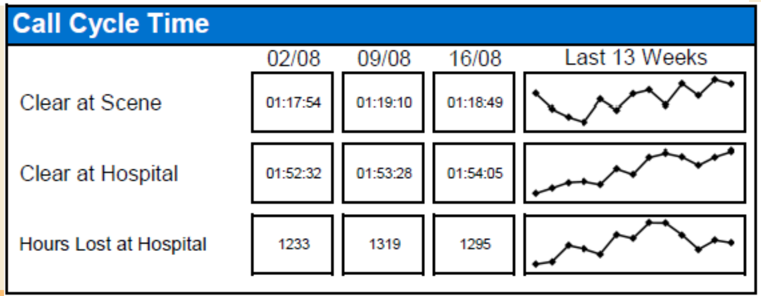
999 Call Handling

	02/08	09/08	16/08	Last 13 Weeks
Mean Call Pickup Time (Seconds)	24	51	51	
Call Pickup Time 90th Percentile (Seconds)	84	162	158	
Call Pickup Time 95th Percentile (Seconds)	128	221	216	
Call Pickup Time 99th Percentile (Seconds)	243	386	372	
Average Call Length (seconds)	369	365	355	
Abandon Rate	1.26%	3.21%	3.44%	
Staff Hours Provided Vs 5248 target	90.6%	86.9%	86.9%	



Incident Outcome

	02/08	09/08	16/08	Last 13 Weeks
See and Convey	58.4%	58.3%	59.1%	
See and Treat	32.2%	32.3%	32.8%	
Hear and Treat	9.4%	9.3%	8.1%	

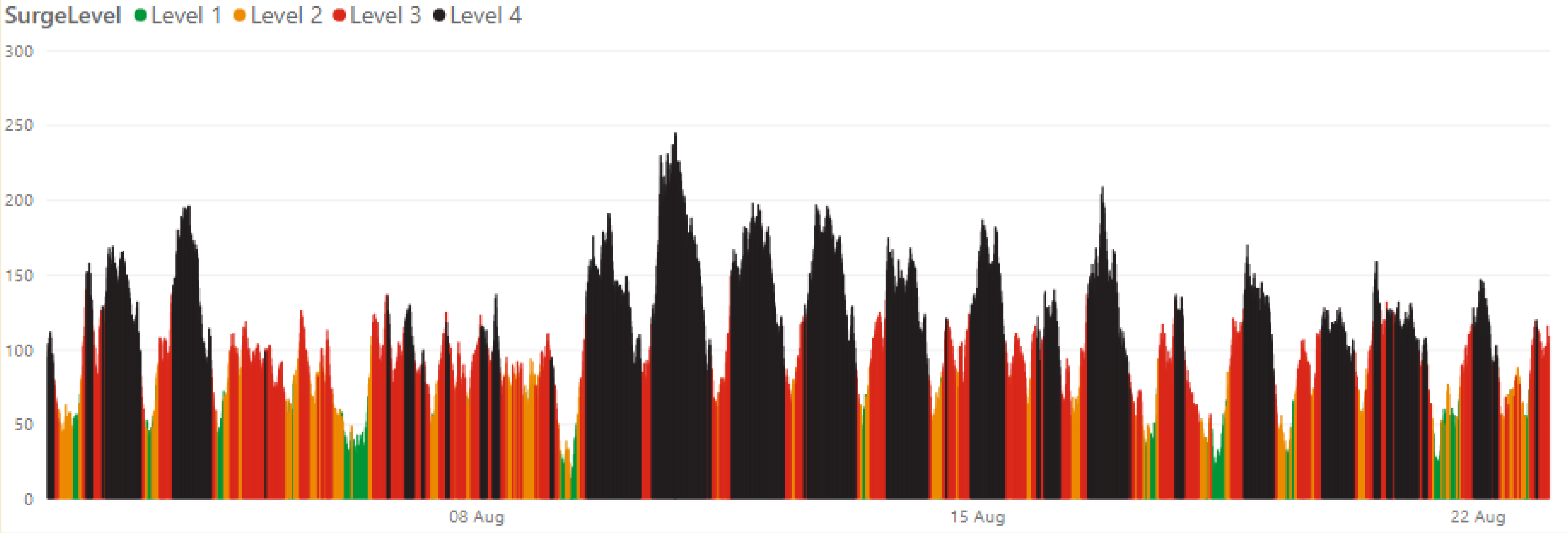


Call Cycle Time

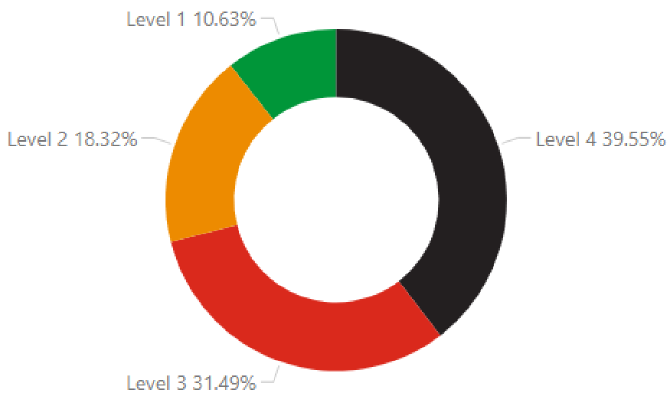
	02/08	09/08	16/08	Last 13 Weeks
Clear at Scene	01:17:54	01:19:10	01:18:49	
Clear at Hospital	01:52:32	01:53:28	01:54:05	
Hours Lost at Hospital	1233	1319	1295	

Current Operational Performance
999 Emergency Ambulance Service (02/08/2021 – 22/08/2021)

Total Calls Outstanding by Triggered Surge Level

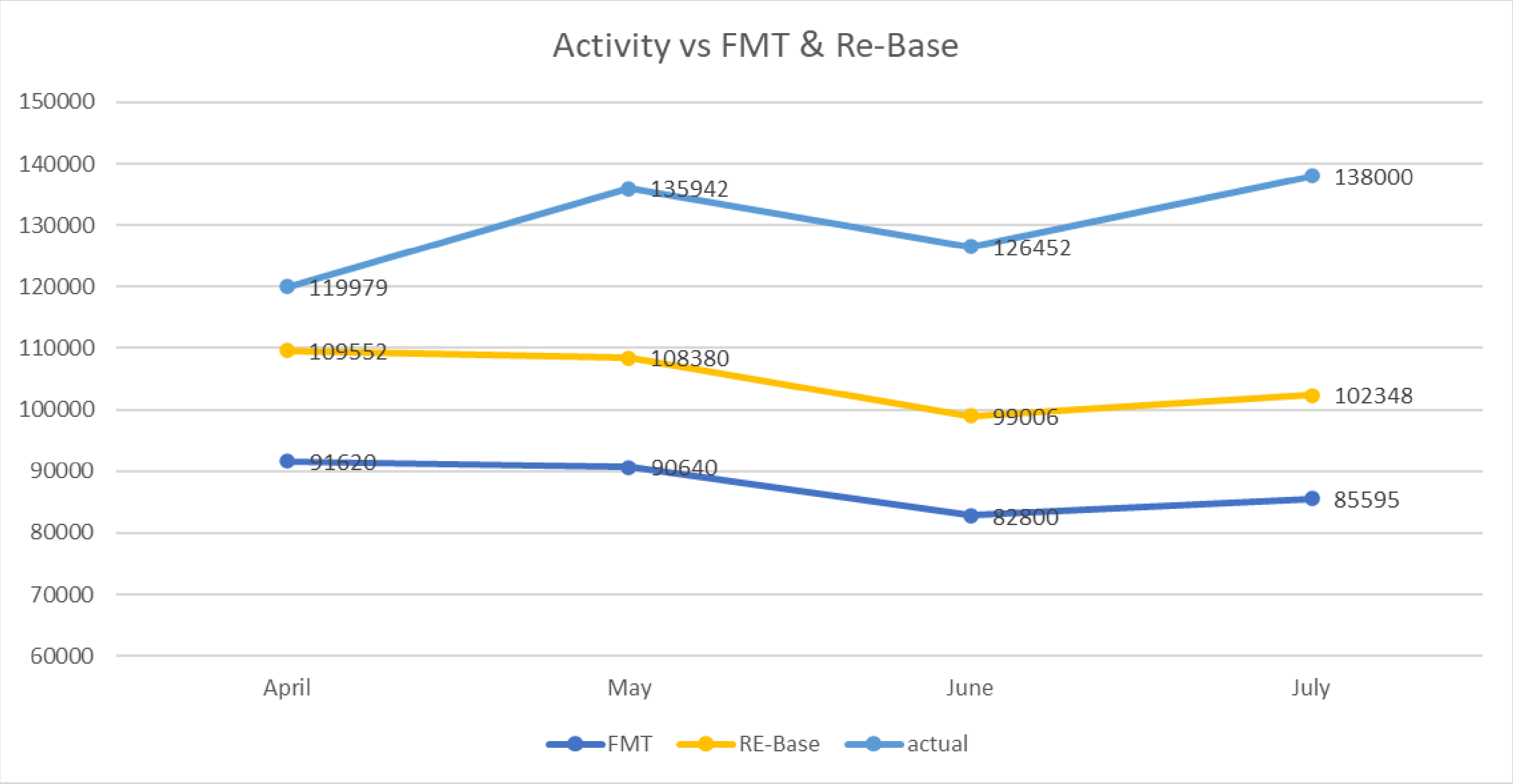


Proportion of Triggered Surge



Surge Management Plan Triggers	
Level 1	Business as Usual (BAU) Ability to dispatch and respond to meet patient needs as identified within Ambulance Response Programme (ARP) metrics
Level 2	**Any of the triggers below:** • 2x Category 1 unassigned for >7 Minutes **or** • 8x Category 2 unassigned for >9 Minutes **or** • 20x Category 3 unassigned for >60 Minutes **or** • 20x Category 4 unassigned for >120 Minutes **or** • 20x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) **or** • **A combined total of 30 from any of the above triggers**
Level 3	**Any of the triggers below:** • 5x Category 1 unassigned for >7 Minutes **or** • 15x Category 2 unassigned for >9 Minutes **or** • 35 x Category 3 unassigned for >60 Minutes **or** • 35 x Category 4 unassigned for >120 Minutes **or** • 35x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) **or** • **A combined total of 45 from any of the above triggers**
Level 4	**Any of the triggers below:** • 10x Category 1 unassigned for >7 Minutes **or** • 30x Category 2 unassigned for >9 Minutes **or** • 60 x Category 3 unassigned for >60 Minutes **or** • 60 x Category 4 unassigned for >120 Minutes **or** • 60x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) **or** • **A combined total of 80 from any of the above triggers**

Current Operational Performance
NHS 111 CAS Service – 111 Activity



Update on current situation

- July activity estimated to be circa 138,000 if current trend continues (+35% vs. proposed re-based contractual volumes)
- WTE required increased to 305 from 204 Finance Modelling Template (FMT – or original commissioned activity) and 244 Re-Base (proposed) – currently 236 WTE HA's

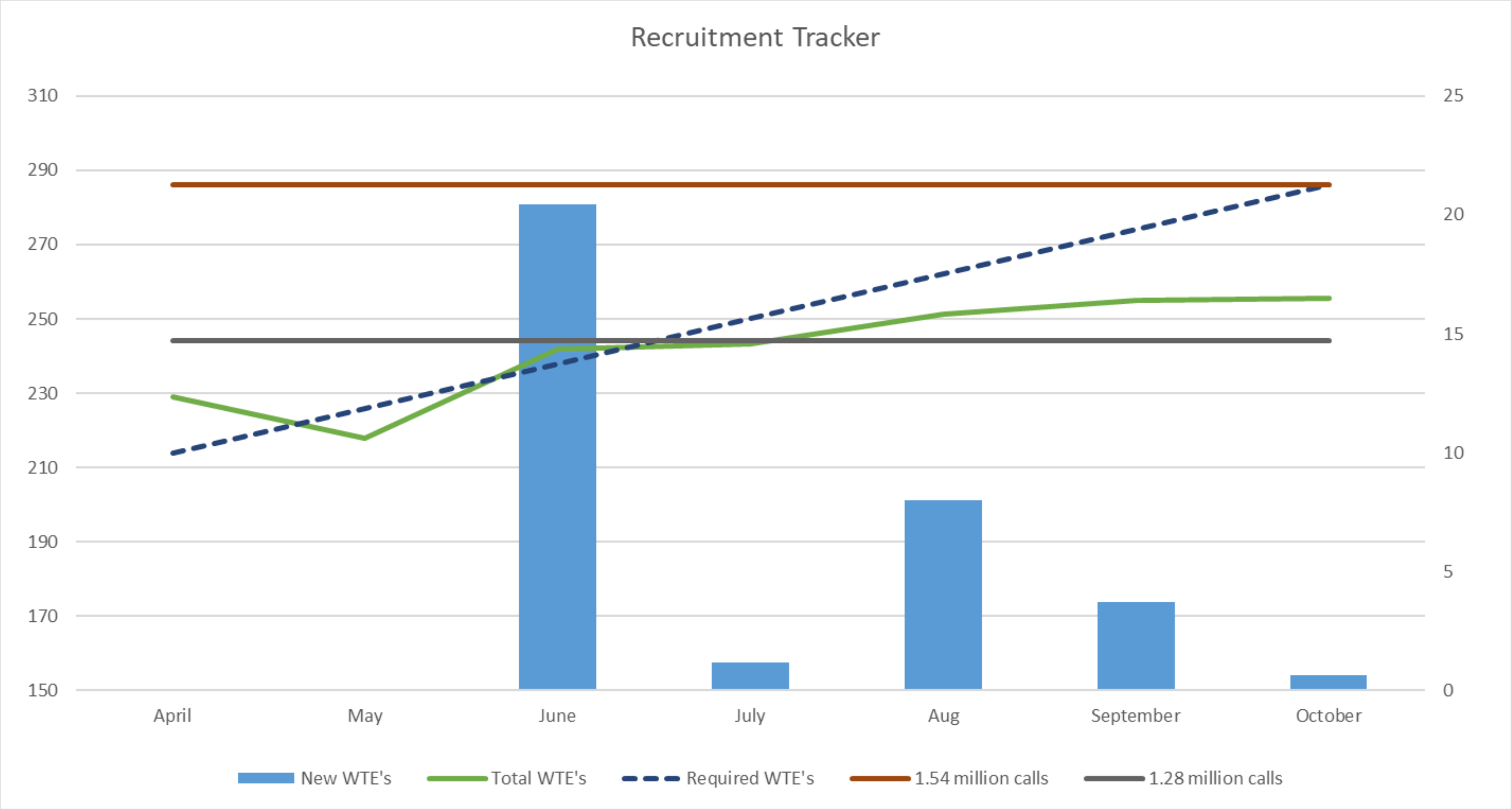
Causes

- Demand in Primary Care
- Patient behaviours change as a result of COVID
- Think111 campaign increased public awareness of 111
- 15 months of lockdown with latent health issues now presenting

Actions

- Ongoing liaison and collaboration with NHS England, Commissioners, systems partners and stakeholders
- Increased recruitment
- Targeted "quick-wins" via Performance Optimisation Plan (POP)

Current Operational Performance
NHS 111 CAS Service – 111 Staffing



Update on current situation

- Current staffing 244 WTE HA's
- Sickness & Attrition running at 36.69%

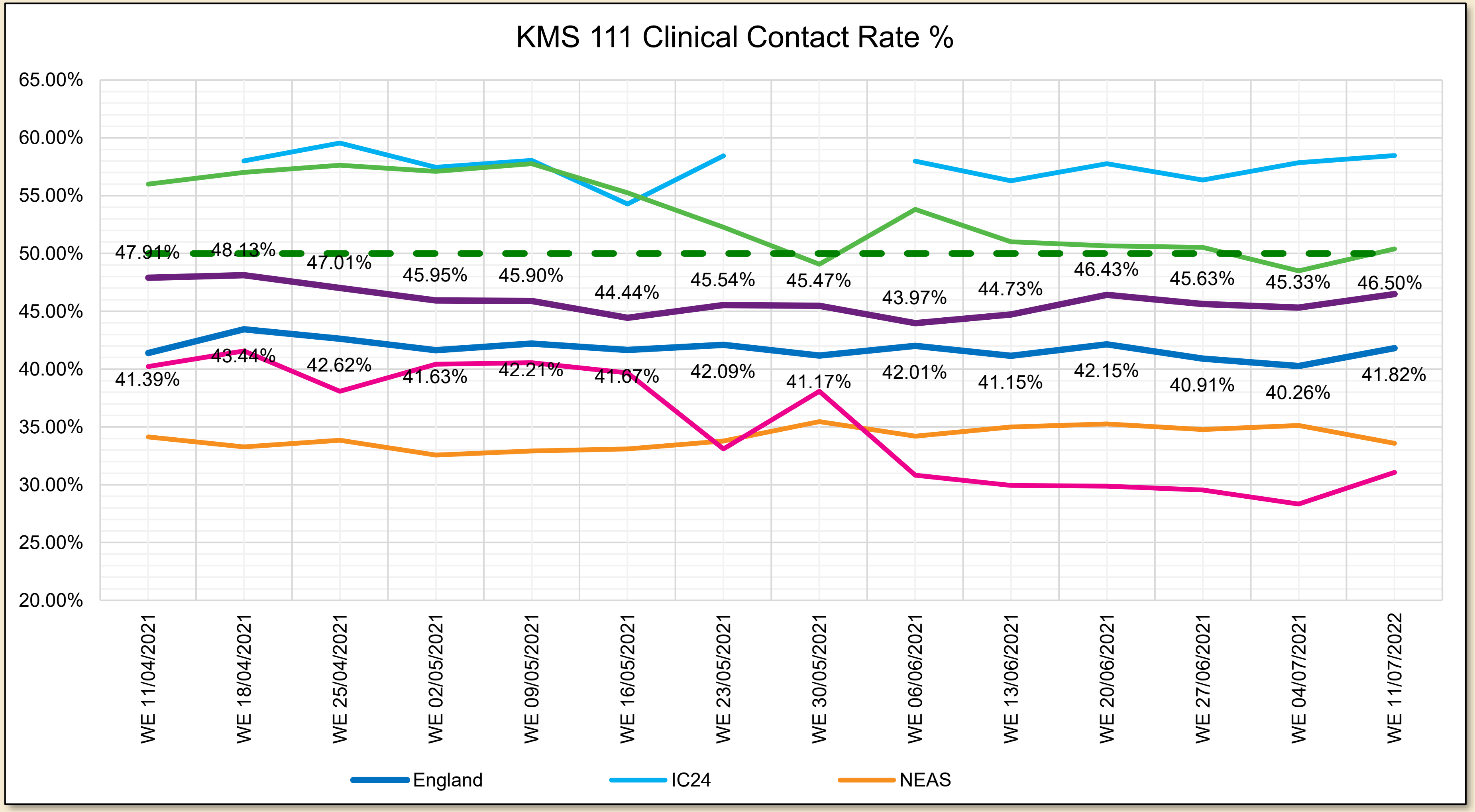
Causes

- Increased sickness due to:
  - work pressures including stress
  - late arrival of winter illnesses
  - rising COVID abstraction, esp. self isolation
- Low vacancy uptake & long recruitment times – 16wks

Actions

- Mental Health drop in sessions
- Staff engagement
- IPC re-inspections
- Increased recruitment
- Review how candidate compliance is managed to fill courses
- Work with HR/Finance to explore use of agency HAs

Current Operational Performance
NHS 111 CAS Service - 111 CAS Activity



Update on current situation

- Latest week Clinical Contact rate 46.50% (target 50%), being 9,707 cases to the CAS last week.
- National avg. currently circa 41% Clinical contact, with KMS Q1 average approx. 46%

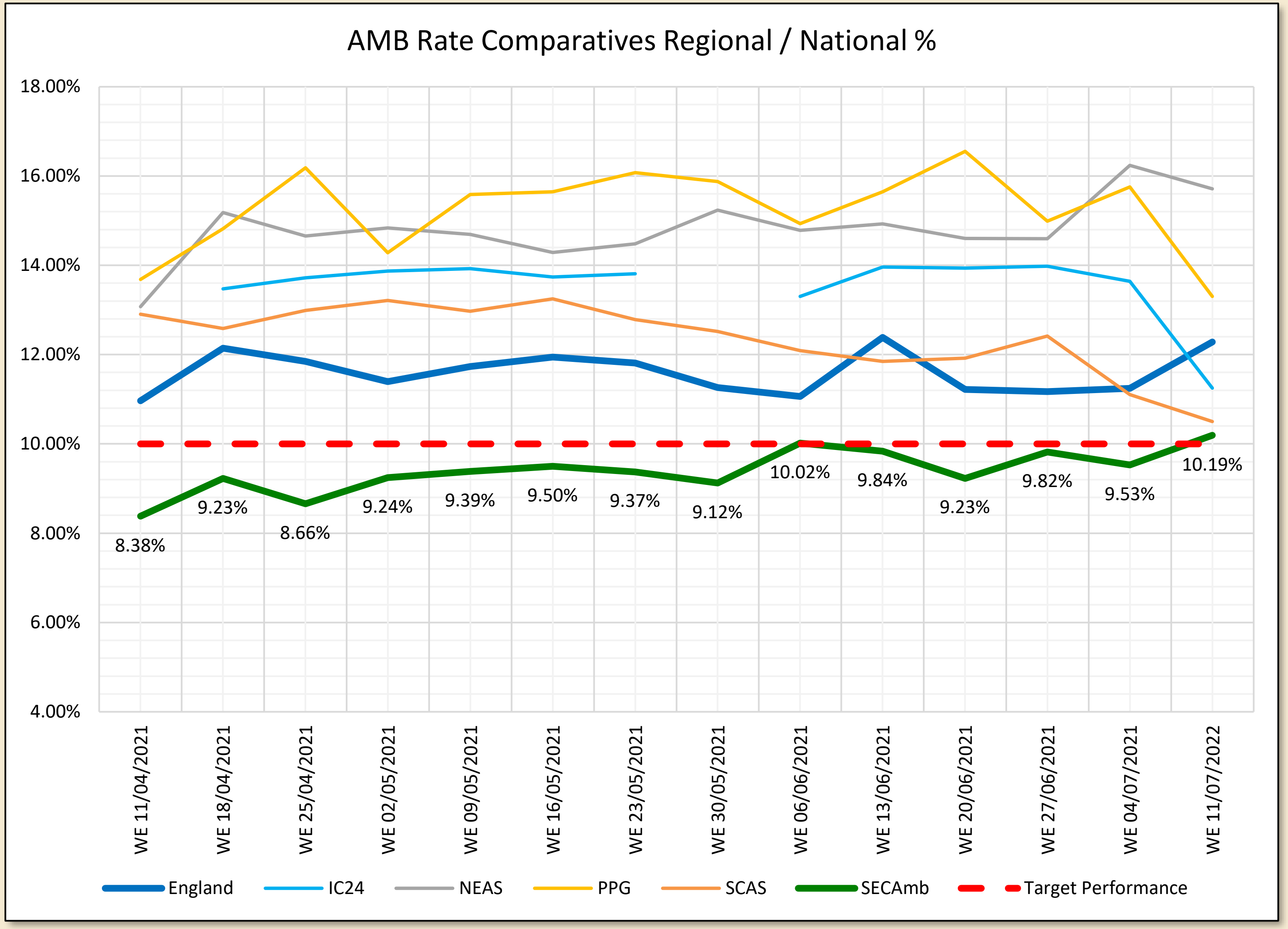
Causes

- Meeting 50% clinical contact national challenge and contractual expectation. Predominant rationale related to primary care increased activity being re-directed back to primary care in hours

Actions

- Liaison with Commissioners weekly updating on current position and included in POP meetings.
- Implementing NHS 111 on-line ED Validation in progress

Current Operational Performance
NHS 111 CAS Service – 111 Ambulance Referrals



Update on current situation

- Ambulance referral rates continued to increase in line with national trend with 10.19% of triaged cases resulting in referral to 999

Causes

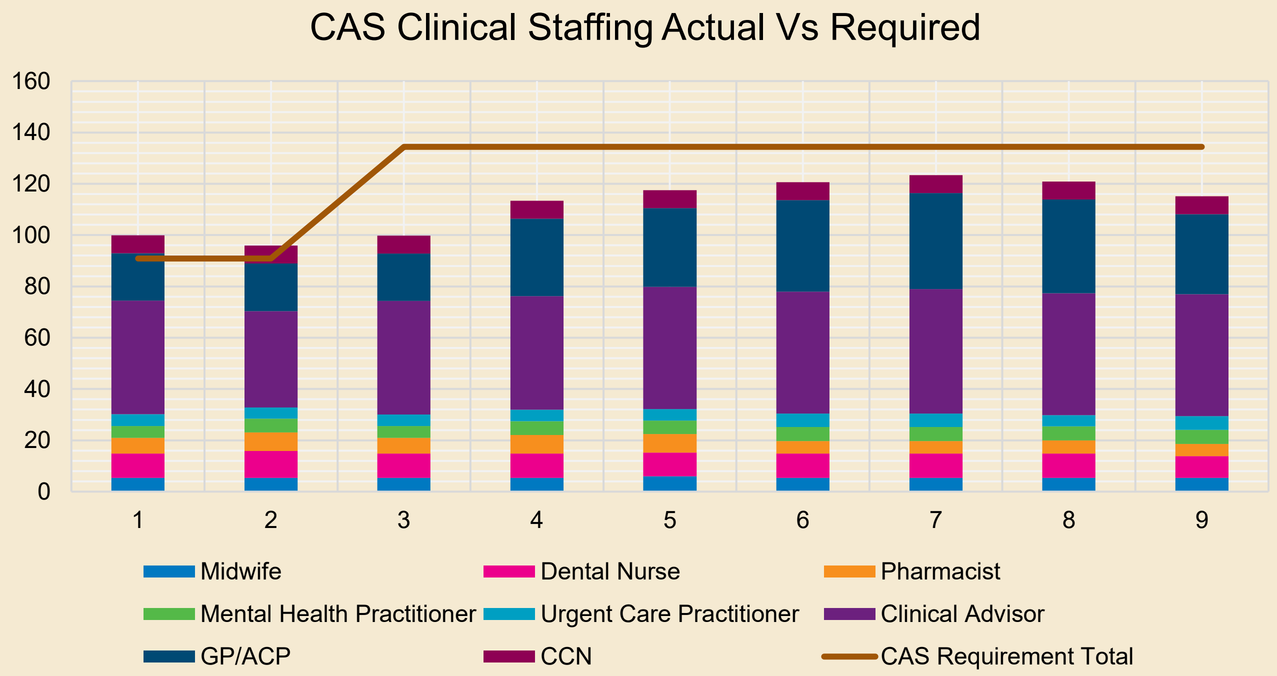
- C2 remains highest ARP Category of referral nationally (60%+), NHS P V26 update (14.7.2021) being assessed to determine possible C2 reduction, as alighted to NHS E/P by SECAmb.

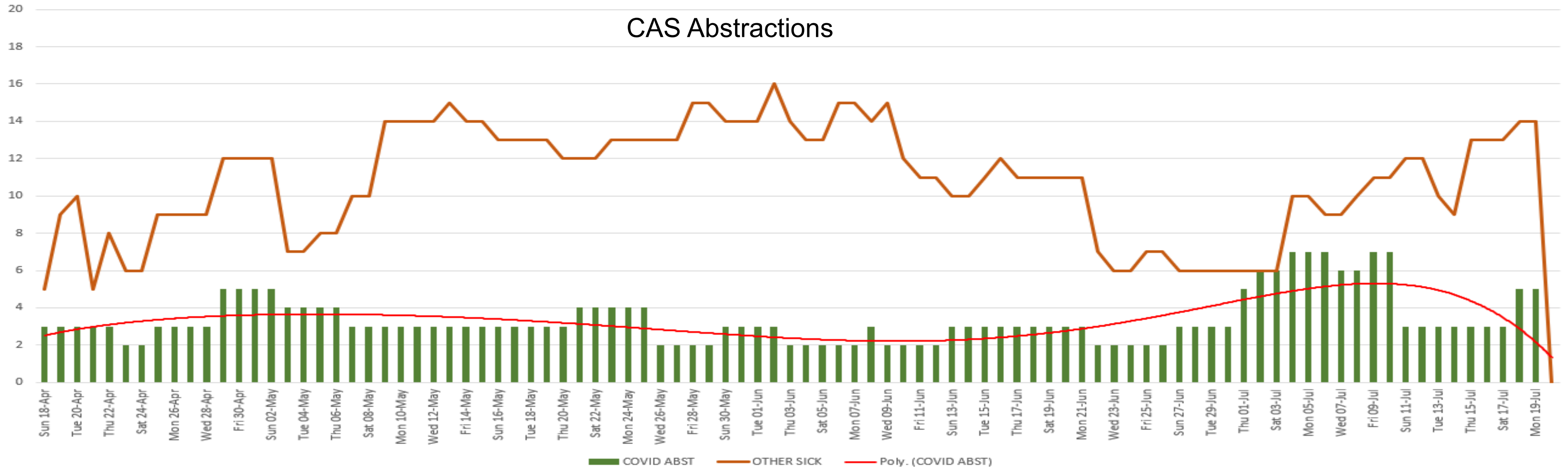
Actions

- Ongoing validations W/E 18/7 94.7% validations completed with 63.95% standown.
- HA facilitated Bulletin for patients to refuse and MOW (Make Own Way to ED)
- Better engagement with Field Operations in relation to the benefits that 111 makes to 999

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

Current Operational Performance
NHS 111 CAS Service – CAS staffing





Update on current situation

- CAS Clinical Staffing - June total 115.1 WTE against 134.45 WTE required (85%)

Causes

- Staffing requirement continuing to increase in-line with demand/activity.
- Productivity currently not able to be evaluated, with modelling at 3.5-4 cases per hour / actual estimate circa 3 cases per hour
- Abstractions – Tracked daily with recent increases in Covid related and Stress, Anxiety and Depression sickness. All training (excluding NHS Pathways / PaCCS) has been postponed

Actions

- Power BI reporting on productivity
- Considering medical leadership and additional staff to support clinical admin and Electronic Prescription Service
- Considering additional recruitment incentives

Trust Overview:
Summary of Performance Highlights

Domain	ID	Performance Highlight
Safe	QS-1 Number of Datix incidents	The Trust has seen an uplift in incidents reported year on year for May and June 2021 with a 1.2% uplift in May and 1.3% improvement in June. This demonstrates the resilience of the Trust's culture of reporting and learning from incidents, despite operational pressures.
Safe	QS-17 Outstanding actions relating to SIs, outside of timescales	Following an increase in April, a good number of actions were completed in May. The Board should note that all longstanding actions from 2018 are now completed, with a target of completion for all actions from 2019 to be completed by the end of July. However, a pragmatic approach is being taken due to operational demand.
Effective		Nothing new to report.
Caring		Nothing new to report.
Responsive	999 various indicators	In the context of the worsening position on many 999 metrics, it is worth noting that we are meeting our Cat 1 90th centile, and Cat 1 transport mean and 90th centile. All Cat-1 indicators improved May to June as we continue to prioritise our most poorly patients. Our hear and treat rate remains strong, and CFR attendances are up compared to April. The percentage of meal breaks taken remains high.
Well-led		Nothing new to report.

Trust Overview:
Summary of Exceptions

Domain	ID	Exceptions
Safe	QS-3 Duty of Candour compliance	The Trust missed the completion date on one case within a cluster Serious Incident (SI) because no investigating manager was appointed.
Safe	QS-13 Violence and aggression incidents	A worrying increase in reported incidents in May and June, up in the 70s and 80s and with June (87 incidents) having the second highest figure in the past 13 months.
Safe	QS-17 Outstanding actions relating to SIs outside of timescales	The team continue to work through the large backlog of SI actions where no evidence of completion had been received. Progress slowed May to June.
Effective	WF-6 & WF-20 Statutory & Mandatory Training (YTD and Rolling YTD)	The overall completion of statutory and mandatory training is currently 36.87%, significantly lower than June 2020 (51.61%). The rolling year to date completion is 63.31% compared to 75.07% in June 2020. The decreases can be accounted for by the introduction of new courses in April 2021.
Caring		Nothing new to report.
Responsive	111 & 999 - multiple metrics	Performance in both services is seriously challenged due to demand outstripping available resourcing.
Well-led	QS-24 Organisational risks outstanding review	It continues to be challenging to ensure risks are reviewed in a timely way, not helped by the lack of Risk Lead within the Trust at present. Recruitment is underway to fill this position and the Executive have oversight.

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
QS-3	Standards: *Duty of Candour compliance* Definition: *Percentage of cases falling under the Duty of Candour regulation that are compliant with its requirements*	We missed the completion date on one case within a cluster Serious Incident (SI). No investigating manager was appointed due to a new methodology being introduced. This SI relates to a theme of delayed C2 attendances and we have identified 3 index cases to review using this methodology. This new methodology is being used for the overarching investigation process, not just the Duty of Candour. The SI team has approached the Emergency Preparedness Resilience and Response Team (EPRR) to lead on this to facilitate a "Pre-Mortem" style workshop. EPRR will produce after-workshop reports which will be the basis of the SI investigation report, hence we have not appointed an Investigating Manager in the traditional way for an SI.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The SI Management Team will ensure that the deadlines are highlighted suitably early in the SI process.	Named person: Bethan Eaton-Haskins Executive Director of Nursing & Quality Complete by date: 31 July 2021

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
QS-13	Standards: *Violence and aggression incidents* Definition: *Number of victims - staff*	In May, 773 violence and aggression incidents were reported by staff. 21 of the reported incidents resulted in staff being assaulted. In June, 87 violence and aggression incidents were reported by staff. 19 of the reported incidents resulted in staff being assaulted. The figures had dropped back to be regularly below 70 from a peak of 124 in October 2020, and so this return to higher numbers is notable, with 87 the second highest number of incidents reported in the past 13 months.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The Trust recently implemented body worn cameras at sites which have previously reported the highest number of violence and aggression incidents and is in the process of recruiting a Violence Reduction Support Officer to support body worn camera trials and to promote a proactive health, safety and security function across the Trust in order to reduce violence and aggression incidents.	Named person: Bethan Eaton-Haskins Executive Director of Nursing & Quality Complete by date: 31 January 2022

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
QS-17	Standards: *Outstanding actions relating to SIs outside of timescales* Definition: *Number of actions outstanding*	The Trust had a large backlog of Serious Incident (SI) actions where no evidence of completion had been received. These related to SI actions due in 2018 onwards.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The SI team have worked closely with the teams in Emergency Operations Centres (999) and Integrated Urgent Care (111) and the Operations Quality and Patient Safety Group (QUAPS) to gain evidence and close actions. All 2018 actions are now completed, with a target to complete the remaining 36 2019 actions by the end of July. This will leave 76 remaining actions to complete, down from 320 in June 2020.	Named person: Bethan Eaton-Haskins Executive Director of Nursing & Quality Complete by date: 31 July 2021 (2019 actions only)

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
WF-6 & WF-20	Standards: *Statutory & Mandatory Training (YTD and Rolling YTD)* Definition: *The percentage of staff (year to date and over a 12-month rolling period) who have received appraisals and their manager has recorded the appraisal on Actus*	The overall completion of statutory and mandatory training is currently 36.87%, significantly lower than in June 2020 (51.61%). The rolling year to date completion is 63.31%, down from 75.07% in June 2020.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The decrease on the previous year can be accounted for by the introduction of a new course (Emergency Driver Training) in April 2021 and the requirement for all staff to complete Dementia Awareness training from April 2021, not just clinical staff as had been the case previously. The Learning & Organisational Development team continue to send monthly compliance reports to senior leaders and OU managers. All managers have access to Power BI enabling them to drill down to individual team member level compliance to take action as required.	Named person: Ali Mohammed Executive Director of HR and OD Complete by date: Ongoing

Performance by Domain
Responsive: Exception Report

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

ID	Standard	Background
999 & 111 multiple indicators	Standards: *999 Frontline hours provided, 111 calls answered & abandoned, 999 call answer, Cat 2, Cat 3 and Cat 4, Time spent in SMP 3 or higher, meal breaks outside window* Definition: *Various key 999 and 111 performance indicators*	Frontline, EOC and 111 performance is severely challenged. There are increased abstractions due to annual leave, non-Covid sickness increases and Covid-related self-isolation. This is combined with increased demand and call volume, the latter exacerbated by duplicate/repeat calls due to lengthy response times. In 111 it is worth noting that national contingency measures (where we take calls on behalf of others who are experiencing long delays) have been activated multiple times in June, which means we have been taking calls on behalf of other providers while struggling with our own increased demand. Providers have been marking themselves as unavailable on the Directory of Services which has knock-on effects. The time spent in Surge Management Plan level 3 and higher is an indicator of the pressures across the whole system. Meal breaks being taken outside the window is another clear indicator of the level of demand versus resources available. We do not have enough resources to meet demand.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The whole health system is experiencing severe difficulties. We are in regular calls with regional and local commissioners and providers and these are positive in that the challenges are clearly recognised and the local system is working together as best it can to maintain the safest possible service to patients. However, there is no capacity anywhere to aid other parts that are struggling. As internally, our regional system is struggling to find remedies for the inability to meet demand. The Trust has its own Performance Improvement Plan and Optimisation Plan, and weekly Performance Assurance meetings have been established by the Executive so that the senior Operations Team can request assistance, identify blockages and for the Executive to gain assurance that we are doing all we can to maintain safe services. There is a real impact on patient care that is being monitored through Serious Incident and harm review processes. Alongside patient care, staff wellbeing is everyone’s concern: we do not see that the challenges will ease in the coming months, particularly as lockdown restrictions are lifted in July. All our operational staff are dedicated to delivering the service, however are fatigued through the intensity of work with increased levels of stress and anxiety due to the continuation of the impact of the Covid pandemic on the Trust and their personal circumstances. The team will continue to look to balance patients’ needs with the need to keep our people healthy in these extraordinary times.	Named person: Emma Williams Executive Director of Operations Complete by date: Ongoing

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
QS-24	Standards: *Organisational risks outstanding review %* Definition: *Percentage of organisational risks that have not been reviewed and updated on Datix within agreed timescales*	Ensuring risks are reviewed in a timely way continues to be challenging; this is made worse by the lack of resource to monitor and support risk leads.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The lack of progress has been escalated to the EMB and executives are taking up with their teams. The Risk and Incident Lead role is currently advertised and is expected to be recruited to this time due to the increase in banding. The new post holder along with a new incoming risk process will support better oversight and ownership by principal risk owners. A review of how unreviewed/static risks can also be escalated is also being undertaken.	Named person: Bethan Eaton-Haskins Executive Director of Nursing & Quality Complete by date: Ongoing

Performance by Domain
Safe: Performance Dashboard

We protect our patients and staff from abuse and avoidable harm

ID	Metric	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-1	Number of Datix Incidents	905	940	861	952	1342	1470	1751	1595	1070	1149	1051	1175	1253					▼
QS-2	Number of Incidents Reported as SIs	9	10	5	2	4	9	8	6	7	1	7	3	6					▼
999-12	999 Frontline Hours Provided %	93.80%	89.30%	92.50%	91.20%	94.60%	99.40%	95.10%	96.10%	103.20%	96.90%	99.10%	99.30%	94.30%	100.00%		-		▼
QS-3	Duty of Candour Compliance %	100.00%	100.00%	100.00%	100.00%	100.00%	84.00%	80.00%	67.00%	100.00%	75.00%	100.00%	67.00%	100.00%	100.00%		=		▲
QS-7	Hand Hygiene Compliance %	92.00%	82.00%	97.00%	93.00%	99.00%	95.00%	96.00%	94.00%	93.00%	95.00%	94.00%	95.00%	95.00%	95.00%		=		●
QS-8	Safeguarding Training Completed (Children) Level 2 %	60.20%	67.10%	69.90%	72.70%	74.90%	74.90%	78.20%	79.40%	82.00%	90.40%	88.70%	87.00%	87.30%	95.00%		-		▲
QS-13	Violence and Aggression Incidents (Number of Victims - Staff)	68	69	75	66	124	74	70	53	60	60	65	73	87					▼
MM-1	Number of Medicines Incidents	111	146	103	89	162	141	125	125	142	173	152	171	118					▲
MM-3	Single Witness Signature Use CDs Omnicell	0	0	14	0	3	0	6	5	9	4	3	2	3	0		-		▼
MM-4	Single Witness Signature Use CDs Non-Omnicell	0	0	0	0	0	0	3	1	1	1	0	0	0	0		=		●
MM-5	Number of CD Breakages	17	16	14	14	17	9	25	21	10	27	16	16	19					▼
MM-7	Medicines Management % of Audits Completed	99.00%	99.00%	99.00%	98.00%	98.00%	94.00%	94.00%	93.00%	88.00%	95.00%	95.00%	98.00%	98.70%	100.00%		-		▲
WF-1	Number of Staff WTE (Excl bank and agency)	3784	3793	3806	3859	3888	3967	3956	3959	3968	3974	3945	3952	3957					▲
WF-2	Number of Staff Headcount (Exc bank and agency)	4141	4154	4173	4231	4271	4354	4345	4353	4358	4367	4335	4342	4350					▲
WF-3	Finance Establishment (WTE)	3905	3800	3816	3818	3880	3925	3950	3951	3956	3946	3946	3946	3946					●
WF-4	Vacancy Rate %	3.10%	0.20%	2.60%	-1.10%	-0.20%	-1.10%	-0.20%	-0.20%	-0.30%	-0.70%	0.10%	-0.20%	-0.30%					▲
QS-9	Number of RIDDOR Reports	6	11	8	7	16	5	9	9	12	8	10	11	14					▼
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%	100.00%	100.00%		=		●
M-20	Compliant NHS Pathways Audits (Clinical) %	84.00%	95.00%	95.00%	83.00%	96.00%	94.00%	92.00%	93.00%	90.00%	93.00%	92.00%	92.00%	87.00%					▼
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%	105.00%	83.00%					▼

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

Performance by Domain
Safe: Performance Dashboard

We protect our patients and staff from abuse and avoidable harm

ID	Metric	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-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%	84.00%	84.00%	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%	102.00%	102.00%					●
QS-17	Outstanding Actions Relating to SIs, Outside of Timescales	320	288	248	172	158	127	111	126	112	117	141	114	112					▲
QS-19	Deep Clean Compliance %	105.00%	103.00%		92.00%	95.00%	86.50%	82.50%	72.80%		94.90%	95.00%	85.00%	82.00%					▼
QS-20	Health & Safety Incidents	43	42	35	42	37	35	22	35	33	31	29	59	47					▲
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%	96.10%	96.00%	100.00%		-		▼
QS-22	Manual Handling Incidents	22	46	30	26	29	26	24	29	32	22	17	43	28					▲
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

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

Performance by Domain
Effective: Performance Dashboard

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

ID	Metric	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-11	JCT Allocation to Clear at Scene Mean	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	01:14:38	01:17:12					▼
999-11	JCT Allocation to Clear at Hospital Mean	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	01:50:58	01:49:19					▲
M-1	**Cardiac ROSC Utstein %	45.00%	32.00%	46.00%	45.00%	44.00%	47.70%	40.90%	40.00%	48.50%	40.00%	41.00%							▲
M-2	Cardiac ROSC ALL %	24.00%	15.00%	24.00%	29.00%	27.00%	21.50%	15.70%	16.30%	23.70%	22.00%	23.00%							▲
M-12	**Sepsis Care Bundle %	81.00%	87.00%	88.00%	87.00%	85.00%	85.40%	87.00%	84.20%	86.30%	85.00%	85.00%							●
M-3	Cardiac Survival Utstein %	31.00%	8.00%	19.00%	23.00%	20.00%	23.80%	15.90%	25.70%	33.30%	18.00%								—
M-4	Cardiac Survival ALL %	9.00%	4.00%	7.00%	10.00%	12.00%	7.60%	4.20%	5.10%	9.10%	8.00%								—
M-11	Cardiac Arrest - Post ROSC %	74.00%	80.00%	79.00%	78.00%	72.00%	79.70%	85.50%	75.30%	61.60%	78.00%	81.00%							▲
M-5	**Acute STEMI Care Bundle Outcome %	64.00%	64.00%	68.00%	67.00%	64.00%	62.20%	65.60%	64.10%	63.90%	74.00%	69.00%							▼
M-6	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean																		—
M-7	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile																		—
M-8	Stroke - Call to Hospital Arrival Mean																		—
M-9	Stroke - Call to Hospital Arrival 90th Centile																		—
M-10	**Stroke - Assessed F2F Diagnostic Bundle %	97.00%	98.00%	98.00%	97.00%	98.00%	97.00%	96.60%	96.90%	95.80%	95.00%	96.00%							▲
M-13	Sensitivity of Cardiac Arrest Detection During Telephone Triage %				96.00%	91.00%	94.30%	93.30%	87.00%	93.40%	82.00%	82.00%							●
M-14	Proportion of Non-EMS Witnessed Cardiac Arrests with Bystander CPR %				79.00%	81.00%	75.10%	73.80%	74.30%	79.30%	79.00%	78.00%							▼
M-15	Time to Commence Telephone-Guided CPR Mean																■	■	■
M-16	Proportion of Non-EMS Witnessed Cardiac Arrests with PAD Applied to Patient %				6.00%	8.00%	7.50%	6.30%	5.70%	4.90%			9.00%	4.00%					—

▲	Improving performance	+	Outperformed target
▼	Deteriorating performance	-	Underperformed target
●	No change	=	On target
■	Aspirational metric	-	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

ID	Metric	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-13	ECAL Mean Response Time	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	00:23:31	00:22:56					▲
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%	25.80%	31.00%	28.00%		−		▼
WF-6	Statutory & Mandatory Training Rolling Year %	75.10%	76.10%	75.90%	75.40%	75.00%	74.30%	76.10%	75.60%	76.20%	78.70%	67.10%	60.80%	63.30%	100.00%		−		▲
999-17	Responses Per Incident	1.10	1.12	1.12	1.08	1.08	1.08	1.08	1.08	1.09	1.00	1.01	0.99	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	00:18:10						−
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	00:22:29	00:23:57					▼
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%	91.00%	95.70%	95.00%		+		▲
999-24	Number of Hours Lost at Hospital Handover	1916	3610	4202	3958	4435	3358	5426	4583	2296	2237	2271	3249	2614					▲
999-25	Hours Lost at Handover as a Proportion of Provided Hours %	0.70%	0.20%	1.50%	1.40%	1.60%	1.20%	1.90%	1.60%	0.80%	0.80%	0.80%	1.10%	1.00%					▲
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%	93.00%	92.00%					▼
M-24	ClinEd: Course Capacity Utilisation Transition to Practice %							65.00%	65.00%	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%	45.00%	39.00%					▲
M-26	ClinEd: Course satisfaction score																🟦	🟦	🟦
WF-34	Frontline Workforce Skillmix: ECSWs vs plan (Trust average)	31.50%	31.90%	31.40%	30.80%	30.80%	31.30%	31.40%	31.20%	31.60%	31.40%	31.40%	31.30%	31.70%	32.10%		−		▲
WF-35	Frontline Workforce Skillmix: AAP/Techs vs plan (Trust average)	22.70%	22.80%	20.50%	20.20%	19.10%	18.60%	18.60%	18.90%	18.80%	19.00%	19.00%	19.10%	18.80%	23.20%		−		▼
WF-36	Frontline Workforce Skillmix: Registered clinicians vs plan (Trust average)	45.80%	45.30%	48.10%	49.00%	50.10%	50.10%	50.00%	49.90%	49.60%	49.60%	49.60%	49.60%	49.50%	48.30%		−		▲

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

Performance by Domain
Caring: Performance Dashboard

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

ID	Metric	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-12	Complaints relating to privacy and respect %												0.00%	0.00%					●
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%	33.00%	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	+	Outperformed target
▼	Deteriorating performance	-	Underperformed target
●	No change	=	On target
🟦	Aspirational metric	-	Data not provided

Performance by Domain
Responsive: Performance Dashboard

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

ID	Metric	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
111-1	111 Calls Offered	70230	71925	85338	90438	104059	111727	115809	93018	87249	110294	119979	135942	126452					-
111-2	111 Calls Answered in 60 Seconds %	93.50%	91.20%	84.00%	60.10%	66.60%	59.60%	55.40%	62.90%	74.00%	73.10%	53.40%	36.50%	34.00%	95.00%		-		▼
111-3	111 Calls Abandoned - (Offered) %	0.60%	1.00%	2.00%	9.70%	5.40%	6.30%	8.20%	6.10%	3.00%	3.50%	7.70%	14.90%	16.00%	6.00%		-		▼
111-4	111 to 999 Referrals (Answered Calls) %	13.80%	13.60%	12.40%	11.60%	11.80%	14.10%	13.90%	14.90%	15.00%	13.40%	8.70%	9.10%	9.70%	13.00%		+		▼
111-4	999 Referrals	8443	8407	8864	7943	11110	12276	12384	11903	11064	12058	8188	8901	8805					▲
111-5	A&E Dispositions %	13.40%	13.80%	12.70%	12.10%	12.00%	13.40%	14.60%	14.70%	15.40%	15.60%	15.20%	15.00%	16.00%	9.00%		-		▼
111-5	A&E Dispositions	8161	8544	9102	8320	11350	11718	12925	11683	11349	14047	14261	14571	14472					▲
111-7	Clinical Contact %										48.10%	48.20%	45.20%	45.00%	50.00%		-		▼
111-8	Ambulance Validation %										95.40%	95.30%	95.10%	90.60%	85.00%		+		▼
999-10	999 Calls Answered	55915	62772	69541	64025	67031	62456	76806	70262	50316	60200	61386	77074	71529					-
999-10	Incidents	58653	61196	64489	61313	63644	62332	66615	65239	56470	62648	62845	65474	67474					-
999-1	999 Call Answer Mean	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	00:00:22	00:00:08	00:00:05		-		▲
999-1	999 Call Answer 90th Centile	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	00:01:19	00:00:22	00:00:10		-		▲
999-2	Cat 1 Mean	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	00:08:18	00:07:57	00:07:00		-		▲
999-2	Cat 1 90th Centile	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	00:15:08	00:14:54	00:15:00		+		▲
999-3	Cat 1T Mean	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	00:10:24	00:09:36	00:19:00		+		▲
999-3	Cat 1T 90th Centile	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	00:19:13	00:17:38	00:30:00		+		▲
999-4	Cat 2 Mean	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	00:26:11	00:21:28	00:18:00		-		▲
999-4	Cat 2 90th Centile	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	00:50:55	00:40:51	00:40:00		-		▲
999-5	Cat 3 90th Centile	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	05:40:07	03:51:24	02:00:00		-		▲
999-6	Cat 4 90th Centile	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	07:21:59	04:39:46	03:00:00		-		▲
999-7	HCP 3 Mean	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	03:25:11	02:32:00					▲
999-7	HCP 3 90th Centile	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	06:56:27	05:08:05					▲
999-7	HCP 4 Mean	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	04:22:49	03:20:43					▲
999-7	HCP 4 90th Centile	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	08:01:14	06:21:05					▲
999-9	Hear & Treat %	6.30%	6.60%	7.20%	6.40%	6.20%	6.60%	8.60%	8.00%	6.00%	6.90%	6.90%	9.40%	7.90%	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	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-9	See & Treat %	34.60%	33.60%	33.80%	33.30%	33.40%	33.70%	36.30%	37.40%	35.20%	32.60%	32.10%	31.30%	31.60%	35.00%		−		▲
999-9	See & Convey %	59.10%	59.80%	59.00%	60.40%	60.40%	59.70%	55.10%	54.60%	58.80%	60.50%	61.00%	59.40%	60.50%	57.20%		−		▼
999-10	CFR Attendances	75	152	520	614	673	800	648	749	580	1034	1089	1337	1219					▼
999-10	FFR Attendances	192	171	201	171	190	224	175	205	142	316	260	364	241					▼
QS-4	Complaints Reporting Timeliness %	95.00%	95.00%	96.00%	83.00%	88.00%	95.00%	69.00%	95.00%	64.50%	88.00%		98.00%	96.00%	95.00%		+		▼
QS-5	Number of Complaints	56	73	55	82	65	69	61	69	48	64	68	72	116					−
QS-6	Number of Compliments	191	224	177	208	167	182	140	173	191	187	208	159	162					−
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	0.09	0.16					▼
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	0.21	0.23					▲
QS-14	Learning from deaths: Number of Structured Judgment Reviews	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 %	13.70%	29.10%	38.10%	27.90%	25.90%	20.50%	75.00%	60.70%	1.30%	12.10%	15.40%	36.10%	69.00%					▼
C-2	Number of BCIs	2	2	3	1	2	1	7	3	2	0	0	1	2	0		−		▼

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

Performance by Domain
Well-Led: Performance Dashboard

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

ID	Metric	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
WF-5	Appraisals YTD	22.90%	28.20%	31.70%	34.10%	36.70%	39.70%	41.60%	43.20%	45.70%	52.20%	3.40%	7.00%	9.10%					▲
WF-40	Appraisals Rolling Year %										52.20%	48.90%	40.90%	36.80%	80.00%		-		▼
WF-7	Annual Rolling Turnover Rate	13.90%	13.40%	12.60%	11.90%	11.70%	11.10%	11.20%	10.90%	10.50%	10.30%	10.80%	11.50%	12.10%					▼
WF-8	Annual Rolling Sickness Absence	6.00%	5.90%	6.00%	6.10%	6.20%	6.30%	7.40%	7.10%	7.30%	7.10%	7.10%	7.40%	7.60%	5.00%		-		▼
WF-9	Disciplinary Cases	9	6	4	4	3	3	2	1	1	4	9	8	2					▲
WF-10	Individual Grievances	8	7	5	10	11	8	9	8	5	8	10	8	8					●
WF-11	Collective Grievances	1	0	0	2	0	0	0	0	1	0	1	1	1					●
WF-12	Bullying & Harrassment Internal	2	2	5	3	3	5	1	1	1	6	5	4	1	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	33	36					-
QS-27	Freedom to Speak up: Open cases re possible patient safety issues												3	3					-
QS-27	Freedom to Speak up: Cases Closed in Month With Resolution											0	0	1					-
QS-27	Freedom to Speak up: Cases Closed in Month Without Resolution											2	2	1					-
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%	2.90%	2.80%					▼
WF-37	Diversity: Disability - declared %				3.40%	3.40%	3.40%	4.00%	4.00%	4.00%	4.20%	4.20%	4.20%	4.30%					▲
WF-38	Diversity: Disability - declined to declare %				46.30%	46.30%	47.90%	10.00%	10.00%	10.00%	7.80%	7.80%	7.80%	7.50%	0.00%		-		▲
WF-39	Diversity: Ethnicity - BAME %				5.30%	5.30%	5.30%	5.50%	5.50%	5.50%	5.60%	5.60%	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%	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%	8.40%	9.00%					▼
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%	6.20%	5.80%					▲

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

Performance by Domain
Well-Led: Performance Dashboard

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ID	Metric	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
WF-25	Number of Wellbeing Hub Referrals		112	104	112	124	98	112	95	96	115	111	138	125					▲
WF-30	Time from referral to offered wellbeing appointment (days)					14	14	14	14	14	14	14	14	14	14		=		●
999-27	% of Meal Breaks Taken										99.20%	91.00%	98.50%	98.60%					▲
999-28	% of Meal Breaks Outside of Window										49.90%	51.10%	54.90%	59.40%					▼
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%	60.20%	53.40%					▲
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	00:47:33	00:43:27					▲
999-16	Staff Successfully FIT-Tested %		93.90%	88.30%		90.50%		91.30%		91.30%		91.30%		69.90%	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%	0.60%	0.70%					-
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%	8.70%	10.40%					-
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%	4.90%	4.60%					-
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%		84.00%	83.30%		-		-
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%	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%	17.40%	29.00%	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%	81.00%	73.00%	0.00%		-		▲
IT-1	CAD System Uptime %												98.90%	99.50%					▲
IT-2	Telephony System Uptime %												99.20%	100.00%					▲
IT-3	ePCR System Uptime %												97.70%	100.00%					▲
IT-4	Number of Calls to IT Service Desk	974	1105	1168	1265	1310	1537	916	279	1436	1924	1324	1442	1214					▲
IT-5	Marval IT Requests Raised - IT Service Desk	1697	1702	1834	1764	1607	1870	1359	1561	1559	1847	1638	1705	1503					▲
IT-5	Marval IT Requests Raised - Critical Systems Team	549	523	451	480	668	523	480	539	694	724	728	757	765					▼
IT-6	Missed Calls to IT Service Desk	162	225	294	389	433	410	201	95	460	624	586	456	378					▲

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

Performance by Domain
Well-Led: Performance Dashboard

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ID	Metric	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Plan	Vs Plan	Full Year Forecast	Full Year Forecast Vs Plan
F-1	Income (£000s) Month	£22393.60	£22042.20	£22557.10	£22396.50	£22430.00	£22133.40	£23376.60	£23858.00	£26134.50	£35076.00	£23241.00	£23340.80	£23325.10	£23214.00	£111.10		
F-9	Income (£000s) YTD	£67058.20	£89100.40	£111657.50	£134054.00	£156484.00	£178617.40	£201994.00	£225852.00	£251986.50	£287063.00	£23241.00	£46582.10	£69907.20	£69863.00	£44.20	£275167.60	£205304.60
F-2	Operating Expenditure (£000s) Month	£22393.70	£22052.20	£22558.80	£22399.30	£23020.10	£23093.50	£24451.80	£25312.10	£24952.70	£38485.00	£23947.00	£24554.20	£24345.40	£24349.76	£-4.36		
F-10	Operating Expenditure (£000s) YTD	£67058.20	£89110.40	£111669.20	£134068.50	£157088.60	£180182.10	£204633.90	£230346.00	£255298.70	£293784.00	£23947.00	£48503.60	£72849.00	£72944.97	£-95.97	£285673.10	£212728.14
F-3	Capital Expenditure (£000s) Month	£861.53	£686.74	£1195.86	£1237.16	£834.38	£2343.59	£1080.59	£4378.10	£1223.15	£4138.00	£1618.00	£987.96	£983.67	£1109.00	£-125.33		
F-14	Capital Expenditure (£000s) YTD	£2377.53	£3064.27	£4260.13	£5497.30	£6331.68	£8675.27	£9755.85	£14138.03	£15361.18	£19499.00	£1618.00	£2605.91	£3589.58	£2946.00	£643.58	£140.00	£-2806.00
F-4	Cost Improvement Plan (CIP) (£000s) Month	£1022.00	£252.48	£147.52	£681.00	£71.00	£673.00	£8.00	£522.00	£478.00	£709.00	£0.00	£0.00	£150.00	£378.00	£-228.00		
F-13	Cost Improvement Plans (CIPS) (£000s) YTD	£1022.00	£1274.48	£1422.00	£2103.00	£2174.00	£2847.00	£2855.00	£3790.00	£4268.00	£4977.00	£0.00	£0.00	£150.00	£378.00	£-228.00	£5515.00	£5137.00
F-6	Surplus/Deficit (£000s) Month	£-0.10	£-10.00	£-1.70	£-2.80	£-590.10	£-960.10	£-1075.20	£-1454.10	£1181.80	£-3409.00	£-706.00	£-1213.40	£-1020.30	£-1135.76	£115.46		
F-7	Cash Position (£000s) Month	£43742.00	£46283.00	£46647.00	£46862.00	£48231.00	£46275.00	£46819.00	£41747.00	£51441.00	£40152.00	£36526.00	£36448.00	£35923.00	£27464.52	£8458.48	£27464.52	£0.00
F-8	Agency Spend (£000s) Month	£284.92	£210.65	£174.87	£259.01	£84.98	£81.95	£205.95	£106.34	£-80.27	£155.00	£169.00	£250.04	£107.24	£291.00	£-183.76		
F-16	Agency Spend (£000s) YTD	£586.27	£796.92	£971.79	£1230.81	£1315.79	£1398.74	£1603.68	£1710.00	£1630.00	£1784.00	£169.00	£418.90	£526.14	£886.00	£-359.86	£2638.40	£1752.40

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

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

Performance by Domain
Well-Led: Finance Dashboard

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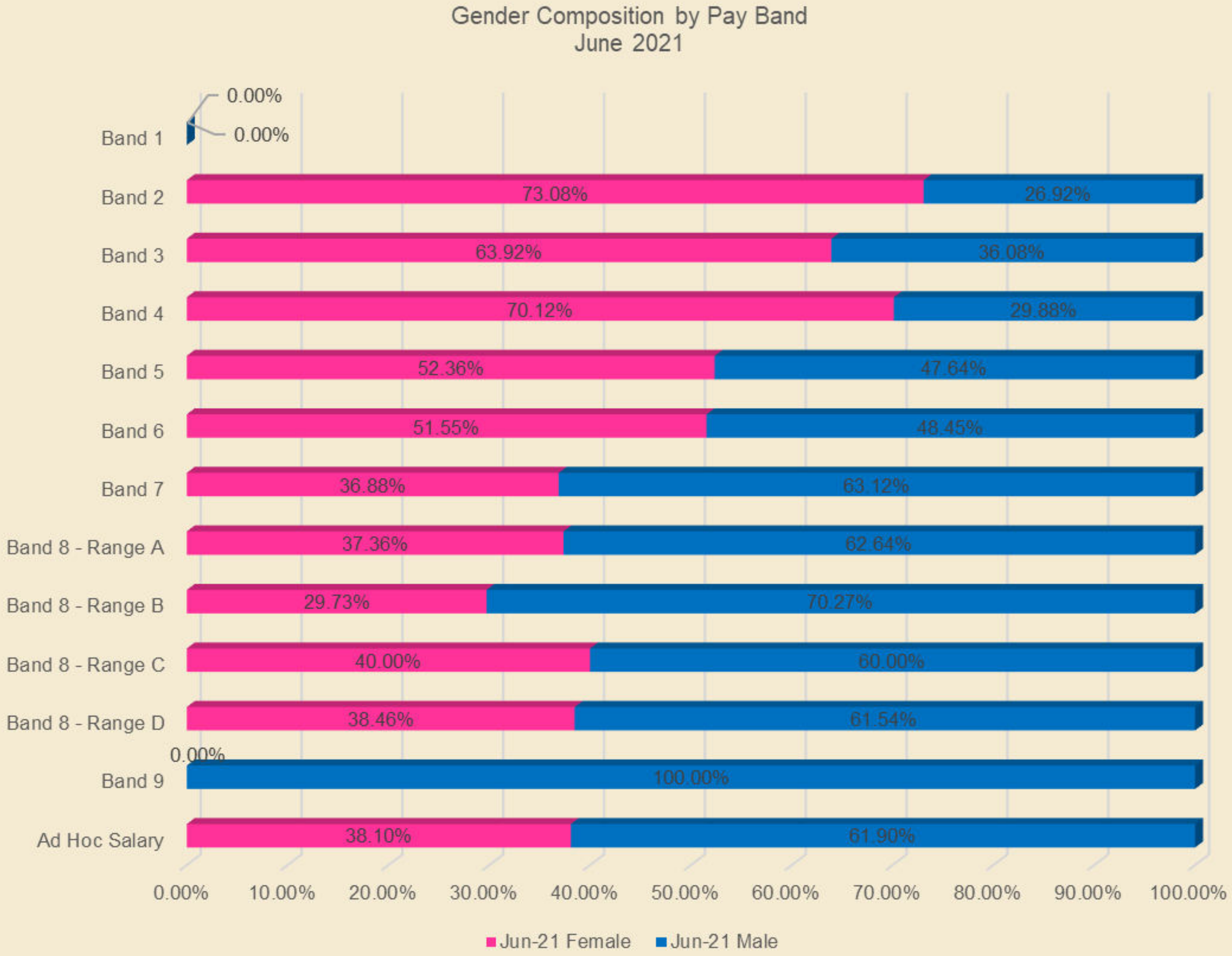
Key Performance Indicators

Month							Year To Date						H1 Forecast (to September 2021)			
% PY Var	£000 Prior Year	£000 Plan	£000 Actual	£000 Variance	% Variance		£000 Plan	£000 Actual	£000 Variance	% Variance	£000 Prior Year	% PY Var	£000 Plan	£000 Forecast	£000 Variance	% Variance
4.2%	**22,394**	**23,212**	**23,335**	**124**	**0.5%**	**INCOME**	**69,862**	**69,917**	**55**	**0.1%**	**67,058**	**4.3%**	**142,143**	**142,202**	**59**	**0.0%**
(4.2)%	16,788	17,468	17,499	(31)	(0.2)%	PAY	52,513	52,350	162	0.3%	51,058	(2.5)%	105,942	106,320	(378)	(0.4)%
(48.6)%	4,581	6,733	6,808	(75)	(1.1%)	NON PAY	19,994	20,193	(199)	(1.0)%	15,821	(27.6)%	40,370	40,035	335	0.8%
(13.8)%	**21,368**	**24,201**	**24,307**	**(106)**	**(0.4)%**	**OPERATING EXPENDITURE**	**72,507**	**72,543**	**(37)**	**(0.1)%**	**66,880**	**(8.5)%**	**146,312**	**146,355**	**(43)**	**(0.0)%**
(194.8)%	**1,025**	**(989)**	**(972)**	**18**	**(1.8)%**	**OPERATING SURPLUS/(DEFICIT)**	**(2,645)**	**(2,626)**	**19**	**(0.7)%**	**179**	**(1571.2)%**	**(4,169)**	**(4,154)**	**15**	**(0.4)%**
68.1%	150	146	48	98	67.2%	FINANCING COSTS	436	315	122	27.9%	179	(76.3)%	873	750	123	14.1%
(216.3)%	**876**	**(1,135)**	**(1,019)**	**116**	**10.2%**	**SURPLUS/(DEFICIT)**	**(3,081)**	**(2,941)**	**140**	**4.5%**	**0**	**-**	**(5,042)**	**(4,904)**	**138**	**2.7%**
0.0%	2	1	(107)	(108)	(10800.0)%	ADJUSTMENTS TO SURPLUS/(DEFICIT)	22	(110)	(132)	(6)	7	1671.4%	25	(107)	(132)	(528.0)%
(228.3)%	*878*	*(1,134)*	*(1,126)*	*8*	*0.7%*	*ADJUSTED SURPLUS/(DEFICIT) : CONTROL TOTAL*	*(3,059)*	*(3,051)*	*8*	0.3%	*7*	*(43685.7)%*	*(5,017)*	*(5,010)*	*7*	**0.1%**
% PY Var	Incidents Prior Year	Incidents Plan	Incidents Actual	Incidents Variance	% Variance	**A&E ACTIVITY**	Incidents Plan	Incidents Actual	Incidents Variance	% Variance	Incidents Prior Year	% PY Var	Incidents Plan	Incidents Forecast	Incidents Variance	% Variance
11.5%	58,709	65,083	65,449	366	0.6%	A&E ACTIVITY per Plan	198,740	195,722	(3,018)	(1.5%)	177,260	10.4%	396,811	391,444	(5,367)	(1.4%)
✓	1	3	3		✓	**USE OF RESOURCES RATING**	3	3		✓	1	✖	3	3		✓
	Prior Year	Plan	Actual	Variance			Plan	Actual	Variance		Prior Year		Plan	Forecast	Variance	
✖	1,022	378	150	(228)	✖	**CIPS**	378	150	(228)	✖	1,022	✖	2,871	2,871	0	✓
✓	862	1,109	984	(125)	✖	**CAPITAL**	2,946	3,590	644	✓	2,378	✓	7,785	9,173	1,388	✓
✖	43,742	27,465	35,923	8,458	✓	**CASH POSITION**	27,465	35,923	8,458	✓	43,742	✖	20,504	34,758	14,254	✓
✖	4,468	4,631	4,345	287	✖	**WTE**	4,377	4,405	(28)	✖	4,487	✓	4,385	4,362	24	✖
% PY Var	£000 Prior Year	£000 Plan	£000 Actual	£000 Variance	% Variance		£000 Plan	£000 Actual	£000 Variance	% Variance	£000 Prior Year	% PY Var	£000 Plan	£000 Forecast	£000 Variance	% Variance
62.4%	285	291	107	184	63.1%	**AGENCY STAFF**	886	526	360	40.6%	586	10.3%	1,731	1,052	679	39.2%
56.0%	1,191	1,084	525	560	51.6%	**PRIVATE AMBULANCE PROVIDERS (PAP)**	3,252	1,592	1,661	51.1%	3,188	50.1%	6,505	4,845	1,660	25.5%

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

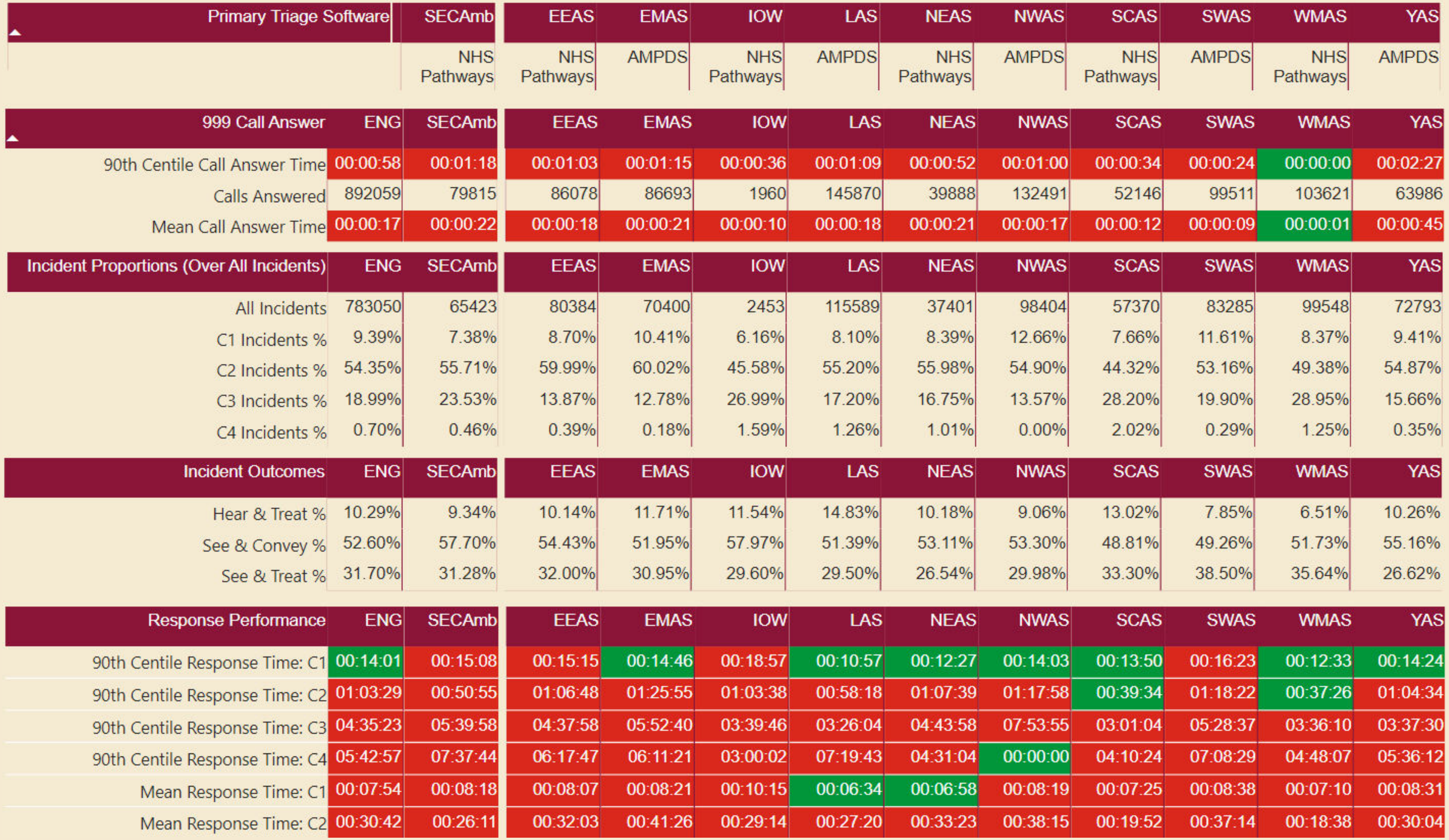
Performance by Domain
Well-Led: Gender Composition by Pay Band (June 2021)

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



National Benchmarking
999 Emergency Ambulance Service (June 2021)

Key indicators at a glance for June 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	00:00:58	00:01:18	00:01:03	00:01:15	00:00:36	00:01:09	00:00:52	00:01:00	00:00:34	00:00:24	00:00:00	00:02:27
Calls Answered	892059	79815	86078	86693	1960	145870	39888	132491	52146	99511	103621	63986
Mean Call Answer Time	00:00:17	00:00:22	00:00:18	00:00:21	00:00:10	00:00:18	00:00:21	00:00:17	00:00:12	00:00:09	00:00:01	00:00:45

Incident Proportions (Over All Incidents)	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
All Incidents	783050	65423	80384	70400	2453	115589	37401	98404	57370	83285	99548	72793
C1 Incidents %	9.39%	7.38%	8.70%	10.41%	6.16%	8.10%	8.39%	12.66%	7.66%	11.61%	8.37%	9.41%
C2 Incidents %	54.35%	55.71%	59.99%	60.02%	45.58%	55.20%	55.98%	54.90%	44.32%	53.16%	49.38%	54.87%
C3 Incidents %	18.99%	23.53%	13.87%	12.78%	26.99%	17.20%	16.75%	13.57%	28.20%	19.90%	28.95%	15.66%
C4 Incidents %	0.70%	0.46%	0.39%	0.18%	1.59%	1.26%	1.01%	0.00%	2.02%	0.29%	1.25%	0.35%

Incident Outcomes	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Hear & Treat %	10.29%	9.34%	10.14%	11.71%	11.54%	14.83%	10.18%	9.06%	13.02%	7.85%	6.51%	10.26%
See & Convey %	52.60%	57.70%	54.43%	51.95%	57.97%	51.39%	53.11%	53.30%	48.81%	49.26%	51.73%	55.16%
See & Treat %	31.70%	31.28%	32.00%	30.95%	29.60%	29.50%	26.54%	29.98%	33.30%	38.50%	35.64%	26.62%

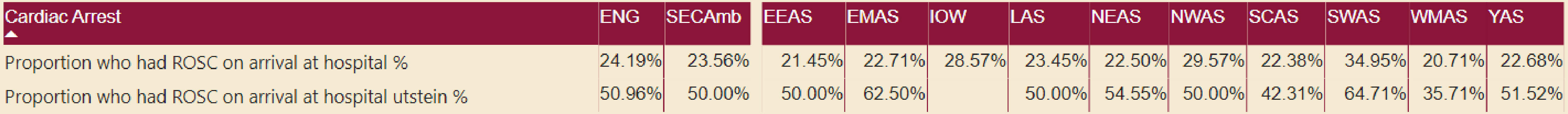
Response Performance	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
90th Centile Response Time: C1	00:14:01	00:15:08	00:15:15	00:14:46	00:18:57	00:10:57	00:12:27	00:14:03	00:13:50	00:16:23	00:12:33	00:14:24
90th Centile Response Time: C2	01:03:29	00:50:55	01:06:48	01:25:55	01:03:38	00:58:18	01:07:39	01:17:58	00:39:34	01:18:22	00:37:26	01:04:34
90th Centile Response Time: C3	04:35:23	05:39:58	04:37:58	05:52:40	03:39:46	03:26:04	04:43:58	07:53:55	03:01:04	05:28:37	03:36:10	03:37:30
90th Centile Response Time: C4	05:42:57	07:37:44	06:17:47	06:11:21	03:00:02	07:19:43	04:31:04	00:00:00	04:10:24	07:08:29	04:48:07	05:36:12
Mean Response Time: C1	00:07:54	00:08:18	00:08:07	00:08:21	00:10:15	00:06:34	00:06:58	00:08:19	00:07:25	00:08:38	00:07:10	00:08:31
Mean Response Time: C2	00:30:42	00:26:11	00:32:03	00:41:26	00:29:14	00:27:20	00:33:23	00:38:15	00:19:52	00:37:14	00:18:38	00:30:04

Note

As of 22/07/21, 8 out of 10 Ambulance Trusts in England had moved to the highest level of escalation available (REAP 4) with several declaring a Business Continuity Incident (BCI) in the previous 7-days.

National Benchmarking
999 Emergency Ambulance Service Clinical Outcomes (February 2021)

Key indicators at a glance for February 2021



Cardiac Arrest	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Proportion who had ROSC on arrival at hospital %	24.19%	23.56%	21.45%	22.71%	28.57%	23.45%	22.50%	29.57%	22.38%	34.95%	20.71%	22.68%
Proportion who had ROSC on arrival at hospital utstein %	50.96%	50.00%	50.00%	62.50%		50.00%	54.55%	50.00%	42.31%	64.71%	35.71%	51.52%

NB: NHSE’s most recent publication of national clinical outcomes no longer includes ‘proportion of cardiac arrests discharged live’ metrics.

National Benchmarking
NHS 111 CAS Service (June 2021)

NB: National KPI data for June 2021 was not available at time of publication

Appendix 1

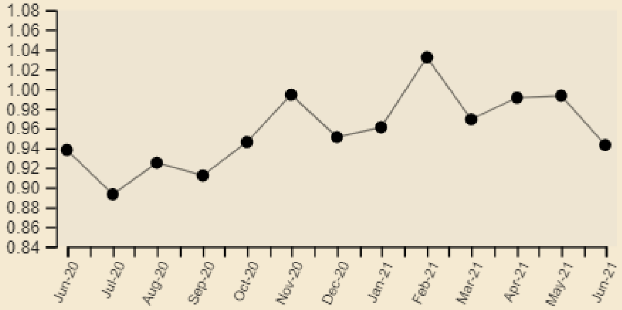
Performance Charts

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

999-12

999 Frontline Hours Provided %



June 2021

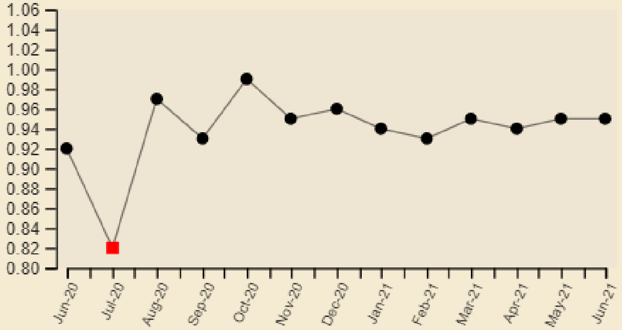
94.30%

Target

(Blank)

QS-7

Hand Hygiene Compliance %



June 2021

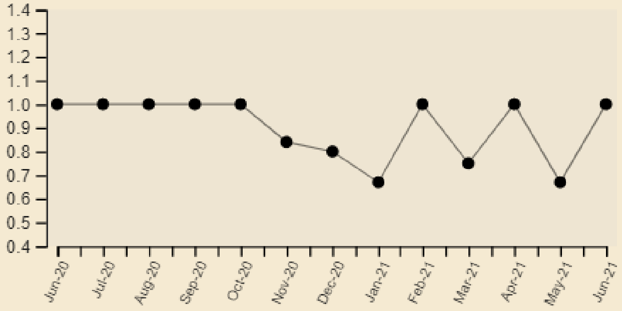
95.00%

Target

(Blank)

QS-3

Duty of Candour Compliance %



June 2021

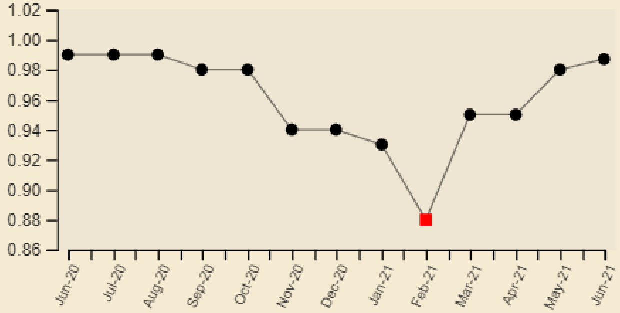
100.00%

Target

(Blank)

MM-7

Medicines Management % of Audits Completed



June 2021

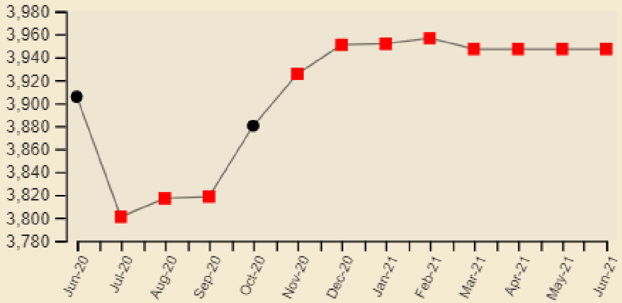
98.70%

Target

100.00%

WF-3

Finance Establishment (WTE)



June 2021

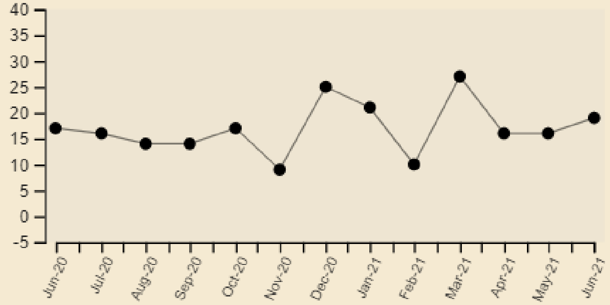
3946

Target

N/A

MM-5

Number of CD Breakages



June 2021

19

Target

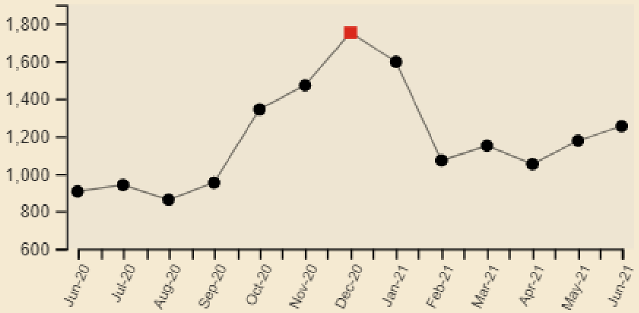
N/A

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

QS-1

Number of Datix Incidents



June 2021

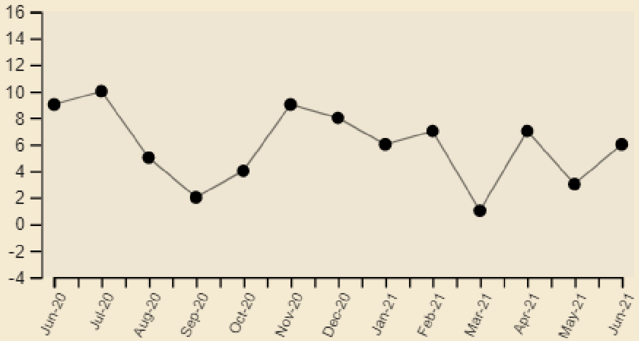
1253

Target

N/A

QS-2

Number of Incidents Reported as SIs



June 2021

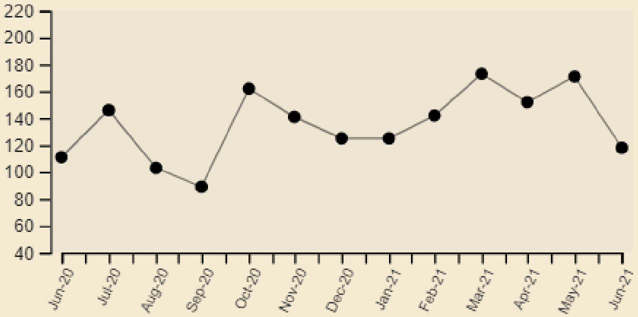
6

Target

N/A

MM-1

Number of Medicines Incidents



June 2021

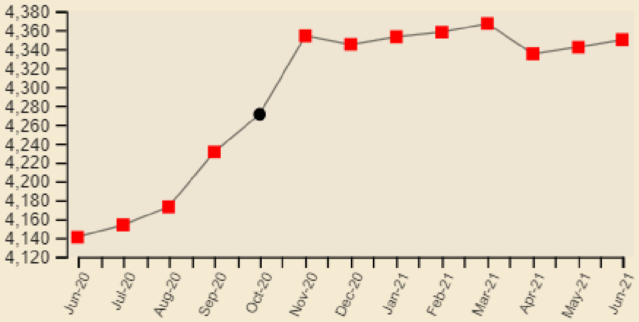
118

Target

N/A

WF-2

Number of Staff Headcount (Excl bank and agency)



June 2021

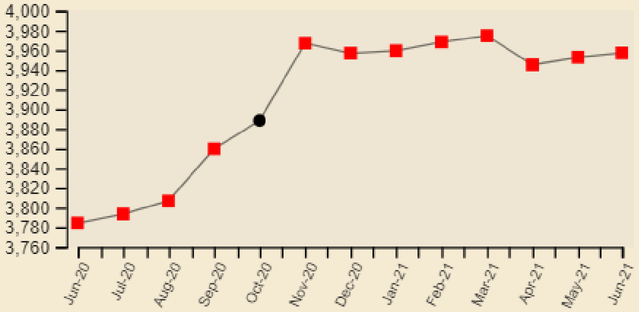
4350

Target

N/A

WF-1

Number of Staff WTE (Excl bank and agency)



June 2021

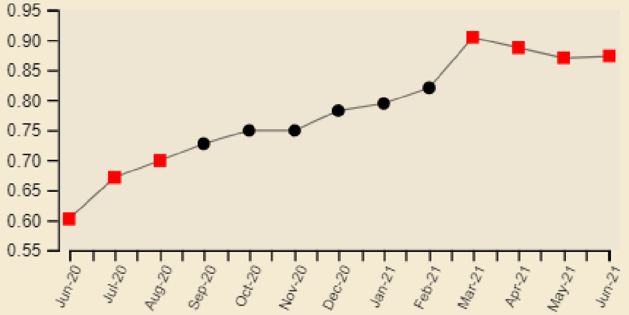
3957

Target

N/A

QS-8

Safeguarding Training Completed (Children) Level 2 %



June 2021

87.30%

Target

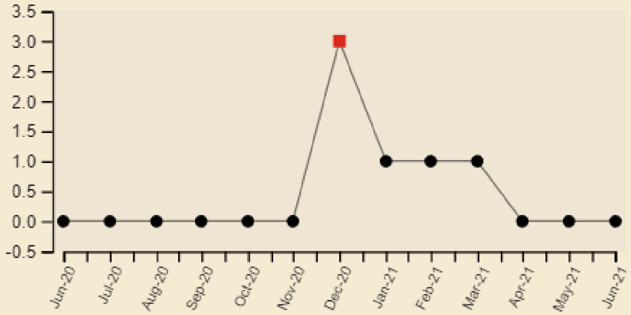
(Blank)

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



June 2021

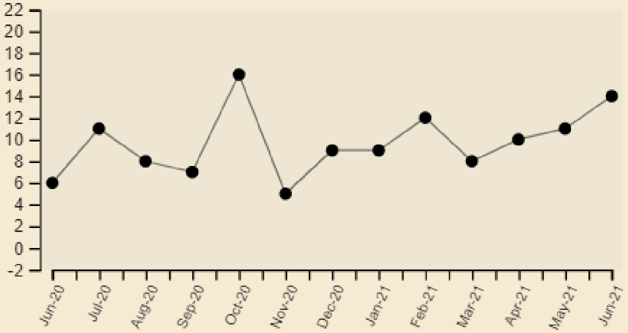
0

Target

N/A

QS-9

Number of RIDDOR Reports



June 2021

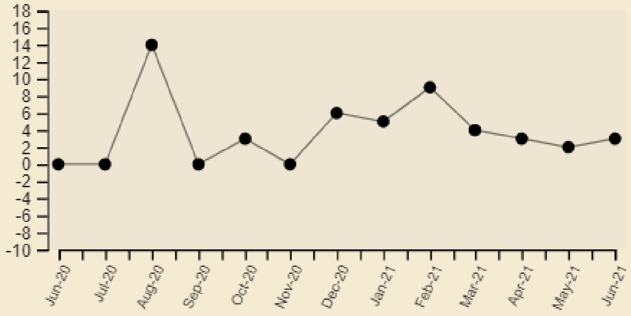
14

Target

N/A

MM-3

Single Witness Signature Use CDs Omnicell



June 2021

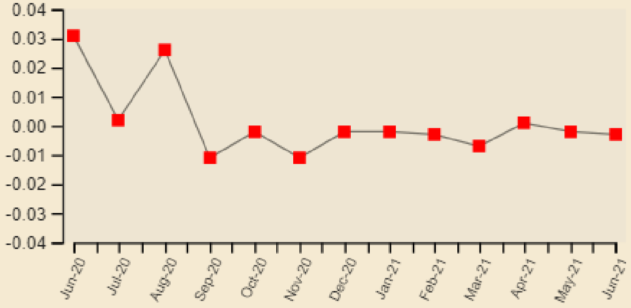
3

Target

N/A

WF-4

Vacancy Rate %



June 2021

-0.30%

Target

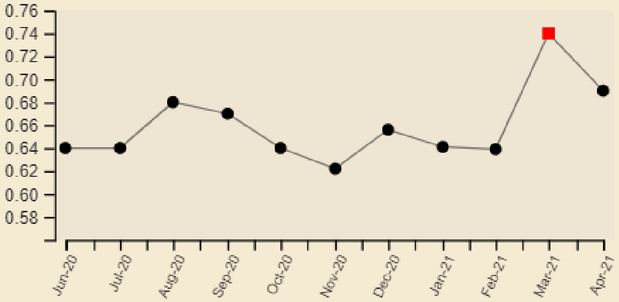
N/A

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-5

**Acute STEMI Care Bundle Outcome %



April 2021

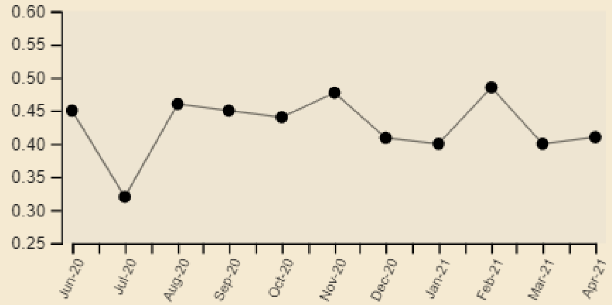
69.00%

Target

N/A

M-1

**Cardiac ROSC Utstein %



April 2021

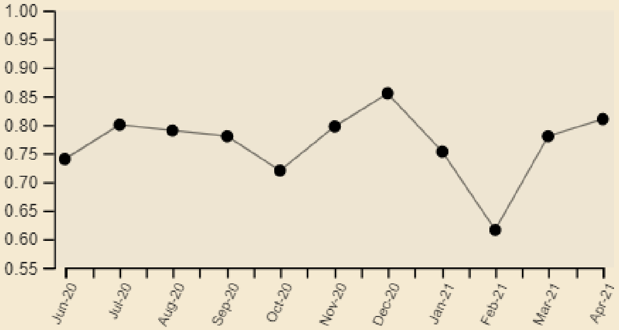
41.00%

Target

N/A

M-11

Cardiac Arrest - Post ROSC %



April 2021

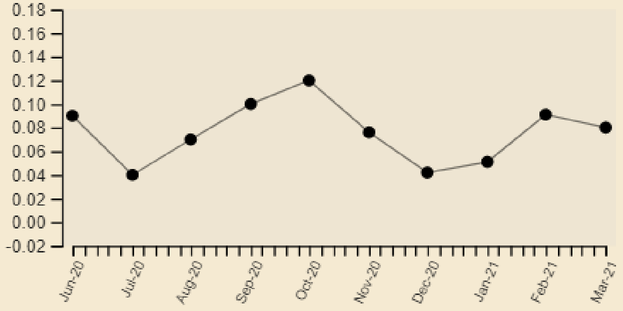
81.00%

Target

N/A

M-4

Cardiac Survival ALL %



March 2021

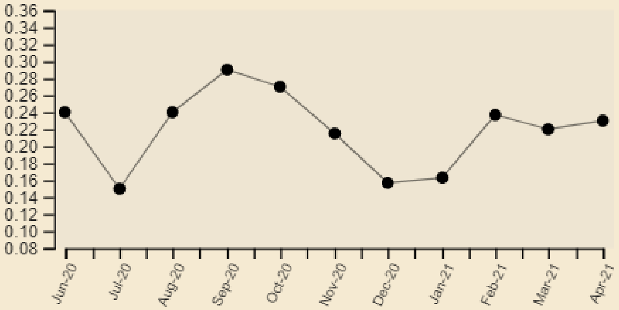
(Blank)

Target

N/A

M-2

Cardiac ROSC ALL %



April 2021

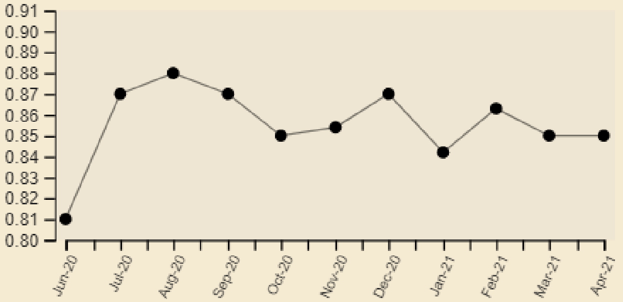
23.00%

Target

N/A

M-12

**Sepsis Care Bundle %



April 2021

85.00%

Target

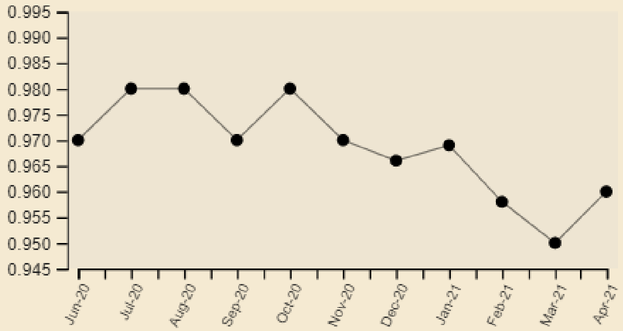
N/A

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 %



April 2021

96.00%

Target

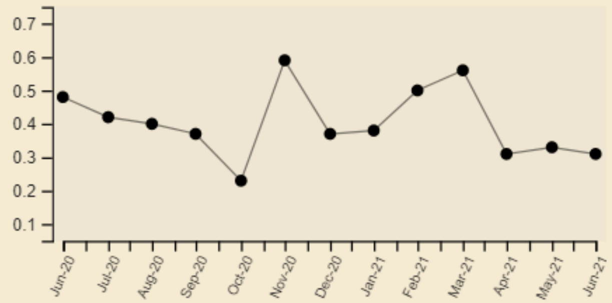
N/A

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 %



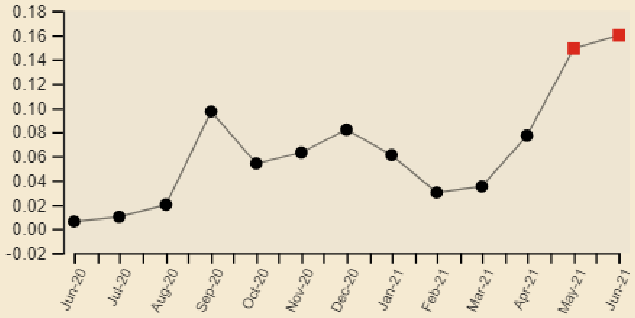
June 2021
31.00%
Target
N/A

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 %



June 2021

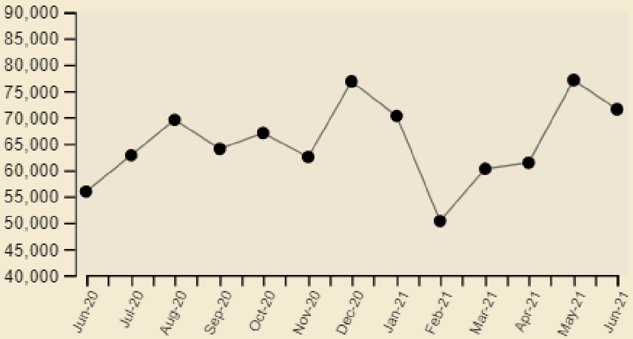
16.00%

Target

(Blank)

999-10

999 Calls Answered



June 2021

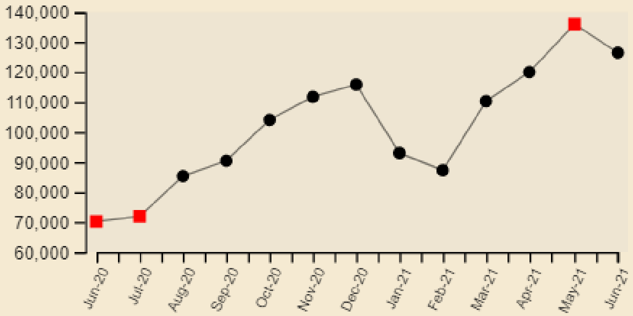
71529

Target

N/A

111-1

111 Calls Offered Actual



June 2021

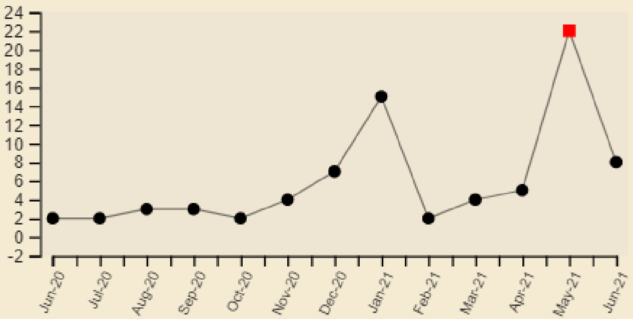
104059

Target

N/A

999-1

999 Call Answer Mean



June 2021

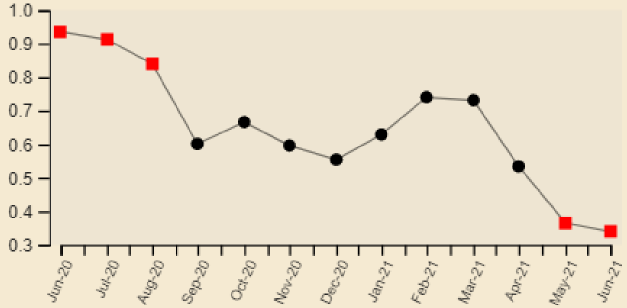
00:00:08

Target

(Blank)

111-1

111 Calls Answered in 60 Seconds %



June 2021

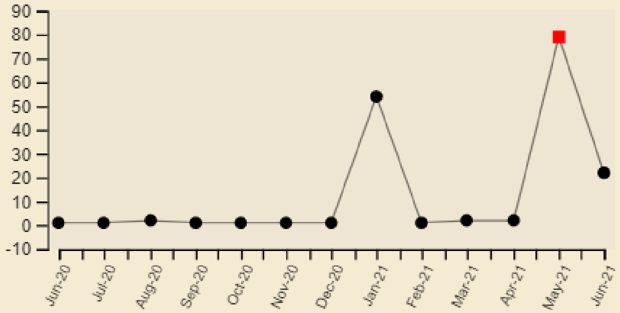
34.00%

Target

(Blank)

999-1

999 Call Answer 90th Centile



June 2021

00:00:22

Target

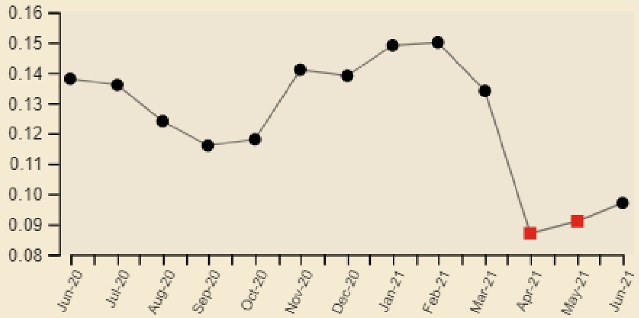
(Blank)

Performance by Domain
Responsive: Performance Charts

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

111-4

999
Referrals
(Answered
Calls) %



June 2021

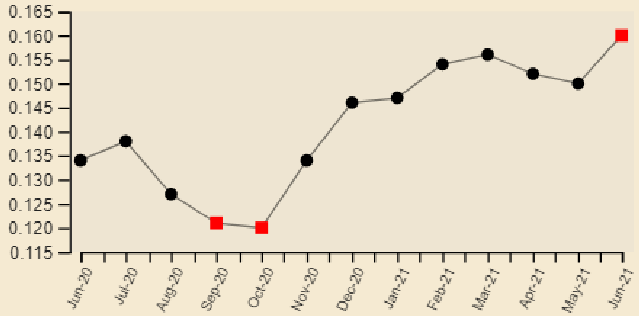
9.70%

Target

N/A

111-5

A&E
Dispositions
%



June 2021

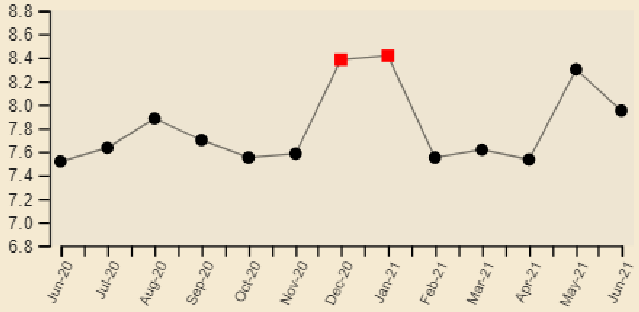
16.00%

Target

N/A

999-2

Cat 1 Mean



June 2021

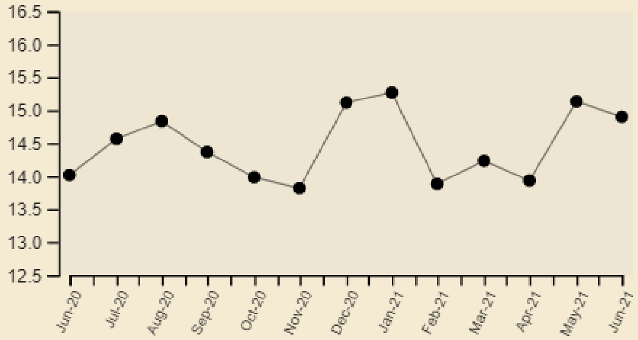
00:07:57

Target

(Blank)

999-2

Cat 1 90th
Centile



June 2021

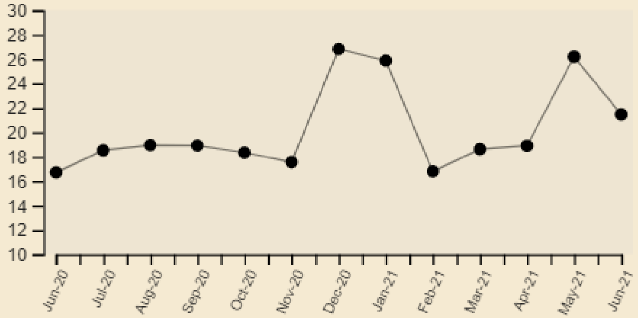
00:14:54

Target

(Blank)

999-4

Cat 2 Mean



June 2021

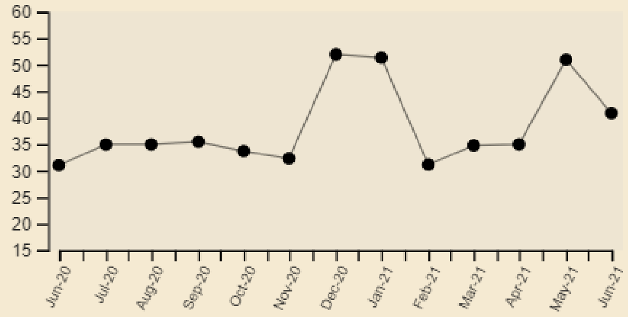
00:21:28

Target

(Blank)

999-4

Cat 2 90th
Centile



June 2021

00:40:51

Target

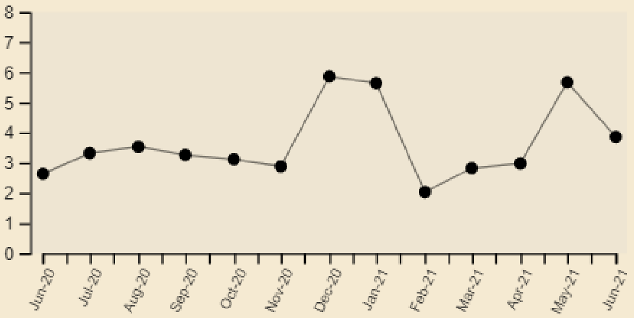
(Blank)

Performance by Domain
Responsive: Performance Charts

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

999-5

Cat 3 90th Centile



June 2021

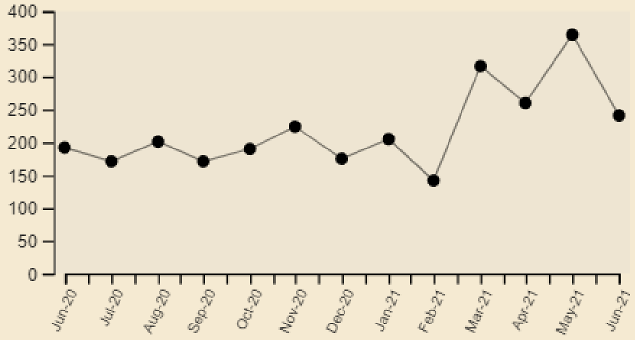
03:51:24

Target

(Blank)

999-10

Fire First Responder Attendances



June 2021

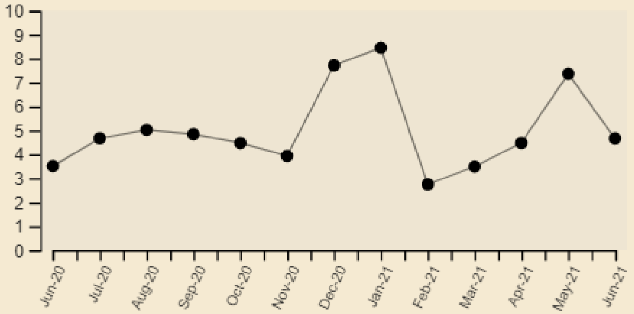
241

Target

N/A

999-6

Cat 4 90th Centile



June 2021

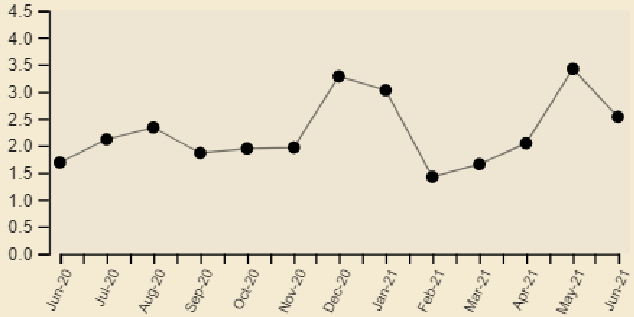
04:39:46

Target

(Blank)

999-7

HCP 3 Mean



June 2021

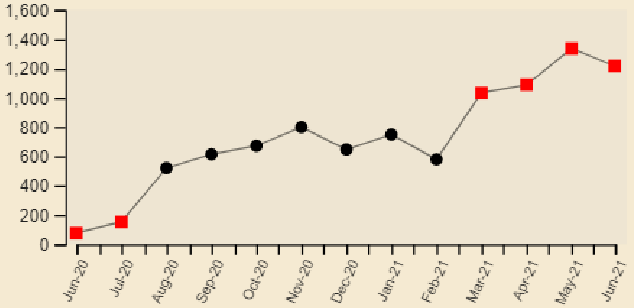
02:32:00

Target

N/A

999-10

Community First Responder Attendances



June 2021

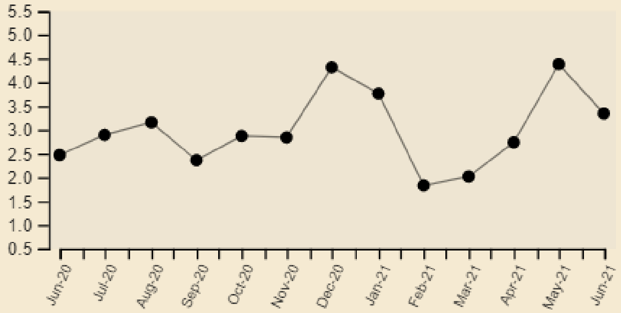
1219

Target

N/A

999-7

HCP 4 Mean



June 2021

03:20:43

Target

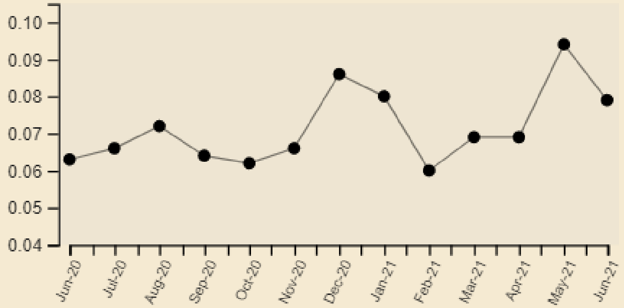
N/A

Performance by Domain
Responsive: Performance Charts

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

999-9

Incident Outcome Hear & Treat %



June 2021

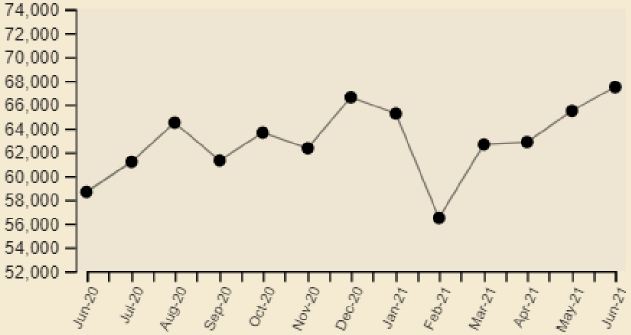
7.90%

Target

N/A

999-10

Incidents A7



June 2021

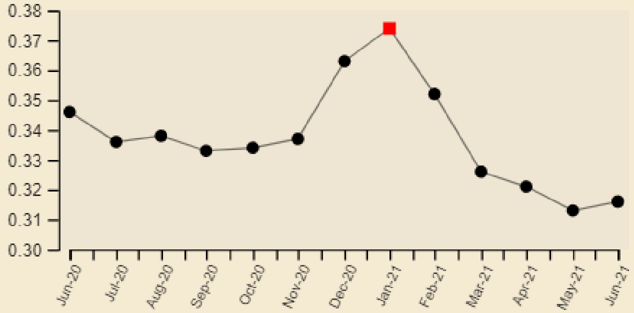
67474

Target

N/A

999-9

Incident Outcome See & Treat %



June 2021

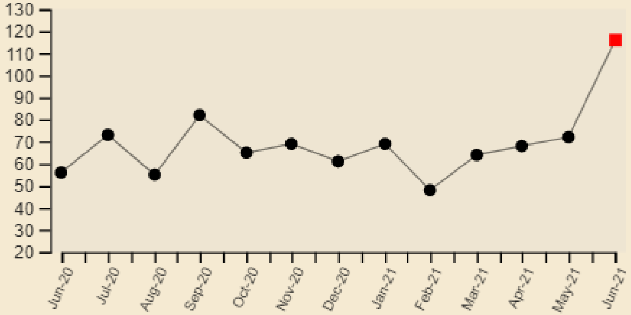
31.60%

Target

N/A

QS-5

Number of Complaints



June 2021

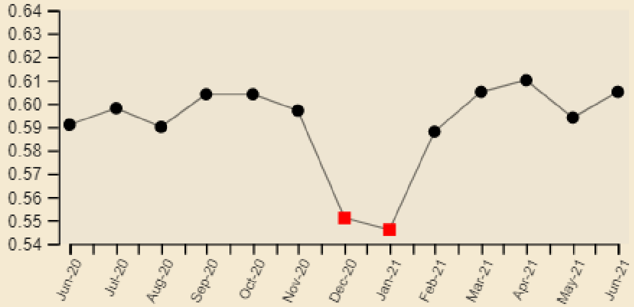
116

Target

N/A

999-9

Incident Outcome See & Convey %



June 2021

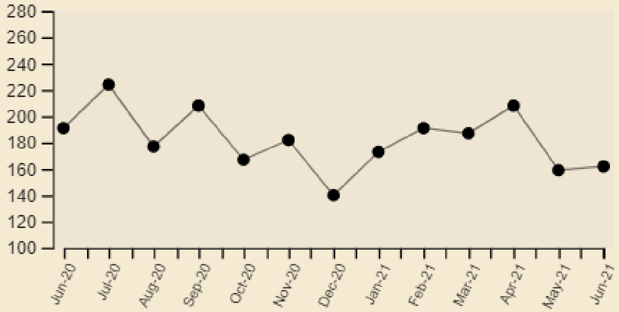
60.50%

Target

N/A

QS-6

Number of Compliments



June 2021

162

Target

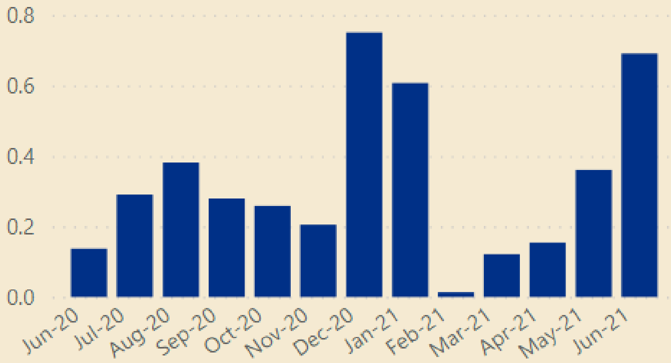
N/A

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 %



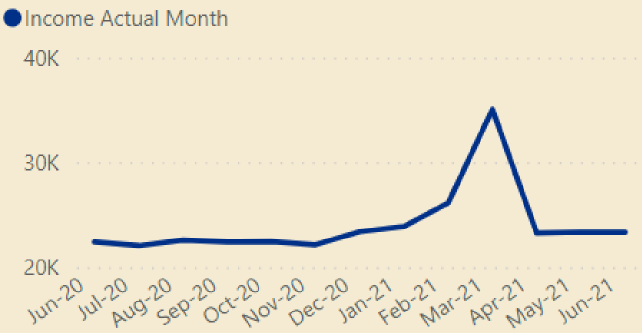
June 2021
69.00%
Target
N/A

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



June 2021

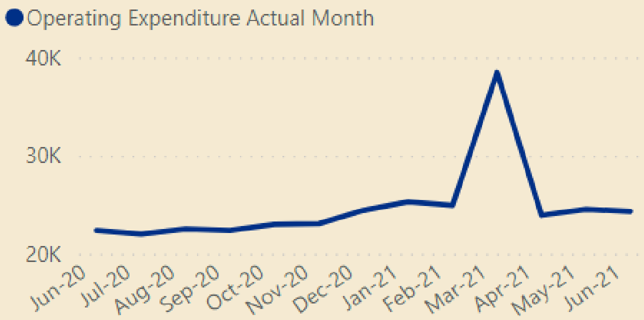
£23325.10

Plan

£23214.00

F-2

Operating Expenditure Actual Month



June 2021

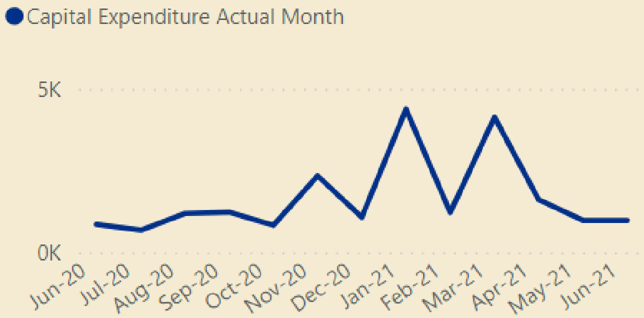
£24345.40

Plan

£24349.76

F-3

Capital Expenditure Actual Month



June 2021

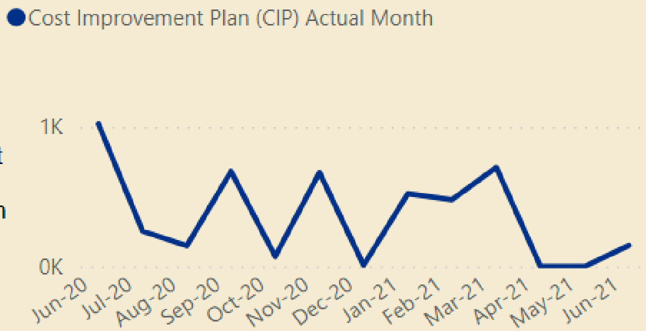
£983.67

Plan

£1109.00

F-4

Cost Improvement Plan (CIP) Actual Month



June 2021

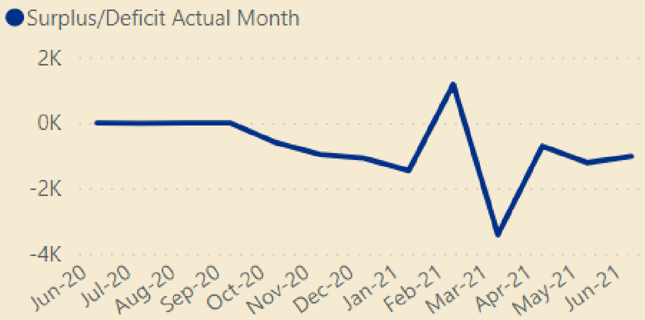
£150.00

Plan

£378.00

F-6

Surplus/Deficit Actual Month



June 2021

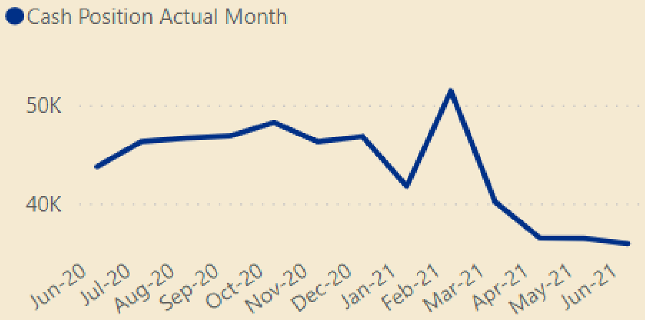
£-1020.30

Plan

£-1135.76

F-7

Cash Position Actual Month



June 2021

£35923.00

Plan

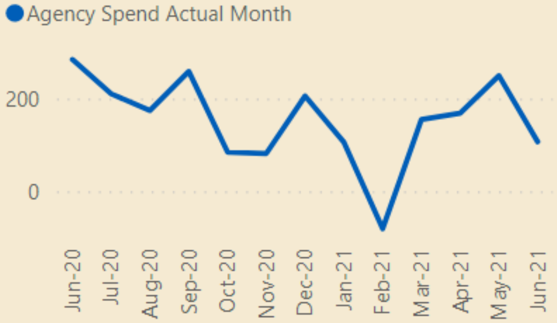
£27464.52

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



June 2021

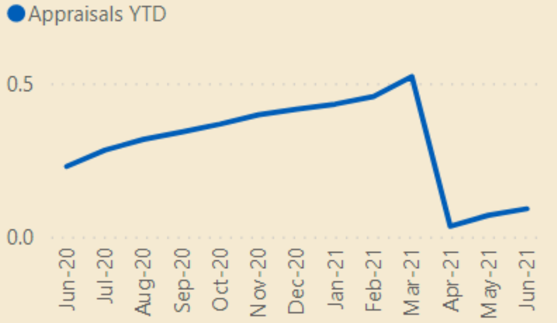
£107.24

Plan

£291.00

WF-5

Appraisals YTD



June 2021

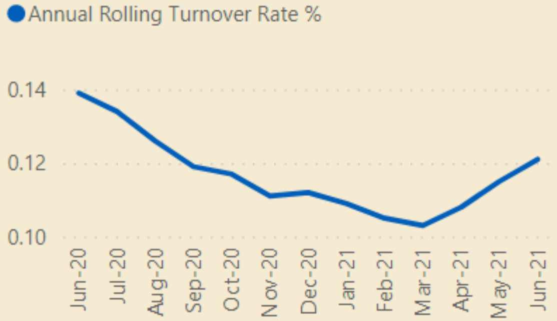
9.10%

Target

(Blank)

WF-7

Annual Rolling Turnover Rate %



June 2021

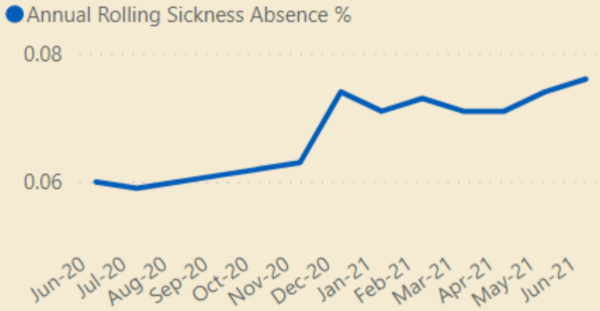
12.10%

Target

N/A

WF-8

Annual Rolling Sickness Absence %



June 2021

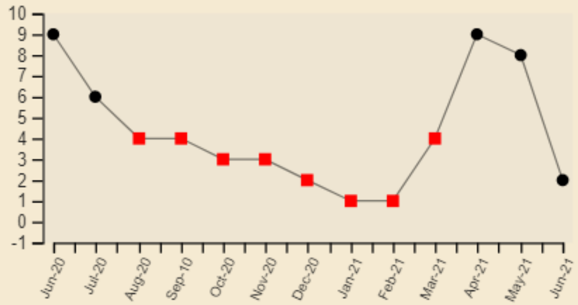
7.60%

Target

5.00%

WF-9

Disciplinary Cases



June 2021

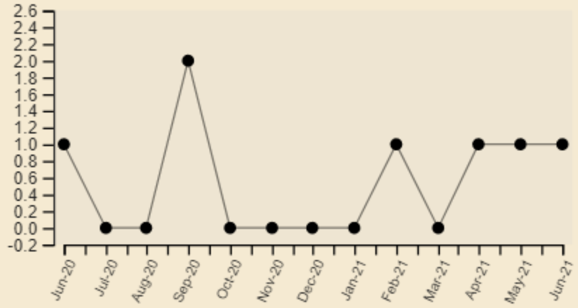
2

Target

N/A

WF-11

Collective Grievances



June 2021

1

Target

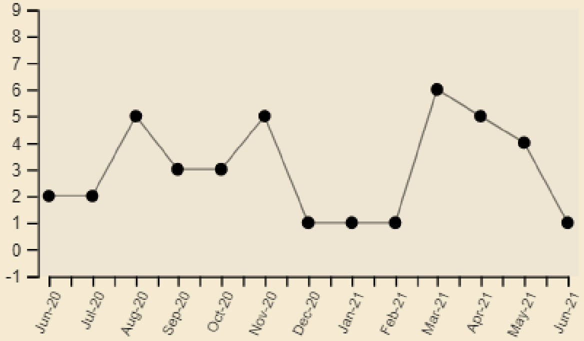
N/A

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



June 2021

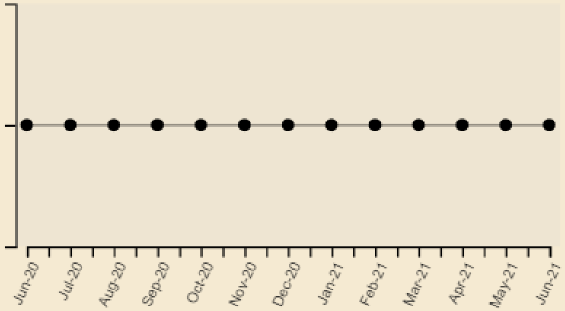
1

Target

0

WF-13

Whistleblowing



June 2021

0

Target

N/A

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
Omnicell	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

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

South East Coast Ambulance Service NHS Foundation Trust

SECAMB Board

Escalation report to the Board from the Workforce and Wellbeing Committee

Date of meeting	**28 May 2021**
Overview of issues/areas covered at the meeting:	**HR Performance Update** The committee continues to oversee progress with a range of issues, with increasing levels of assurance. The summary from the committee is as follows: E-Timesheets These are now embedding and the committee will look at the benefits from this new system in six months' time. E-Expenses Operations go live from July; the trial went well with no significant issues identified. P-Files At the time of this meeting the numbers of outstanding was in single figures, with assurance sought that these would be complete imminently. The Board will know that this has been a long-standing issue, originally identified through the Audit Committee, and we are now in a really good position. Significantly, from this work no issues have been found with any member of staff. The executive self-reported this to the ICO last year and we have confirmed the conclusion of this with them. Driving Licences The numbers of returns from staff asked to re-submit copies of their driving licenses increases and the relatively small numbers are being managed by OU. Operations were prioritised but now there is focus on support services staff. Payroll Provider The business case was agreed by the Board in May and the plan is to go live with the new provider from 1 October 2021, with a 12-week transition period ahead of this. The committee will consider a post implementation review in early 2022/23. **Workforce Planning & Recruitment** As requested by the Audit Committee, the committee reviewed the management actions arising from the Internal Audit review, which concluded in 2020/21. A verbal update was provided and to provide assurance that the actions taken have achieved the expected outcomes an assurance paper will be received shortly.

Clinical Education Improvement Update

A good paper was provided that covered progress in the following areas:

- The Rectification Program that has been put in place to support AAP and ECSW internal learners to program completion.
- Learners on the program with Crawley College.
- The L6 Degree Apprenticeship at the University of Cumbria
- The findings and agreed actions from the Internal Audit Review which concluded in May.

The Internal Audit helped to reinforce the need to continue to progress the clinical education strategy. The committee heard that a working draft should be available by the end of Q1. The committee noted another finding about the lack of KPIs and supported the steps being taken to include qualitative metrics. As with the earlier review, the committee will seek assurance that the actions being taken achieve the expected outcomes.

The committee explored the support we are giving staff / learners in the context of the small cohort for Cumbria (commissioned for 30 and achieved 17). The committee noted the specific reasons for this and was assured that we did all we could to fill this course. Management expressed a good level of confidence that future courses will be better filled. However, an after-action review was completed and, in liaison with other ambulance services, some changes to the application process has been made, in addition to improvements in the provision of information to enable informed decisions for potential applicants. The committee welcomed this.

The issue of diversity was also explored. The executive acknowledged that we need to do better. The head of clinical education sits on the Inclusion Group and uses this group to help find ways the Trust can become the employer of choice for people of all backgrounds. Currently, our approach is too passive and it was accepted that we must be more focussed and proactive.

The final thing for the Board to note is that the committee was reassured by management that there are adequate resources available to deliver what is currently needed.

People Plan

An update was provided on the work that has been done in the past year, linked to the People Plan. The committee acknowledged the past year has been unique, but despite the challenges of the pandemic some really good progress has been made, in part due to our established processes prior to People Plan being published, such as in wellbeing and inclusion.

The committee agreed that there are too many actions and, in light of all the competing priorities, supported the review being undertaken by the Executive Management Board

	to establish what is absolutely required and what is a nice to do, so that informed decisions can be made on what to prioritise. This will include how we measure and report **Retention** In early 2020 the Board approved the retention strategy, which was informed by our involvement in cohort 5 of Health Education England's 'Retention Programme' earlier in 2019. We initially aligned our strategy to deliver the national objective of improving retention by 1%, but then agreed a 'stretch target' of 30%. The paper considered by the committee summarised the actions taken to date and how far we have progressed against the 'stretch target'. It is clear that retention in the past year has been helped by the pandemic. There is more work to do, therefore, to understand more deeply the impact of the initiatives taken. The committee also supported the view of the executive that we must ensure the initiatives that have not yet been implemented are done so at pace. Smaller and more localised retention plans are also being considered. Acknowledging the link to the related BAF risk, the committee noted the data presented that confirmed an increase in paramedics leaving the service in April. It asked whether this was connected to the recruitment by PCNs but the data does not show this. An action was therefore agreed by the executive to establish how we can record if paramedics leaving the Trust are moving to other parts of the health system. As retention is so critical to the delivery of services the committee sought assurance that we have sufficient resources to deliver the actions needed. The executive confirmed that we do and reinforced that fundamentally we need to ensure staff have positive experiences of working for the Trust. **BAF Risk – Paramedics and PCNs** The committee picked up the discussion from the May Board development session and will keep this as a standing item to track the extent to which this significant risk materialises and seek assurance that the right mitigating actions are being taken. This must include ensuring improvement in the flow of paramedics and consideration to other options to increase the workforce, such as use of other health professionals. There was a good discussion about the pros and cons of a rotational model and more broadly how we ensure the right pathways for career advancement. Although we currently do provide a wider clinical portfolio than most if not all ambulance services, there are some roles such a paramedic practitioners with higher levels of attrition than we would expect. This is in part due to the offer from primary care. The committee then reviewed the **workforce and wellbeing dashboard**. There were no specific escalations and the committee noted that via the development of the IPR, the committee dashboard will be improved as currently it is not as clear as it could be. The

	new dashboard will more readily highlight the staff wellbeing /welfare indicators, which the committee will be ensuring greater focus on. On ER cases the committee welcomed the work to establish a new tool using power BI to provide better information on the type and location of cases, including timeframes. This has enabled much easier visibility and therefore tracking of cases. The committee noted that there are still a high number that have been open a very long time. The HR team is using this new tool to focus on hotpots and ensure intelligent allocation of resources such as OD interventions to reduce issues in these areas. The committee was assured by this step in the right direction. Time was also spent reviewing the work to improve **staff experience**, using the feedback from the staff survey and other sources. The Executive Management Board is scheduled to agree in June the areas of primary focus and the metrics to be used to assess progress in improving staff experience. A management response was received related to the steps being taken to manage **incidents of violence and aggression against staff**. This arose from an earlier Board meeting and some indicators in the IPR. The paper helpfully set out the various measures being taken but did not go that step further to confirm the extent to which the executive believe more can be done. A further paper providing this assurance will come to the next meeting. The body worn cameras trial was discussed and the committee reinforced the need for a proper evaluation as there was concern that the evidence is not strong on these cameras providing value for money in terms of prevention. Finally, there was an update on **corporate affairs.** This followed up the discussion in March which concluded that there is lots going on but a potential gap in coordination, leading to an inconsistent approach and some duplication. A proposal was put forward about how we might amend our approach. This was explored and feedback provided to inform the ongoing rview, which will need to include consideration to how we link a head of corporate affairs, partnerships, and strategy. The committee suggested running some issues through to test how the structure responds. The committee will return to this at its next meeting.
Any other matters the Committee wishes to escalate to the Board	None

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

Governors' Report on the Workforce and Wellbeing Committee

Date of meeting: 28 May 2021

Governors present: Harvey Nash and Colin Hall

NEDs present: Laurie McMahon (Chair) and Tom Quinn

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

1. Prior to the meeting:

We had an informative 15 minute briefing with Laurie M before the meeting in which he outlined the agenda, the likely main discussion areas and sought any areas of concern or interest from us. He explained that the necessary change to the meeting date had unfortunately meant the other two NED members (Terry P and Subo S) were unable to attend and neither was the SECAmb Chairman (David A).

2. Introductions:

LM made members aware of our observation, welcomed us and confirmed that he would be having a short feedback session with us immediately after the meeting. He welcomed new attendees by name at the start and ensured invited speakers were introduced and thanked throughout.

3. Attendance:

There was a good attendance of Executive Directors – Philip A, Fiona M, Peter L, Ali M and Bethan E-H (for most of meeting) plus a number of invited managers speaking on specific items.

4. Agenda:

The agenda and supporting documents were available in good time before the meeting and we had copies. The agenda was full and wide-ranging across people matters, including HR processes, people planning and recruitment, performance, potential risks (particularly around Clinical Education and the retention of paramedics and Primary Care Networks (PCNs)).

5. Discussion during meeting:

Topics were fully and openly discussed with both LM and TQ consistently checking and challenging: both NEDs were probing on Clinical Education and getting this back on track, TQ especially so. LM specifically checked sufficient resources available to the team involved. Both NEDs recognized progress and gave praise where due. On driving licence checks LM made the point that NEDs generally were surprised management had not pushed harder on resolving this. LM also emphasised the need for more data and action on retaining people, especially paramedics and PCNs. He also clarified with Philip Astle the roles of the Board and WWC to avoid any double-handling. There was constructive discussion on well-being (notably the need to integrate existing data to understand issues) and ‘violence and aggression’ towards SECAmb staff (with the trialling of body worn cameras being seen as positive).

6. Chair:

LM chaired the meeting very well, ensuring all queries were heard and responded to, taking topics out of order and allowing discussion to overrun where appropriate, but enabling full coverage and a short break. With LM and TQ the only NEDs attending, they were both individually more questioning than normal and worked well as a team in delving into subjects and clarifying actions and timescales. LM’s approach to us before, during and after the meeting was open, engaging and collaborative.

7. De-brief:

We spent 15 minutes after the meeting exchanging views with LM to mutual benefit.

8. Conclusion:

WWC has an immense agenda and a number of key challenges, but on this showing and despite the unfortunate absence of two NED members we gained considerable reassurance that the Executive Board is well engaged and being held to account effectively across the WWC remit. We are appreciative of the welcome and engaging attitude LM showed to us as observing Governors.

SECAmb Board

QPS Committee Escalation Report to the Board

Date of meeting	Thursday 22 July 2021
Overview of key issues/areas covered at the meeting:	**Management of Serious Incidents** The paper received provided the committee with an overview of the serious incidents (SI) the Trust had declared during May and June 2021. A summary of each case, and immediate actions, was included and this helped the committee get a much better sense of the issues. The majority of incidents related to delays, which reflected current operational pressures. There were six SIs declared in June and to-date this month there are already 14, some have been clustered reflecting the performance issues. In addition to the numbers increasing the level of harm identified is also increasing, which is a new trend. The committee reflected that the previous challenging period in December/January resulted in relatively few SIs, and the difference now is also that the pattern has changed as we are now seeing more incidents related to patients in category 2 (C2). This is because due to the current very significant challenges we are unable to consistently respond quickly enough to patients that are very unwell. The harm identified in patients in category 3 (C3) is relatively low despite some very long waits, reinforcing the shift in risk profile to C2. The committee acknowledged the current difficulty in matching resources with demand which is why the Trust is in the highest level of escalation, REAP 4, and why a Business Continuity Incident (BCI) was recently declared. It is understood that nearly every ambulance service in England is also in REAP 4. There was a good discussion about how we use our incident reporting and harm review processes such that in addition to identifying the issues and making recommendations resulting in actions, we also ensure a way to measure the impact of these. In other words, how do we know positive change has been made as a consequence? The committee welcomed the recent addition of including a measurement of effectiveness in the action plans and while it noted there is still some way to go, there is some progress which will be supported by the introduction of the new NHS l patient safety strategy. The committee will continue to seek assurance on this point. The committee is assured by the work of the Executive to ensure good incident reporting and identification of harm through the related harm reviews. In light of the increasing incidents and number of harm reviews needed, coupled with the need to ensure clinicians are in patient facing roles at this time, the Board should be aware that there will likely be an increase in the time it will take to conclude investigations. **Patient Safety in REAP 4** The focus here was on seeking assurance on the key actions being taken to keep patients safe while performance challenges persist. The daily harm reviews in place are focussing on C2 double breaches and 10% of C3 triple breaches. The committee acknowledges the distress and moral injury to staff that are tasked with undertaking these reviews, and to the staff in EOC and crews on the road for the impact on them from the current challenges that mean they are not always being able to ensure positive outcomes for patients, despite their very best efforts. In addition to the harm reviews looking back to identify ways to continually improve how we respond to patients the committee also explored the steps being taken in real time. There are a range of actions which include: • Optimising staffing, such as incentivising shifts. • Ensuring effective communication between clinicians in control rooms. There are routinely two clinical safety navigators (CSNs) who supervise groups of clinical

supervisors who in turn help manage the patients waiting for a response.

- A Strategic Medical Advisor joins all surge calls and flags specific issues to the CSNs from the calls waiting.
- Increased focus on C2 calls, highlighting to clinicians in EOC that the risk is shifted to C2s from C3s.
- When in sustained surge, consideration should be given to appropriate patients being advised to make their own way to hospital or to an urgent treatment centre.

The committee sought assurance that all the measures being taken is a careful balance of risk and uses the established governance including the quality impact analysis process.

The committee acknowledges that there are no simple solutions to these very unique challenges. While the measures supporting clinical decision making within the EOC will help ensure the most effective use of resources that ensures timely response to the most unwell patients, the fundamental reality is that the biggest positive impact will be from getting more staff back from sickness and self-isolation.

These very significant challenges are therefore likely to last several weeks if not months and so the committee will keep this under close review. We will schedule extraordinary meetings as and when needed, balancing the need for ongoing Board assurance with giving management the time to respond.

Bariatric Care
This was one of the routine scrutiny items and a very helpful paper was received that provided an overview of bariatric care including:

1. Details of vehicles & equipment
2. Activity – calls where the response involves the bariatric vehicles & equipment
3. Review of open SI actions and Datix incidents
4. Policy review & performance analysis

Although incidents requiring bariatric vehicles are infrequent (37 incidents a month on average) this is a very important service to those patients that need it. The committee heard about the difficulty in not always knowing which patients are bariatric and circumstances where non-bariatric vehicles / crews are used to ensure a timely response. The committee encouraged management to equip staff with the confidence to ask the sensitive questions needed to ascertain if a patient is bariatric. This will ensure better deployment and help mitigate some of the manual handling incidents that continue to occur.

It was encouraging to note the high number of safeguarding incidents reported, which demonstrates good staff awareness.

The paper listed a number of actions to improve the service, including a review of policies and procedures, and training, and the committee has asked for a management response to confirm they have been taken.

Medicines Management Review
Medicines management is a key area of quality and safety that the committee regularly seeks assurance on. A paper was received giving a helpful overview of the way we are managing medicines, highlighting the areas of good practice and where improvements are required. What the paper did not include was the actions being taken and so the committee has asked for a management response to set this out including timeframes. It will also use this opportunity to review the medicines strategy. This is being developed with some options around the continued use and development of the Omnicell. Linked to this will be consideration to what we should invest in and some of options will require not insignificant financial investment.

	In the meantime the committee is assured that we have a good and safe system of medicines management, albeit some processes are very time consuming. The audits completed demonstrate good levels of compliance. **Review of Clinical Services and Outcomes by Clinical Grade** The committee asked for a follow up paper related to the safety of discharge decisions made by the non-registered staff and Newly Qualified Paramedics (NQP) and the supporting mechanisms that govern these decisions. The paper was very clear, and management provided a frank assessment highlighting where there are gaps in assurance; specifically in whether this group of staff are consistently operating within their scope of practice. The committee supported the conclusion and the assessment of the actions that need to be taken. A paper will come back in September to quantify more clearly the risks and to set out the actions being taken. **Clinical Audit Annual Report** The Committee provided feedback on the draft report. It reflected that it is a good report and sets out helpful observations but lacks detail about what actions we are intending to take as a result that will make a difference. In response to the areas identified high risk we especially need to show what we plan to do, with an indication of timescales. The committee will receive an updated report at its next meeting.
Any other matters the Committee wishes to escalate to the Board	None.

SECAMB Board

Finance and Investment Committee Escalation report to the Board

Date of meeting	10 June 2021
Overview of key issues/areas covered at the meeting:	**Operational Improvement and Performance Critical Path** The COO presented an overview of the Operational Improvement and Performance critical path which incorporated the Better by Design (BBD) Programme noting this is presently in the planning phase. Ultimately the critical path depicts an overarching story of when things will change and in what period, and ascertain what metrics are impacting adversely or positively. Between now and October the primary effort will be grip and focus and holding Senior Manager accountable in driving best use of the resources available. Abstractions continue to be high and will continue to be, due to uncertainty around lockdown release, and A/L/staycations. Performance is expected to broadly remain the same until October. It is expected that between April 22 and March 23 all change processes around it will be embedded. Members also received an introduction to the Performance Cell, which will give the ability to forecast future activity using an algorithm based on a series of inputs into a model which give forecast activity and thus required workforce, fleet, etc to meet demand. Members noted this was internally developed but based on learning from SCAS. Members encouraged the Executive to robustly align ‘people’ to the ‘tools’ so both component parts are in the correct place. The whole change process will require, simplicity, support and engagement with staff and Unions to ensure everyone is on board, and FIC welcomed and supported this diversity of methodologies moving forward, accepting that it was well overdue. **Operational Performance – 999/111** The Executive Director of Operations presented a detailed review of present activity and trends. May continued to be a difficult month with higher activity and a 20% uplift in C1 incidents. The position up to last week was showing that performance was not improving across any ARP levels, although hear and treat and see and conveyance remained stable. Activity remains high and resourcing remains challenging across both 999 and 111 – in particular 111 is 30% below resources for health advisors and clinicians. Members scrutinised the figures presented, which showed an increase in the ambulance referral rates and noted that nationally the position was sitting at 50% which indicated that callers are continuing to reach out to 111. Members challenged the activities underway to turnaround the current position, noting daily and weekly calls remain ongoing with system partners and the Operational Improvement Plan is being rigorously applied. Handover times remain delayed with the biggest area of concern being Medway. Detailed discussion took place around primary care, and the trend with people declining primary care dispositions when told to contact their GP, thus resulting in an increase in CAS.

	Overall, the committee is assured that despite this very difficult period, everything that can be done with the resources available is being done, and that the Better by Design Programme was now underway to address the medium /longer term performance challenges. **Make Ready & Strategic Estates Update** A report was received around the progress of the Banstead and Medway MRC's along with a general update on Strategic Estates. Banstead is progressing well, Medway was still subject to a minor delay due to the disconnection of utilities. Members were pleased to note that some planned collaboration was taking place around potential additional parking at Medway, noting parking had generated some concern amongst the staff affected by the move. FIC requested to see the Travel Plan associated with Medway once available. Detailed discussion took place around the Disposal programme and VFM, and members look forward to reviewing an updated paper around how the estate valuations are achieved noting the dip in land values this past year, and the need to release excess property no longer required. Ambulance Community Response Posts (ACRP's) were discussed versus impact on Operational performance, and the wider impact on strategic estate investment and how capital spend is prioritised, acknowledging that the Better by Design Programme will assist in aligning the Ops model to this. **Commissioning Contracts** Members were assured by the update paper on NHS commissioned contracts and services, and encouraged the Executive to widen their knowledge around PAP activity, using other Trusts and Providers to benchmark activity and costings. The Joint Commissioning Forum chaired by David Hammond is proving to be a successful and valuable meeting, which will promote continuous business development and align the Trust to the ICS's. Interfacility transfers require more scrutiny around contract versus delivery. Members noted the historical and legacy issues connected with the Air Ambulance contract. **Budget Update 2021/2022 / Financial Performance & Planning** The Associate Director of Finance presented an overview of the current financial position, which broadly depicted the Trust was on track at the end of Month 1. The planned deficit for the month was 700k and actuals were in line and still projecting a half year deficit of £5m. The cash balance remained healthy, due to some additional funding but this will start to decrease as the year progresses due to projects such as Banstead MRC. The Month 2 plan was a £1.2m deficit and there appears no change to that forecast. Members discussed the various cost pressures, noting the provision for the 'Flowers' case (recognition of holiday pay for overtime pay) which is estimated to be between £1m - £2m, with ongoing costs every year, noting the more use of overtime the more backlog of holiday pay will be accrued. Members agreed the Workforce Model needs addressing otherwise it will

continue to increase the recurrent cost base significantly.

COVID costs continue to be supported and the general view is that the methodology on COVID costs will be broadly the same as the previous year, and likely there will be no expectation to return any funding around it. Some underlying operational costs are being funded by COVID, so this could create an issue if indeed monies are withdrawn. Due to COVID, activity remains higher than the block contract. Members noted the risk around funding for the second half of the year being reduced, and urged the Executive to ensure they are prepared in respect of the Trust's own cost base to mitigate any surprises, and ensure the Board is sighted on any post COVID surge.

Detailed discussion took place around 111 activity which was 39.4% higher than contracted, yet we continue to face call performance deterioration. As funding as not historically been available recurrently, this has gone at risk these past 18 months, but plans are approved to recruit more call handlers, which in turn will align and improve areas around average call time handling and calls completed per hour.

CIP figures were reviewed to identify reducing cost base in certain areas, with a longer term trajectory for future structures applied. It was noted that half of the CIP's from the previous year were delivered non currently, and long term recurrent savings remain as the key focus.

FIC challenged the Committee to review PAP activity, this was showing £519k against a plan of £1m, and this did not sit right considering the current pressures being faced. This could be down to reconciling or invoicing but needed to be reviewed.

Financial Planning

Members acknowledged the unknowns relating to the second half of the financial year, and challenged the Executives around accepting a £10m deficit and whether more could be done, particularly around being sighted on the ICS financials, and ensuring potential for over provision to position the Trust in the best place financially for the following year. The formal planning guidance expected out around mid to late June will help navigate some of these concerns, although it will remain a managed situation going forward.

Capital Programme

The current Capital Programme was submitted to NHSE&I in April 2021 and is a capital only submission in accordance with the national timetable. Members reviewed the five year capital plan presented noting the £35m investment for 2021/22. Changes to the overall ICS plan do not affect SECAmb in the current year, although there may be a need to rephase schemes in future years.

Members were assured by the planned progress of Capital Investment.

Business Case Tracker

Members reviewed the planned BC's for the year ahead noting there was a 200% increase on the previous year, due to COVID, an increase in change

	activity and tighter controls generally. Members looked forward to receiving the Benefits Realisation from some of these cases which were planned for review at FIC later in the year. **Electronic Patient Prescribing (EPS)** Members noted the task and finish group surrounded the project had now ended as EPS had now been deployed into Cleric. Members were pleased to note GP prescribing is up and running. EPS now sits with the Operations Directors as BAU. Richard Quirk will continue to lead on non medical prescribing which is the background work to allow Pharmacists to prescribe. Members congratulated the team on the EPS project but challenged the Exec to capture the efficiencies, noting they will mature as the service embeds.
Any other matters the Committee wishes to escalate to the Board	The Exec are continuing to look at opportunities and research with other Trusts around how they are utilising Patient Transport Services with PTS leadership and what others are doing.

SECAMB Board

Summary Report on the Audit & Risk Committee

Date of meeting	**15 July 2021**
Overview of issues/areas covered at the meeting:	In light of the current operational position and level of escalation the Trust is in, the committee focussed its agenda to limit the impact on management time. The meeting covered the following areas: ▪ Internal audit progress report ▪ Counter Fraud ▪ BAF / Risk Management
Internal Audit	Two reviews were considered. **Data Security and Protection Toolkit –** Advisory Review This review helped to demonstrate a good level of accuracy in our self-assessment whereby 12 out of the 13 audit assertions were agreed, noting the further work included in the three management actions. RSM confirmed that this was a positive review and the areas it identified were not areas that will lead to non-compliance but rather more about improving compliance. The committee was assured that the focus on the mandatory items ensures good basic controls. It asked for a management response to come back to confirm the importance of the non-mandatory items and how we are taking these forward. **Station Visits –** Reasonable Assurance The committee was assured by the outcome of this review and by the feedback from RSM about how well-prepared staff were for this review. RSM also reflected on how management often points them to potential areas of concern, which they felt demonstrates a healthy learning culture. The one area of concern related to fire safety. The issue relates to some potentially ambiguous wording in the fire safety policy which led to some confusion about when the fire assessments needed to be renewed. The committee was assured these are reviewed regularly, and the renewals every five years is consistent with the regulations. However, the issue with how the policy is worded causes some concern about the robustness of the related controls, which the committee explored in some detail. Corrective action is being taken. There continues to be good and timely management follow up on the actions agreed from the internal audit reviews.
Counter Fraud	The annual report considered at this meeting demonstrates a positive (green) rating against the national standards. The committee's assessment is that we have a good counter fraud culture and the learning over recent years has led to tighter controls. RSM confirmed some changes to how savings arising from counter fraud are to be

	reported nationally and the committee asked that we reflect this clearly next year as there is likely to be a marked increase (in savings) due to the way this will be counted.
BAF / Risk Management	In the context of the BAF risks and the summary of risk profile within the risk register, the committee had a good discussion about our approach to risk management. The executive set out some of the issues that are being addressed, in part by a new risk management process. These relate to the timeliness of reviews; the way risks are described and the consistency of risk scoring. The committee has confidence that the executive will continue to make the necessary improvements in these areas. The committee challenged the executive to include more timeframes for risks, so it is easier to hold to account for delivery of the controls and related actions. It also challenged the executive to think more about contingency planning, because for those risks more difficult to mitigate, such plans will help ensure better management when the risks materialise.
Other matters	The committee also tested the governance arrangements in place for the **Better by Design Programme**. While it is assured by the current arrangements, it suggested taking a further view at the Board (possibly at the development session in August) to review the extent to which the overlaps with the purviews of some of the Board committees might lead to a slightly different approach to oversight. The committee also received a paper on **single tender waivers**. It reviews this at least annually and continues to be assured by the processes in place that significantly minimises its use.

SECAMB Board

Charitable Funds Committee Escalation report to the Board

Date of meeting	15 July 2021

Overview of key issues/areas covered at the meeting:

Fundraising Activity

A detailed paper was shared around the fundraising that has taken place to July 2022 This includes donations received from members of the public, via the Just Giving page and the monies received from NHS Charities Together. Members were pleased to note these donations and equally pleased that the monies had been put to good use within the Trust, namely:

- £41k to date spend by Directorates on items such as water bottles, gift vouchers, recreational equipment, garden accessories for stations.
- £23k on wellbeing initiatives such as sleep workshops and online fitness and wellbeing classes
- £27k earmarked for positive action training for BME colleagues
- Use of the general fund to support hardship, serious illness and wellbeing requests.

TOR and Cycle of Business

Members scrutinised the TOR and cycle of business, and agreed it required some updating, the TOR need to contain the constitution and the charity objective, and members agreed that the strategy and stakeholder engagement needed to be included in the cycle of business to ensure direction of travel and to capture all current and proposed initiatives.

Financial Accounting

Members noted the year end accounts to 31 March 2021 and the summary accounts up to 31 May 2021. These displayed an overall balance of around £200k. Detailed discussion took place around recognising those immediate and urgent initiatives that can be dealt with at pace. Staff welfare and wellbeing were recognised as being key areas to support.

Volunteer Strategy

Members agreed that the present Strategy needs refreshing as it was originally written in 2018/19. The pandemic has created new ways of working and seen huge contributions for volunteers in ways not seen before in the Ambulance service.

The Committee noted following a workshop with CFR teams earlier in the year that the process to procure goods/items could be improved. Members encouraged the Volunteer Services team to review processes and identify any improvements that can be made.

Summary

In summary, the committee is content with the financial position, in the context of the pandemic, and the resourcing currently available to promote the Charity. The Committee is assured with the financial accounts and fundraising activities which have taken place this past year and gave special thanks to Wellbeing, Finance, Operations and Corporate Governance Teams for their efforts in this area especially over the past 12 months of the pandemic.

	The Committee also encouraged the Executive to work at pace to consider recruiting a substantive person, with the relevant skills and charity experience, to manage and promote the activities surrounding the fund and the wider CFR fundraising going forward.
Any other matters the Committee wishes to escalate to the Board	The committee also wanted to ensure that the CEO was happy that the monies given during the COVID pandemic have been used in the best ways possible and will ask this at the Board meeting in two weeks.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

Governor's Report on the Charitable Funds Committee

Date of meeting: 15 July 2021 – virtual format

Governor present: Harvey Nash

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

1. Prior to the meeting: Received link, agenda and papers in good time.

2. Introductions: Welcomed by CFC Chair and invited to comment during meeting.

3. Attendance: Both CFC NED members present – Michael Whitehouse (CFC CH) and Howard Goodbourn, together with David Hammond (Chief Operating Officer and Director of Finance) and Emma Williams (Director of Operations) plus Angela Rayner (Head of Wellbeing and Inclusion), Kevin S and Justine Buckingham (Secretary), also attending were both David Astley (Board Chair) and Philip Astle (CEO).

4. Agenda: Received well in advance and covered previous minutes, actions, updates, plans and finances and linked with provided supporting papers.

5. Discussion during meeting: Wide ranging with inputs from all attendees. Generosity of both companies and public during pandemic praised. Funding tranches from 'NHS Charities Together' and uses of these discussed. Very good constructive discussion of future foci and actions, with strong focussed questions and suggestions from both NEDs. All, but especially the two NEDs showed a good grasp of both internal and external factors. Several actions (both short and long term) were agreed with a focus on early impact and best use of funds.

6. Chair: Business-like, involving approach ensuring everyone had multiple opportunities to contribute. Provided useful summaries of agreed actions with a consistent regard for early demonstrable progress. Aware of time and balanced this well with need for full discussions, ran over by a few minutes but covered everything.

7. De-brief: Chair asked for immediate feedback and any issues. We had a short but positive discussion and a couple of ideas I offered were welcomed.

8. Conclusion: Very good well-run meeting with good contributions from all attending and very clear questioning, action orientation and challenges from both the NEDs. The additional presence of both the Board Chair and CEO usefully reinforced the debate and underlined commitment to this activity. With the agreed actions I am fully assured that CFC is operating effectively with active NED oversight.

South East Coast Ambulance Service NHS
NHS Foundation Trust

	Item No	H
Name of meeting	Council of Governors	
Date	03.09.21	
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 July and August 2021 to date. Section 4 identifies management issues I would like to specifically highlight to the Council.

2 Recognising the current operational pressure the Trust is under, this Report will reflect only the key issues affecting us at present.

A. Local Issues

3 **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.

4 As part of its weekly meeting, the EMB regularly considers quality, operations (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.

5 The key issues for EMB during this period have been operational performance and patient safety, however, other issues overseen include:

- Introduction of the Performance Cell
- Commenced a review of structures to ensure they are right-sized and well aligned to operational delivery
- Agreed approach to improving staff experience

6 EMB have also discussed and agreed the following investment decisions:

- Body Worn Cameras trial
- Performance Cell Implementation
- Make Ready Service and Building Cleaning Contracts

7 **Engagement with stakeholders and staff**
During recent weeks, I have continued my on-going programme of spending time at our Trust locations, including both EOCs, Ashford 111, Brighton, Worthing, Guildford and Polegate. Despite the significant operational pressures that the Trust is under at present, it has been great to have the opportunity to chat to staff, albeit often briefly due to how busy everyone is.

8 I have been working with all of our Integrated Care Systems (ICSs) as they firm up their plans to become Statutory bodies next year.

B. Regional Issues

9 **Appointment of new Executive Director of Planning and Business Development**
On 15th June 2021, we announced the appointment of David Ruiz-Celada as the new Executive Director of Planning and Business Development.

10 The new role comes with an extensive portfolio including system forecasting and planning to support the Operations Directorate by ensuring the right level of resources to deliver timely patient care. In addition to this it will look after the delivery of Business Information which will be used by Operations in particular to manage the organisation and Logistics, Fleet, Procurement and Estates

11 David has spent a decade of working in the aviation industry. His most recent role has seen him lead a number of key areas including developing forecasting and modelling capability at London City Airport and delivering a number of improvement initiatives using technology and process changes to increase capacity.

12 David will officially join us on 15th September 2021, although has already joined a couple of meetings ahead of that. I would like to welcome him officially and look forward to working closely with him in future; I am confident that his experience will prove hugely beneficial to SECAmb.

13 **Departure of Executive Director of Nursing & Quality**
On 23rd July 2021 we announced that Executive Director of Nursing & Quality, Bethan Eaton-Haskins, has decided to take up a new role outside of the NHS.

14 Bethan has made a significant contribution to the Trust during her time with us, taking forwards the quality agenda and has been and remains instrumental in our organisational response to the COVID pandemic. She will be a loss to SECAmb but I am sure you will all join me in wishing her well in her new role.

15 The Appointments & Remuneration Committee (ARC) have begun the process of recruiting a permanent replacement and interim arrangements will be put in place in the meantime.

16 **Queen's Ambulance Medal for Dr Fionna Moore**
I am delighted to report that it was announced on 11th June 2021, that our Executive Medical Director, Dr Fionna Moore, had been named in this year's Queen's Birthday Honours to receive the prestigious Queen's Ambulance Service Medal, (QAM).

17 Fionna has enjoyed a distinguished and lengthy career in the ambulance service spanning more than 20 years and was one of just six recipients to receive the medal in this announcement. During her time at SECAmb she has overseen work to raise clinical standards including exemplary work on medicines governance which was subsequently hailed by the CQC as outstanding.

18 I know that she is held in the very highest regard among our staff and the wider ambulance service, both nationally and internationally and I am really pleased that Fionna's dedication and career has been marked with her receiving such a prestigious honour.

19 **Departure of long-serving Non-Executive Directors**
In August, we are said farewell to Lucy Bloem and Terry Parkin, two of our longest-serving Non-Executive Directors, as they both completed their terms of office.

20 Lucy and Terry have given eight and six years' service respectively to the Trust and during their time, have both served as Chairs of important Board Committees, alongside their other NED duties.

21 I would like to thank both Lucy and Terry for the significant contribution they have made to SECAmb during their time with us. I know that many colleagues have benefited considerably from their guidance and expertise and have really appreciated the support they have both provided.

C. National Issues

22 **COVID-19 outbreak**
As the pandemic progresses, we are continuing to monitor the situation closely:

23 Governance**:** The COVID Management Group (CMG), continues to meet, ensuring that all decisions and actions related to COVID are considered appropriately.

In light of the changes in national restrictions and the current situation, we have increased the frequency of the meetings.

24 Lifting of national restrictions: CMG carefully considered the impact of the national changes made on 19th July 2021, when the majority of COVID restrictions were lifted, especially the impact on our staff as well as on operational demand (see below).

25 It's important to note that the actions we put in place earlier on in the pandemic – working from home where possible, social distancing and IPC requirements in both clinical and non-clinical settings – remain in place, as Public Health England (PHE) has instructed for NHS organisations.

26 Impact on staff numbers: We are continuing to see the impact of the pandemic on our staffing levels in a number of different ways, including staff needing to self-isolate, staff with COVID symptoms or confirmed COVID and the on-going impact on staff of long COVID.

27 Self-isolation guidance: On 16th August 2021, the national guidance regarding isolating after close contact with a confirmed COVID-19 positive case changed, meaning that members of the public who are fully vaccinated, or under the age of 18 were no longer legally required to self-isolate where they have been identified as a close contact of a confirmed positive COVID-19 case.

28 The guidance for NHS staff also changed at this point, meaning that, rather than having to self-isolate, staff in this position can now return to work following a risk assessment and by following a testing regime, although certain restrictions remain in place.

29 COVID booster vaccine: We are continuing to prepare as far as possible for the potential introduction of a booster vaccine for NHS staff, although the timescales and approach have not yet been finalised nationally.

30 **Trial of body worn cameras**

At the beginning of July 2021, we went live with the trial of body worn cameras by ambulance crews to establish if the technology can act as a deterrent against aggression and violence and aid future prosecutions, following our successful application for funding from NHS England and NHS Improvement.

31 The trial involves approximately 400 body worn cameras being used by crews across five areas covered by the Trust – Thanet, Medway, Gatwick, Brighton and Guildford.

32 The trial also forms part of a wider trust approach to tackle violence and aggression against staff which includes close working with police services to ensure all incidents are robustly managed alongside conflict resolution training for staff. The trial will feed into wider national work already under way to ensure the Trust benefits from trials which are already taking place elsewhere in the country.

33 **Additional national funding for ambulance services**

On 14th July 2021 NHS England announced an additional £55million of funding for the ambulance sector to cover the winter.

34 The funding is specifically designed to increase the number of 999 call handlers; put additional crews on the road; provide additional clinical support in control rooms; extend the availability of hospital ambulance liaison officers (HALO) at the most challenged acute trusts and increase the number of emergency ambulances available for the winter.

35 The funding will be made available to ambulance Trusts following sign-off of their individual plans covering how it will be used to increase capacity and improve performance.

36 **Looking forward for the ambulance sector**

On 12th August 2021, NHS Providers published a joint report with the Association of Ambulance Chief Executives (AACE) titled Rapid response: the role of the ambulance sector in transforming services and coping with the long-term impact of COVID-19.

37 The report sets out how the skills, scale and reach of ambulance services mean we can be key to planning and delivering high quality care as close to home as possible at a time when all ambulance trusts are responding to growing demand outpacing funding increases, the knock-on impact of very stretched primary and social care and continuing severe workforce shortages.

38 The report contains a number of case studies from different ambulance trusts about how they are tackling the significant challenges the ambulance sector is facing currently. It was great to see our own use of mental health professional in the Emergency Operations Centres (EOCs) featured as one of the case studies.

D. Escalation to the Council

39 **Operational Performance**
We are seeing the resources we have available to respond to patients, both on the road and in our control centres, significantly impacted at present by the numbers of staff affected by various COVID-related issues, a busy annual leave period and high sickness levels.

40 This pressure on our operational resources is leading to an extremely challenged operational situation for us, where we are seeing some patients wait far longer than we would like, as well as times when our 999 call answer performance is impacted. This position is replicated nationally by a number of our fellow ambulance Trusts and the wider health system is also reporting significant pressure.

41 As a result of the challenging situation, we moved to REAP Level 4 on 2nd July 2021 and declared a Business Continuing Incident (BCI) on 16th July 2021, which remains in place at time of writing; both are reviewed regularly. Both of these steps were taken to ensure we are able to take all possible steps to maximise our operational performance as far as possible in these challenging times.

42 Emma Williams, our Executive Director of Operations, continues to lead on the on-going delivery of an over-arching plan to improve our operational performance, supported by David Hammond as Chief Operating Officer who I have asked to work on the longer term implications of the changing situation as a result of the Pandemic.

43 Through our quality and safety governance framework, we also continue to closely monitor the impact of any delays on our patients and ensure we are taking all steps possible to maintain safety. We have significantly stepped up the work in the Emergency Operations Centres to keep patients safe whilst they are waiting and increased our harm reviews proportionately.