South East Coast Ambulance Service NHS
NHS Foundation Trust

Council of Governors Meeting to be held in public

6 June 2022 10:00-13:00 held in person

Kent Events Centre (Astor Pavilion meeting room)
Kent Showground, Detling, Maidstone ME14 3JF
https://www.kenteventcentre.co.uk/visiting

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction and matters arising					
080/22	10:00	Chair's Introduction	-	-	David Astley (Chair)
081/22	-	Apologies for Absence	-	-	DA
082/22	-	Declarations of Interest	-	-	DA
083/22	-	Minutes from the previous meeting, action log and matters arising	Y	-	DA
Statutory duties: performance and holding to account					
084/22	10:10	Chief Executive's report	Y	To receive an update from the CEO	Fiona Moore (Interim CEO)
Statutory duties: member and public engagement					
085/22	10:30	Membership Development Committee Report	Y	Information	Katie Spendiff
Committees and reports					
086/22	10:35	Nomination Committee Report	Y	Information	DA
087/22	10:40	Governor Development Committee Report	Y	Information	Julie Harris (Assistant Company Secretary)
088/22	10:45	Governor Activities and Queries Report	Y	Information	Julie Harris (Assistant Company Secretary)
Statutory duties: performance and holding to account					
089/22	10:50	Assurance from the Non-Executive Directors: - Integrated Performance Report (Mar/Apr data as presented to Board in May) - Address timeliness of data (overview of realtime data)	Y	To take as read – queries to NEDs to be taken under escalation reports	DA

090/22	10:55	Board Assurance Committees' escalation reports to include the key achievements, risks and challenges:
		
		Performance Committee
		  - 21 April 2022
		  - Governor observation report
		
		Workforce and Wellbeing Committee
		  - 17 February 2022
		  - 25 February 2022 (extra-ordinary)
		  - 12 May 2022
		  - Governor observation report
		
		Quality and Patient Safety
		  - 17 March 2022
		  - 19 May 2022
		
		Finance and Investment Committee
		  - 22 March 2022
		
		Audit Committee
		  - 10 March 2022
			A1-A2
			
			B1-B4
			
			C1-C2
			
			D1
			
			E
				Holding to account, assurance and discussion	All Non-Executive Directors present

11:15	**Comfort Break**				
091/22	11:25	Trust priorities and engagement	**Y**	Update	Fiona Moore (Interim CEO)
092/22	11:35	Board Committee scrutiny: Workforce and Wellbeing Committee, including an update on Agile Working	**-**	Information and discussion	Subo Shanmuganathan
General					
093/22	12:30	Any Other Business (AOB)	**-**	-	DA
094/22	12:45	Questions from the public	**-**	Accountability	DA
095/22	-	Areas to highlight to Non-Executive Directors	**-**	Assurance	DA
096/22	-	Review of meeting effectiveness	**-**	-	DA
		Date of Next Meeting: **Formal CoG & AMM – 2 Sep 2022**	**-**	-	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 gives consent 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.*

*this meeting is followed by private Part 2 meeting (1330-1430) and private development session for the Council of Governors on Integrated Performance Reporting from 1430-1530hrs

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 3 March 2022

Present:

David Astley	(DA)	Chair
Brian Chester	(BC)	Public Governor, Upper West
Michael Tebbutt	(MT)	Public Governor, Upper East
Alison Fisher	(AF)	Public Governor, Upper East
Leigh Westwood	(LW)	Public Governor, Lower East
Chris Burton	(CB)	Staff Governor (operational)
Vanessa Wood	(VW)	Appointed Governor – Age UK
Cllr Sinead Mooney	(SM)	Appointed Governor – Surrey County Council
Martin Brand	(MB)	Public Governor, Upper West
Andrew Latham	(AL)	Public Governor, Lower West
Linda Caine	(LC)	Public Governor, Upper East
Kirsty Booth	(KB)	Staff Governor (non-operational)
Nicholas Harrison	(NH)	Staff Governor (operational)
Patricia Delaney	(PD)	Public Governor, Lower East
David Romaine	(DR)	Public Governor, Lower East
Stuart Dane	(SD)	Staff Governor (operational)
Howard Pescott	(HP)	Appointed Governor – Sussex Community Trust
Sarah Swindell	(SS)	Appointed Governor – EKUHFT
Ann Osler	(AO)	Appointed Governor – Upper West
Matt Alsbury-Morris	(MM)	Appointed Governor – Lower West

In attendance:

Philip Astle	(PA)	CEO
Howard Goodbourn	(HG)	NED and Chair of Finance and Investment Committee, Chair of Operational Performance 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
Tom Quinn	(TQ)	NED
Yvette Bryan	(YB)	Head of learning and organisation development
Chris Gonde		

Apologies:

Colin Hall	(CH)	Public Governor, Upper East
Amanda Cool	(AC)	Public Governor, Upper West
Nigel Robinson	(NR)	Public Governor, Lower West
Liz Sharp	(LS)	NED
Peter Lee	(PL)	Company Secretary

Absent:

Minute taker: Julie Harris – Assistant Company Secretary

Item No.	Introduction and matters arising
63/22	**Introduction**
64/22	**Apologies for Absence** Liz Sharp Colin Hall Amanda Cool Nigel Robinson
65/22	**Declarations of Interest** No declared interests
66/22	**Minutes from the previous meeting, action log and matters arising** The minutes were taken as an accurate record of the meeting. The action log was reviewed and updated.
	Statutory duties: performance and holding to account
67/22	**Chief Executive's report** PA presented the Chief Executive's report including the ongoing response to the COVID pandemic, vaccination programme, operational performance, and associated challenges such as abstractions and hospital handover delays, CQC inspection, upcoming projects (BBD, Medway and Banstead) which are largely on track, Alice Clark's death, and sentencing of two paramedics. DA added that Rob Nicholls in now in post as the Director of Nursing. CG questioned the plan surrounding staff with long COVID and the effect it has on the Trust. PA confirmed that 33 staff have long covid with 22 unable to work with 11 unable to do frontline work (given alternative employment) and noted that up until now regulations have been such that long COVID could not be managed through sickness policies, but that this has now been changed and we are able to manage long COVID through the long-term sickness policies. DA confirmed that the needs of the organisation would be balanced by the needs of the people. AF questioned the status of the mandatory vaccinations. PA confirmed that the mandatory vaccinations has not quite gone away and noted that it might come back if the virus changes back to be virulent – but at this time, no one will be dismissed for lack of vaccination. AL questioned if there is any feedback from the CQC and what is the thoughts of their overall impression. PA confirmed that two lots of informal feedback that is largely positive has been received noting that there were no red line issues. However, PA noted that he cannot predict what the final written report will say.

	MM questioned if the risk has been quantified to the organisation should the legislation of mandatory vaccines be imposed, and mechanisms are in place. PA noted that it isn't an exact science, especially in terms of the people who we don't know whether they have been vaccinated (circa 70) and 19 who have indicated that they will not be vaccinated. SS confirmed that this is a deferral of the decision (to September timeframe) rather than a full cancellation. NH questioned the parking issue at Medway. PA confirmed we have as much car parking as we are allowed to have and have more parking spaces than is currently available noting that this will need to be operationally managed (not doing all handovers at the same time, park and ride, sharing schemes), but unable to promise that everyone will have parking all of the time. SD confirmed that there is insufficient parking at Medway at the moment and that this needs to be looked at and improved.
	Statutory duties: member and public engagement
68/22	**Membership Recruitment and Engagement Report** Report to be taken as read. BC noted that this is open to all Governors and suggest that more people attend. BC further noted that the past two years have been difficult due to COVID and membership numbers have fallen and there are plans in place to start engaging with the public. MB questioned the 2017 trend of a decline (pre-covid) of membership. KS confirmed that during this time was focused on maintaining the membership (quality vs. quantity), and noted recruiting have budgetary/resourcing constraints.
	Committees and reports
69/22	**Governor Development Committee Report** Report to be taken as read. BC noted that the influence of the new council members is being felt already and strongly suggests increased attendance. KS confirmed that we will be looking at electing a new lead governor in June timeframe to allow new governors to find their feet.
70/22	**Governor Activities and Queries Report** Report to be taken as read. BC mentioned that there was an induction in December and noted questions regarding AACE.
	Statutory duties: performance and holding to account
71/22	**Assurance from the Non-Executive Directors:** **- Integrated Performance Report (Nov/Dec data as presented to Board in January)** Report to be taken as read. AL questioned the lack of up-to-date data. PA confirmed that there is some up-to-date data when it is produced. KB confirmed that we will be attempting to align the timing of

	future Council meetings to be closer to Board meetings.
	DA confirmed that the executive has access to real time data, but by the time the reports get to the Board, the council should be looking at the longer-term trends and be assured that the executive are focused on the daily performance but that they are also monitoring trends.
	HG confirmed that the finance data is being shared in reasonable timeframe and noted that in terms of performance it may seem a bit late but questioned what the Council would do with that information had we received it earlier.
72/22	**Board Assurance Committees' escalation reports to include the key achievements, risks and challenges:**
	Performance Committee
	- 06 January 2022
	- Governor observation report
	HG presented the report to be taken as read. HG noted that some acronyms can be confusing and suggested that the acronym list be disseminated. HG confirmed that the new care delivery model is a key part of Better by Design. It is taking a look from first principles in how we deliver our service and ensuring resilience of the performance standard. We are talking a fundamental look at how we deliver the service (increase hear and treat) by reviewing the performance improvement plan (short term) and planning for Better by Design (long term).
	HG noted that the integrated plan for 2022/2023 has undergone a new planning process. In terms of the performance management overview we gave partial assurance as we are not meeting the ambulance targets, but we are doing pretty well against the other ambulance trusts.
	HG also spoke of the winter moneys and commented on the improvements that were delivered particularly on the phone lines.
	MB questioned the number of staff vacancies in the current establishment. HG confirmed that we have about 2,400 people on the front line but in order to provide resilience we would require about 3,000. DA noted that Better by Design is about filling this gap. HG confirmed there are current vacancies and recognise we wouldn't be able to fill the requirements due to people and funding. PA stated that although we are currently running with less staff than budgeted, however, we are exactly where we planned to be. PA also noted that the gaps can be filled by using private providers, overtime, etc.
	Workforce and Wellbeing Committee
	- 9 December 2021
	- Governor observation report
	SS presented the report to be taken as read and answered the questions submitted regarding challenges surrounding high vacancies, annual leave, hospital handover time, hear and treat, health and well-being hub (very much valued by staff and management) and undertaking a review on mental wellbeing and welfare. SS confirmed that currently staff appraisals have low completion rates with challenges due to pandemic and staffing (REAP 4) further noting that changes are currently underway to ensure future efficiency of appraisals, including changes of timings for more positive completion rates. SS confirmed that paramedics moving to GP practices is on our radar and noted the

challenges due to regularised hours and higher salaries that are very difficult to compete with. We are currently undergoing development of a clear career development framework, making ourselves an employer of choice. SS spoke about the assurances from internal actions to protect staff discussed at the last WWC, including body worn cameras and de-escalation training. Overarching workforce plan is to develop a five year workforce plan using more sophisticated data and insights as to what the current and future situations are.

MM questions the de-escalation training and if there were any other localised campaigns on this issue.

PA confirmed that OP CAVEL is an initiative being resourced (an increase in police action). PA further confirmed that there is currently filming being done on the Joint Response Unit documentary as a good way of getting the message to the right audience profile.

TQ (wellbeing guardian) noted that he is working very closely with HR to safeguard everyone in the NHS from top to bottom and is happy to come back with regular updates on this.

LW would like assurance that this training would be available for volunteers. SS provided assurance that volunteers are included. TQ confirmed the same.

Quality and Patient Safety
- **13 January 2022**
- **Governor observation report**

Report to be taken as read.

Finance and Investment Committee
- **20 January 2022**

HG presented the report to be taken as read. HG answered the questions previously provided by the Governors as follows:
- Our latest forecast has a deficit of about £9.6million, integrated planning is well underway, and we are working closely with the lead Commissioner in the negotiations.
- There was a conscious decision not to drive efficiencies during COVID times, but current forecast is we will be able to meet the shortfalls this year but will be challenged next year.
- Inflation is set nationally as part of the contract allocation, and we don't have a big input on that take up any gap with lead commissioners. Fixed price multiple year contracts may want to renegotiate due to inflation gap.
- Rebrand cost improvement plans to efficiencies (away from cost cuts to efficiency savings) using Better by Design
- Fleet information – FIAT: strategically these Fiats are a national specification. Having a second supplier is crucially important strategically. Confirmed there is no illegality as Fiats cannot sell vehicles if they don't conform to safety laws. Noted that where we have had the problem where people do not fit the vehicle, we have rebalanced the portfolio of vehicles and are working with Fiat directly to reduce the problem further. Notes that this seems that we are the only trust that this is such a significant problem.

DA noted that this is potentially not the place to open the FIAT debate, that we need to ensure that the NEDs are aware of the issue and that they have assurance that management is handling the issue whilst staff is being treated fairly.

	KB questioned the potential of patient safety impact.

DR questioned the reduced amount of room in the back cab, way the service is laid out, and the difficulty of dealing with a coding patient.

SD questioned if we asked London why they were exempt from Fiats, and we are not and also noted the challenge of the extra safety equipment and personal equipment.

AL questioned the potential of changing the layout to create more space.

PA confirmed that the Fiats are a nationally agreed specification and are the only vehicle permitted to purchase. PA also addressed the London disconnect and noted that the only issue before the board is the seatbelt issue. He also confirmed that no incidents have been reported from Trusts with entire fleets of FIATs. PA noted that there are other makers entering the market and agreed that the back of the cab is smaller, but other Trusts do not seem to have an issue with them. PA agreed to take that back and respond.

ACTION – DA to send a letter in order to clarify the London issue.

ACTION – Quality group to provide instances where people are harmed due to layout causing clinical concern

ACTION – DA will look into FIAT challenges with other trusts

MB questioned the potential of a perfect financial storm for next year, and where are the commissioners are on this. HG confirmed that this is building to be a storm and is acutely aware of those challenges, and the response from the commissioners is not very encouraging (neutral response), estimate of the shortfall about £30M which is what has been presented to the commissioners. PA confirmed that everyone is short, NHS is going back to government (these numbers don't work) and that this is a bigger scale than anything we have dealt with before.

Audit Committee
- **02 December 2021**

Report to be taken as read. |
| | <div align="center">**Comfort Break**</div> |
| 73/22 | **Better by Design**

PA introduced the Better by Design Portfolio and noted that these have not been shared in papers as this has not been shared with managers/staff yet. BBD is the label in how we will achieve our strategic development plan. The overall BBD has six programs tied together to be progressed over the next few years:
- Performance cell and predictive planning (objectives with three key workstreams with an implementation timeline of Q4 21 to Q4 22)
- Care delivery model (objectives, increase hear and treat)
- Clinical education strategy ad pipeline (deliverables, objectives)
- Staff development, training, and OD (deliverables, objectives)
- Organisational re-design (deliverables, objectives, milestones)
- External relationships, contracting and external finance (objectives, deliverables) |

	PA stressed that this needs to be delivered in the right order, at the right time at the right pace to deliver the care delivery model.

DA noted that this is an introduction for the council and that we are still in the early stages of formulating the program with the aim of improving our service to patients with the resources we have available as well as to give our staff a more fulfilling work experience.

NH questioned how we protect the training element from operational demand. PA confirmed that this conversation is taking place.

MB noted the potential of organisational overreach (trying to do too much simultaneously), that there was a need for directors to prioritise their roles. MB also added the importance of accurate performance reporting.

KB noted her concerns regarding communications to corporate staff. PA confirmed that we are all here to support the front line. DA stressed the importance that the organisation is focused on patient care and confirms that language is important.

AL questioned the different care delivery models and the requirements to the ARP. PA assumed that ARP isn't going to change for the next five years, and changes will need to work with ARP and that the modelling tool will determine what the best mix will be. DA also confirmed that we and to working within the national framework making the best decisions we can for local people in the south east of England – that it is about finding that balance. |
| 74/22 | **Board Committee scrutiny:**
Quality and Patient Safety Committee deep dive

TQ presented the Quality and Patient Safety (QPS) committee deep dive, including a review of membership, format of scheduled meetings (escalation, management responses, scrutiny items, annual report, forward look), extraordinary meetings (operational pressures, medicines governance and controlled drugs, sexualised behaviours) and outcomes and assurance.

NH questioned if there was any clinical governance on 'hear and treat', and if there are any SIs or complaints associated to 'hear and treat'. TQ confirmed that through thematic reviews, reports on SIs and complaints there are no trends that show that 'hear and treat' is not safe and there are no safety concerns reported. TQ further confirmed that there is monitoring in place, 111/999s are heavy monitored and audited, there is an extra level of senior expertise available to support decision making as well as algorithms that are heavily governed to ensure safety. PA confirmed that we have had investments in increasing the support for senior expertise and that the number of clinicians have gone up.

SD questioned the issues surrounding increased handover delays and what are we doing to mitigate the issue. TQ confirmed that this is a whole system problem, that we can only help fix it, we are establishing and maintaining relationships, provided funding for HALO (hospital ambulance liaison officers), and that strategic working is proceeding. DA confirmed that it is the whole system that is blocked up, it is a system issue, wider than the NHS, that includes social care. The more we can do with initiatives such as 'hear and treat' and the community falls teams, will help reduce conveyance rates. |

75/22	**Community Falls Team**
	Andy Collen provided an update on the community falls teams, including key milestones, risks, and issues. AC confirmed that this has gone live on the 22 February with no patient safety issues, gathering CFR experience evidence, making falls a social problem rather than an ambulance problem, discussed progress, internal governance and safety and challenges.
	DA questioned the actual process. AC confirmed that the challenge for fallers is that they rarely triage high up in the system (we don't artificially elevate the call to be a C2 or C1) and the difference is with this project is we send a community falls team as quickly as possible, for reassurance and warmth, addressing risks (hydration, warmth), working with PP to determine if the use of riser chairs is warranted, all whilst a green response is sent to provide medical support.
	DA questioned if we are making a difference. AL confirmed that he believes so, when there is 6-9 hour wait sometimes to get a C3 call, then any difference we make to one patient is a great move forward. AL noted that the model of care which allows interruption to that care is the critical success factor to get CFRs to volunteer to partake in the training and be able to respond appropriately. Success will follow.
	MM questioned the governance of the program upstream to be shared across the Trust. AC confirmed that the use of volunteers is not new for SECAmb and that we will be feeding into that wider knowledge base. AC also noted that conveyances increase 10% per hour a patient is on the floor, the challenges of no lifting policies at care homes (potential of offering training), and that over time we should be seeing a reduction in such data.
	NH noted the importance that this is a preventative measure to conveyances, ongoing cost of injury and hopes that the roll out plan occurs as soon as possible.
	MB questioned if there is an infrastructure to build beyond this pilot stage. AC described what his view of what good looks like in the future, opportunities to put in place system levels that could cut out the middleman (green response) through social care for example.
	LC questioned if there was any consideration of the reduction of hospital visits/conveyances such as mobile x-ray. AC currently working on a basic clinical model but are building the infrastructure to include such things.
	LW questioned the numbers of vehicles provided to support this. AC will be looked at Phase 2 due to the availability of vehicles, but that own-vehicle is the preferred approach, noting that this is not a lifting service (and never intended to be a lifting service).
	DA reiterated the comments from the Governors indicating that this initiative is welcomed.
General	
76/22	**Any other business**
	None
77/22	**Questions from the public**

	None
78/22	**Areas to highlight to Non-Executive Directors** - 2022-2023 financial planning - Risk regarding vaccination policy - Organisational overload - Keen to promote community falls project.
79/22	**Review of meeting effectiveness**
	Date of next meeting: 6 June 2022

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	Jun.22	CoG	IP	This remains on the suggested items list that goes to the GDC. The IPR has now been revised and a session may come to the next Council meeting if Governors would like. 03.03.2022 - today's session has been postponed to the June22 meeting in order to draft necessary tools to ensure that the CoG receives full depth of understanding of the metrics as well as the IPR development plan. 06.06.22 - This session is planned for today
04.09.20	28.22	290	Consider Council agenda item on training and education	CoG	Jun.22	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. 03.03.22 - To be considered at next GDC meeting.
09.11.17	123 (GDC)	304	Council to receive update on a review of the effectiveness of the Trust's internal and external communications by the end of 17/18 financial year.	PA	Sep.22	CoG	IP	This action was moved from the GDC action log to the Council action log for oversight on the 21.10.21 The WWC is working with the Executive on a review of the wider 'corporate affairs' function in the Trust. IA to seek timeline for completion from the Chief Exec. Update 19.08.21 If Governors have concerns then they can clarify what that is and test at COG through the NEDs to establish a) the extent to which this is a concern of the Board and b) its priority and therefore c) timeline for taking action. This action and it's origin date will be moved to the Council Action Log. PA indicates that we have taken a wider review of our corporate affairs, creating a new group (partnership group), taking it back to board via strategy group - ongoing piece of work. Re: comms the feeling is that we need to be louder to get into the front and inner pages of the press via our winter campaign for the next 6 weeks.DIFFERED until September in order to manage change of leadership.
07.12.21	51.1	307	Council to receive additional context in terms of how job cycle time and shift overruns (and their impact) are reported	EW	Jun.22	CoG	IP	03.03.2022 - to be included in the IPR training provided to Governors in June 2022. 06.06.2022 - planned for this afternoon's training session

South East Coast Ambulance Service NHS

NHS Foundation Trust

	Item No	05-22

Name of meeting	Trust Board
Date	29.05.2022
Name of paper	Chair & Chief Executive Report
Report Author	David Astley, Chairman & Fionna Moore, Interim Chief Executive

Since the last Board meeting in March we have received the feedback from the 2021 staff survey and initial findings from the inspection undertaken by the Care Quality Commission (CQC). The CQC has provided initial feedback (the report is due to be finalised for publication in June), which includes concerns about culture and leadership, reflective of the feedback from the staff survey. It is in light of this that we have decided to provide a joint report this month to provide a commitment on behalf of the Board to our workforce, and to set the context for this meeting.

Many of our staff have essentially told us that for them, SECAmb is not a good place to work, that they have lost faith in leadership (at all levels), and that they do not feel listened to or engaged. The CQC reinforced this and found a disconnect between senior leadership and those directly providing patient care. These are difficult messages to hear. However, as a Board we must commit to really hear this feedback and to take the necessary action.

In the past 6-8 weeks the executive has taken steps to start to re-set its relationship with the senior leadership team and together they have held a dozen or so workshops to work through the recent feedback. The purpose of this was to help agree some priorities including how to ensure we listen and engage our teams over the next period so that we can work together on finding the solutions to the issues that have been highlighted. The Board used some of its development meeting in April to review this and engaged the Council of Governors at the recent joint meeting. The Board Story today includes reflections from some executive colleagues about what they have heard and the steps taken to-date.

The meeting today therefore has a primary focus on how the Board, the executive and the wider leadership team, will be using this opportunity to do things differently, in line with what our workforce have told us. There are some things we can do quickly, and as the Board will hear during the meeting, some actions have already been taken, but most importantly we must ensure the actions we take are sustainable; this is what the Board will be helping to ensure.

One of the areas of Board development is how we use data better to obtain assurance and inform strategic decisions. We had a really helpful session at our last development meeting with a colleague from NHSE who provided some examples of how improve our Integrated Performance Report. As a result of this we agreed a 'data holiday' to provide the capacity the business intelligence team needs to develop this new approach in time for the Board meeting in July. This meeting therefore includes a much shorter IPR showing key operational and clinical data.

To ensure the Board is assured on the progress with the priorities set out by the executive, which will include the action plan in response to the CQC findings, we will be reverting for the time-

being to monthly Board meetings.

Lastly, we have both been visiting a number of sites in recent weeks. It was really good to be able to visit the now operational Banstead Make Ready Centre. It is an impressive development providing our colleagues with excellent changing and mess facilities. There is a state-of-the-art workshop and other excellent supporting facilities for education and administrative purposes.

Joining a shift with one of our ambulance crews in Medway was a great opportunity to witness at first hand the kindness and professionalism of our clinical colleagues in their dealings with patients. A number of the patients had complex needs and had exacerbations of known condition's requiring further hospital care. Fortunately, there were no A&E handover delays that day and the shift was productive with all the patients spending the appropriate time in an ambulance. However that situation changed the next day such is the dynamic nature of our clinical workload. The shift overran by 90 minutes because of the care required by a patient prior to transfer to hospital. Whilst shift overruns can be exhausting and test staff morale the professionalism demonstrated by my clinical colleagues was exemplary.

It was also a real privilege to hand out the Queen's Platinum Jubilee Medals and Covid coins to staff at Chertsey; staff across the trust will have been awarded these over the weeks leading up to the Jubilee celebrations, and I know they will have immense pride in receiving them. They are truly well deserved.

To close, we both recognise the challenges ahead and are determined that we will learn the lessons from the past to ensure SECAmb truly is best placed to care and the best place to work.

South East Coast Ambulance Service NHS Foundation Trust

C - Membership Development Committee Report

1. Introduction

1.1. The Membership Development Committee (MDC) is a committee of the Council that advises the Trust on its communications and engagement with members (including staff) and the public and on recruiting more members to the Trust. The MDC meets three times a year. All Governors are entitled to join the Committee, since it is an area of interest to all Governors.

1.2. In this report, we focus on membership updates and summaries of the top items from the MDC meetings and those that report into the MDC (Staff Engagement Advisory Group, Inclusion Hub Advisory Group, Patient Experience Group and Voluntary Services). For a full picture of the important items discussed at these meetings and how staff and members are feeding in their views to the Trust, I recommend that you read the full minutes appended to this report where available.

2. MDC Meeting summary

2.1. The MDC have not met since the last Council meeting in March. See minutes for the February MDC meeting which are now available and attached.

2.2. The next MDC meeting is on the 20th of June 2022 and will focus on plans for the Trusts Annual Membership Meeting and opportunities to take part in member recruitment and engagement at public events.

3. Membership update

3.1. The total staff membership including bank members as of 30.04.22 was 4,285.

3.2. Current public membership by constituency (at 23.05.22) is 9,414. Break down data provided as follows.

Constituency	Members	Population exc London	% of eligible population
Lower East SECAmb (East Sussex and Brighton)	1,886	848,414	0.24
Lower West SECAmb (West Sussex)	1,448	866,131	0.18
Upper East SECAmb (Medway/ Kent/ East London)	3,398	1,850,857	0.19
Upper West SECAmb (Surrey/ Hants/ West London)	2,276	1,386,062	0.17
Out of Trust Area	406	-	-
Total number of members	9,414		
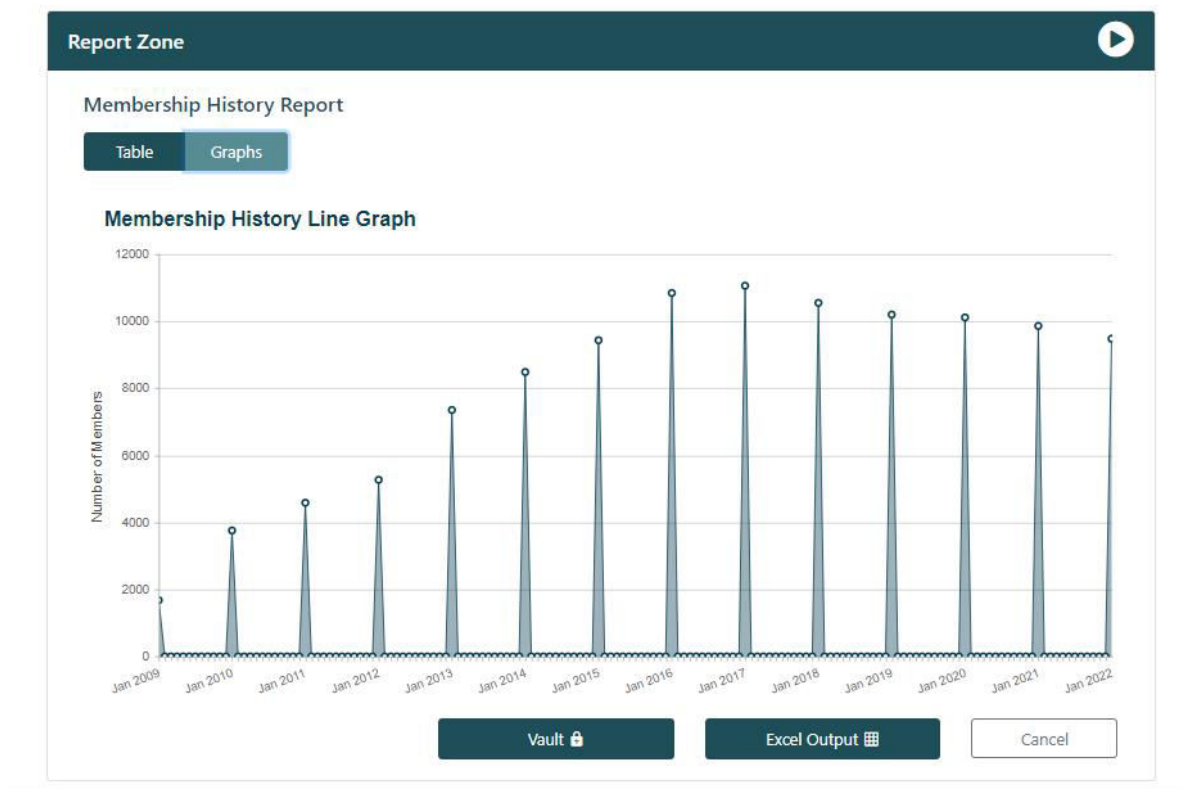
3.3 Membership history report

This graph above shows membership stats from period of inception of Trust Foundation Trust status to date. Our inability to do wide scale member recruitment in its traditional format in 2020/21 has had an impact and we will look to rectify this as soon as we can. We maintain active contact with our current membership and have had good engagement on the recent election communications.

3.4 Membership recruitment update

3.5 We have always sought to maintain the membership numbers rather than dramatically increase them overall. Our approach for 2022 was proposed and agreed at the recent MDC meeting as follows:

- 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 any patient strategy plans for engagement.
- Consider developing youth membership representation by attending specific events and/or trialling participation in different types of events to the 'usual'.

Further online membership recruitment via social media will take place this year relating to wider health campaigns such as carers week as there is more capacity within the membership office now.

3.6 Membership Engagement Update

3.7 Our recent member newsletter went out in April 2022 and focused on performance and an overview of the last year, Governor election results, new Make Ready Centre developments, and also some patient stories.

3.8 Our next member newsletter is due out in July and suggestions for content for future editions are welcomed. Our membership survey will be refreshed with input from the MDC and issued in the latter part of 2022.

3.9 We have moved back to in person formal Council meetings which are held in public at venues located around the areas we serve. The public, members and staff members are welcome to join to observe these meetings and ask questions at the end.

3.10 Thanks to those Governors who observed the recent Board meetings.

3.11 We will continue to advertise these meetings to members. Recordings of the meetings are availiable on our [website](#).

4. Public Members' Views

4.1. The Inclusion Hub Advisory Group (IHAG) is a diverse group of our public Foundation Trust members who bring a wide range of views and perspectives from across the South East Coast area. SECAmb staff brief the group on plans and service changes and seek the group's advice on whether wider community engagement is necessary or simply gather the views of the IHAG to inform the Trusts' plans. This group are also able to feed information on issues of importance to them into the Trust.

4.2. **IHAG meeting summary:**

4.3. The IHAG held a shortened subgroup meeting on 5th April 2022 to review the Equality Diversity and Inclusion policy and to begin discussing the review of the Trust equality objectives. The results of the IHAG member survey were reviewed and a recommendation for consideration by the IWG was put forward.

4.4. The next IHAG meeting is on the 1st of July 2022.

5. Staff Members' Views

5.1. Organisation Development and Engagement Advisors attend the MDC to provide an update on their work.

5.2. The Staff Engagement Advisory Group (SEAG) was the Trust's staff forum, which met quarterly. This has been on hold for a significant period of time whilst they review the purpose and aims of this group and direction of travel for this going forward.

5.3. A toolkit on employee engagement and experience had been developed to support improvement in this area and was launched with the NHS staff survey results to support local action.

5.4. An Involvement toolkit was developed alongside this showing the value of engaging with different groups of people (employees, volunteers and public) and the groups available to facilitate this within the Trust.

6. Patient Members' Views

6.1. The Patient Experience Group (PEG) is a group of public, patient and staff representatives. Nigel Robinson and Anne Osler are the Governor representatives on this group.

6.2. The PEG has not met since the last Council meeting. The next meeting is scheduled for 5th July 2022.

7. Update from the Community Resilience Department

7.1. Sue Orchard Community Resilience Manager is part of the MDC as a representative from the Community Resilience Department.

7.2. An update on this area of our service came to the Council in the March report and will be provided at the next MDC in June and Council meeting in September.

8. Recommendations

8.1. The Council of Governors is asked to:

8.2. Note this report; and review any attached minutes for more detail.

8.3. Consider how best to encourage Governors to make use of such information, and to make use of the IHAG appropriately to help understand the perspective of public Foundation Trust members.

8.4. Encourage those they meet to become members of our Trust (it's free) at: Members receive our newsletter, 'Your Call', three times a year to keep them up to date with the Trust's activities. Members can vote or even stand in public & staff Governor Elections to the Council.

Brian Chester
Upper West SECAmb Public Governor &
Membership Development Committee Chair

Appendix 1

Membership Development Committee Meeting Minutes

21.02.22 Microsoft Teams – 10:00 – 12:00

Papers on Teams

Present:
Katie Spendiff (KS) Corporate Governance and Membership Manager
Brian Chester (BC) Upper West SECAmb Public Governor (MDC Chair)
Asmina Islam Chowdhury (AIC) Inclusion Manager
Nigel Robinson (NR) Public Governor
Leigh Westwood (LW) Public Governor
Victoria Baldock (VB) Patient Experience Group Management Representative
Robert Groves (RG) OD & Engagement Advisor
Waseem Shakir (WS) Staff Governor (Operational)
Colin Hall (CH) Public Governor
Chris Burton (CB) Staff Governor (Operational)
Yvette Bryan (YB) Head of Learning and Organisational Development

Minutes: Julie Harris (JH) Assistant Company Secretary

New Governors observing: Martin Brand, Patricia Delaney, Kirsty Booth, David Romaine.

Apologies: Alison Fisher, Harvey Nash, Marcia Moutinho, Emma Saunders; Sue Orchard; Vanessa Wood.

Item No.	Item
20/22	**Welcome and introductions** BC welcomed Governors to the meeting and noted the new Governors in attendance observing the meeting. VB introduced herself as the Patient Experience Group (PEG) Management Representative as she was new to the meeting and there in Graham Parrish's absence.

21/22	**Apologies for Absence / Declarations of Interest / AOB** Apologies were received from Alison Fisher, Harvey Nash, Marcia Moutinho. No declared interests.
22/22	**Minutes of the last meeting and matters arising.** The minutes were taken as an accurate record of the meeting. **Action log** The action regarding the Equality Analysis Group would be closed for now and revisited as needed. The action on the Governor Toolkit refresh would be closed for now with a focus on in person events with the support of the Membership Office and revisited in 2023 for an updated version. A number of other actions were noted as complete. KS noted that from discussions regarding the governors seeking an update on outcomes of road traffic accidents, this item is still outstanding. VB would seek an answer on this.
23/22	**FT Membership update plus IHAG, SEF, PEG, and voluntary services - key updates from respective members to encourage cross-pollination between these groups, wider reporting and profile raising.** KS provided an overview on current membership and noted a steady decline in membership due to being unable to actively recruit public members in person during the pandemic. This would be rectified in the summer months as per the recruitment suggestions detailed in the paper. An upcoming membership newsletter was due out in April and KS requested content suggestions for future editions. KS gave an overview of the recent successful elections and asked for feedback from any new governors on the new induction process. AIC provided an overview of the Inclusion Hub Advisory Groups (IHAG) work, AIC noted a postponed meeting that needed to be rearranged. Currently, dates are being set for IHAG moving forward for the next financial year. AIC spoke to the IHAG survey that gaged how people were feeling about the move to the virtual environment and noted that about 60% of IHAG members said that although virtual meetings are better for a number of reasons, they did miss having some of the face-to-face contact - as such a mixed model would be best going forward. AIC added that the virtual environment was also very difficult to engage in and there was a loss of connectivity in the informal getting to know each other and building relationships, thereby creating a barrier for attendance. AIC advised that the Inclusion Strategy was due a refresh this year. This strategy includes staff engagement, patient experience and patient/public involvement and these areas will be the fundamental principles of the strategy going forward. KS questioned whether any specific demographics were being targeted for membership representation on the IHAG and noted she would be able to assist by advertising any volunteer opportunities to the Trusts members. AIC confirmed that young people was an area of membership she was keen to develop. RG gave an overview of Staff Engagement and noted that with the Staff Engagement Advisory Group (SEAG) had been on indefinite hiatus while the team decided what staff engagement looks like within the Trust. RG advised that in terms of staff engagement a toolkit to support engagement (employee experience and engagement) is in its final draft phase integrating input from the NHS staff survey results to ascertain and guide coaching approaches, evaluation, staff communications, and staff involvement. BC further questioned why the SEAG was paused and the timescale for restarting. RG confirmed that the hiatus was due to the lack of senior representation within the group, as well as a lack of proper cross-sectional representation of the organisation. In order to reincarnate it, we would have to have a wider engagement and strategy piece that defines a set of terms of reference that sets out what we want to achieve – which is the reason for the hiatus. NR although recognised how extremely important this work is, noted his concerns on the fact that this is a huge piece of work and questioned what the expectation for the governors would be and what

would the piece of work actual look like. BC agreed and felt that operationally it might be challenging.

KS confirmed that that the documents provided were not the most up to date and questioned the delay surrounding the advisory group. RG confirmed that there was a lack of organisational drive to the initiative as well as a general lack of understanding what employee engagement really means and reiterated that there was a need to rehash what the actual objectives are for the group. He advised that staff engagement and experience was related to our ability to hit our operational targets – there is a connection.

ACTION: KS to share latest version of staff and public engagement toolkits with the MDC.

RG concluded that there are two pieces to this initiative – engagement and involvement – and that they will be dealt as two separate toolkits.

VB gave an overview of the Patient Experience Group (PEG) and noted that the last couple of meetings had been cancelled due to operational requirements and lack of quorate members. VB also confirmed that although progression had slowed down a bit due to COVID with a delay in the strategy being approved, much work had been done in the last year or so:
- Terms of Reference for the PEG reviewed
- Key workstreams established
- Developed a patient friendly version of the strategy
- patient experience data is now being collected, reported, and evaluated
- developed strong relationships with stakeholders

VB confirmed that they are currently working on a gap analysis, patient experience report (incorporating 111 Friends and Family test), to highlight what can be improved.

KS reminded VB that if they are looking to improve diversity of their membership or representation, that we have a public membership of about 10,000 that can be reached out to.

KB provided a bit of historical context in terms of the patient experience report and noted a new report was in development.

24/22	**Introduction and overview of the direction of travel for staff engagement. - Revision of the inclusion strategy - SEAG - Employee experience toolkit - staff survey headlines - followed by a Q&A** YB joined the meeting and noted the update of the inclusion strategy due this year. YB noted that there were three parts to employee engagement improvement: • motivation (how we feel about the job/organisation), • advocacy (how you would speak about the organisation, • involvement (opportunities for staff to be involved in decision making). YB also spoke about the people strategy/people promise and how we as a Trust support: • the people promise, • shared vision across the organisation (compelling one), • leadership/distributed leadership across the organisation, YB provided a broad overview of where we are heading in terms of staff engagement and confirmed that they are currently developing a leadership development program with a number of initiatives supporting inclusion and compassionate leadership, organisational culture, values, behaviours, focussing on being the best place to care, best place to work. YB noted that the staff survey (from Sept-Nov 2021) results were in (embargoed at the moment) but would be shared in due course. YB summarized the highlights noting that more staff responded to survey than ever before (61%).

YB confirmed that an employee engagement toolkit will be launched aimed at improving the employee experience. That this toolkit will support managers with their learning and development, and knowledge and skills in employee engagement. YB noted that a large section of the toolkit will focus on civility and respect, equality, diversity, and inclusion, to ensure people feel comfortable and safe at work. YB confirmed that there will also be focus on using staff survey results to impact positive change and improvements in local areas (where true employee engagement happens).

KS questioned how the toolkit will be pitched to staff and asked if there was anything we could do to support the launch of the toolkits. YB confirmed that it will be about using the most appropriate tool at the appropriate time to be in line with publishing staff survey results in the next few weeks. YB further noted that there was a difference between employee engagement (communications) and employee involvement (advocacy, motivation).

KB asked whether this was an internal or external document and the availability of any associated action plan. YB noted that this was a very good point and noted that there are a number of enabling strategies currently in progress and that our communications channels may not be as effective as we would like them to be.

CB raised an outside point in relation to recruitment. He noted the potential for inequality in terms of stating required qualifications and not referencing staff experience as an option for those who are not degree qualified. YB noted that this is how job descriptions are designed and suggest that conversations are made with line managers to speak about development and career aspirations and confirmed that there is support available through the TED process. AIC would review the post mentioned to check for any inequality in the job description.

ACTION: **AIC to review a job description concern raised by CB (staff Governor) re-experience vs qualification.**

CB questioned why some staff hadn't responded to staff survey. YB noted that she was unable to comment to the reasons specifically but stated that moving forward it would be about improving employee engagement with the quarterly Pulse survey and that managers would be critical to this process.

KB questioned the indicators from the pulse survey. YB confirmed that the work surrounding the staff pulse survey will focus on building the momentum to enable us to make shorter term actions to make improvements. RG added that our staff survey response rates were actually very good in comparison with other trusts (50-60% vs 15%).

KS questioned the approach being used this year to communicate what had changed as a result of the survey. YB noted that results would be going to the Board, and decisions would be made with regard to strategic direction but also noted that the key difference will be the focus to work locally, supporting managers, offering a series of sessions where we can walk people through the staff survey results and discuss what changes/improvements need to be made locally - small changes that make a big difference (at a local level).

25/22	**Membership Action Plan – next steps SECAmb Engagement Toolkit Governor membership recruitment toolkit**
	KS gave an update on the membership action plan and noted concern about a lack of formal staff engagement opportunities for Staff Governors to engage with colleagues and for Non-Operational staff to have their say. KS noted the SEAG was a good tool for this that had worked effectively in the past and even had the CEO as a regular attendee historically. RG noted that the current SEAG was not representative of the organisation and offered little follow up on any actions or discussion from the meeting. KS asked if there was a lack of buy in from the top presently to staff engagement. AIC noted that there had great representation in the past, but if buy-in was not mandated from the top, a lack of progress would always be the case.

	KB noted that there were times that in person group discussions were needed to continue to move things forward and that it probably wasn't a good idea that SEAG stopped completely as staff need to have a voice, need to be heard, need to change things, along with managing how the Trust needs to respond to these things. We need the buy-in from the top first, otherwise staff engagement will be ineffective. RG confirmed that there needed to be buy-in from the senior level and for staff engagement to not just be a token gesture. RG advised he felt it was not efficient to have groups that weren't achieving a clear set of aims. RG noted that it needs to come from both directions (leadership and grassroots) and that the most difficult bit is follow-up/follow-through on meeting outcomes, but the easiest compromise might be getting the SEAG platform at a more local level to determine the changes/improvements can be made at that local level. AIC noted that over the past two years due to the pandemic and the need to act quickly, it had been easy to just go ahead and do things within the organisation and that actual involvement of staff/patients on these changes was further down the agenda than it had ever been before. AIC further noted that some areas of the organisation may not even recall what good engagement looks like and that we need to get back in the habit of good engagement, involving people at the beginning, prior to decision making. KS confirmed that the latest version of the toolkits will be circulated and noted that there may be something we need to do separately in terms of staff governor engagement and asked if the townhall meetings were still ongoing. RG confirmed that they occurred every two weeks but was very operationally centric. There was not a similar thing in place for support staff which was a concern for the MDC. KB noted that the corporate workforce was a forgotten workforce and that the Trust needs to listen to that group as well. RG noted that the townhalls needed to be facilitated by senior leadership (not by a third party). KS questioned who in management could be running the events for support staff. AIC suggested the Business Support Managers may be a good first start. **ACTION: KS and RG to look into initiating town hall meetings for support staff with the support of BSMs.** **ACTION: New Operational Staff Governors are encouraged to attend the Operational Town Hall meetings to glean feedback from colleagues and look for trends to report to Council.**
26/22	**Membership Engagement and Recruitment for 2022** KS introduced a proposal on membership engagement and recruitment for 2022 and noted the steady slight decline in member numbers due to the pandemic meaning in person recruitment could not take place. The plan focussed on attending a couple of large-scale events to support membership recruitment and for Governors to engage with constituents in their areas and feed views back into the Trust. RG noted the importance of getting young people involved and questioned the involvement of youth groups. BC and KB agreed and suggested connecting with local emergency services colleges (Chichester college as an example) to encourage sign up. NR questioned if all employees received automatic memberships and whether they were given information on how they can get involved. KS confirmed that this is the case, and that previously formed part of the induction, but these have been streamlined over the years. JH noted that since she has been employed (November 2021), that she has yet to receive any information regarding membership. **ACTION – KS to liaise with recruitment and those delivering the induction to ensure employee membership communication is included, detailing benefits of membership.**

	BC suggested that dates in the diary needed to be made for events. KS confirmed that we should be focusing on getting out there and having governors being involved with membership recruitment events in their areas, but that a Governor toolkit revision would be helpful to facilitate governors to give talks in the future at small scale events if they wished - this would be looked at in 2023. KB suggested tapping into sports events associated with the Trust such as the SECAmb rugby game audiences. KS noted that there was a limited resource in supporting a large number of events, so the efforts had to be focussed to ensure the biggest gain but was open to trying new approaches to membership recruitment if capacity allowed.
27/22	**Any Other Business from members** None.
28/22	**Review of Meeting Effectiveness: - Did the meeting run to time? - Was the meeting useful? - Suggestions for improvement?** BC concluded that there was a good level of input and thanked colleagues for attending. BC noted that this would have been some members' last meeting and wanted to acknowledge their contributions.
Date of Next Meeting: 20th June 2022	

SOUTH EAST COAST AMBULANCE NHS FOUNDATION TRUST

Council of Governors

Nominations Committee Report

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. This report provides an overview of the activities of the NomCom for the Council.

2. NED recruitment

2.1. The NomCom is currently focused on making one appointment, with required experience and expertise currently being defined and developed.

2.2. BAME, a consultancy agency has been appointed to support this recruitment and initial development of the recruitment campaign is in progress.

2.3. It is planned that the NomCom is aiming to interviewing and recommend candidates for appointment to the Council circa August/September timeframe. Additional Governors should be able to be involved so do hold the date if you are interested.

3. NED Appraisals

3.1. NomCom has formally reviewed the NED appraisal process and contributed to the NED appraisals. NED appraisals were reviewed during the last meeting including the Chair's appraisal and objectives.

4. Recommendation

4.1. Council is asked to note this report and the NomCom are happy to take questions or comments.

David Astley, Chair (on behalf of the Nominations Committee)

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

Governor Development Committee

1. Introduction

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

1.2. The duties of the GDC are to:

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

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

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

1.5. The GDC met online on 14 April 2022. The minutes of these meetings are provided for the Council as an appendix to this paper.

1.6. Governors are strongly encouraged to read the full minutes from the GDC meeting.

1.7. The GDC meeting in April covered: feedback from the previous CoG, the agenda for the May joint council/board meeting and the June CoG meeting, possibility to move to face-to-face meetings, Lead and Deputy Lead Governor nominations and Governor training and development requirements.

2. Items of note

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

2.2. The GDC discussed the possibility of receiving a finance update during the Joint Council and Board meeting on 5 May 2022.

2.3. Following a discussion on whether to return to face-to-face meetings, it was determined that there was support to move to a hybrid session, but that the IT infrastructure must be in place do ensure inclusiveness. The GDC also determined that the meetings should be held throughout the constituency to reduce travel. It was proposed that the Council meetings be held in person whilst the committee meetings continue on a online/hybrid basis.

2.4. Formal and informal development opportunities for Governors were presented and that plans were underway for observation opportunities with 111/999/Field ops. Today's learning and development session will be on the Integrated Performance Report (IPR).

2.5. Nominations for the Lead and Deputy Lead governors were active with a deadline for expressions of interest due mid-May.

3. Recommendations:
    3.1. The Council is asked to:
        3.1.1. Note this report; and
        3.1.2. Read the minutes provided.

    3.2. All Governors are invited to join the next meeting of the Committee on **16 June 2022 2-4pm venue TBC.**

Julie Harris (On behalf of the GDC)

See below for the minutes of the GDC meetings

Appendix GDC Minutes

South East Coast Ambulance Service NHS Foundation Trust

Minutes of the Governor Development Committee

Microsoft Teams – 14th April 2022

Present:

Kirsty Booth	(KB)	Non-Operational Staff Governor
Andrew Latham	(AL)	Lower West SECAmb Public Governor
Leigh Westwood	(LW)	Lower East SECAmb Public Governor
Colin Hall	(CH)	Upper East SECAmb Public Governor
Julie Harris	(JH)	Assistant Company Secretary
David Astley	(DA)	Chair
Martin Brand	(MB)	Upper West SECAmb Public Governor
Chris Burton	(CB)	Operational Staff Governor

Minute taker:
Katie Spendiff   **(KS)**   **Corporate Governance & Membership Manager**

1. **Welcome and introductions**

   1. JH welcomed everyone to the meeting.

2. **Apologies**

   1. Apologies were received from Nigel Robinson, Vanessa Wood, Brian Chester, Matt Morris, and Patricia Delaney.

3. **Declarations of interest**

   1. There were no new declarations of interest.

4. **Minutes, action log and matters arising**

   1. The minutes were reviewed. Matt Morris advised by email that he was recorded as an Appointed Governor in March 3rd Council minutes and this needed changing to Public Governor, not an Appointed one.

   2. Action 188 Ask if Governors are able to observe yet with crews – This has been confirmed for May onwards, just awaiting observing form and training link to share

with Governors to get them ready to observe. Chased up 12.04.22. DA noted strain on frontline so patience in arranging this would be welcome. Start with 111 and 999 centre visits first.

3. Action 240 Seek assurance from the NEDs at the December Council meeting that the PEGs work supports the NHS framework for improving patient experience. This was picked up in the QPS review at the March Council. Now closed.

4. Action 241 Find out if we are still doing Quality Assurance Visits and if Governors could participate. JH would check whether these still took place.

5. Action 243 Send voting email to Council to get a view on arranging virtual longer pre meets in advance of the Council for Governors. This action was complete.

6. Action 244 Discussion on how to raise the profile of the Council and the work it undertakes to be held with full Council accompanied by a draft proposal on what could be done for context. Noted awaiting Lead Governor election and with work on the Annual Report and Annual Members Meeting, this would need to be pushed for completion later in the year.

7. It was noted the IPR training session had been arranged for the June pm session at the Council.

5. Feedback from March's Council meeting

1. AL noted that some of the data was out of date, and he would like to see more current reporting data come to the Council.

2. MB supported this and noted the timings between Board and Council could be minimised so the same data could be used to reduce impact on secretariat function.

3. It was noted this year's dates were fixed. DA noted looking to synchronise Board and Council dates from 2023 onwards.

4. DA noted that if the papers included in the Council pack were out of date, we should ask for an update/ bullet points to be added to the paperwork.

5. DA suggested current stats on performance/call categories would be a welcome presentation at the Council. Look to add this to the agenda as a standing item. Real time performance data would be welcome.

6. AL noted there were some key pages in the IPR which were important to be current in relation to performance.

7. MB noted the trends graphs were useful and could be updated as they cover most of the important metrics. They could speak to this.

ACTION: Timely data to be shared with the Council and a brief performance update presentation welcome as a standing item agenda going forward. Focus on performance and response to call categories.

8.   AL noted the part 2 session on the CQC had been very useful. AL keen to understand how the funding of the service worked. DA noted ongoing discussions with Integrated Care Systems (ICS) were taking place.

6. Draft Council of Governors agenda for 5th May and 6th June meetings

1.   DA noted a briefing on the financial situation of the Trust/ setting the scene from David Hammond and Howard Goodbourn would be useful at the Joint meeting.

ACTION: Confirm a finance update from DH/HG to be on the agenda at the Joint Council and Board meeting 5th May.

2.   MB noted upcoming changes to ICS structure and possible impact on Governor responsibilities were spoken about at a recent NHS providers training event. An update on this when it happens would be welcome as a future agenda/development session.

3.   JH gave an overview of suggested items for the joint meeting a get to know each other session/ NHS Futures / Better by Design (BBD) engagement piece.

4.   DA noted that the BBD item would be an engagement session not a presentation.

5.   KB noted that DH had attended medical meetings to present on BBD. KB noted further work on messaging and engaging with staff and bringing them along on the journey was needed. KB keen for staff governors to be used in communicating this. KB noted BBD was not a done deal, it was a mode to undertake the changes needed and this needed explaining clearly.

6.   DA noted the new Chairs of the ICSs were keen to get out and engage, so this may be an area to focus on the Joint meeting in November and also the new operating environments.

7.   JH welcomed suggestions for the June meeting. KB asked if we would have received the CQC report by then? DA noted that we would likely have received it so an overview could be given.

8.   MB keen to get continued update on BBD as it progresses. DA noted the NED subgroup could provide feedback on this.

9.   It was noted that there would be a learning and development session in the afternoon of the June Council meeting on the IPR.

10. There would be a deep dive on the Workforce and Wellbeing Committee – DA gave a caveat that it was early days for Subo as Chair of that committee.

11. Fiat update to be included within the CEO report or from Tom Quinn via Quality and Patient Safety Committee. MB noted importance of managing the debate around this.

12. CH noted he was keen for the driving positions and MSK issues from the Fiat enquiries outcomes to be shared regarding how this would be addressed.

13. KB noted it would be helpful to receive an update on agile working within the Trust. DA noted Subo should be able to advise on this.

7. Should Council return to f2f meetings or hybrid

1. JH noted the upcoming joint session would be in person. Matt Morris noted he would support a move to all hybrid sessions.

2. KB noted that the IT infrastructure needed to support a hybrid approach to meetings so people who have dialled in feel as much a part of the meeting.

3. MB noted it would be useful for Council of Governors meetings to be held around the patch to reduce travel.

4. LW noted keen on hybrid, but keen to build in a number of in person meetings and perhaps an expected minimum requirement.

5. KS proposed in person for Council meetings (4 per year) and then hybrid/online for committee meetings. It was noted that the formal Council meetings were a full day when you include the afternoon development sessions we have planned for those days as well. This suggestion was agreed by members of the GDC and would be put to the full council as a proposal for agreement.

6. DA noted that we could allow the public to return to attending in person and record the meetings to share afterwards.

ACTION: Plan for meetings to be circulated to the Council for agreement. Proposed in person Council meetings (4 per year moving around locations in the patch) and then hybrid/online for committee meetings.

8. Governor training and development

1. KS noted the training and development opportunities detailed in the paper and thanked Governors for their recent attendance at the inhouse NHS providers training that was put on for the Council.

2. KS noted plans were underway for Observation opportunities with 111/999/Field Ops.

3. KS noted the IPR guide to performance metrics was a learning and development session that would be carried out in the afternoon of the June Council Day.

4. KS thanked Governors who had put themselves forward to observe NED committee meetings and noted there were some remaining spaces which had been shared in the weekly Governor email. Governors were encouraged to put themselves forward for this opportunity if they hadn't already as it was valuable to see the Neds in action at committees.

5. KS noted that a schedule of in person membership recruitment events would be shared with Governors after the focus was agreed at the recent Membership Development Committee meeting.

9. Any other business

1. JH noted Lead and Deputy Lead Governor nominations. Mid May deadline for expressions of interest, this will go to a vote for in the part 2 Council meeting in June.

2. MB queried the current process for DA connecting with a Lead Governor if the seat was vacant. KS noted that unfortunately the Lead and Deputy Lead positions were both vacant due to a rejig of election timings. DA would go through Julie and Katie with anything he would normally reach out to the Lead Governor on, and an experienced governor would be reached out to for a view if needed in the interim.

10. Review of meeting effectiveness

1. The meeting was deemed to have been effective.

    The next GDC meeting takes place on 16 June 2-4pm venue TBC

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Governor Activities and Queries

1. Governor activities

1.1 This report captures membership engagement and recruitment activities undertaken by governors (in some cases with support from the Trust – noted by initials in brackets), and any training or learning about the Trust Governors have participated in, or any extraordinary activity with the Trust.

1.2 It is compiled from Governors' updating of an online form and other activities of which the Assistant Company Secretary has been made aware.

1.3 The Trust would like to thank all Governors for everything they do to represent the Council and talk with staff and the public.

Date	Activity	Governor
15.03.2022	Inhouse NHS Providers training for Governors	Kirsty Booth Nick Harrison Linda Caine Ann Osler Mike Tebbutt Stuart Dane David Romaine Martin Brand Colin Hall Alison Fisher Andrew Latham Howard Pescott Matt Morris Patricia Delaney
22.03.22	Attended a training course - Governwell: NHS Finance and Business Course	Chris Burton
01.04.22	I have been spending time talking to crews about how they are feeling and how they are finding/ coping with the current pressures the Trust is under as I come across them as a CFR and as a St. John Ambulance volunteer in Brighton at the ED at RSCH where I have been both waiting to unload	Andrew Latham

	patients we have been deployed to by SECAmb and also volunteering in the ED directly for the Hospital.	
11.04.22	Attended the NHS Provider Governor Focus Conference	Stuart Dane Trish Delaney Martin Brand
May 2022	Governors provided feedback on the Quality Account draft	Sent to all Governors.
May 2022	Site visits available to NHS 111 service in Ashford to learn about the service. Tour of the site and an introduction to staff members handling calls. Observe and engage with staff members including call handlers and clinical support roles, spending time with each discussing their roles and contribution to the organisation.	Linda Caine Colin Hall Patricia Delaney Leigh Westwood
May 2022	Governor site visits to EOC East and West 999 centres. Tour of the site and an introduction to staff members handling calls. Observe and engage with staff members including call handlers and clinical support roles, spending time with each discussing their roles and contribution to the organisation.	Vanessa Wood Linda Caine Colin Hall Patricia Delaney Nigel Robinson ACC Lisa Bell David Romaine Anne Osler
May 2022	Governors observed NED committees and reported back to Council on this.	Stuart Dane Kirsty Booth Chris Burton Linda Caine Andrew Latham David Romaine Leigh Westwood Patricia Delaney
20.05.22	Gave a talk to local group about CFR'ing, SECAmb and falls and encouraged them to sign up as members of the Trust. Various informal chats to front line staff about their motivations and concerns about the Trust.	Andrew Latham

2. Governor Enquiries and Information Requests

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

07.03.2022 – Patricia Delaney

Question: Reading the bulletin, I noticed how much the assaults on staff had escalated during the pandemic, and that there is now a campaign "Work without Fear" commencing soon.

Alongside this, I noted that the JRU's were being set up. I wonder what the composition of the JRU team would be? and if a mental health worker was included, especially if aggravating factors included drug/alcohol/ and mental ill health ? If so, it would be interesting to see if the number of assaults reduced., and if it correlated with the composition of the JRU. And also that how the addition of an extra worker would physically fit inside the ambulance without inhibiting patient care.

Response (Alexander Wilson) 08.03.22: The JRU comprises of a police officer and paramedic. The idea being. We self-allocate to either police incidents or ambulance generated calls that require both services. We do not have any specialist mental health worker, and we are very clear that we are not a mental health resource. By the very nature of mental health, sometimes needing police assistance, we do attend mental health jobs. I think there is a massive need for a mental heath car with a paramedic and mental health specialist, but we have tried before but getting funding from the mental health teams has proved hard.

I would be very against sending a police officer to every mental health presentation as they are not required and mental health is a health issue, not a policing problem. It's a normal SRV, attempting to minimise the need for multiple ambulance or police resources. If needing conveyance, we can convey in care if clinically appropriate or yes we request a DCA.

We attend incidents that require both services ranging from , but not exclusive to assaults, sudden deaths, mental health (only when need for police) RTC, concern for welfare, domestics, jobs in public places, crew request for police assistance, mental capacity assessment support. We want to provide a quicker response for when ambulance need police, or vis versa. We also want to speed up response times to these categories of calls, and aim to close them down a lot quicker.

So we are not a project as such any more... in Kent we have been set up for over 3 years now, and the unit is very well embedded into operations.

08.03.2022 – Kirsty Booth

Question: I would like to seek assurance that any changes to the Paddock Wood estate prior to the changes in guidance for COVID have been thought out and discussed in consultation with the teams that use those sites. I visited Paddock Wood last week and there are some changes being made to the offices where Procurement used to work, this has become a hot desk area for quite a few teams, the office in that room used to be used for 121s etc has now

been locked with swipe card access only. If the space is being re-purposed can you seek assurance that affected staff have been consulted with?

Response (Gio) 08.03.22: Background on the change of room use –

The procurement office is managed by Paul Ranson, head of procurement. Paul kindly gave staff at PW the use of the office as a 'hot desk' room, whilst his staff were working from home during the pandemic. The small private office was Paul Ranson's office and was always locked prior to Paul changing his base due to the pandemic. Paul Ranson and Mark Eley have discussed the use of the office and have agreed Mark will use this as a local base to work from. The swipe access has been changed as you will appreciate that as deputy director of operations Mark keeps a lot of confidential papers in the office. The use of the main Procurement office has not changed and is accessible by all and is still available as a hot desk room.

10.03.22 – Nigel Robinson

Question: As some of the burden of COVID eases and business returns to a new normal there may be an issue about which your reassurance would be beneficial please.

The trust continues to publicise how busy it is daily, whilst also having to defend incidence of delayed attendance at emergencies of various categorisations or at hospital ED's.

Yet in amongst this heightened level of public and media awareness and scrutiny, the trust continues to support public entertainment events by providing SECAMB officers, vehicles, and crews for those events.

1. Does the trust continue to have an appetite and resources for providing this service?

2. What statutory legislation is there that requires the trust take on these roles and thereby maintain its legislative compliance?

3. Is this type of commitment morally defendable whilst facing such high call volumes and seemingly a shortage of vehicles and crews in the event there were to be a challenge from public, media or other another body?

Response (Emma Williams) 23.03.22: 1. The Trust has a requirement to be involved in public events in terms of planning and in some situations, attendance via a command/operational response (see the answer to question 2). In addition to this statutory position, several very large events require additional medical cover and SECAmb have had been contracted to deliver this service. More recently the Trust has declined to undertake this additional work, however there are a small number of historic contracts that are being reconsidered at this time.

2. The Trust has a statutory requirement to engage with partners across the region with regards to event planning and delivery – details of these requirements can be found in two industry standard guides:

• Green Guide: Guide to Safety at Sports Grounds, compiled by the Sports Grounds Safety Authority (SGSA), a non-departmental public body in the United Kingdom funded by the Department for Culture, Media and Sport (DCMS).

• The Purple Guide to Health, Safety and Welfare at Music and Other Events, written by The Events Industry Forum in consultation with the events industry and the Health & Safety Executive.   3. We are reviewing SECAmb attendance at all events from both the statutory and contractual basis, particularly considering the current challenges to resourcing and performance. Where we have committed contractually to provide additional services this position is being re-evaluated in terms of the medium and longer term planning. Nigel met with Dir of operations 21.04.22 to talk through this.

24.03.22 – Colin Hall

Question: I have seen other ambulance services sending equipment to Ukraine. How is the Trust providing meaningful aid towards what is happening in Ukraine?

Response (John O'Sullivan / John Griffiths): SECAmb has engaged in the following:

-    Two decommissioned/de-branded Mercedes vehicles are being made available to go to Ukraine with all emergency systems still intact and kitted out with patient carrying devices (as per normal).

-    We have identified a charity (TBD) that can get them out to Poland and into the Ukraine and the checks for this to happen are still ongoing.

-    We are in the process of Identifying all consumables that are running out of date in the next couple of months with the aim of sending them out to the Ukraine either on the back of the ambulances or separately, depending on timings.

24.03.22 – Query from Council meeting

Question: Can we have an update on the review of the Fiat vehicle concerns raised by some colleagues regarding seatbelt placement.

Response (John O'Sullivan / John Griffiths): On 30 March a forensic engineer will be visiting SECAmb (commissioned by Stellantis – the parent body of FIAT) having done a full review of all vehicles, will present a report which will provide the scientific approach to how to position yourself in the vehicle (utilising all adjustment on seat and steering wheel). This report will form the basis of a personal risk assessment for all the staff that have self-declared under op instruction 465. On 30th March the forensic engineer will be presenting these findings as well as take people through the step-wise approach on the FIAT itself.

13.04.22 – Matt Alsbury-Morris

Question: Want to raise what I consider to be an urgent Quality & Patient Safety issue... according to the email below, signed by Fionna Moore, the SECAMB Public Access Defibrillator database has been turned off. To my knowledge, it's replacement doesn't have any of the data in. The email below claims 'Data Protection' limitations on giving details to the British Heart Foundation. This law doesn't apply to the 30+ sites our charity provided as a charity doesn't have data protection rights... but that's a different issue.

To my knowledge the database held the location & access details to 3,000+ Public Access Defibrillators (at least in 2017/18 it did) that the public were directed to in the case of a 999 cardiac call.

The Circuit, which they have advised is the replacement, is not stocked with the relevant data... I know this as the site is live at https://www.defibfinder.uk/ and this doesn't show our Responder Charity sites...

Every Responder group & charity I'm aware of is in uproar this evening on social media given the last minute ask to now put that data in manually - and wait 2 days whilst the BHF setup our organisational accounts etc. Which creates a great patient risk in my view... for data SECAMB already had.

Can we please urgently seek clarity from the Non-Execs what assurance they have that the board is managing the patient risk from the removal of over 3,000 public access defibrillators from SECAMB's Computer Aided Dispatch systems?

It would be good to have some assurance that this is not causing patient harm.

Response (Tom Quinn): For your information, the Trust's management plan for PADs was considered by the Quality & Patient Safety (QPS) Committee at its meetings of 18th March 2021. It was clear that while the BHF Circuit aimed to catalogue all PADs and who was responsible for their maintenance, SECAmb was responsible primarily for the maintenance of the PADs that were owned by the Trust (Phase 1). Management of the wider pool of PADs not owned by the Trust (Phase 2) was not something SECAmb were commissioned to undertake.

QPS received an update at the 18 November meeting. Phase 1 was complete, with confirmation that all Trust owned PADs had been identified and confirmed as 'rescue ready'. It was confirmed that, in terms of patient safety, there had been no reported incidents related to PADs not working.

Dr Fionna Moore's 11 April 2022 communication to all (known) PAD guardians across the Trust footprint asking them to register their PAD with The Circuit, stated that the Trust's local database is no longer active. I have confirmed with Emma Williams, Executive Director of Operations, that this database is no longer being updated, and therefore the 'rescue readiness' of any PAD not owned by the Trust, if not already registered on The Circuit, cannot be verified. The responsibility for registration of non-Trust PADs is the responsibility of the owners. BUT this does not mean that PADs previously registered with the Trust have all been erased from the CAD, merely that their status cannot be verified until they are registered with The Circuit.

The Trust works closely with The Circuit to ensure that owners are communicated with, that permission is given to register on The Circuit, and that sites where there is no response from

the PAD owner, or maintenance of rescue readiness remains unclear over a period of time, such PADs are removed from the CAD.

On the basis of the above, I confirm I am assured that:

• SECAmb owned PADs are rescue ready, and

• The Trust is working with The Circuit through an agreed process to ascertain the state of readiness and maintenance of all the other (non-Trust owned) PADs that were previously registered on the local database.

10.05.22 – Chris Burton

Question: There is an Operational Team Leaders position (Band 7) vacant at Haywards Heath. It is believed that SECAMB will only offer this position with staff that are willing to work full time (1.0WTE) or part time (0.5WTE). This would hinder members of staff who for example have the right qualifications but cannot commit , due for instance, to child care issues? I question whether this would unfairly discriminate against women getting management positions? I suspect the reasoning behind this would be that one day here or there may not be enough to commit to the role of bronze command and inhibit the amount of contact the staff in the OTL`s team would have with the OTL

It is of concern, if the Chair of WWC has agreed to this?

I would be grateful if we could receive some assurance in this matter.

Response: Sent to AIC for fact checking first.

Recommendations

2.2. The Council is asked to note this report.
2.3. Governors are reminded to please complete the online form after undertaking any activity in their role as a Governor so that work can be captured. The new form will be circulated in due course.

Julie Harris
Assistant Company Secretary
(In the absence of a Lead Governor)

Contents

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

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

To be updated prior to Trust Board submission

Philip Astle
Chief Executive

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

3

Performance

Best placed to care, the best place to work

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

IPRID	Department	Metric	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Target	Vs Target	Performance Direction	Sparkline
M-1	Medical	**Cardiac ROSC Utstein %	41.00%	40.50%	48.70%	54.20%	48.70%	57.10%	48.70%	51.30%	40.90%	No Data	No Data	No Data	No Data	45.10%			
M-2	Medical	Cardiac ROSC ALL %	23.00%	24.00%	28.30%	31.00%	24.80%	34.00%	24.80%	23.10%	24.90%	No Data	No Data	No Data	No Data	23.80%			
M-12	Medical	**Sepsis Care Bundle %	85.00%	83.50%	84.00%	81.30%	86.20%	84.50%	85.40%	84.70%	87.00%	No Data	No Data	No Data	No Data	85.00%			
M-3	Medical	Cardiac Survival Utstein %	28.00%	27.30%	No Data	31.30%	30.60%	23.50%	20.00%	36.80%	27.90%	No Data	No Data	No Data	No Data	25.60%			
M-4	Medical	Cardiac Survival ALL %	13.70%	12.30%	No Data	14.00%	10.00%	10.80%	8.00%	11.00%	9.50%	No Data	No Data	No Data	No Data	9.60%			
M-11	Medical	Cardiac Arrest - Post ROSC %	81.00%	78.50%	90.30%	75.80%	68.00%	75.30%	68.00%	75.50%	69.40%	No Data	No Data	No Data	No Data	76.80%			
M-5	Medical	**Acute STEMI Care Bundle Outcome %	69.00%	60.30%	57.30%	60.60%	62.70%	54.00%	55.40%	54.30%	57.50%	No Data	No Data	No Data	No Data	64.70%			
M-6	Medical	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean	02:20:00	02:19:00	02:21:00	02:36:00	02:33:00	02:31:00	02:32:00	02:23:00	No Data	No Data	No Data	No Data	No Data	02:22:00			
M-7	Medical	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile	03:02:00	03:17:00	03:17:00	03:50:00	03:23:00	03:35:00	03:43:00	03:17:00	No Data	No Data	No Data	No Data	No Data	03:14:00			
M-8	Medical	Stroke - Call to Hospital Arrival Mean	01:28:00	01:26:00	01:31:00	01:35:00	01:54:00	01:50:00	01:45:00	01:38:00	No Data	No Data	No Data	No Data	No Data	01:29:00			
M-9	Medical	Stroke - Call to Hospital Arrival 90th Centile	02:07:00	02:14:00	02:15:00	02:21:00	02:56:00	02:52:00	02:44:00	02:36:00	No Data	No Data	No Data	No Data	No Data	02:20:00			
M-10	Medical	**Stroke - Assessed F2F Diagnostic Bundle %	96.00%	95.70%	96.80%	94.10%	97.10%	97.10%	97.90%	97.60%	97.10%	No Data	No Data	No Data	No Data	96.30%			
M-13	Medical	Sensitivity of Cardiac Arrest Detection During Telephone Triage %	82.00%	82.20%	84.10%	91.20%	95.50%	95.20%	95.50%	93.80%	90.40%	No Data	No Data	No Data	No Data	93.80%			
M-14	Medical	Proportion of Non-EMS Witnessed Cardiac Arrests with Bystander CPR %	78.00%	77.30%	80.00%	79.40%	80.30%	85.00%	80.30%	74.10%	81.70%	No Data	No Data	No Data	No Data	77.90%			
M-16	Medical	Proportion of Non-EMS Witnessed Cardiac Arrests with PAD Applied to Patient %	No Data	5.80%	No Data	12.10%	6.40%	8.40%	6.40%	6.90%	9.10%	No Data	No Data	No Data	No Data	7.30%			

NB: M-1 to M-16 are reported up to 4-months in arrears

+ Outperformed target
- Underperformed target
= On target

Performance by Domain
Responsive: Performance Dashboard

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

IPRID	Department	Metric	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Target	Vs Target	Performance Direction	Sparkline
999-10	Operations 999	999 Calls Answered	61386	77074	71529	85769	77173	81649	86089	76122	78778	71054	67386	70221	84318	N/A	N/A		
999-10	Operations 999	Incidents	62845	65474	67474	65161	62343	60808	64510	62534	63924	62514	56127	56131	62648	N/A	N/A		
999-1	Operations 999	999 Call Answer Mean	00:00:42	00:00:48	00:00:08	00:00:22	00:00:05	00:00:04	00:00:02	00:00:25	00:00:24	00:00:12	00:00:16	00:00:16	00:00:37	00:00:05	-	↓	
999-1	Operations 999	999 Call Answer 90th Centile	00:02:22	00:02:34	00:00:22	00:01:19	00:00:02	00:00:02	00:00:01	00:01:28	00:01:29	00:00:37	00:00:58	00:01:01	00:02:04	00:00:10	-	↓	
999-2	Operations 999	Cat 1 Mean	00:08:45	00:08:49	00:07:57	00:08:18	00:07:32	00:07:37	00:07:33	00:08:42	00:09:09	00:08:36	00:08:43	00:08:43	00:09:35	00:07:00	-	↓	
999-2	Operations 999	Cat 1 90th Centile	00:16:03	00:16:19	00:14:54	00:15:08	00:13:56	00:14:14	00:13:53	00:16:03	00:16:24	00:15:48	00:15:47	00:15:47	00:16:49	00:15:00	-	↓	
999-3	Operations 999	Cat 1T Mean	00:10:51	00:10:54	00:09:36	00:10:24	00:09:20	00:09:02	00:09:01	00:10:43	00:11:06	00:10:25	00:10:43	00:10:42	00:11:35	00:19:00	+	↓	
999-3	Operations 999	Cat 1T 90th Centile	00:20:03	00:20:14	00:17:38	00:19:13	00:17:13	00:16:46	00:16:36	00:20:00	00:19:58	00:19:27	00:20:06	00:20:07	00:20:36	00:30:00	+	↓	
999-4	Operations 999	Cat 2 Mean	00:29:42	00:30:37	00:21:28	00:26:11	00:18:54	00:18:37	00:16:48	00:34:17	00:33:34	00:28:22	00:32:17	00:32:16	00:39:57	00:18:00	-	↓	
999-4	Operations 999	Cat 2 90th Centile	00:58:53	01:00:47	00:40:51	00:50:55	00:34:58	00:34:46	00:31:09	01:10:41	01:08:19	00:56:56	01:06:25	01:06:24	01:22:37	00:40:00	-	↓	
999-5	Operations 999	Cat 3 90th Centile	06:17:02	07:21:23	03:51:24	05:40:07	02:58:41	02:49:03	02:01:52	06:21:14	06:14:03	04:34:42	05:34:49	05:34:50	08:06:49	02:00:00	-	↓	
999-6	Operations 999	Cat 4 90th Centile	05:29:55	06:51:57	04:39:46	07:21:59	04:28:40	03:29:30	02:44:51	08:30:25	08:57:09	05:34:23	06:55:57	06:47:47	08:50:58	03:00:00	-	↓	

+ Outperformed target
- Underperformed target
= On target

6

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

IPRID	Department	Metric	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Target	Vs Target	Performance Direction	Sparkline
999-7	Operations 999	HCP 3 Mean	03:32:39	04:06:19	02:32:00	03:25:11	02:02:40	01:39:18	01:25:11	03:08:40	03:12:01	02:23:50	02:46:40	02:46:44	03:39:59	N/A	N/A	↓	
999-7	Operations 999	HCP 3 90th Centile	08:28:04	08:36:33	05:08:05	06:56:27	04:00:25	03:23:05	02:55:47	07:28:23	07:01:05	05:27:14	05:49:49	05:49:57	09:20:15	N/A	N/A	↓	
999-7	Operations 999	HCP 4 Mean	04:46:11	04:56:09	03:20:43	04:22:49	02:44:10	02:01:07	01:49:46	03:45:42	03:59:08	03:04:42	03:38:42	03:38:42	04:43:01	N/A	N/A	↓	
999-7	Operations 999	HCP 4 90th Centile	10:41:54	09:20:02	06:21:05	08:01:14	05:11:59	04:28:16	04:10:26	08:38:29	09:05:50	06:53:32	07:59:11	07:59:11	10:29:31	N/A	N/A	↓	
999-9	Operations 999	Hear & Treat %	6.90%	9.30%	7.90%	9.60%	9.00%	8.80%	10.30%	9.90%	9.30%	8.60%	9.40%	9.50%	10.45%	N/A	N/A	↑	
999-9	Operations 999	See & Treat %	32.10%	31.20%	31.60%	32.00%	32.10%	31.30%	30.50%	31.10%	32.40%	32.00%	31.00%	31.07%	31.26%	N/A	N/A	↑	
999-9	Operations 999	See & Convey %	61.00%	59.40%	60.50%	58.40%	59.00%	59.80%	59.10%	58.90%	58.10%	59.30%	59.40%	59.47%	58.34%	N/A	N/A	↑	

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

ID	Standard	Background
999-1 to 999-7	Standards: 999 Calls Answered (mean and 90th centile) (999-1) Cat 1 (mean and 90th centile) (999-2,) Cat 1T (mean and 90th centile) (999-3) Cat 2 (mean and 90th centile) (999-4) Cat 3 (90th centile) (999-5) Cat 4 (90th centile) (999-6) HPC 3 & HPC 4 (mean and 90th centile) (999-7)	There are a range of contributory factors which contribute to the poor performance across all metrics. In particular reduced resource provision as a result in of vacancy rates and high levels of abstraction (particularly due to sickness & leave), as well as a reduction in efficiencies such as job cycle time and hospital handover challenges. The ARP performance framework is evidence-based in terms of both the target set, and the clinical implications of each target. • During the 2021-22 financial year, the Trust has consistently failed to deliver against all metrics – this has primarily been as a result of challenges relating to resource provision, coupled with increased unpredictability of demand. • SECAmb performance is scrutinised within the Trust and more widely, including being reported within national ARP league tables for English ambulance services issued each month. In March 2022, overall improvements in performance were seen across all metrics, with relative improvements in 5 of the 8 metrics in the national AQI tables

Action Plan	Accountable Executive
Actions being taken to mitigate issues: Optimising resource levels - A focus on maximising the availability of all resources – call handling, EOC clinicians and field ops crews. In order to achieve this, sub-actions relating to a number of areas are being implemented: • The continued robust management of abstractions such as sickness and annual leave • Continued implementation of a programme of incentives to optimise additional hours • Within the EOC clinical staffing group – improvements in scheduling and utilisation of agile clinicians • Implementation of robust recruitment of staff across all service lines, in-line with workforce plans Dynamic deployment of resources - In live-time Trust resources can be moved between areas/service lines to optimise response and mitigate risk. For example: • Dual-trained call handlers and clinicians in 111 & EOC can work across either service line as required • Private ambulance provision is reviewed daily in terms of the best geographical locations for the crews to work out of dependent on local SECAmb gaps in provision • Cross-border working for SECAmb crews, where they respond to the nearest higher priority call which may be in neighbouring dispatch desk areas	Named person: Executive Director of Operations Complete by date: Ongoing – Metrics are part of the Performance Improvement Plan monitored via weekly Performance Assurance Meetings

Glossary & Metrics Library

Best placed to care, the best place to work

AQI A7	All incidents – the count of all incidents in the period
AQI A53	Incidents with transport to ED
AQI A54	Incidents without transport to ED
AAP	Associate Ambulance Practitioner
A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
ARP	Ambulance Response Programme
AVG	Average
BAU	Business as Usual
CAD	Computer Aided Despatch
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CCN	CAS Clinical Navigator
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
DCA	Double Crew Ambulance
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ECSW	Emergency Care Support Worker
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ER	Employee Relations

F2F	Face to Face
FFR	Fire First Responder
FMT	Financial Model Template
FTSU	Freedom to Speak Up
HA	Health Advisor
HCP	Healthcare Professional
HR	Human Resources
HRBP	Human Resources Business Partner
ICS	Integrated Care System
IG	Information Governance
Incidents	See AQI A7
IUC	Integrated Urgent Care
JCT	Job Cycle Time
JRC	Just and Restorative Culture
KMS	Kent, Medway & Sussex
LCL	Lower Control Limited
MSK	Musculoskeletal conditions
NEAS	Northeast Ambulance Service
NHSE/I	NHS England / Improvement
OD	Organisational Development
Omnicell	Secure storage facility for medicines
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillator
PAP	Private Ambulance Provider
PE	Patient Experience
POP	Performance Optimisation Plan
PPG	Practice Plus Group
PSC	Patient Safety Caller
SRV	Single Response Vehicle

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

RAG	Red – Amber – Green
REAP	Resource Escalatory Plan
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations
ROSC	Return of spontaneous circulation
SCAS	South Central Ambulance Service
SI	Serious Incident
SIG	Serous Incident Group
STEMI	ST-Elevation Myocardial Infarction
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
TIA	Transient Ischaemic Attack (mini-stroke)
Transports	See AQI A53 + A54
UCL	Upper Control Limit
WTE	Whole Time Equivalent (staff members)
YTD	Year to Date

SECAMB Board

A1 Performance Committee Escalation Report to the Board

Date of meeting	21 April 2022
Overview of key issues/areas covered at the meeting:	Under actions arising we heard from the director of operations that we have engaged others ambulance providers on how they better manage 'hear and treat'. This is about how we can ensure more effective use of emergency resources, which may lead to a need for more virtual responses. The committee encouraged the executive to ensure we demonstrate to the system the benefits this will have, e.g. less people taken to emergency departments. The first part of the meeting focussed on planning and forecasting. **Integrated Plan: 2022 – 2023** A really good update was provided on the integrated plan for the year. The Annual Planning Working Group is established with cross-directorate representation and oversight of contracting strategy and scenario development. We have developed a "Plan on a Page" for three commissioning scenarios to determine what is reasonably possible in terms of additional workforce. Each scenario has significant challenges in delivering ARP in 2022/23 and require either significant recruitment or operational efficiency delivery. We have also developed a milestone delivery plan for the next 12 months. There are a number of risks to the plan which the committee explored, in particular the cultural change and how we engage and ensure buy-in from our workforce. The committee asked for more assurance on this. There was also challenge to the executive on ensuring the right balance between front line activity and the right level of overheads to support the right operating model. For example, as we grow our workforce, we need to constantly assess the impact on support services. The executive accepted that there is a gap in understanding this fully at present, but it is part of the immediate next steps acknowledging that without this clarity we will fail to deliver. The committee asked about retention, given that the staff survey indicates a high percentage of staff intend to leave in next 12 months. And also about what assurance there is about filling all training courses for new staff, as some courses have spaces still available. An action was agreed to ask that the workforce and wellbeing committee review how we are delivering against the retention strategy. This is an ambitious programme and the committee supported the need for ongoing dynamic review so that corrective action can be taken proactively, where aspects of the plan are not being met. **12-week look ahead** The committee is assured by the progress we are making in being able to better predict performance levels, and therefore plan ahead. At the meeting challenges were bring forecasted for May and June and the committee explored the mitigating

	actions.
	The meeting then reviewed **current performance** levels. Performance over the past 12 weeks continued to be challenging. In 999, despite performance across England worsening SECAmb is performing better in comparison with others, which in some way is positive but it is a sobering message for patients across the country.
	111 resourcing is showing an improvement over the previous 4-6 weeks from a sustained low level. EMAs remains under the required levels, which is a deterioration from that seen approx. two months ago. EOC clinical staffing has improved.
	The **Performance Cell Report** highlighted the progress with the implementation of Anaplan. The project closure has been extended to the 09 May to allow for an Internal UAT of the system dashboards prior to the deployment to stakeholders. Stakeholder engagement has been mapped, user stories feedback session will be held in May and wider stakeholder session will be held May-June. A number of future developments have been identified and will be reviewed for inclusion in phase 2.
	The Optima project is on track and expected to deliver project milestones to the agreed project timelines. Initial solution design document and data analysis report have been received for SECAmb review and approval. A meeting is scheduled with Optima to discuss the solution design document with submission due in April; this does not impact the project timeline.
	A helpful paper was received setting out the detail of the BAF risk related to the **Single Virtual Contact Centre.** There is significant work still needed to work through how this might be achieved, safely. In the meantime, the committee acknowledged the rationale for this but sought assurance that while this might be a reasonable IT solution, the patient and quality risks must be worked through.
Any other matters the Committee wishes to escalate to the Board	Governors observed this meeting, as part of the approach agreed with the Council of Governors to provide Governors the opportunity to experience how NEDs work at committee-level.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

Part A Governor's Report on the Operational Performance Committee

The aim of the observation is for Governors to see and understand the assurance NEDs seek in action. The Trust is keen for NEDs to undertake their business as they would if Governors were or were not at the meeting.

Part A should be used for general observations about the functioning of the Committee. Please keep your observations brief and do not detail any confidential information leading to redaction.

If Governors have any individual concerns on NEDs performance or style, they can speak to the Chair directly (David Astley) or the Senior Independent Advisor and Deputy Chair (Michael Whitehouse).

Date of meeting: 21 April 2022

Governors present: Leigh Westwood, Patricia Delaney, David Romaine, Andrew Latham

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

1. Prior to the meeting:

The Chair (Howard Goodbourn) was available to respond to any advance issues from the Governors ahead of the meeting. AL had made some prior contact with the Chair and disused some queries. All paperwork relevant to the meeting was received in good time ahead of the meeting for review.

2. Introductions:

Governors in attendance were duly introduced and welcomed to the meeting.

3. Attendance:

Full NED attendance with others brought in for specific items. Neither CEO or SECAmb Chair were present due to other commitments.

4. Agenda:

Agenda was full and comprehensive, including full provision of performance statistics

5. Discussion during meeting:

All participants were fully engaged in the meeting and it was clear that there was enthusiasm for the topics being discussed and the workstreams underway on projects. Those heading up these workstreams were fully engaged, provided clear information and data were appropriate and dealt well with the challenges and questions raised during the meeting.

6. Chair:

The meeting, chaired by Howard Goodbourn, was managed well. All participants in the meeting were able to interact adequately and in a well-managed and organised way.

7. De-brief:

No debrief was held after the meeting with Howard Goodbourn for observing Governors, although this would have been available if required. PD raised concern after the meeting to the observing Governors that possibly some of the targets discussed were ambitious compared to the resources currently available.

8. Conclusion:

The agenda was full and at times did overrun on timings, but this was only due to the level of interaction and discussion, all of which was extremely valuable and worthwhile. Timing was caught up in other parts of the Agenda and there was always an awareness of the timing concerns as the meeting progressed. Challenges were all appropriate and the responses were clear and explanatory. The OPC is an effective committee, is very focussed and NEDs were actively involved and angaged.

Southeast Coast Ambulance Service NHS Foundation Trust

SECAmb Board

B1 WWC Escalation Report to the Board

Date of meeting	17 February 2022
Overview of issues/areas covered at the meeting:	In review of the **committee dashboard**, taken from the IPR, the committee was satisfied that the key issues are within its current sphere of focus. There was a discussion about how the IPR could be used to identify any hotpots which will be picked up as part of the development work ongoing. **Executive Escalation** At each meeting there is a standing agenda item for the executive to escalate or raise any specific 'live' issues the committee ought to be aware of. There was one issue raised by the Executive Director of HR & OD related to VCOD. At the time of this meeting the outcome of the Government's consultation was awaited and the committee noted that until then the right approach was to keep work on hold and meetings and comms to the essential minimum. There was a good discussion about the support in place for staff who were struggling with this legislation with welfare being provided locally via the OUMs. There was one *Management Responses* (related to gaps in assurance from previous meetings): **EOC/111 Culture – Action being taken** Partial Assurance Following the deep dive in October a paper was received setting out the themes and actions taken in response. Work is ongoing and so the committee is currently not able to quantify the impact fully. However, in relation to the correlation between levels of resource and staff experience, this seems to have improved as a result of the significant number of new call handers recruited in recent months. However, the theme around behaviours and its link to management development is not much different as it is more systemic and will take longer to resolve. A further update will be considered in May. In the meantime, while it was helpful to see the feedback collated and actions being taken, the committee asked the executive to ensure timescales against each action. It also asked for assurance on how the actions will ensure the impact needed to prevent recurrence. **Management of Incidents of Violence and Aggression** Partial Assurance The Head of Health & Safety set out the steps being taken to address violence and aggression, using the NHS Violence Prevention and Reduction Standards. It was helpful to see where we are and to get better clarity on the key gaps. The committee asked the

executive to ensure that we link actions against the gaps and include clear timescales to understand better what is being prioritised. The committee will monitor the action plan and asked that the executive shares progress with staff to reassure them that we are taken action to keep them safe.

Concern was expressed about conflict resolution/de-escalation training and this is critical but yet hasn't been provided in recent years. The executive assured the committee that this is now part of core skills going forward. It also clarified that despite the gap in training, clinicians understand dynamic risk assessment and so can and do use these skills to manage their own safety.

Lastly, the committee noted the progress with the body worn cameras trial and will look forward to the assessment of this when the trial concludes.

There were then a number of *scrutiny* items:

Improving Staff Experience Partial Assurance
An update was provided on the approach being taken to improve staff experience, which is informed by a number of sources including staff surveys. The results of the most recent staff survey will be used to ensure there are no gaps in the improvement plan.

The staff survey was again this year a very good marker of engagement with 2594 (out of 4251 eligible) employees completing the survey. This is 61%, slightly below the 63% response rate of 2020, although the total number of respondents in 2021 was the largest in the history of the survey at SECAmb surpassing the 2020 total by 21 responses. The results are due in March.

A staff engagement toolkit has been developed to help local teams understand, communicate, and engage on the improvements they need to prioritise, in their specific areas. This toolkit will also help managers engage better on an ongoing basis.

The committee wasn't sure how well engaged managers will be with the toolkit and so has asked for some information on this in due course. But overall, the steps in place to improve staff experience is really encouraging. It challenged the executive to provide appropriate assurances that the actions will lead to better outcomes as this is all crucial to our success and therefore our 'performance'. This will continue to be a standing agenda item.

Appraisals Partial Assurance
The committee asked for assurance on the steps being taken to ensure every member of staff receives an appraisal, given the concerning trend identified in the IPR. The new process looks promising, but the paper lacked assurance on the implementation plan which is due to be reviewed by the Executive Management Board. The implementation started with the HR directorate first to learn early lessons and identify issues with the system before wider roll out.

There is little that can be done to improve appraisal rates for this year (about to end), which are very low, but the Committee did note the apparent disparity with the staff survey results that tend to demonstrate a higher number completed. Management believes this is about recording and steps are being taken to ensure this is corrected.

The committee reinforced that while completion of appraisals is important, quality is paramount and is pleased to note therefore that the new process focusses on improving quality.

The committee particularly noted the risk of operational pressures and the ongoing discussion about abstraction; how do we ensure the time needed to undertake appraisals is prioritised? Therefore, while it supports the new approach which looks effective on paper, there is a gap in assurance in how this will be translated into practice. The committee will closely monitor this to test the effective implementation.

Clinical Education Strategy – Delivery Plan Assured
The committee received the structure of the delivery plan and will receive regular progress updates. There is confidence in some elements of the plan but there is much work needed such as operational engagement related to capacity, if for example we were to bring the ECSW plan in house. Some concern was expressed about the bridging course and risk that there will not be enough take up. And a risk about the perception of clinical education within trust, so getting clinical educators of high calibre will be a challenge.

The committee explored how clinical education sits within the wider Education Training and Development and the executive are working this through as part of Better by Design.

Overall, the committee is assured by this comprehensive plan and will seek ongoing assurance on its implementation.

The committee received an update on the "**Until It Stops Campaign**" which includes the steps to prevent sexual harassment at SECAmb. There is a soft launch which acknowledges this will be a long-term approach that needs to be sustained to ensure real change in behaviours. The key element is about education and training both in terms of how to behave and how to speak up. The approach acknowledges the problem, sets out the method for change and how this is intended to achieve the goal to eliminate sexual misconduct and harassment in the workplace.

The committee really welcomes this campaign. It noted that one measure of effectiveness will be an increase in reporting. The new appraisal system mentioned earlier focusses equally on behaviours than performance, so there will be consequences.

The final section of the meeting was the *Forward Look / Horizon Scan*. Here the executive updated the committee on **Staff Health & Wellbeing**. It noted the following:

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	• Review of the current strategy/structure • Following approval of the Business Case progress initiatives funded by the £155k NHSEI Volunteer Funds. • To review and complete the updated NHS Framework exercise and to implement a 10-step action plan provided by ACCE for all ambulance Trusts. • To launch the Wellbeing microsite Q4. • To publicise and promote the wellbeing conversation templates • To embed a robust suicide postvention process. The committee supported all of this work. There is much going on and lots of effort and focus on the wellbeing of our people. The committee also discussed **organisational development and change**, specifically the role of the committee in overseeing the integrated OD project via Better by Design.
Any other matters the Committee wishes to escalate to the Board	At this meeting Maisy, **HR Graduate Management trainee at SECAmb,** joined to talk about her experience of the programme at SECAmb, which started in September. She provided a really helpful overview of what has been to-date a positive experience. This is really good for Trust to host graduate trainees. The committee felt we needed to do more to encourage trainees to experience the Trust and to make sure our 'people with potential' are able to gain experience of other organisations.

Southeast Coast Ambulance Service NHS Foundation Trust

SECAmb Board

B2 WWC Escalation Report to the Board

Date of meeting	25 February 2022
Overview of issues/areas covered at the meeting:	This was an extraordinary meeting to focus primarily on workforce planning (to help balance supply with demand) and training and development. The Board is aware of the tension between abstraction and training and development, which is one of the BAF risks, and this meeting explored how we are considering and managing this. Given the link with performance, members of the Performance Committee were invited to attend.

Training & Development Partial Assurance
A paper was received baselining the training and development requirements for operations, in the context of the tension there is with abstraction, which has been running higher than what we are budgeted for. The key drivers are sickness and other (non-planned) leave, along with self-isolation. The approach taken by the executive is to focus on the specific components of abstraction as each requires different management approaches. This links directly to the resource we can provide to meet the demand on our services and so each component is being assessed as a 'cost pressure' (not financial but in relation to hours) so that it can be better quantified and inform decisions, accordingly. The committee welcomed this approach, noting that in the recent past when there are significant operational pressures training is the first thing we stop. While it is always a difficult balance, this has consequences in a number of areas.

The committee challenged the data underpinning this analysis and received assurances that the executive is now much more confident in the data. The next step is to map each component against the relevant policies / operating procedures and some of this will take as much as 12-24 months. This is why the executive are developing different strategies for the different areas.

The two areas of assurance the committee will continue to seek are:
- how we protect training and development from being the first thing to stop when we have operational pressures, given the historic training and development gap that has been identified as a root cause of a number of key issues linked to 'culture'.
- Notwithstanding the longer-term approach needed to ensure sustainable changes, we have clarity on how we will ensure a deliverable training and development plan this year.

The committee supported the approach to develop a plan over a multi-year cycle, and to really maximise the various modes of delivery. The executive has established a new Education Training and Delivery Group that will oversee all of this.

The committee acknowledged that the next 12 months will be a transition period; the analysis provided took four months to pull together, which highlights the complexity, and this is just the scoping. However, it does provide a much better understanding and the next step will be to consider the implications and development of a sustainable plan.

Overall the committee is assured we are moving in the right direction, but there are gaps in assurance related to having a robust plan and the current and likely ongoing operational pressures.

Operations Sickness Absence Plan Not Assured
The committee reflected that sickness management is a key driver for managing abstraction and therefore the ability to ensure training and development. There is a plan in place and while the committee accepts some of the outcomes will take longer to be achieved, the evidence suggests that the actions, to date, have had minimal impact.

Linked to previous discussion about management training the committee explored the extent to which managers are equipped to effectively manage sickness and is there appropriate HR support. There was some positive evidence provided such as an increase in referrals to OH.

The committee is currently not assured that the sickness management plan is effective. It has asked for regular updates in the coming year so it can track progress and test what can reasonably be expected, e.g. what the measures of success will be.

Workforce Plan Assured
A good paper was received outlining the approach to workforce planning from 2022/23, starting with a review of the baseline, so that we establish what will be a realistic recruitable and trainable workforce that balances performance and challenges related to training etc. This has informed how the plan can be delivered, noting the assumptions and risks. It will also inform the commissioning discussions. With regards the need for rota development to better match the demand profile, the committee sought assurance that we will engage staff and unions.

The committee concluded that we have a good integrated process and approach to workforce planning, which includes - core forecast scenarios; planning assumptions; methodology modelling; workforce requirements; and a financial impact assessment.

Gender Pay Gap
Overall, this is a mixed picture, some improvement, some worsening. We are seeing a larger variance at the lower end of the pay scales, where males are under-represented. We need more females at the upper end of pay scales and so need to look at recruitment processes and any unconscious biases.

The committee supported the recommendation to start reporting on ethnicity pay gap

	and will consider a paper on this in due course, setting out a suggested approach. The committee is realistic on how quickly we can start to make changes in some of these areas, such as the gender imbalance in operations in senior roles. This will require a long-term approach. There was support for talent management targeted at females and going to some female-only shortlists, in the higher pay bands.
Any other matters the Committee wishes to escalate to the Board	There was a good set of papers, with good data informing intelligent analysis. The issues are being seen as integrated and we are getting better at anticipating where they link to other parts of the business. The approach to this meeting worked well and so it may be worth considering using joint committee meetings more, so as to reduce the load on executives and to ensure all aspects of complex issues are adequately scrutinised and commented upon.

Southeast Coast Ambulance Service NHS Foundation Trust

SECAmb Board

B3 WWC Escalation Report to the Board

Date of meeting	12 May 2022
Overview of issues/areas covered at the meeting:	Governors observed **Committee Dashboard** Noted good progress in reducing ER cases. **Executive Escalation to the Committee** Crawley College AAP marking issue: this is an ongoing issue with C College. For some time marking delays and we have been working with them to seek assurance on improvement. Assured steps would resolve by March 2022. But in April we commenced a cohort apprenticeship with Cumbria Uni, but led to number of AAPs not being able to start due to marking delays. In touch with affected learners and assured next cohort in October. We have commissioned an investigation into this, to look at the College and reference to the learner adversely impacted to seek evidence of challenges and will look at HR recruitment process and interaction between us and the College. To find root cause of issues. CG challenged how we sought assurance initially and then about assurance we have with quality of education. Ash explained we have been meeting with College on monthly basis and seen evidence of more markers, and data showing how this is distributed etc. So some assurance taken from this. We now have operational monthly meeting to identify progress and at higher level with Dean of studies. Re quality of education – College is Outstanding rated. More assured they are meeting educational needs of learners. Subo – some assurance form this. Asked about timescale for the investigation / action plan? TOR agreed / person identified – will come back with defined timescale. Subo – when will we know backlog of marking cleared? Ash will confirm this too once trajectories agreed with the College. <mark>Action</mark>. In summary good to have background of issues. Good we have instigated an investigation and will come back with timeframe. Will confirm too trajectory for backlog. Management Responses: **EOC/111 Culture Action Plan** Deferred to August with detailed deep dive.

PL Following review in March the committee was not able to quantify the impact fully, due to the work still ongoing. It asked for a further update in May, to include timescales against each action and assurance on how the actions will ensure the impact needed to prevent recurrence.

Progress of Ops Trust Learning & Development Plan 2022-25 Partial Assurance
• Wider plan
• Management Development Update

New ETD Board established and met for first time recently. Number of different portfolios to be taken forward and allocated a number of actions. Developed template based on different portfolios on ETD; will share a copy – to illustrate how we will be seeking assurance. Both looking back and look forward.

Key skills training – this programme developed with support from operational colleagues, informed by Sis etc. Feedback to date really positive from staff and those delivering the programme. Some sceptisism from staff about this continuing when operational pressures increase. Robust abstraction plan and so far we are meeting trajectory. Action – regular updates on trajectory. EW noted we will need to keep this under close review as there may be times we can't abstract, ack. there is other training such as driver training and so need to juggle noting Board commitment to make this happen.

Liz clarified that there is other accredited CPD courses are in staff own time. Key skills abstracted as is mandatory.

Management Development – in a position now to roll our fundamental programme for front line managers to be delivered in person across 3 consecutive days, in local areas. To ensure all first line managers receive we will need to run 27 cohorts of 15 over next 24 months. Working with NHS Elect to support us to deliver the programme. Looking to use other external resource too. In addition, once embedded this programme, using evaluation to ensure effective, we will then start working on the programme for middle managers. In addition, looking at learning programmes using other providers eg Slaford Uni who has been working with NHS to design healthcare specific leaders programmes. Should be able to run a couple of cohorts over next 12 months.

Abstraction a challenge for first line managers within operations in particular, and working with ops to manage this.

SS – kick off fundamentals in July, slight delay from April. Action – update at next meeting.

AM – really pleased to start this. Will be asking Board members to support each cohort. More detail on this anon.

SS reinforced importance of training for WB and led to discussion about rotas and how

we scale across the year taking account of when we expect greater demands. Rota review to be undertaken shortly too.

SS – assured training progressing and look forward to tracking progress. But risks hence partial assurance.

Operational Sickness Management Plan Partial Assurance
AM explained all HRBP and HRA toles now filled. Other thing to mention – nationally guidance on COVID sickness remains the same, restricting our ability to manage sickness in the way we usually would. National push for this to change. Currently full pay for COVID which is not consistent with other illnesses so view this is unfair. Ambulance HRD group agreed to escalate via regional NHSE teams.

EW – should not underestimate the impact of this; promised change in guidance several months ago. Practical terms sickness management working well good partnership working with HR to manage process – ensuring consistency. Still a lot of people off sick; with much re MH/anxiety and stress.

Also for non-covid sickness – we have seen a reduction of 1.5% to just under 7% - what is our actual target and what more is being done to achieve this? 6% is target but 7% to take account of COVID.

Lastly, are we saying we are currently helpless in managing COVID sickness until guidance changes? And therefore the significant increase reported has to be accepted? AM effectively yes.

SS – are we taking the right actions? EW – important we support staff off sick and approach consistently in collaboration with HR. So in time this should allow us to manage at appropriate levels. SS – any other actions we should be taken?

Summary – seeing slight decrease in non covid. Explored whether we are doing enough and we think there is a combination of WB things to be embedded in combo with ensuring policy for managing sickness then await guidance for COVID sickness.

Incidents of Violence and Aggression Action Plan
In March the Head of Health & Safety set out the steps being taken to address violence and aggression, against the NHS Violence Prevention and Reduction Standards. The committee asked that we show timescales against each of the actions to understand better what is being prioritised. The committee can then monitor the action plan to seek assurance on progress. It also asked that we share progress with staff to reassure them that we are taken action to keep them safe.

Giles – void in security when NHS protect ended. NHSE then produced the standards. Had good discussion at H&S Committee, to re-instigate violence and aggression working group to help share learning and publicise when we have taken action / prosecuted to

raise awareness.

EW reinforced conflict resolution training not been done consistently for a number of years.

SS – helpful verbal update and look forward to report next time.

Scrutiny:

Staff Survey / Improving Staff Experience
Committee noted the work in place to improve staff experience and how this is informed by the staff survey results recently published. These include:

- Commenced staff survey workshops – opportunity to better understand results and use locally to improve staff experience.
- Staff engagement – significant work here to ensure workforce feel engaged. Strategy being developed. Will use some of the tools from the national pilot on team engagement and development. Staff engagement tool kit available now for managers to use.

SS – hot spots; do we need more targeted work? AM – agreed, but poor across the board and so we need to show all managers there is a different way to engage and support our people.

Liz – have we fed back to staff re pledges etc.? AM – process outlined is what we decided to do, to get local managers to have the conversations.

PL – do we think as part of the steps being taken, we will better understand why there is an apparent disparity between what staff say outside of staff survey, for example when out and about - and what is stated in the annual staff surveys? Sat with Staff Governor (paramedic) who did not recognise the sense of deep feeling from the staff survey. Yvette – issue of building trust to enable honest conversations. Also building up responses in Q pulse survey. And all work on culture will help build trust to help lessen disparity. Need to reconnect with workforce so no short cuts -takes several years to really embed.

SS – ack. this has been an issue for several years and this is watershed moment for the organisation. Long term change management programme. So summary, working with local teams to support them engage with trust wide priorities focusses on this which we will see at Board.

Appraisals Update Partial Assurance
Appraisal roll out is going to plan – platform, but additional effort re completion. New ESR appraisal process will deliver what we need to improve quality and completion of appraisals. Key lever to changing culture of organisation, because what it does is makes

connection between what trust needs to do and individual objectives values and behaviours. Managers will not pay progress unless they have appraised their staff. PL – this presumed managers have control over abstraction for appraisals? EW – this is factored into abstractions for the year: managers need to plan this and is definitely achievable.

The committee noted last time the risk of operational pressures and the ongoing discussion about abstraction; how do we ensure the time needed to undertake appraisals is prioritised? Therefore, there is gap in assurance in how the new process will be translated into practice.

Summary – good to see rolled out. Assured time set aside for staff to undertaken them. Supported from data management to monitor progress and note emphasis on 50 50 split between performance and values and behaviours.

Implementation of the Clinical Education Strategy Delivery Plan Assured
Good progress but challenges include having clear dependencies on other actions / priorities / plans. Also slow progress through business change process, but making progress now. Biggest challenge is resource – dept. small and one of BCs relates to restructure; much of work sits with Ash and senior team and involved in lots of the doing. Mitigation – prioritising restructure and ensuring greater engagement with programme leads.

SS – good to see progress as critical to delivery of workforce plan. In terms of timescales re business cases / recruitment e.g. mitigations? Ash explained some change management process in place, e.g. development of JDs etc.

PL – any impact with workforce plan? Pipeline is safe but capacity issues with some placements, and strategy therefore expands placement provision slightly and BCs relate to bridging course to speed up pipeline. So at moment can cope with BAU.

Summary, some challenges with mitigations in place subject to BCs. New head of education critical so will hope to see in post by the summer. In terms of workforce plan aim of strategy is to speed up pipeline.

Forward Look / Horizon Scan:

Priorities / CQC Findings & Action Plan
Committee received an update on work of executive to respond to feedback from CQC and staff survey in development of leadership priorities for the coming year. Two of four priority areas central to purview of WWC – people and culture and leadership and engagement. We have a process now having done this work to engage / cascade through each directorate to ensure these are translated into individual objectives. Ensuring the link through / all pulling in same direction.

	A leaders conference planned for Sept – focus on mgt and leadership development. **Wellbeing Update** Service evaluation of the Wellbeing Hub (WH) - The evaluation, undertaken by University of East Anglia in partnership with Economics by Design, which commenced in September 2021 was presented to EMB on 23rd February 2022. The report concluded that the WH is an efficient delivery model for the services provided and is likely to be delivering a positive return on investment for the Trust. Strategy being revised in light of this review, engaging with stakeholders. SS noted some of the good work, including wellbeing bulletin and microsite that is due to be launched shortly. Explored challenges, incl. staff training to improve confidence in managing WB of staff and having WB conversations. All these things will inform the strategy review. AM – we are running a good cost-effective service. Strategy will define the mix of services we want for the future – that help us track metrics to determine what we get from this investment. **Inclusion Update** Updated on work we have been doing – will get chairs of network groups to talk to the committee.
Any other matters the Committee wishes to escalate to the Board	Reviewed the COB. Meeting went well – focussed papers / discussion to get to clear level of assurance.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

B4 Part A Governor's Report on the Workforce & Wellbeing Committee

The aim of the observation is for Governors to see and understand the assurance NEDs seek in action. The Trust is keen for NEDs to undertake their business as they would if Governors were or were not at the meeting.

Part A should be used for general observations about the functioning of the Committee. Please keep your observations brief and do not detail any confidential information leading to redaction.

If Governors have any individual concerns on NEDs performance or style, they can speak to the Chair directly (David Astley) or the Senior Independent Advisor and Deputy Chair (Michael Whitehouse).

Date of meeting: 12 May 2022

Governors present: Kirsty Booth, Linda Caine, Stuart Dane

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

1. Prior to the meeting:
We had a good pre-meet with Subo, where she explained the purpose of the WWC and gave her thoughts on the purpose and expectations of the Committee.

2. Introductions:
All the members, attendees and speakers were introduced for the benefit of the Governors observing.

3. Attendance:
The meeting was quorate and had good attendance from members, attendees and presenters.

4. Agenda:
Executive escalations are a new standing item and were received well by the group. The agenda comprised of Management responses, scrutiny items, forward look/horizon scan and a review of the WWC cycle of business.

5. Discussion during meeting:
The committee worked well, and throughout we saw appropriate challenge between Exec colleagues and NEDs, we also saw challenge between NEDs which was refreshing to see.

6. Chair: This was Subo's first WWC as Chair, I thought Subo chaired the meeting very well, she gave clear direction at the start of what was expected from the presenters, the papers were to be taken as read, the following points were to be discussed:

a. what is the paper setting out to achieve
b. what is the aim and level of assurance are you seeking from the committee
c. what are the gaps

7. De-brief: The Chair of the committee gave a useful debrief and noted she was very open to hearing the views of Trust colleagues. By giving the direction, the meeting flowed well with appropriate challenge.

8. Conclusion:
The WWC is working well and believe that under Subo's guidance this will develop into an excellent Committee.

SECAmb Board

C1 QPS Committee Escalation Report to the Board

Date of meeting	Thursday 17 March 2022
Overview of key issues/areas covered at the meeting:	Under **executive escalation**, nothing specific required escalation, but the committee noted the extreme pressure internally and within the wider system. Subject to how this progresses and the information provided from the harm reviews, the committee agreed to call extraordinary meetings to seek assurance that we are doing all we can to keep patients safe.

The Medical Director also highlighted the continuing COVID sickness and the confusion / mixed messaging about when there will be a change to PPE guidance, which relates to inconsistencies with what is in place for the NHS compared with the general public.

There was one *Management Responses* (related to gaps in assurance from previous meetings):

IPR – NHS Pathways audits Partial Assurance
The practice development team undertake audits in line with NHS Pathways and also do tail audits to align with harm reviews. The committee explored the data and levels of compliance and how we triangulate outcomes of audits to ensure they help to make a difference. There is a process to use trends and the relationship with the training department is very good.

The committee also challenged the process for how we record actions to test how this had led to improvement against re-audit. Some assurance was provided about this; there is an action tracker in line with what we have for clinical audit actions. A 'management response' was requested to give further assurance on how audit leads to specific actions / improved compliance, including how we identify thematic issues and use the action tracker.

The committee noted the positive approach to live audits, which few other ambulance services are doing, and the flexibility shown by the audit team to provide call handling at times of extreme pressure.

The committee concluded that there has been good progress made. It takes assurance that audits are being undertaken, but partially assured overall as we haven't seen the detail on actions, learning and outcomes. This is what will come back in May, as a management response.

The main *scrutiny items* were as follows:

Impact of Clinical Audit Actions [action 008/21] Assured
Firstly, an overall update was provided on the clinical audit plan. The committee is assured with the completion of actions and the overall audit plan.

The second part of the paper confirmed the impact of Clinical Audit Actions on Patient Outcomes. The committee noted that the data shows improvement, but some of this was marginal and so it challenged whether greater improvement could be made, for example it wondered if greater improvement could have been made with the audit of management of patients with a suspected fractured neck of femur, as this was over a five-year period since the last audit.

A new system is being procured to improve how we provide data to local teams where there may be hotspots; at present it is more generalised data. The committee is |

encouraged by this and noted that this is expected in the latter part of Q1.

The committee concluded that it is assured with the effectiveness of clinical audit and the link with clinical education is commended to ensure learning.

IPC Board Assurance Framework Partial Assurance
Committee reviewed the IPC BAF noting there are two principal gaps in assurance;

1. *Monitoring of IPC practice to ensure it is implemented effectively*. The committee noted that the IPR highlights issues such as hand hygiene and deep clean compliance. And at its previous meeting received an assurance paper on this and will review the related IPC improvement plan to ensure we achieve the stated outcomes.

2. *Fit testing.* Some assurance was received on this in the discussion as currently there is no guidance requiring fit testing and so our use of powered hoods ensures we are compliant. A PPE uniform group has been established to ensure effective ongoing controls and assurance.

The committee asked the executive to ensure the BAF includes mitigating actions and this will be included in time for the version that comes to the Board.

The committee also asked whether the elements of the framework relating to antimicrobial stewardship now applied to the Trust given the introduction of prescribing in 111 and the volume of antibiotics prescribed. The Medical Director confirmed that the Chief Pharmacist was providing oversight and would report back at a future meeting

In conclusion, the committee takes partial assurance and has asked for a management response on PPE more broadly.

Serious Incidents Report Partial Assurance
This paper provided an overview of the serious incidents (SI) the Trust has declared during January and February 2022 and an overview of SIs agreed for closure in the period. There were three themed/cluster SIs, two relating to delayed dispatch/attendances and one relating to call answer delay incidents. Going forward, the committee has asked for more detail on learning and outcomes.

In the committee IPR dashboard there is a KPI for outstanding SI actions outside of timescale, and the trend is that this is consistently over 100. The reasons for this were explored, which included some actions being unclear and a lack of awareness due to the way some are allocated. As part of the revised report to the committee (to include learning and outcomes) it has asked that more assurance is provided on closing the actions.

Clinical Outcomes – Stroke Services update Assured
This paper provided a summary update on the following:
▪ Stroke transformation within the SECAmb region
▪ Telemedicine (including current research)
▪ Thrombectomy

The committee agreed that our work in collaboration with systems is an exemplar. It demonstrates how best to interact to improve services for patients.

The committee explored the extent to which patients with suspected stroke get seen quickly when there are queues at emergency departments (EDs), and assurance was received that we do a pre alert to those EDs not implementing telemedicine so that patients go direct to the resus department.

In conclusion, the committee commended this great work. It recognises the geographic disparity in provision and issues this causes us and noted the shared decision making across the system. It is assured we are doing all we reasonably can for this patient group.

Fleet update – including RTC Assured
A paper was requested to set out the fleet patient safety-related issues, in particular the seatbelt issues and vehicle familiarisation, and the trend analysis on our RTC's following the recent incident in which a member of staff lost their life.

With regards seatbelts, minimal operational issues have arisen as a consequence and no patient or staff harm has been reported. A Vehicle User Group forum has been established comprised of Union colleagues, operational managers, fleet, driver training, and driver standards, to ensure we have a clearly governed visibility of risks and control measures, as well as action plans to resolve any gaps we may identify. This will also ensure the Fleet team are focussing on the priority areas.

The data related to RTCs confirms we are not an outlier when compared with other Trusts. A Driver Safety Forum with attendees drawn from all Trust stakeholders and our insurers is being established by the Driving Standards Manager to conduct a monthly review of trends by OU and by individuals, ensuring any early signs of driver safety concern are identified and immediately addressed. This will include a regular review of outstanding driver licence validations following the move to the Driver Check automated system that is now live.

The committee relayed a concern from some Governors about the space within the Fiats and if this impacted the ability to do CPR in back of the ambulance. It asked for a management response on this specific issue (related to all our fleet) noting that CPR in the back of ambulances is ineffective and so infrequent and that the specification of ambulances is developed through the Carter Review in collaboration with all ambulance services and in consultation with other stakeholders. The executive reinforced this point, explaining that we do still feedback and challenge the national team, with the current seatbelt issue being a live example. The management response will include how we identify issues and feed into the national specifications.

In conclusion, this was a really helpful paper and the committee is assured by the process in place to identify and address issues with fleet safety.

The committee then considered the **Learning from Deaths Report** from Q1, noting that the number are not significantly different from previous months. We are seeing an increase in advanced care plans. The structured reviews demonstrate good or excellent care in 88% of the cases. The reason for other 12% is generally in initial management e.g. delay in arriving. It is reassuring that no significant harm has been found as a consequence of these delays, but the committee acknowledges the poor patient experience.

In terms of learning, the committee noted that this is becoming increasingly challenging; to identify new learning. However, work in underway to try and pick out more patients with learning disabilities and severe mental illness, and target reviews for these groups.

The committee is assured by the robust process for the structured reviews and the low incidence of poor care. The learning points are recurring and some there are no easy fixes, such as delays that are outside of our reasonable control.

Under the horizon scan part of the meeting the committee received a verbal update on the work to develop the **Clinical Safety Plan;** this will replace the surge management plan. It is a nationally mandated revision to ensure greater clinical focus. The Committee requested consideration of a threshold to escalate safety concerns to trigger extraordinary committee meetings (as mentioned above). The Director of Operations agreed to take this away and would report back.

	Lastly, the committee considered the approach to the **Quality Account**. It noted the timeline and there are no issues to escalate.
Any other matters the Committee wishes to escalate to the Board	**Delivery against Patient Experience Strategy** was deferred and this will come to the May meeting instead. A meeting is being held in late March to review the committee's approach and plan for the coming year.

SECAmb Board

C2 QPS Committee Escalation Report to the Board

Date of meeting	Thursday 19 May 2022
Overview of key issues/areas covered at the meeting:	Under **executive escalation**, nothing to escalate.

There was one *Management Responses* (related to gaps in assurance from previous meetings):

IPR – NHS Pathways audits Partial Assurance
The committee concluded that there has been good progress made. It takes assurance that audits are being undertaken, but partially assured overall as we haven't seen the detail on actions, learning and outcomes. This is what will come back in May, as a management response.

QPS explored link between audit and appraisals – RQ; they are but we aim to pick up more immediately. Also explore support to call handlers if concern about the apparent patient need isn't matching the algorithm – clinical support is available to check this. RQ – this is referred to 'early exit' and in line support. TQ – no standards for how quickly support is available but EW confirmed is it always quite rapid. Assured by this.

Four core competencies consistently lowest and so included on the risk register – committee asked for timescales. Action. Come back with detail of the actions being taken to mitigate incl. timescales.

The main *scrutiny items* were as follows:

IPC Improvement Plan
This is to give assurance on the overall measures taken to improve IPC, progress to-date / issues / risks etc. in particular as they apply to hand hygiene and deep clean compliance, linked to the concerning trend in the IPR.

IPC training – new starters up to stat man in place. Quality of training is good.
RN – how we provide assurance? I would want to see how we triangulate to incidents and benchmarking with others etc. Quality survalance internally; get external support with this e.g. lead commissioners. Also, engaging patients in these activities and triangulate with complaints. This will inform new reports.

Liz – COVID; OTLs felt confused about guidance re PPE. Who is responsible? OTLs felt increased burden – didn't understand requirements. Aide – very clear in communication about current requirements, e.g. sickness mgt locally reported. If high number with COVID escalate to IPC team to establish if an outbreak etc. No physical distancing so will be about PPE breaches, although no longer need for PPE in non-clinical areas, so a bit difficult. So we have generic infection framework not just COVID.

Subo – plan looks supportive but as this is compliance what happens if no compliance? Is training right as we seem to be getting dips / inconsistent compliance? Response – quality assurance visits will be RAG rated and if Red back within a month (following immediate report to OUM) Amber 3 months and Green 6 months. So a rolling programme ensuring compliance. Continued non compliance escalated accordingly through Quality Governance > EMB. Rob added that principles of improvement are supportive, not stick. On training there is something around impact we ai for and setting scene at induction to reinforce standards especially with lie managers to ensure leading by example. |

PL – in the spirit of improvement, while not unhelpful to see the IP, this isn't an assurance paper. Identifying and taking action is part of the assurance needed, but most importantly is the impact of these actions, triangulating with other information as Rob outlined.

Summary – good work good discussion but can't take assurance from the IP. We want next meeting an assurance paper; key point is assurance on sustainability and effectiveness of the improvement plan. Partial Assurance until assurance paper received.

Serious Incidents/ Harm Reviews
This paper provides an overview of the Serious Incidents reported over the past 12 months (April 2021 - March 2022), highlighting learning, key incidents which may pose a reputational risk, and the current position of breached reports. In development to ensure better assurance. Committee noted that the review of approach to SIs under review as high priority, and will take account of new SI framework to come in in due course.

Number of action remain open and robust plan to reduce this by at least 50% by end of July. Action. Update on progress. PL – closing actions is the same as taking actions

Pt safety incident response framework replacing SI framework changing how we respond to pt. safety incidents. As the Board noted in January.

Harm reviews – majority show no or low harm. But need assurance on harm review process to ensure it is robust. PL – we have a framework for undertaking harm reviews – are we saying we assess it as not being effective or that we will do the review to determine this? How does this work link to pt. safety strategy? Latter – good governance to undertake regular review of what we do / fresh eyes etc. Complete Trust based assessment and plan to embed the strategy – have we don't this? Action – need to bring back to QPS.

Subo – 9 outstanding actions from 2019. What were they and why and assurance actions addressed? Tammy responded – agree. Most actions very old / superseded. QPS concerned about process to ensure closure so things aren't just left / challenged. By end of July 2019 will be closed – Action: check this.

Committee notes the paper – on assurances, assured by the plans for future improvement until then partial assured due to back log and gap in learning etc.

Delivery against Patient Experience Strategy
Rob – need to reshape the actions; fewer that provide greater outcomes.

As the year is predicted to remain a challenge for the Trust, with continued high demand and conflicting priorities, the PEG must be pragmatic about what can be delivered, so five actions will be agreed. These actions are suggested to be:

- Finalise the review of the PEG's ToR ensuring that there is executive leadership and clear objectives for the year.
- Work collaboratively with key partners such as community Trust and primary care to scope joint initiatives or projects that would enable SECAmb to extend the reach to patients including hard to reach groups.
- Aligned to the second bullet point, focus on the experience and engagement of vulnerable groups such as people with dementia; learning disabilities and mental health.
- Ensure that patients' voice is incorporated in the Trust's improvement programmes for example thinking about how patients are included in quality improvement programmes; patient representation on groups such as quality governance group and ensuring patients stories and learning are communicated from board to directorates.

- Enhance our reporting of our patients experience work and how this is influencing the delivery of a truly patient centred organisation. Reporting will include both qualitative and quantitative information coupled with evidence of learning and improvement.

PL – not sure how we define patients in an ambulance service, but whether patients or public, we do have circa 6k public members (represented by elected Governors) and a membership engagement strategy as part of the wider inclusion strategy – do we plan to link these? Yes – to expand membership of PEG from Governors / members.

Subo – co design of services spoken of for long time; are there opportunities here to ensure co production and co design to make engagement more meaningful. Tammy – yes with pt safety partners.

PL – the pt safety strategy includes more an ambition than requirement for quality / patient safety committees to include Patient Safety Partners by June 2022- how are we planning to achieve this? Tammy – we are liaising with commissioners and wider networks to learn from those that have partners in place; we need to decide how we recruit / pay (not volunteer as recommended). Action – don't lost this.

Summary – pleased to have the discussion. No mention though of BBD/care delivery model; so need pt. voice with this. And secondly, co production; where is the expertise with this within the trust and if a gap how do we ensure we have the right capacity capability to ensure proper co production. Rob – agreed to have more visible language – BBD is all about people and patients and our key priorities developed is all about people, so will aim to include this more overtly in the pt. experience plan. Rob – unsure on the question of co-production. Liz to be a member of Pt Exp Group.

Acton – Q update (add to COB) with tangible progress / improvements.

Quality Governance Improvements / Quality Improvement
Committee reviewed the steps agreed by the executive to improve quality governance, undertaking review of all our systems and process to ensure robust support through provision of information of quality assurance and improvement. Ten key priorities which the Board reviewed at the development meeting in April, which the committee supported.

This includes establishing a QI framework – we will be seeking external expertise to help introduce and embed this through the organisation.

RQ – quality governance all our responsibility but led by quality and medical directorates; both working closely on this.

Subo – places great emphasis on ETD and matrix leadership, very supportive of this.

Liz supportive – current future and pt focussed.

QPS – won't happen overnight but need sensible milestones. In particular the QI methodology.

Tom – four key messages is good idea, look forward to hearing more about how this will work. In terms of engagement and leadership challenged we will have balance across entire clinical leadership.

Committee is assured by the plan / approach. Next step – transfer / align this to CQC response action plan.

	The committee then considered the **Learning from Deaths Report** from Q2. RQ – doing this since 2019 and come to conclusion as a panel of senior clinicians that we learn very little. Directed to do 20 random reviews and learning crews do a good job. Not getting much in terms of improvement – we have fed this nationally as part of review of national policy. We do however learn from other process, e.g. Sis. Similar to previous report where we talked about a more targeted approach to LD and MH – but not easy to flag these from the records.

Liz – why is there no national learning from the process? RQ – set up initially from acute sector where there is longer time in care; whereas we are involved for minutes and so little impact on death in that short period / intervention. So using acute structure for ambulance hasn't really worked. Only real impact is time delay, rather than clinical care. TQ asked if we could do peer reviews for example? FM – we have on a couple of occasions done reviews where we have seen patients in past 24-48 hours and looked back at care provided then.

Summary – receive assurance on current process. But agree more informative learning way of doing it in future which requires national conversation.

It also reviewed the **Quality Account.** First draft for committees view. TQ – clinical supervision. Is it for all health professionals? Rob – felt more ambitious targets for quality.

Not audited
Significant events post 1 April requirement, e.g. CQC findings / Warning Notice? Yes include at end about CQC.
Timing – we can take to Board next week but if we need more time we are taking all year end reports and accounts at the meeting on 16 June. <mark>Ready for Board next week or June?</mark> June.

Under the horizon scan part of the meeting the committee received a verbal update on the work to develop the **Clinical Safety Plan;** this will replace the surge management plan. It is a nationally mandated revision to ensure greater clinical focus. Been tested 7 June then JPF then Resilience for sign off. Test will ensure final refinements before sign off.

Also **Operating Plan 2022/23** Quality Implications. Need some consideration to this at QPS next time. More discussion at Board planned next week. SAM last week and region yesterday – meeting next week to understand the gap. Board really needs to understand the plan and quality implications. Discussion about min staffing levels that don't apply to amb. How can we use this in the sector. |
| **Any other matters the Committee wishes to escalate to the Board** | Review of effectiveness – need firmer on papers with cover notes setting out summary and assurance provided / committee being asked. Work on succinct paper – work on progress.

Discussed peer review for how we manage our meetings – using learning from what others do, e.g. attending other boards, committees.

COB – nothing wrong but need to schedule and align with CQC findings / QG improvement plan to ensure right focus.

Revising / aligning all board committee TOR for the June Board meeting. |

D1 Finance and Investment Committee (FIC) Escalation report to the Board

Date of meeting	22 March 2022
Overview of key issues/areas covered at the meeting:	**Month 11 - Financial Performance** Assured We are reporting a deficit of £0.4m in month 11, £0.5m better than plan; this takes the reported cumulative deficit to £9.9m, which is £0.9m better than plan. There are no significant remaining risks to delivering the financial plan in the current year, but there remain significant uncertainties for next year. Cost improvements to date are £3.0m against a target of £5.4m; the adverse position can be partly explained by operational pressures, but significant changes are needed in the Trust's approach to efficiency savings. FIC noted circa 40% are non-recurrent CIPs which reinforces that we are currently too transactional. The committee challenged the executive to approach efficiencies more systemically. The cash balance at the end of February increased to £53.9m; this remains significantly above plan due to a combination of favourable factors, including proceeds from property sales. The committee is satisfied that this is a simple consequence of a range of factors that weren't reasonably foreseeable. Despite the risks from 2022, the committee is assured with the way the finances are planned and managed. **Financial Planning** Partially Assured The committee has an integrated discussion about planning scenarios and financial planning. The paper summarised the current annual planning scenarios and associated enabling plans and key risks. There are four scenarios that are being discussed with commissioners. Our preferred and most realistic option is where we recruit and maximise our resources as much as possible through current HR and Clinical Education capacity, whilst also delivering operational efficiencies with the system of up to 8% by the end of the year. Modelling shows this would improve performance. However, we would still not consistently hit our performance targets in 22/23 and financial sustainability would be compromised. In fact, each of the scenarios results in a deficit, based on the latest indicative funding levels from the ICS. This is after assuming between £7-8.8m of cash-releasing efficiency savings. There may be some funding flexibility within the system, but it is highly unlikely that this would eliminate the circa £31m projected deficit under the 'most likely' scenario. It is also unrealistic to assume this could be mitigated through additional efficiency savings. The committee is assured by the clarity of the analysis and the approach which is about having a financial plan to deliver quality. Some of issue is in how far we and the ICS can plan ahead, which links to the BAF risk on having a robust long term financial plan. While the committee accepted the analysis, it noted the need to be open about the challenges, and if we are not able to agree a plan that achieves ARP then we need to

show an improvement trajectory that takes account of peaks in demand such as winter. In other words, the committee agreed the plan is realistic but is not where we would ideally want it to be.

The Board should note also that the likely scenarios include very stretched targets which place much reliance on people / recruitment. The executive acknowledges there are risks throughout and it has been very clear about this; the plan clarifies where we need to focus our efforts to give us best chance of delivery.

A management response was requested to give assurance that we can report clearly against the enabling programmes that are underpinning the planning scenarios.

The committee also asked about the engagement plan and the extent to which the executive is clear who the key stakeholders are to make this work. It suggested that a draft engagement plan is presented to the Board in April.

In the meantime:
- Contract negotiations with commissioners are ongoing – we note the genuine funding constraints
- Baseline planning assumptions have been developed
- A range of planning scenarios has been modelled; the key variables are availability of funding, level of operational performance, efficiency improvements and the Trust's appetite for another year of financial deficit
- The underlying position and implications for contract discussions and longer-term planning will be assessed in due course
- Good progress has been made in building budgets from 'bottom up'

When the budget is presented to the Board, we need to acknowledge we are responsible for financial management and delivery of safe and effective patient care. Therefore, we will need to be clear what we are funded to deliver so the Board can agree what it is acceptable.

In conclusion the committee is assured with the approach and process of planning in so far as what is within our control, however, it can only be partially assured until we are clearer about outcomes.

The committee supported the proposed five-year **capital plan** for 2022/23 to 2026/27, subject to funding. Separate business cases will come through in the usual way.

A paper was also considered giving the progress on all our current property **disposals** with a total sales value of c£14m. The committee explored the issues and mitigations in place re Banstead OU; where it is proving particularly difficult to secure new ACRPs due to the lack of suitable properties in the right locations to replace the existing Ambulance Stations.

The **business cases** that the committee recommend to the Board for approval are:

- SORT Enhancements
  This is a requirement and is fully funded.

| | **DCA Replacement**
This gives us an over-arching direction for fleet replacement and separate business cases will follow. The aim is to replace 80 DCAs per year, subject to available funding, and get to a 5-year replacement cycle.
OTL Establishment
This increases the establishment in line with what has previously been agreed - 18 staff per OTL. There was a separate discussion about how the Board obtains ongoing assurance that middle managers are equipped and supported to deliver change needed over time, noting the work of the workforce committee in this regard.
Frontline Ops – COVID Costs
This if fully funded and the business case sets out how we have used the funding. |
| **Any other matters the Committee wishes to escalate to the Board** | This was another good meeting with constructive debate and exploration of important issues. The papers were of a good quality. |

Date of meeting	10 March 2022

Overview of issues/areas covered at the meeting:	
External Audit	The committee received an update on the **external audit plan** for 2021/22. There continue to be no significant issues to flag.
Internal Audit	The committee confirmed the internal audit plan would be concluded in time for year-end. Three **Internal Audit Reviews** were considered at this meeting. Reasonable Assurance was provided for 'financial forecasting and management', and for 'recruitment and visa's'. There was however a Partial Assurance outcome for 'fleet management', primarily as a result of the Trust not using the information from the fleet system as effectively as it could to drive productivity. The management actions to rectify this have been agreed and some have already been completed; for example there is now new fleet data included in the IPR. Although the outcome of this review was below the line, it is an example of good governance as management had identified an issue and asked Internal Audit to help shape the improvement plan. The committee supported the **2022/23 audit plan** and noted the positive **draft 2021/22 Head of Internal Audit Opinion** for governance and risk management.
Counter Fraud	The committee received a helpful progress report against the annual plan. The committee continues to be assured we are in a strong position and the annual assessment does not identify any significant gaps.
Annual Governance Statement (AGS)	A review of the headline issues to be included in the years AGS was undertaken, with feedback given the Chief Executive, including the need to ensure there is a look forward, in addition to looking back.
Self-Rostering Controls	This was a management response, requested by the committee earlier in the year to obtain assurances that we are taking effective measures to improve the management of self-rostering of Operational Team Leaders (OTLs) within Field Operations. This was following a negative audit review in early 2021. The committee was content with what has happened in recent months and asked for ongoing assurance to be obtained via the workforce and wellbeing committee.
Whistleblowing	Overall, the committee is assured with the controls in place to ensure there are adequate mechanisms to support staff to speak up when they have a concern. There was a good discussion about how we use freedom to speak up (FTSU) and in particular, the FTSU Guardian. We are able to demonstrate that people do speak up but work is needed to ensure the right channels are always used, for example, using the line management structure for management-related issues. The committee noted the review by the workforce and wellbeing committee on this specific issue, as reported to the Board in

	January.
Risk Management / BAF	The committee supports the revised risk management process that is due to be implemented from April 2022, noting the importance of the training element to ensure it is effective. The committee also reviewed the BAF risks, and how they are aligned to the work of Better by Design.
Other matters	There was an update on the new **payroll system** that appears to have been implemented effectively. A detailed paper will come to the next meeting in May.

Our Improvement Journey
Trust Priorities for 22/23

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

1. Aim of this document

To outline the key challenges SECAmb faces in the short-term, explain the processes the Leadership Team have undergone to reflect on these challenges, and set a framework for our priority areas over 22/23, alongside the Leadership's action plan for the year within this framework to respond to these challenges.

This plan has been developed proactively before receiving the CQC report, and alongside the Staff Survey feedback, to provide a holistic response to what we believe will be required to sustain improvements over time. We recognise that we will have to directly respond to several CQC actions – the action plan is being developed in parallel and will be a key deliverable for us within the framework of these priorities for 22/23.

2. Background

Over the last two years, everyone at SECAmb has been working hard to deliver the best patient care, whilst keeping each other safe in the context of a pandemic which has thrown unprecedented challenges to the entire NHS.

In April 2022, following a period of reflection following the staff survey result and initial feedback from the CQC visit, several significant areas requiring trust-wide focused attention have become apparent to the Leadership Team. This document outlines the Senior Management Team, Executive, and Board's joint response to these challenges. We are setting out the beginning of the Improvement Journey we must go through to ensure we can continue to deliver the best quality and responsive care for our patients; we must also ensure SECAmb becomes the great place to work we want it to be for our staff.

Despite the challenges this document outlines, everyone should be proud of the work they have done to either directly care for patients, or indirectly support in delivering services. The issues we must address can only be overcome by working in partnership, collaborating across teams, and by ensuring we listen to the significant expertise within SECAmb.

3. Key challenges

The themes that have emerged from our Staff Survey, preliminary CQC report, and our ambitious financial plans to invest in our service in the coming year, inform our key challenges for 22/23. These have then been used to help shape the key priority areas and action plans for the coming months.

Staff Survey:
- SECAmb is not currently the great place to work that we want it to be
- There's a lack of consistent vision and direction of travel, causing confusion and frustration
- The trust in leadership amongst the workforce is currently very low

CQC Preliminary findings:
- It's difficult to see what the consistent quality thread is, across everything we do
- There's a leadership disconnect across the Senior Leadership Team, and with the majority of the Trust
- Significant concerns have been raised over our culture

Financial Plans:
- We have an ambitious investment plan focussed on service improvement and workforce development; however, it means operating at a significant deficit.
- As such we must ensure we utilise our resources in the most effective way to deliver responsive care to patients and ensure staff wellbeing.

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

4. Priorities for 22/23

Our framework for establishing priorities in 22/23 are centred around responding to the key challenges and designed for the benefit our of patients and staff.

These priorities have been developed between the Senior Management Group, the Executive, and the Board, to ensure there is strong alignment across the Leadership Team. This has been done over 4 weeks and multiple workshops, and following this work, the Leadership team stands committed to these priorities and this plan going forward.

One of the key messages we have heard is the need to develop more meaningful feedback mechanisms, to listen and act on what staff tell us. As such, this framework is high-level and is being cascaded through teams during May and June, and we will be asking individuals and teams to work together to develop what these priorities mean for them and feeding ideas and suggestions for improvement back.

Meaningful and purposeful engagement, coupled with visible leadership involvement, will be key to ensuring we make the right improvements. As such, a task-and-finish group has been setup to scope out what our improved communication and engagement vehicles will be so that we are better setup to listen to our people. As a starting point, anyone who has an improvement suggestion, feedback, or question, can submit a question following our Improvement Journey – Feedback & Ideas link, and will receive a direct response from the relevant leader in the organisation on how their ideas can be taken forward, how they fit with existing plans, or if we can't consider them now, an explanation on why and when the time might be right.
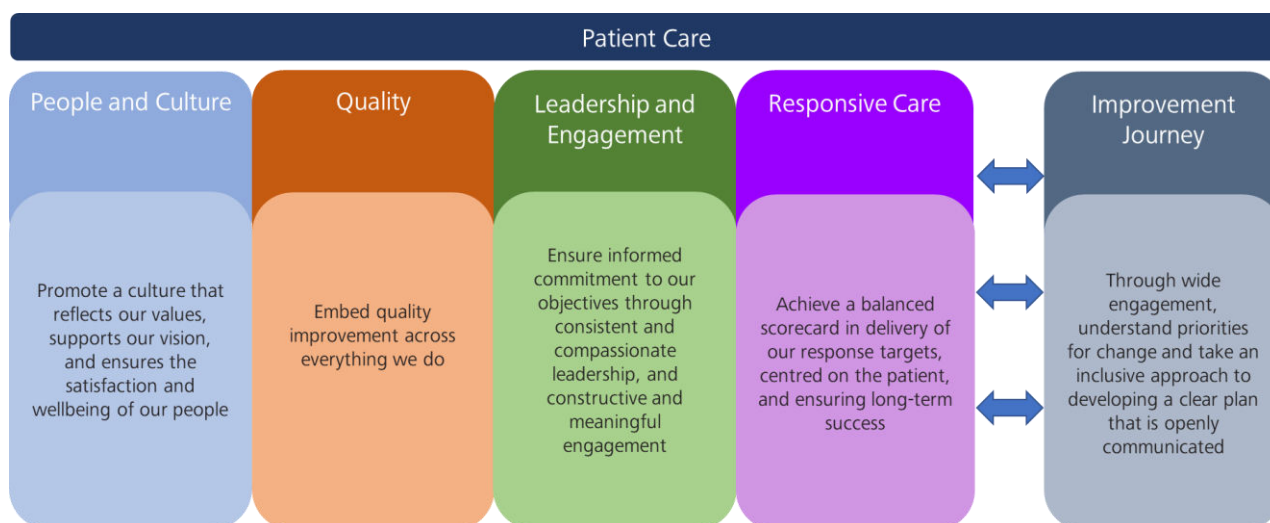
5. Delivery Plan

Fitting the Priorities for 22/23 Framework, the Leadership team have developed a focussed delivery plan, which we will be holding ourselves to account to deliver as a core component of our Trust Plans.

This delivery plan reflects our Leadership objectives and prioritises the top outcomes we want like to see realised through 22/23.

To assure delivery against these plans, and on-going alignment across leadership, we will be stepping up our collaborative approach to monitoring, by having more regular fortnightly SMG (Senior Management Group) and EMB (Executive Management Group) review against progress. We will also use this new joint approach to monitor progress against our eventual CQC Action Plan, which we expect will have strong alignment with our objectives, as well as monitoring our level of leadership engagement both internally with staff as well as externally with key stakeholders and service users.

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Category	Activity	Q1	Q2	Q3	Q4
People and Culture	Development of the SECAmb People Strategy to improve culture, inclusive and compassionate leadership, using principles of Just and Restorative Culture		████	████	
	Implementation of the Health and Wellbeing Strategy	████	████	████	████
	Deliberate action taken against B&H – specific "until it stops" sexual misconduct campaign	████	████		
Quality	Review and re-establish our governance structure, system and processes, alongside a revised quality governance framework – ensuring there is a consistent QI approach in place Trust-wide		Deploy		Embed & Monitor
	Implementation of the Trust's Risk management policy and review of our Serious Incident Process		████	████	
	Deliver against CQC Action plan		Deploy		Embed & Monitor
Leadership and Engagement	Provide a clear vision and direction of travel on where we want to go as a Trust	████	Review	Review	Review
	Embed a new approach to engagement, based on honesty and transparency, ensuring we listen to our people and act on feedback	████	████		Embed & Monitor
	Set clear expectations on what we expect of leaders at SECAmb – delivering within the leadership fundamentals programme	████	████	████	████
Responsive Care	Deliver against our ambitious workforce plan across all services to increase resiliency and capacity	████	████	████	████
	Consistently manage to our abstraction plan, with staff taking adequate leave, training, appraisals, and sickness	Deploy			Embed & Monitor
	Implementation of meaningful KPI framework for all areas in line with our reviewed QI approach, delivering improvements we require to improve response times		Deploy		Embed & Monitor
	Manage to our financial envelope ensuring long-term sustainability	Define			Deliver
Improvement Journey	Establish the building blocks around our purpose, vision and values, with our staff, ensuring we have a Strategy that our people understand and have had a voice in, as well as our system partners	████	████		
	Align our strategic objectives with our long-term transformation aspirations based on staff and patient feedback		████	████	
	Create a plan for long-term service improvement which is built through staff and patient engagement, aligning to our strategic objectives			████	████

6. Resource, Governance and Oversight

As we go through our Improvement journey, it's important we assure these plans are delivered in a meaningful way, such that we can embed sustainable changes. At the same time, we are conscious of the need to specifically respond to the CQC Actions within a specific timeframe. To that effect, we will be re-focussing from our existing teams and re-prioritising efforts to align with this Delivery Plan, with the CQC Action plan being a critical component of our overall plan.

We have identified the alignment between CQC Actions and our Priorities Delivery Plan for 22/23, and to avoid duplication we will be monitoring progress through a single Leadership-led Improvement Journey Board, which will meet fortnightly. The focus areas will be CQC Action Plan, Trust Priorities (inclusive of financial sustainability), and feedback received through our renewed engagement approach. The Improvement Journey Board will report to the Trust Board and System partners on a monthly basis, and will be informed through 4 core working groups which will have specific deliverables from the CQC assigned and the associated Trust Priorities to deliver.

For further assurance, a small internal Quality Assurance Team will be independent from the working groups and will act as a critical friend by observing progress of each of the groups and proving and challenging. This may include a combination of internal and external resource, and NEDs will be invited to participate in thematic deep dives throughout the process via this Team.

Each Working Group will be formed of a combination of 2 executive leads, with dedicated Project Management resource, and coordinated by an internal Improvement Lead. In addition, each Working Group will have the necessary subject-matter-expert resources to deliver the action plans.

Improvement Journey Governance and Oversight Model

Councill of Governors

Board

System Assurance / NHSEI

Leadership Group (SMG + EMB)

Monthly

Provides assurance and external scrutiny on progress against plans

Fortnightly

Monitors progress against CQC deliverables as a priority in Part 1. Part 2 will focus on Trust Priorities 22/23 plans, and effectiveness of renewed engagement plans and assure staff feedback is heard, responded, and acted upon by leaders. Assures progress of Our Improvement Journey.

Weekly

Quality Improvement Group (new)	Organisational Development Group (new)	Responsive Care Assurance Group (existing)	Financial Sustainability Group (new)
Trust Priorities: 3, 4, 12	*Trust Priorities: 1, 2, 3, 7, 8, 9*	*Trust Priorities: 10, 11, 12*	*Trust Priorities: 13*

Internal Quality Assurance Team

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