



Council of Governors Meeting to be held in public

5 December 2022 10:00-13:00 held in person

Premier Hall meeting room at Brighton Racecourse, Freshfield Road, Brighton, BN2 9XZ

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction and matters arising					
119/22	10:00	Chair's Introduction	-	-	Chair
120/22	10:01	Apologies for Absence	-	-	Chair
121/22	10:01	Declarations of Interest	-	-	Chair
122/22	10:02	Minutes from the previous meeting, Action Log and Matters Arising	Y	-	Chair
Statutory duties: performance and holding to account					
123/22	10:05	Chief Executive's Report	Verbal	To receive an update from the CEO	Siobhan Melia
124/22	10:30	Board Committee Escalation Reports: Audit Committee - 22 September 2022 Performance Committee - 11 August 2022 Workforce and Wellbeing Committee - 26 August 2022 Quality and Patient Safety - 15 September 2022 Finance and Investment Committee - 8 September 2022 Reports to be taken as read, thematic topics to be determined at the pre-meeting and shared with the NEDs for discussion during this time.	Y	Holding to account, assurance and discussion	All Non-Executive Directors present
125/22	11:30	Improvement Journey Update and Next Steps (including IQR overview)	Y	Update	David RC / Matt Webb

11:50 - COMFORT BREAK



126/22	12:05	Finance – Situational awareness	-	Information	Martin Sheldon
Statutory duties: member and public engagement					
127/22	12:25	Membership Development Committee Report	Y	Information	Brian Chester
Committees and reports					
128/22	12:35	Nomination Committee Report	Y	Information	DA
129/22	-	Governor Development Committee Report	Y	Information	Leigh Westwood
130/22	-	Governor Activities and Queries Report	Y	Information	Leigh Westwood
General					
131/22	12:45	Any Other Business (AOB)	-	-	DA
132/22	12:50	Questions from the public	-	Accountability	DA
133/22	-	Areas to highlight to Non-Executive Directors	-	Assurance	DA
134/22	-	Review of meeting effectiveness	-	-	DA
		Date of Next Meeting: 23 February 2023	-	-	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 person at **Brighton Racecourse, Freshfield Road, Brighton, BN2 9XZ**, in addition to 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 TBD (Finance??) 1430-1530hrs***

Audit & Risk Committee Escalation Report

Overview of issues covered at the meeting 22.09.2022.		
Item	Purpose	Link to BAF Risk
Board Committee Effectiveness / Improvement Journey Deep Dives	To receive an update on the ongoing peer review of the Board and its committees and support the plan for Improvement Journey committee deep dives.	Risk 257 – Improvement Journey
<p>The committee provided its view on how the committee reports to Board could more specifically set out where gaps in assurance are identified and where Board intervention is needed. It supported the plan for each committee to undertake a series of deep dives to further assure progress against the Warning Notice, reinforcing the need to test the extent to which the improvements being made are sustainable.</p> <p>The committee acknowledged too that in light of some of the improvement relating specifically to the effectiveness of the Board, this is not just about the NEDs holding the executive to account for delivery. As a unitary Board we also need to continually reflect on the Board's performance and how it can improve so that it makes better decisions for the benefit of the public and our people.</p>		
Risk Management	To seek assurance that our risk management process is effective.	Risk 257 – Improvement Journey
<p>Risk management is a significant feature of the Warning Notice and so a key priority within the Improvement Journey. The committee did not receive the scheduled assurance paper (this will follow as part of a deep dive), and instead received a report describing the progress made against the Warning Notice and the key risks and how these are being managed. Concern was expressed about how clearly the report is able to demonstrate significant progress, especially with regards culture – see separate escalation below.</p> <p>The committee explored how an externally facilitated risk management seminar for the Board would help improve its understanding of risk and the impact of the improvement actions being taken. This will be scheduled shortly.</p>		
Board Assurance Framework	To seek assurance that the evolving BAF is adequately aligned and reflective of the current principal risks.	Risk 257 – Improvement Journey
<p>Noting the areas of further development, the committee believes the BAF is improving and is helping to ensure the Board is focussed on the right areas of risk. The risks were reviewed and in the context of the development planned, some challenge on ensuring more bottom-up risks and in how they are described so the language is more meaningful to patients and staff.</p>		

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Despite the positive step to appoint a very experienced QI lead, this person is not yet in post and therefore the committee is not assured; it has asked for assurance next time on the QI implementation plan as this is critical to how well we sustain the improvements within our Improvement Journey.

There was some debate about the operating model BAF risk, and how this might be described differently which the executive will consider and the committee agreed that in light of the earlier discussion, culture should be a separate BAF risk.

Overall, however, the committee has more assurance in the increasing effectiveness of the Board Assurance Framework.

Internal Audit Plan

To receive the outcomes of the internal audit reviews most recently completed

N/A

Since the last meeting, two reviews were completed in line with the annual plan, both demonstrating 'Reasonable Assurance'. One of these related to fleet management and this was the first time in several years that fleet received a positive outcome; it was able to demonstrate significant progress in relation to data quality.

Counter Fraud

To seek assurance that the Trust has effective counter fraud arrangements.

N/A

The committee continues to be assured with the counter fraud arrangements in place. It explored the ongoing issue facing the whole sector, related to staff working in secondary employment while sick. The committee noted that there is little more to add to the measures already in place, which include taking swift investigations and action.

Freedom to Speak Up

To seek assurance that the Trust has an effective speaking up culture and systems in place to ensure investigation and learning.

Risk (tbc) – Workforce / Culture

As the Board is aware from previous discussions, there is not a particular issue with the culture of speaking up, demonstrated by the high number of cases we receive. The issue continues to be with the systems we have in place to ensure effective investigations that drive learning. The paper received did not provide assurance in this area and did not demonstrate sufficient management grip. Some of this relates to capacity and the committee welcomed the investment in two deputy Guardians who start in October. This will certainly help to ensure improved processes, in addition to the move to Datix that is planned in the coming weeks.

Despite the gap in assurance identified this is not a specific escalation to the Board on the basis that a separate report is being received by the Board this month.

Resilience (EPRR)

To seek assurance that the issues

N/A

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	identified against the EPRR core standards are being addressed.	
In 2021/22 the EPRR assurance process led to an overall rating of 'Partially Compliant' against the EPRR Core Standards and the Interoperable Capabilities. The paper sets out the progress made since then but did not provide sufficient clarity on the risks or how these have been quantified. The committee has therefore asked for a management response, which it will receive at its next meeting.		
Specific Escalation(s) for Board Action	Board Committee Effectiveness / Improvement Journey Deep Dives: The committee recommends that at the end of each meeting, the Board reflects honestly on how effective it has been.	
	Risk Management – Culture: There is limited assurance about the impact of our actions to improve the culture. The committee reflected that the Board is probably not sighted clearly enough on the data that is available to show how seriously issues such as bullying and harassment are being taken, e.g. speed on investigations / actions taken in response. There is a session scheduled for 27 September and there is specific focus on culture at the upcoming Board meeting. The committee agreed that this escalation goes beyond the remit of the workforce and wellbeing committee and requires Board intervention so that clear actions and expectations are set, given how central this is to everything we do.	

SECAMB Board

Finance and Investment Committee (FIC) Escalation Report

Overview of issues covered at the meeting on 08.09.2022.

Item	Purpose	Link to BAF Risk
Financial Performance & Planning	To seek assurance that we are managing our resources in line with plan.	Risk 16 – Financial Sustainability

Key points at Month 4:

- In line with the planned deficit of £1.0m for that period / forecast for the year remains consistent with the breakeven plan, although a number of material risks including the uncertainty on funding for both 111 and 999.
- Mismatch between funding and expenditure in 111 – working with commissioners to close this gap.
- Non-pay budgets are underspent by £1.6m
- Frontline hours are averaging 5.9 per cent below the planned level based on 2555 WTE / compensated by high level of overtime (11% of the frontline hours provided)
- The targeted level of efficiencies is weighted towards the back end of the year; £0.6m at month 4, a shortfall of £0.2m
- The underlying position, based on our current year plan and an assessment of non-recurrent funding sources, is a deficit in the range between £7.6m to £15.3m

The committee reinforced the need to engage commissioners in planning for a longer period than just one year. It also expressed concern about the impact on our people by the high percentage of overtime and the reduction in clinicians in 111 (in line with commissioning intentions) and the quality impact of this. See the related escalations below.

In addition, the committee identified an apparent anomaly whereby in 111 CAS demand is down compared with last year and with this year's plan, yet performance is poor and costs are high (over budget). It challenged the executive about the extent to which there is a clearly understood narrative that explains this and has asked for a report explaining this to come to the next meeting.

In terms of planning, the committee noted the risk escalated to the Board by the Performance Committee in August about the high attrition undermining the recruitment plan. It also noted that abstraction is 38% against the plan of 33%, accounted in the main by high sickness levels. See escalation below.

Commissioned Contracts	To seek assurance that we are effectively managing our contract and identify any potential issues, risks or opportunities.	Risk 16 – Financial Sustainability
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This is a regular update to the committee on the Trust's NHS commissioned contracts and services and includes horizon scanning of potential business. The committee continues to be reasonably assured and there are no specific issues to bring to the Board's attention, save the ongoing discussions related to the extra £2m 999 funding from each ICB that was agreed.

Capital Plan	To seek assurance in the delivery of the capital plan.	Risk 16 – Financial Sustainability
<p>The capital spend to date is £10.0m against a plan of £16.1m. The £6.1m underspend is mainly due to timing in relation to the Medway scheme, and this is expected to catch up by the year end. The plan is supported by the ICS, funded from cash, and aligns with the Trust's strategic priorities.</p>		
Strategic Estates	To seek assurance in relation to our strategic estates programme	N/A
<p>Statutory compliance across the estate remains at a satisfactory 98% high level, and we continue to maintain the build fabric and environmental quality of our properties at Category B: satisfactory; <i>sound, operationally safe and exhibits only minor deterioration</i> as stipulated in our Estates Strategy.</p> <p>We are currently marketing our surplus properties which have an estimated total market value of £14m. Several stations will be replaced by suitable ACRP's strategically located to support operational performance; linked to the Responsive Care priority.</p> <p>Pipeline projects have been identified following an end-user estates workshop. The next stage is to prioritise our investment based on H&S, patient need, operating model and affordability. Assurance was sought that this will be developed in collaboration between the Performance Cell, Operations and Finance.</p>		
Patient Level Information Costing System	Update for awareness	N/A
<p>This was a very helpful report of the activity and cost quantum per currency of SECAMB's 2021/22 Patient Level Costing (PLICS) submission, which was submitted in August 2022. This shows an 8.0% decrease in cost per incident compared to 2020/21. This is a combination of a 10.9% increase in activity, due to the impact of the lockdown in the early part of 2020/21, and 2% increase in cost quantum.</p> <p>Once we are satisfied that the PLICS information is robust and comparable between ambulance trusts, we intend to use it to enhance our reporting, inform contract discussions, add financial values to productivity metrics and undertake benchmarking exercises.</p> <p>The committee welcomed this helpful data which has the potential to enhance sector reporting.</p>		
Green Delivery Plan	To seek assurance this is progressing as planned, following the strategy that the Board reviewed in January 2022	N/A
<p>A verbal update was provided confirming that the plan is progressing supported by the Consultant we commissioned to help us identify the road map linked to the strategy. In Q3 there will be engagement sessions to seek ideas and a comms will follow in December. The committee received assurance that we are on track for the end of year for the Board to sign off the plan.</p>		
Medico-Legal Costs	To increase visibility of the costs associated with personal injury claims against the trust.	N/A
<p>The company secretary provided a helpful report setting out costs related to personal injury claims (patients and staff). As the Board will know, we are part of the NHS risk pooling scheme run by NHS Resolution the contribution for which is based on the type and size of the Trust. The number of claims is small relative to other parts of the NHS and we are even slightly below the average compared with our peers. The</p>		

committee received the current financial data based on actual payments and what is held in reserve based on the assessment of the claim. It is reasonably assured by this and the way we manage claims, supported by our legal services team.		
IT	To seek assurance with the effectiveness of the IT function	N/A
<p>The committee received a good summary of the core Digital / IT activity for the period between August 2021 and July 2022 and is assured by the significant areas of deliver, including:</p> <ul style="list-style-type: none"> ▪ 6% reduction in IT budget (2022/23 vs. 2021/22) ▪ C.£500k cost improvements (CIPS) delivered in 2021/22 ▪ Delivery of Banstead MRC in December 2021, on-time, on-budget ▪ Removal of all legacy Windows Server operating systems ▪ Delivery of mandatory cyber awareness training module for all staff across the Trust ▪ Ambulance Data Set (ADS). Mandatory migration to national ADS ▪ Audio Visual hardware implementation at key sites across the Trust ▪ Booking & Referrals Standard (BaRS). First of type testing for the new BaRS technology (that will ultimately replace Care Connect) for making bookings into system partners ▪ Migration of defibrillator data to the British Heart Foundation's Circuit system, aligned with other Ambulance Trusts ▪ Implementation of nationally mandated Single Virtual Contact Centre (SVCC) for 111 and Intelligent Routing Platform (IRP) for 999 ▪ Secure email accreditation ▪ Successful bid for £4.458m of NHSx Unified Technology Fund (UTF) ▪ Successful bid for £250k of NHSx Unified Technology Fund (UTF) specifically for cyber / IT security ▪ Implementation of Verkada CCTV into all key IT areas, including environmental monitoring for key rooms / facilities ▪ Expansion of backup solution to meet additional data volumes and enhanced security requirements ▪ Expansion of existing hyper-converged infrastructure to accommodate additional data volumes and virtualisation requirements <p>The committee picked up the action from the Board in March when it received a draft Digital Strategy. The plan was to bring this back in Q1 2022/23 for approval, to include a timeline for development of the other two aspects of the overarching strategy, e.g. Data and how we use clinical information/data. The committee accepted that other things have taken priority and will ask to see this in Q4.</p>		
Fleet Management	To seek assurance that sufficient progress is being made against the management actions arising from the fleet internal audit in 2021/22	N/A
Good assurance was received on the work being undertaken within Fleet to progressively address the management actions raised, and to strengthen the control framework thus providing the Trust Board assurance these areas are being managed effectively. The committee also noted that the draft report from the subsequent Fleet internal audit report has concluded 'Reasonable Assurance' supporting the committee's own level of assurance.		
Specific Escalation(s) for	Overtime and impact on staff: In the context of the challenges to provide adequate road hours, how are we assessing the impact of staff being asked to do lots of overtime, both	

Board Action	in terms of not exceeding the limit of hours each week, and the knock-on effect in terms of burnout / sickness. There was some suggestion that the data might show the high rates of overtime is undertaken by a relatively small cohort of people. The Board is asked to follow this up.
	111 Clinicians: In line with commissioning intentions, there plans to be fewer clinicians in 111 CAS and the Board is asked to seek assurance that there has been a proper assessment of the quality impact of this.
	Sickness Management: The Board is asked to seek assurance that enough is being done to manage sickness given the consistently high levels and the impact on patient safety and staff wellbeing?

SECAMB Board

Performance Committee Report

Overview of issues covered at the meeting 11.08.2022.

Item	Purpose	Link to BAF Risk
Single Virtual Contact Centre	To seek assurance that we are managing this risk effectively.	Risk 17 – Integration of 111 & EOC

There was discussion about the extent to which this risk sits with the ICS given that as a provider we will provide what we are commissioned. We are not in a position to go live due to issues still related to funding which is a requirement to be able to joint this initiative. There are also some issues to work through related to data.

The committee noted that there are risks and also opportunities. The BAF risk is framed in the context of the potential adverse impact of our strategic direction for integrating 111 and EOC. However, there is also a risk related to the impact on resources to validate calls for 999.

A more detailed review is scheduled for the next meeting in October, to ensure greater clarity on the issues related to quality, workforce, performance, and strategy.

IQR – Responsive Care Q1 Integrated Plan 12 week look forward	Using this information to seek assurance that we are doing all we reasonably can to meet patient demand.	Risk 14 – Operating Model Risk 255 - Workforce Recruitment Risk 13 – Workforce / Retention
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The committee reinforced the need to measure the extent to which we are meeting the standards set out in the Ambulance Response Programme, against the trajectory we have agreed with system partners, which is what we are commissioned to achieve.

The committee challenged the executive to pull out more clearly how we can contribute to the system in managing demand in different ways to help then reduce pressure elsewhere, such as emergency departments. There is a sense that we miss the opportunity to set the strategic context, acknowledging that there is work to align the system. For example, on the one hand CQC is understandably seeking assurance that we do more to meet the demand in category 3 (ARP) and on the other commissioners are scaling back resources in 111. The executive described a need for a system risk discussion and will raise via the System Assurance Meetings.

There was a detailed review of the progress with the Integrated Plan 2022/23. Despite the challenges to always respond in a timely way to patients (which is seen across all ambulance services), the Trust did in Q1 meet the agreed ARP trajectories. However, this is caveated by a recognition that there were a number of circumstances that led to this; not all the related plans were achieved. The national ARP benchmarking report also confirmed that SECamb is in the top half of the tables for Category 1, 2 and 3.

The IQR will show these trajectories from September.

The integrated plan was helpful but the committee did ask that future reports more overtly link to patients

and quality, so that we tell the *story* of performance in relation to our people and patients. Also, where there are trends indicating concern more detailed information to inform the assurance that related actions are adequate.

There was also specific action for the next meeting, which relates to the Responsive Care priority in the Improvement Journey, where the committee has asked for a deep dive in to:

- Hear & Treat – while this is showing improvement further assurance is needed to inform the confidence in meeting the 13% target for year end, acknowledging this is a key driver for better responsive patient care.
- Job Cycle Time – to better understand the actions and how these will improve patient care

Lastly, there was a thorough review of the provision of hours to meet patient need. Sickness in particular is a significant barrier to ensuring more resources are available to respond to patients. In addition, we are not yet at establishment and attrition is much higher than planned. This risks completely undermining our recruitment plan. The committee is extremely concerned by this – see the escalation below.

Responsive Care IJ Priority	To seek assurance on progress	Risk 14 – Operating Model Risk 257 – Improvement Journey
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Overall reasonably assured with progress. However, some concerns were identified related to rota implementation; the framework was clear but there is little data on progress, despite this starting in January. A management response was requested for the next meeting on the rota review. The committee also asked more generally for better information to include the evidence and impact, which the director of planning confirmed was in the plans anyway for the IJ reporting to Board from August.

Specific Escalation(s) for Board Action	<p>Integrated Plan: There is a significant risk (BAF risk 13) that the recruitment plan to increase our clinical workforce will be undermined by high attrition. The committee challenged the Executive about the extent to which our retention strategy is effective and also whether we are managing sickness effectively; sickness and attrition the main drivers for our inability to provide sufficient hours. This is an area within the Responsive Care Programme of the Improvement Journey.</p> <p><i>NB - This was escalated via the Chair's report in August with an action agreed to update in September (see minute)</i></p>
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SECamb Board

QPS Committee Escalation Report

Overview of issues covered at the meeting on 15.09.2022

Item	Purpose	Link to BAF Risk
Quality Summit	To update the committee on the recent summit and any early outputs / next steps	Risk 14 – Operating Model Risk 256 – Quality Improvement
<p>This is our first Quality Summit and the plan is to have two each year, in September and March. The idea is to use these to ensure a collective understanding with system partners of the key delivery issues affecting patient safety and quality. The focus of this summit was about keeping patients safe when the service is experiencing high demand. Specific areas were identified where risks occur such as in call taking; triage; clinical oversight; dispatch; on scene assessment and care; and decision making. Each of these were explored in detail to establish mitigations.</p> <p>The committee asked for a written summary next time and sight of the Terms of Reference. Members will be invited to future summits.</p>		
Safeguarding	This was a management response to gaps in assurance identified at the previous meeting, related to the Annual Report, seeking further assurance on capacity of the team, how we identify and take action arising from trends, and training compliance.	N/A
<p>A helpful management response was received but the committee is still not fully assured that there is the capacity to deliver the level 3 training, 85% by 31 March 2023. The committee is not escalating this to the Board, but asking it to note this gap in assurance and that further assurance has been requested for the next meeting, specifically in relation to training and timescale for the business case for the additional roles.</p>		
Medicines Management	To seek assurance on progress with this priority within the Improvement Journey.	Risk 257 – Improvement Journey
<p>The quality of paper received was not of the standard expected and so despite the information provided verbally by the Chief Pharmacist, which was helpful, the committee was unable to take adequate assurance. There is much in the workplan, including the development and approval of business cases. There are a number of risks identified on the risk register and this is reassuring in terms of visibility of the issues. However, many of the actions listed do not have timescales. One business case was approved by the Executive Management Board in September for a programme manager to lead the 12 distinct programmes. It is however unclear yet when this person will be in place.</p> <p>Overall, while the committee acknowledged there are plans in place, the executive has not demonstrated sufficient tangible progress. The committee is not escalating this to the Board for specific action, but rather to note the gap in assurance identified and that the committee has asked for further assurance at the next meeting.</p>		
Incident & Harm Governance	To seek assurance on progress with this priority within the	Risk 257 – Improvement Journey

Improvement Journey.		
<p>The Trust continues to make good progress in achieving the targets set to reduce the backlog of breached SI actions and investigations. The demand on services means that the SI team still see much poor patient experience, however new learning is being identified regularly and steps are being taken to develop a more formalised approach in the identification and dissemination of this learning.</p> <p>Now that the new NHS Patient Safety Incident Response Framework (PSIRF) has been published management will be working closely with commissioners and partners over the forthcoming months to develop the mechanisms for implementing this new framework. A briefing paper will come to the Board in November setting this out.</p> <p>In summary, the committee takes reasonable assurance from the progress made to reduce the backlog of Sis., but there is more still to do to ensure learning and how this is communicated.</p>		
Infection Prevention & Control	To seek assurance that the controls in place are effective in ensuring the right culture and management for IPC.	N/A
<p>The Head of IPC joined the meeting to set out the controls in place to ensure a good IPC culture. The audits are showing partial compliance in different areas and this is about the completion of audits. Training is ongoing and this is aimed at ensuring better data, which is the case with hand hygiene. There was a gap in assurance identified related to the process of quality assuring the audits and the committee asked for the SPC charts to reflect the format within the new IQR. Otherwise, the committee was reasonably assured overall with the controls for IPC.</p>		
Clinical Audit	To seek assurance on the delivery of the clinical audit plan and how this is supporting delivery of safe and effective care to patients.	Risk 256 – Quality Improvement
<p>The audits have been completed as per the agreed plan. However, some of the tier 1 audits (national requirement) are showing that we are below the national average. This led to a constructive discussion about some of the quality indicators and where we fail on some of the care bundles, this is due to a specific item, such as recording the pain score / blood sugar level, as the Board has been previously made aware. The clinical view is that some of these indicators are in fact less significant in terms of patient outcomes and there is a national drive to adjust these requirements. The committee asked the medical director to ensure this is raised to national medical directors who are decision makers on the ambulance quality indicators and ask for a timeframe for review on what we are being assessed against, given the increasing clinical view that some measures aren't right.</p> <p>Some of the actions arising from clinical audit are overdue and while the position is improving the committee has asked for further assurance on the plan to reduce this further still.</p>		
Research & Development Annual Report	To seek assurance that the R&D continues to be effective and contributes to the experience of our people and patients.	N/A
<p>We are fortunate to have a really experienced and passionate Head of R&D who attended the meeting to present this annual report. Key headlines include us still seeing growth in activity and in our strategic aim to grow capacity for research within our workforce.</p> <p>The annual report was helpful and some suggestions were made to strengthen it in future, such as more detail / assurance on how we are fulfilling our obligations, including those that arise when we are a sponsor</p>		

of a study. The internal governance appears strong with a system sub-group which meets monthly. There is also a portal where people can seek advice on research and the intranet has various resources. Good assurance was received too about how we follow the national framework requirements on governance and the close links with the IG team on data sharing.

**Specific
Escalation(s) for
Board Action**

There are no specific escalations for Board action arising from this meeting

WWC Escalation Report to the Board

Overview of issues covered at the meeting 26.08.2022.		
Item	Purpose	Link to BAF Risk
Improvement Journey – People & Culture	To seek assurance on progress with this priority within the Improvement Journey.	Risk 13 – Workforce / Retention Risk 257 – Improvement Journey Risk (tbc) – Workforce / Culture
Noting that this meeting was the day after the Trust Board meeting, which received the Improvement Journey, the live plan was tabled. The committee acknowledged that there is insufficient progress and supported the decision by the executive to put this programme in to ‘intensive support’.		
Management of Violence & Aggression	This was a management response to gaps in assurance identified at a previous meeting, related to the effectiveness of measures we have in place to support staff and keep them safe.	Risk 13 – Workforce / Retention
The quality of this paper was poor and so it was difficult to seek any assurance. See escalation below.		
EOC/111 Culture Action Plan	To seek assurance on progress with the established action plan and to assess its impact on the cultural issues identified.	Risk 13 – Workforce / Retention Risk (tbc) – Workforce / Culture
While the committee acknowledged the progress, indicated by the Good CQC rating earlier this year, there is still concern about progress and pace. The paper did not help as it had too many gaps. See escalation below.		
Leadership & Management	To seek assurance on progress with the fundamentals management / leadership programme, e.g. that the scheduled sessions are taking place and that they are effective.	Risk 15 – Education Training & Development Risk (tbc) – Workforce / Culture
The committee really welcomed this given the gap in training in the past few years. Training places have been increased to cope with the demand, which is positive. It only started in July and so while the committee explored its impact and whether it will cater adequately for the different demographics it is too early to make a proper assessment of this. The executive did assure the committee that it will be kept under		

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constant review so adaptations / improvements can be made between cohorts, using the feedback received.		
Development of a Retention Plan	To seek assurance on progress with the development of this plan.	Risk 13 – Workforce Retention
A draft plan was received and the committee provided some feedback on the areas requiring development. Including the need to triangulate this with the workforce plan.		
Clinical Education	To seek assurance that we are delivering against this strategy and specifically that it is helping to support the 2022/23 Integrated Plan.	Risk 255 – Workforce Recruitment
The committee was reasonably assured with the progress against approved Clinical Education and Training Strategy 2022-25. It was also made aware of an issue with marking by Crawley College and how this was being escalated to ensure the right corrective action.		
Medway Move	To seek assurance that we are effectively managing the people issues connected to the move to / opening of Medway.	Risk 13 – Workforce Retention
This helped to ensure better awareness of the issues affected some of the people involved in this move, which is part of the Trust's strategic estates plan. There are over 100 staff that potential won't be moving and the consultations are ongoing, and a clear plan is expected by the end of October. The project team has ensured the risk(s) are recorded on the risk register. The committee will at its next meeting review this risk and the mitigations.		
Staff Survey / Pulse Survey	To seek assurance on the actions in response to the staff survey and their impact. And to ensure greater visibility on the programme of pulse surveys and what intelligence this is providing.	Risk 255 – Workforce Recruitment Risk 13 – Workforce / Retention Risk (tbc) – Workforce / Culture
The committee is not assured by the actions taken or overall engagement with the workforce on the specific feedback from the staff survey, especially locally.		
Health & Wellbeing	To seek assurance that we are doing all we reasonably can to ensure the health and wellbeing of our workforce.	Risk 13 – Workforce / Retention
This item was deferred due to staff sickness. However, the committee took the opportunity to reflect		

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feedback from recent leadership visits where staff have expressed concern about wellbeing impacts on them from the rota review. The committee asked for more information about this, which will be included in the deferred health and wellbeing paper.

**Specific
Escalation(s) for
Board Action**

Management of Violence & Aggression: The committee has sought assurance a number of times in this area over the past 12 months and is concerned by the lack of any 'strategy' or action plan to give assurance that we are adequately managing incidents of violence and aggression.

EOC/111 Culture: Acknowledging the progress that has been made, as reflected by the CQC Good rating of 111, the committee identified concern about the slow pace in some areas (not helped by the paper not being of good quality) and the apparent lack of senior ownership to drive the changes identified by the review in 2021. There is also potential adverse impact on the workforce plan and no scenario planning evident.

Staff Survey: There is a lack of progress by local teams throughout the Trust to engage with their people on the staff survey feedback. And in the context of the most recent Pulse Survey results, there is concern that, notwithstanding the work via the Improvement Journey, there has been insufficient engagement to demonstrate to our people that changes have been / are being made.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

Part A Governor's Report on the Finance and Investment 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: 08 September 2022

Governors present: Martin Brand

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

1. Prior to the meeting: All but two of the papers were available to read in good time before the meeting, the last two sent out the afternoon before the meeting, rather short notice. The opportunity was provided by the Chair for the observing governor to identify any areas of particular interest or concern. The pre-meeting had been scheduled to take place earlier in the morning, unfortunately due to a technical hitch this did not take place. The discussion happened at the start of the meeting while waiting for committee members to join via Teams which did not matter on this occasion.

2. Introductions: The Chair open the meeting explaining that three of the five NEDs had given their apologies, welcoming those present and the Governor observing who was invited to comment if it was felt that something had not been satisfactorily covered.

3. Attendance: Howard Goodbourne (Chair), Liz Sharpe (NED), David Hammond (Chief Operating Officer and Finance Director), David Ruiz-Celada (Planning Director), Philip Astell (**Deputy Finance Director**), Peter Lee (Company Secretary), Steve Lennox (Improvement Director NHSE [observing]), Martin Sheldon (Interim Finance Director [observing]), Matthew Fox (Financial Improvement Programme Director NHS Improvement [observing]), Martin Brand (Public Governor).

Apologies: David Astley (Trust Chair), Michael Whitehouse (NED), Paul Broklehurst (NED), Robert Nicholls (Quality Director).

4. Agenda: The agenda was comprehensive for the three-hour long meeting giving clear timings, indication as to whether each item would focus on a paper, presentation or verbal update, stating who would lead each item.

5. Discussion during meeting: There was adequate time for full discussion of each item. However, as three of the five NEDs were absent the onus fell on the two NEDs present to seek assurance from the executives present. The NEDs provided full challenge, for example and in particular, in relation to risks around commissioner funding of 111, backloading of efficiency improvements and capital spending and staffing in the face of attrition and the implications of high levels of overtime. However, if more NEDs had been present the airtime between NEDS and executives would have had improved balance.

6. Chair: The Chair kept to time ensuring the debate flowed without unnecessary tangential discussion, ensuring all those who wish to speak got an opportunity to do so. The chair provided appropriate challenge where required balanced with complementing people on the quality of their papers, suggesting improvement opportunities or the need for additional information as appropriate.

7. De-brief: The Chair and observing governor held a brief conversation at the end of the meeting as there was nothing substantive to discuss.

8. Conclusion: A good well chaired meeting with full debate of all agenda items and appropriate assurance and challenge provided by the two NEDs present and risks highlighted. The one negative was that the majority of NEDs were not present when some serious structural risks to the Trust, in year and longer term, were being debated.

Membership Development Committee Meeting Minutes

Monday 07th November 2022 Microsoft Teams – 10:00 – 12:00

Papers on Teams

Present:

Jodie Simper (JS)	Corporate Governance and Membership Manager
Brian Chester (BC)	Upper West SECAMB Public Governor (MDC Chair)
Leigh Westwood (LW)	Lower East Public Governor
Emma Saunders (ES)	OD & Engagement Lead
Colin Hall (CH)	Upper East Public Governor
Martin Brand (MB)	Upper West Public Governor
David Romaine (DR)	Lower East Public Governor
Julie Harris (JH)	Assistant Company Secretary
Chris Burton (CB)	Staff appointed Governor

Minutes: Jodie Simper Corporate Governance and Membership Manager

Apologies:

Angela Glynn (AG) Appointed Governor Dean
 Ann Osler (AO) Upper West Public Governor
 Sue Orchard (SO) Community Resilience Manager
 Victoria Baldock (VB) Patient Experience Group Management Representative
 Graham Parrish (GP) Patient Experience Manager
 Yvette Bryan (YB) Assistant Director of Organisation Development and Culture

Item No.	Item
12/22	<p>Welcome and introductions BC welcomed attendees to the meeting and introduced JS to her first MDC Meeting. BC mentioned we need to encourage more Governors to attend the meeting.</p> <p>BC moved the item Deputy Chair on the agenda forward to announce that DR has volunteered to be the Deputy Chair and thanked DR for taking this position.</p>
13/22	<p>Declarations of Interest / AOB</p> <p>No declared interests.</p>
14/22	<p>Minutes of the last meeting and matters arising. The minutes were taken as an accurate record of the meeting.</p> <p>Action log JS noted that the action for connecting governors to Make Ready Centres (MRC) and connecting in with their local community first responder teams is still ongoing and what would the Governors like to see being done?</p> <p>BC mentioned a few governors are keen to do this. JS & JH need to look into timings of when is good for Governors to go to the centres and making it a regular thing, possibly once a quarterly and ask the Governors to attend the MRCs in their own area.</p> <p>DR agreed with BC and is very keen on establishing a good relationship with the MRC</p>

JS asked JH if the Governors would need to take an observer course to attend a MDC

ES mentioned that the leadership team of the organisation and the NEDs have got visits planner and are visiting different areas of SECamb regularly to do listening days and site visits, so would be good to coordinate with the visit planner to either do it at the same time or do a separate visit to spread the visits out, whatever would work out best. With the observer's course, that is if you are going out on the ambulances.

BC advised that we need to strike a balance, if we are to tag along with other people, will there be an overload specially if the centres are busy. The governors also need to be briefed of any sensitive areas a centre may have so the governors know what is going on and what they are going in to.

ES advised there is a new member of staff that has started in the team, their official title is OD & Engagement coordinator. They have been taken on for 12 months to support the Leadership team with listening and engagement around the trust they could liaise with JH & JS to make the governors aware of any issues beforehand.

BC suggested that JS & ES got together and put that in place and inform the governors, either attach to the back of the minutes – if there is time – or email out later. DR will then organise governors to start making attendance. BC asked if everyone was in agreement.

All Agreed

BC noted the action for the meeting with Subo happened just before the council meeting. The feedback from Subo was the manager training was being rolled out and the rotas were honouring that commitment. The initial feedback was fairly positive, BC asked ES if this was her understanding?

ES agreed that the training has started being rolled out and will take about two years to cover the managers in position at the moment, but they are planned out throughout those two years, all different cohorts and each cohort also has an executive sponsor. One of the executives will visit on the second to last day or the last day of the training and become a sponsor for that cohort and try to build up that leadership sort of mentoring relationship as well as leadership visibility as well.

JS Update on Governors Toolkit and reissue. JS had spoken to BC & MB on the look of the toolkit and noted it is very dated and needs freshening up. JS will work with Leigh Herbasz (LH), corporate Governance Administrator, to complete an inventory on the stock we have and what is needed. Once this is completed will liaise with JH for a budget. The aim is to have a toolkit for each constituency, the governors can then collect from their local area rather than wasting time coming to HQ.

JH asked that any ideas the governors may have for the SWAG please let JS know

MB mentioned at Brooklands event, the yellow handout magnets were a big hit with children. Pens would be a good idea with a little message on, SECamb contact details on. Obviously, price depending.

ES mentioned Kim Blackburn from Freedom to Speak Up has really good pens with a bit that is pulled out with information on. Might be something to consider.

JS will get in touch with Kim to find out the supplier. An idea to put a QR code on the pull out bit so people can scan for more information.

BC agreed QR codes are very effective.

BC advised the action regarding PEGs, even though states completed on the action log will be revisited later in the agenda.

BC regarding the Toolkit crib sheet has previously been discussed

JS agreed, the main aim is for each constituency to have their own kit this way last-minute events aren't missed. Also save a journey to Crawley HQ to pick up the kit.

MB mentioned the physical display is outdated and very bitty, some was about the NHS and some was about the ambulance service generally. The whole thing needs to be linked together

BC suggested JH & JS put together a subcommittee with people like MC and others on to look at the content.

JH agreed this is the plan. We really want to be effective in the money that we are spending and be professional at the same time.

DR mentioned a key message is needed. People find it very difficult to take information in at stands and displays, a key message to grab them is quite important.

BC Mentioned with the Governors to research their area we need to encourage the team to get out into their areas.

MB suggested a proforma with certain information on, such as the name of event, the footfall and contact details. MC Suggested this such be done for the next Council meeting. Perhaps in the context of the report from this committee the governors are advised the form is going to be emailed out and give us an action line on this so the governors fill them out and return them.

JS advised the plan was to get something out around the Christmas time and to be returned end of January. This would be a yearly form and would include an update on personal information, event name, footfall and any events that would engage with the diversity groups

CH questioned what happens once we have the members signed on? We don't appear to be keeping our members informed of what is going on in SECamb.

JS mentioned this will be discussed in the agenda later

MB going back to the specification about events, there is a question about what is being considered not suitable because they will be below a certain size or a certain nature. Also, on what members are being told, he believes more could be made of the situation the trust finds itself in. People read the press, they read about the hospital waiting times. We could be saying what SECamb are doing and saying, we need to be engaging.

BC added if the governors are out speaking to the public there needs to be some sort of training on what can and cannot be said as there will be some people that will want to speak about certain subjects which governors are able to comment on. If we could look at some way, even if it is just a briefing document or something online.

ACTION: JS to create a form for Governors to complete showing local events.

JS to look into the visit planner and get Governors booked in for visits, also liaise with the OD & Engagement Coordinator prior visits to discuss any issues the MDC may have and inform Governors.

JS & LH to take full inventory of Governor Toolkit and display equipment and materials and report back to JH to determine budget. A subcommittee to be formed at a later date to discuss contents of Toolkit.

ES mentioned Rob left about 6 months ago, leaving the team of one, it has been challenging but, in that time, we have achieved a few things.

Back in September we submitted a draft Employment Strategy and employee listening framework to the Leadership Team of the organisation, that is currently waiting sign off for us to move forward. Both strategies are based on the NHS Blueprint which were designed specifically for Trusts to pick up. The Employment Strategy is designed to improve employee engagement with this we mean the physiological state that is engagement – how motivated people feel, how happy they are to advocate for SECamb and how involved they feel in decisions and changes that affect them. The plan of part of the strategy to improve that is through 6 building blocks, these are based on a lot of research and evidence that was gathered by the Kings Fund. The six steps are:

- Develop a compelling, shared strategic direction
- Build collective and distributed leadership
- Adopt inclusive and supportive leadership styles
- Enable colleagues to lead transformation of the service
- Culture based on integrity and trust
- Employee Engagement on the Board agenda

The second part, Our Listening Framework, this is how the Trust and the managers and leaders across the organisation listening to the staff effectively. This, again, is based on the NHSE Blueprint which were designed with this framework in mind, Trust wide, NHS wide, listening is the NHS Staff Survey and National Quarterly Pulse Survey and we, as a Trust, need to have effective local listening in place to make these meaningful.

ES showed the Listening Map that we have in place so far. Highlighting the area where the Council Governors stand. ES explained the map is a visual tool for employees in the organisation to see all the different ways to be listened too.

ES advised the next thing that has been worked on is the TED tool (Team Engagement & Development), twelve trusts were invited to take part in the TED pilot. TED is a simple tool and toolkit that is designed to help teams understand how effectively they work together and engage team members in creating actions which improve their effectiveness. TED is designed to empower, providing team members with a voice whilst simultaneously building the capability of team leaders to have the conversations that matter the most to their team. There are 12 people being trained as TED coaches, which starts on the 28th November and likely to be rolled out in the EOC and 111, an OU in East, OU in West and a corporate directorate.

ES mentioned the Staff Survey, has been open since the 30th September, we have now reached 50% response rate which is great compared to the medium average which is 34% for the 118 trusts that are using the same company as us. We are confident that we are above the national average. This is the first year bank workers have been involved in the Staff Survey and we have a response rate of 23%, the national average is 13%. Low response rate from 111 response rate of 37%, an area of concern so there will be targeted affects going in. Shining stars are Josh Tongs in Tangmere, and Worthing has put in a huge effort to really engage with his staff and has already received a 67% response rate. He has done this by talking to his staff and encouraging his staff to give their feedback and saying that he wants to make changes for the better. We currently have 19 days of field work left and then it will be waiting for the results.

ES showed the Staff Survey guide that she created for staff across the Trust, this includes information about the survey, videos, see the response rates which are updated daily, 'You said, We said' information and frequently asked questions. There is also a similar pack for managers, but this guide is to help managers effectively increase response rates and feedback for them to take and use.

ES mentioned they are growing the OD and engagement team – ES, Gem replaces Rob as an OD and engagement advisor and Matt Thompson (MT) as OD and engagement coordinator role. ES will

get MT to liaise with JS regarding Governor visits.

MC asked with regards to TED, the problem is the OU has very little time to be a group. The environment is very different to being in an office. How does TED work in the context for people working in that way.

ES advised that the TED tool was developed by a Lancashire teaching Hospital, the first part of the tool works as a survey, a personalised survey. The manager sends out the survey to the team members and they will get anonymous feedback and then it is how that is used to make changes moving forward. There will be challenges to operational staff, ES worked as operational staff for SECamb and is aware of the challenges that could be faced in the OUs. The hope is that we give the managers the time to do this, this was pointed out to in the most recent CQC Report that managers don't have time to do the things that are really important to support their team.

DR mentioned that the engagement is too over complicated and academic, there should be a simplified stream that people can get on and do things.

ES mentioned that the employee strategy is a board level strategy so it's about the things the board are doing, further down the document, which was not shown, there are specific actions and specific questions the board should be asking. The bit that the rest of the Trust will see is the listening framework, that is the bit we want to go out to do stakeholder engagement on.

DR mentioned that the workload of the frontline staff is controlled by the dispatcher and can be quite difficult for the managers to get engagement when they don't want the staff to come back to the MDC, they want them out. Is there an issue around the teaming to work

ES agreed there are many challenges but if we want to see improvements in how staff feel about coming to work and we want their employee experience to improve, we need to focus on making things better for them. And part of that is doing the things that will make them feel more engaged. And when talking about more engaged, we are talking about the psychological state of being engaged and by improving that we already know that there are lower sickness rates, lower attrition rates and lower patient mortality rates when you have a higher and more engaged workforce.

MC asked the way the TED tool works is that a survey is sent out to the staff to feedback to their managers, is the survey about the managers themselves and their styles or is it more a generic about the Trust? How threatened are the managers going to find this feedback from the staff placed in this way?

ES answered that there are a few questions about the management of the team, but a lot of the questions are around team working, how they work together and how informed they feel about changes that are made. The manager owns this process, this isn't something that OD do to them. They choose when to send the survey out, they choose how to engage their staff about it and they are in control of the whole process and as it should be, OD and engagement are there to support and advise them.

BC referred to the beginning of what ES said, who are you waiting approval from?

ES answered that the plan had been submitted to the leadership team at the beginning of September and the feedback was generally good. An external consultant was coming in to support the trust around comms and engagement. Hopefully we will be able to move forward with it shortly, every single meeting and event we are on to do with the improvement journey we are raising it and that we need to be able to move forward with it.

questions

Community Resilience Team

DW advised the update on what is going on and what are the projects in the pipeline. We applied for some monies from NHS charities together at the end of last year, beginning of this year and was successful in securing 500K from them for two projects. The first project was around an emergency responder scheme to try and improve response times. In two areas of the trust, one of those being Kent and down in the Romney Marsh area, the second area being the A272 corridor between Hampshire border and Billingshurst in West Sussex, and the second part of the monies were to be used for a team uplift, and that was to slightly increase our team by three Community partnership leads who will have the ability then to engage more effectively with our community, first responders and chaplains over the last year. There has been recruitment and we have recruited two of the three posts. The 3rd post is currently out to advert, and we've also recruited a band 7 manager to oversee and pull together the emergency responder roll out. The Emergency responder roll out, the first 5 volunteers have completed their driving course now, which is the emergency responder driving course. And we've got a further five people on courses as we speak. In regarding to recruitment and education, we continue to deliver the first responder on scene, which is an accredited Level 3 course. That also combines in with the health and safety and first aid at work qualification.

CFR compliance we're 100% compliant with all our volunteers, which means that they all completed their discover modules and that they've all done their research in basic life support and paediatric basic life support. Regarding performance for CFR's, in September and October 2022, they provided us with 13,000 hours. Over the two months they made a difference to our C1 mean performance to the positive of 17 seconds. Overall, they answered 2681 calls: 445 was C1, 2024 was C2 and 182 were C3 calls. The plan is to uplift in the team and recruit a further 300 volunteers over the next 2 years and by the time 2025 arrives we will be in the figure of 600 volunteers. The plan is to roll out Falls training to all CFRs, as from the New Year, we are going to train all CFRs that come into the trust, not only with the trust training, but give them an extra day whereby they will automatically do the fall training as well. So eventually we'll get to the state where everybody's trained. Currently we have another 90 to train which will be done in quarter four of this year and I'm hoping that at least 3/4 of those will be trained by Christmas to help us through the winter pressures and they will be able to go out to our fallers. They'll be able to assess them and with clinical support from within the EOC, get them up off the floor safely, make them comfortable, or if they can't get them up due to injury, at least put comfort measures in place for them prior to ambulance arrival.

MC asked will all the CFRs be equipped with raiser chairs

DW advised that the finances are being looked into, currently we are going to order 90 extra raiser chairs. And the model of care will be where the CFR carries the chair in their own vehicle with the lifting belts, they will attend patients within their local communities to assist them up. We are, however, are trialling a trust vehicle model at the moment in Gatwick to see whether that makes any difference in the number of calls the CFR attends. A better engagement and making the CFRs feel more valued would be to use a Trust vehicle, we are looking at the difference between the Gatwick model and the Hastings and Polegate models to see whether or not we get better use and better engagement out of the CFRs using a trust vehicle or their own vehicle, which can come with its own challenges.

BC asked what the plan is to recruit more CFRs

DW mentioned that recruitment for CFRs is never an issue. For Sussex we put the ad out within two weeks we had approx. 60 applicants. We had to close it early and that is the same in Sussex, Surrey and Kent. It's geographically equal across the organisation, certainly areas we struggle to get cover in for example is, Isle of Sheppey, and the Romney Marsh area, but generally there is normally a fairly good number of people that apply every time. The downside to it is unfortunately we haven't got the resource to take them all on.

DR asked do we get a dropout rate of people leaving?

DW confirmed that it has been high this year. We recruited 96 and lost 72.

MB asked if we receive feedback of why people were leaving

DW advised that there are multiple factors, some are personal. A majority are down to compliance. We ask all our CFR's to maintain their compliance at the start of the year. When the new key skills come out, we give them a three month period to undertake all the compliance stuff so that we know for the rest of the year they're trained, they're safe and they're out there helping the organisation and our patients. A lot of them still don't complete it, and then they drop out, we have to say goodbye to them because we don't have the capacity to keep chasing them and it's not cost effective for us to do that as an organisation.

MB asked could the E-Learning be the issue

DW agreed this could be part of the issue

IHAG

JS mention that YB was unable to attend the meeting but forwarded on that there was no update on IHAG as unfortunate they didn't meet due to the lack of attendees. In terms of reference for the group, there will be a review in the New Year and by this time a new Equality, Diversity and inclusion (EDI) manager will be able to support the group.

JS advised that YB deals with staff appraisals, she will be presenting at the next MDC meeting and would like to know what the Governors would like to hear about.

BC mentioned from what the Council have seen there is a backlog of Staff Appraisals, and they are not being done in a timely manner, it would be interesting to see where we are now.

MB would like to know

- Numbers of appraisals and percentage undertaken in the Trust overall and by staff groups
- What tools and training are provided to managers to support appraisals and the take up of this support by area or function or department
- Is there a central overview of review / QA of appraisals undertaken to look for patterns or themes arising in terms of what issues are being flagged in appraisals from staff and managers or spotted from a QA perspective
- Is any feedback sought from staff and managers as to their perceptions of the appraisal process (value, usefulness of the approach, tools/training provided etc.)

JS mentioned she had spoken to Ian Jeffreys who deals with Staff Exit interviews and is working on developing a retention plan. Is there anything, in particular, the Governors would like to know.

MC would like to know

- Number of exit interviews undertaken as a percentage overall and by staff group
- Patterns and themes arising from the exit interviews by staff group
- Where attrition is taking place by staff group and geography

PEGS

JS advised that GP was unable to give a full update but has forwarded on: Year on year we receive more compliments than complaints and this year it has been the same with 1108 compliments received against 554 complaints. Our 999 and 111 call centres took over 2.3m calls during this period and our operational staff attended over 400,000 patients. That represents one complaint for every 4,151 patient contacts. The top five themes, as with all UK ambulances service have again remained constant, but we now separate our timeliness complaints between delays in attending scene and delays in our 111 callers receiving a call back.

	<p>BC mentioned there has been some history of unhappiness from the MDC, in terms of the speed of development with the PEG. The feedback we are getting is not all that positive in terms of progress.</p> <p>DR mentioned looking at the figures the large number of complaints are staff attitude and treatment. There seems to be a disparity between what the staff think is appropriate treatment and what the patient thinks is appropriate.</p> <p>BC asked for the next meeting to have feedback on what DR said, is there any patient bias</p>
16/22	<p>Membership Engagement and Recruitment for 2023</p> <p>JS mentioned that this was brought up earlier in the agenda, agreeing with MB idea of all governors researching their own areas. Getting a form together for the governors to fill in, sending it out at the end of the year, December and getting it back at the beginning of the next year, end of January. This would include Governor's information making sure we have the correct up to date information, then event details including name, type of event, foot fall and are we covering diversity. As BC mentioned having a subcommittee to get together and getting all the information, we need to ensure we are going to the right places.</p> <p>BC suggested that each area should have 1 Governor to collect that information and collaborate the data so there isn't duplicate information and 1 form being returned from each area</p> <p>MB suggested that the form is put out for the next Council of Governors, it would be very useful to have something there to hand out to force this as a conversation rather than it just being part of the update on the MDC meeting. Officially this is handed out at the end of the year, but it really needs to be pushed hard on</p> <p>BC mentioned the CoG meeting is beginning of December, as the date is not that far away we could either add the to the back of the Minutes of this meeting if it's ready on time, or if not, we could also add it to the back of the Council meeting because it could be referred to in that meeting and say it's in progress and they will have to complete this, send to each and every one of them by email</p> <p>JH added that would increase participation. Any communications would be engaging with other governors and increase numbers in meetings.</p> <p>JS showed figures of members that we have lost since May 22. We need to know why this is happening. When a member emails to ask to be removed from the database we should be replying asking why they want to be removed, is it due to lack of information, too much information. We need to engage more with the members.</p> <p>BC suggested sending a survey to the current members asking what do you want to hear from us about. Another point to make is that when you see that out of 9328, 4358 is staff. The actual engagement with the public is minimal in percentage terms.</p> <p>JS showed an overview of members and where we need to get more members. A previous target was set for 11000 memberships, is this realistic, do we want to keep this?</p> <p>BC personally thinks we should take that target and try to get it and beyond.</p> <p>MB asked what is the target percentage that those numbers are related to</p> <p>BC suggested JS to find out the percentage and feedback. In terms of trying to raise Members, trying to set some targets regionally, as a guidance.</p>

	<p>MB mentioned one of the problems of the events is if there isn't a display of ambulance vehicles out display doesn't get people's attention.</p> <p>BC suggested governors should try and attend at least 1 big event a year where there will be trucks such as the Surrey Show, where they will be a larger footfall. Some local surgeries run smaller events where our display would be enough.</p> <p>DR suggested maybe borrowing a response car</p> <p>BC agreed this is something that can be looked into, time for a fresh approach. Do something useful with the resources we have.</p> <p>CB mentioned staff elected members are allowed to take 23 hours a month for governor related duties and is happy for Governors to name dates of where he can bring a vehicle to an event with the governor. Lots of big supermarkets have free meeting rooms around Kent, Surrey and North Hampshire, we should be looking at these for the winter.</p> <p>MB agreed that we should be looking at Christmas events too as there would be large footfall.</p> <p>ACTION – Questionnaire put together and handed out for Council of Governor meeting – Dec 22</p> <p>ACTION – Update the Governor Toolkit and reissue/ publicise to the Council.</p> <p>ACTION – All Governors to research their area for events that could support membership recruitment next year, with the required set of information required (footfall, costs, stand requirements). Feed this back to the membership office to build a record of possible yearly events.</p>
17/22	<p>Deputy MDC Chair - We welcome any interest in this position to be raised at the meeting BC raised these at the beginning of the agenda</p>
18/22	<p>Any Other Business from members None was raised.</p>
19/22	<p>Review of Meeting Effectiveness: BC commented that an improvement would be to get more of the Governors to join the meetings. BC thanked everyone for attending.</p>
<p align="center">Date of Next Meeting: 6 February 2023 1000 - 1200</p>	

South East Coast Ambulance Service NHS Foundation Trust

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).

2. Membership update

- 2.1. The total staff membership excluding bank members as of 30th September 2022 was 4365.
- 2.2. Current public membership by constituency (at 16th November 2022) is 9327. Break down data provided as follows.

Constituency	Members	% of Membership	Base	% of Area
Lower East SECamb	1,852	19.86	857,162	6.09
Lower West SECamb	1,431	15.34	872,314	6.2
Upper East SECamb	3,348	35.9	6,316,553	44.86
Upper West SECamb	2,238	24	6,033,444	42.85
Out of Trust Area	458	4.91	0	0
Total	9,327	100	14,079,473	100

Constituency: List of constituencies.

Members: Number of total members which are also broken down by each constituency.

% of Membership: Percentage of members within the constituency.

Base: Population of people within each constituency.

% of Area: Total percentage of members within the constituency which have not joined.

3. Membership history report

The table below shows membership stats from beginning of May 2022 to 16th November 2022. Showing the number of new joiners and the number of members that have left in this period. Our inability to do wide scale member recruitment in its traditional format in 2021/22 has had an impact. We need to engage more with our current membership, but we have had good engagement on the recent election communications, with the voting now live and results on the 17th November 2022.

Month	Joiners	Leavers	Net	Total Membership
Total Membership	80	1	79	79
01/05/2022	4	0	4	4
01/06/2022	3	0	3	7
01/07/2022	2	0	2	9
01/08/2022	55	0	55	64
01/09/2022	7	0	7	71
01/10/2022	9	1	8	79

The table below concentrates on the reasoning of why members are being deleted from the membership database from the beginning of May 2022 to the 16th November 2022, with deceased being the main reason.

Reason for Deletion	Number of Deleted Members
Total	179
Deceased	45
Moved	97
Opt out	32
Other	4
Unspecified	1

4. Membership recruitment update

4.1 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'.

We will move our goals to fit 2023.

5. Membership Engagement Update

- 5.1** The next newsletter is due to go out in December 2022 with the focus of the Governor Election results, our Improvement Journey and Freedom to Speak Up. A look at the International Major Incident Practice - that 3 of our colleagues had the pleasure in attending, a look at the SECamb awards, be winter ready.
- 5.2** The following members newsletter will due out in Spring and suggestions for content for future editions are welcomed.
- 5.3** 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.
- 5.4** Thanks to those Governors who observed the recent Board meetings. The feedback has been extremely valuable
- 5.5** We will continue to advertise these meetings to members. Recordings of the meetings are available on our [website](#).

6. Public Members' Views

6.1 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.

6.2 IHAG meeting summary:

IHAG has been unable to meet this year due to lack of attendees. The terms of reference for the group will be reviewed in the new year and following the appointment of a new Equality, Diversity and Inclusion (EDI) Manager to support the group.

7. Staff Members' Views

7.1 Organisation Development and Engagement Advisor, Emma Saunders, attend the MDC to provide an update on their work.

In September 2022 SECamb submitted a draft Employment Strategy and employee listening framework to the Leadership Team of the organisation, that is currently waiting sign off for us to move forward. Both strategies are based on the NHS Blueprint which were designed specifically for Trusts to pick up. The Employment Strategy is designed to improve employee engagement with this we mean the physiological state that is engagement – how motivated people feel, how happy they are to advocate for SECamb and how involved they feel in decisions and changes that affect them. The plan of part of the strategy to improve that is through 6 building blocks, these are based on a lot of research and evidence that was gathered by the Kings Fund. The six steps are:

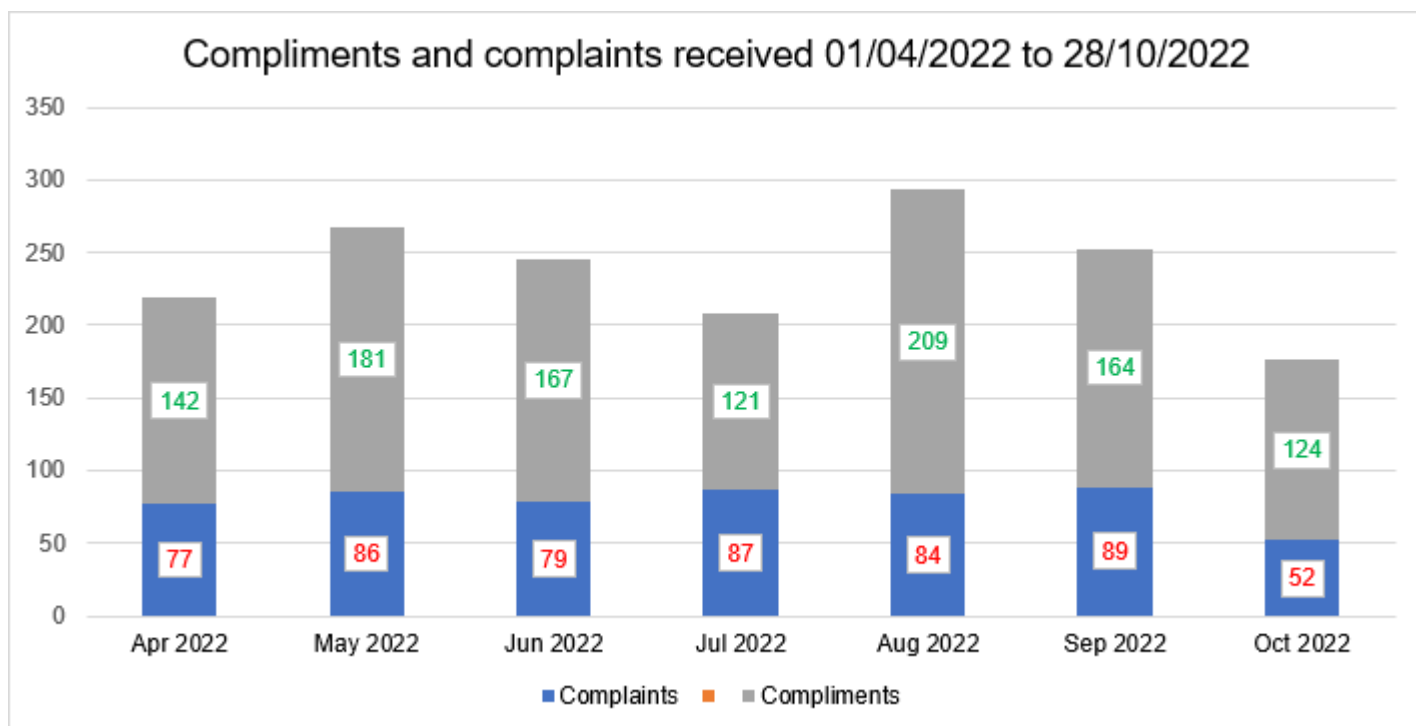
- Develop a compelling, shared strategic direction
- Build collective and distributed leadership
- Adopt inclusive and supportive leadership styles
- Enable colleagues to lead transformation of the service
- Culture based on integrity and trust
- Employee Engagement on the Board agenda

The second part, Our Listening Framework, this is how the Trust and the managers and leaders across the organisation listening to the staff effectively. This, again, is based on the NHSE Blueprint which were designed with this framework in mind, Trust wide, NHS wide, listening is the NHS Staff Survey and National Quarterly Pulse Survey and we, as a Trust, need to have effective local listening in place to make these meaningful.

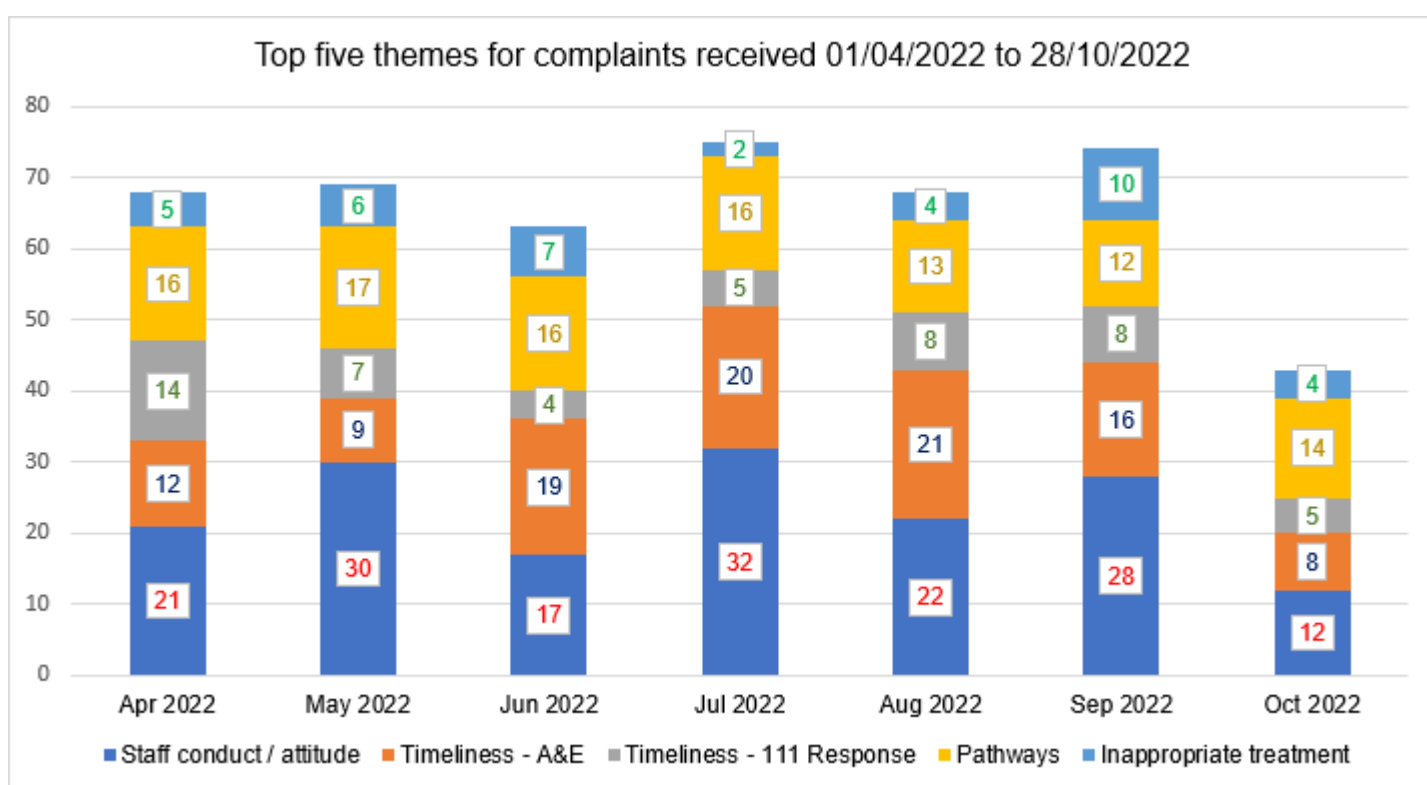
- 7.1** A new tool is being worked on called the TED Tool (Team Engagement & Development), 12 trusts were invited to take part in the TED pilot. TED is a simple tool and toolkit that is designed to help teams understand how effectively they work together and engage team members in creating actions which improve their effectiveness. TED is designed to empower, providing team members with a voice whilst simultaneously building the capability of team leaders to have the conversations that matter the most to their team. There are 12 people being trained as TED coaches, which starts on the 28th November and likely to be rolled out in the EOC and 111, an Operating Unit (OU) in East, OU in West and a corporate directorate.
- 7.2** The Staff Survey, that has been open since the 30th September, we have now reached 50% response rate which is great compared to the medium average which is 34% for the 118 trusts that are using the same company. We are confident that we are above the national average. This is the first year bank workers have been involved in the Staff Survey and we have a response rate of 23%, the national average is 13%. Low response rate from 111 response rate of 37%, an area of concern so there will be targets going in. Shining stars are Josh Tongs, in Tangmere and Worthing, has put in a huge effort to really engage with his staff and has already received a 67% response rate. He has done this by talking to his staff and encouraging staff to give their feedback and saying that he wants to make changes for the better and can only be done if the Trust knows what to look at. We currently have 19 days of field work left and then it will be waiting for the results.
- 7.3** The OD and Engagement team is growing and now looks like this: Emma Saunders, Gem replaces Rob as OD and Engagement Advisor and Matt Thompson is in the OD and Engagement Coordinator role.
- 7.4** Ian Jefferys, Assistant Director of Wellness and HR Excellence, has been working on Exit Interviews including developing a retention Plan. A full detailed update will be put in place for the next MDC meeting.
- 7.5** Assistant Director of Organisation Development and Culture, unable to attend this MDC meeting but will be happy to provide information on Staff Appraisals in the next MDC Meeting.

8 Patient Members' Views

- 8.1** 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.
- 8.2** Patient Experience Group (PEG) update, information provided by Graham Parrish: Year on year we receive more compliments than complaints and this year it has been the same with 1108 compliments received against 554 complaints. Our 999 and 111 call centres took over 2.3m calls during this period and our operational staff attended over 400,000 patients. That represents one complaint for every 4,151 patient contacts.



8.3 The top five themes, as with all UK ambulances service have again remained constant, but we now separate our timeliness complaints between delays in attending scene and delays in our 111Callers receiving a call back:



9. Patient Experience Update:

9.1 Introduction

In the Patient Experience Group (PEG) meeting on the 1st of November 2022, it was identified that whilst progress has been made and there are examples of good practice across the organisation, this is not currently consistent or standardised.

With the appointment of a Deputy Director of Quality Improvement (QI) into the Quality Directorate and the re-distribution of staffing resource to support Patient Experience and Engagement, the plan for implementing the Trust's Patient and Family/Carer Experience Strategy (2020-2025) has been reviewed and is presented in detail below.

9.2 Progress to date

At the May 2022 QPSC, five priorities were identified for patient engagement and experience. These priorities were identified as a pragmatic response to manage continued high demand and conflicting priorities whilst maintaining progress in this important area.

The first priority related to reviewing the Patient Experience Group (PEG) Terms of Reference (TOR). The PEG met on the 1st of November 2022 and approved the PEG's TOR which outline executive leadership support and high-level objectives for the group to support progress.

The second priority was in relation to working collaboratively with key partners to extend our reach to patients and ensure this is as diverse and inclusive as possible. The Patient Experience Team have begun to engage with other NHS Providers, learning how they deliver patient engagement and experience and identifying opportunities for collaborative working.

The third priority relates to inclusion of the patient voice in the Trust's improvement programme. Consideration of how patient voices can be incorporated has been considered and discussed with Health Watch. The 111 service actively engages patients in end-to-end patient journey reviews and have successfully utilised patient feedback from their NHS111 Patient Experience Questionnaire to drive improvement across the service.

To support the spread of the engagement work being undertaken in the 111 service more widely across the organisation, consideration of resources to support development and supporting governance mechanisms including a patient/community representative volunteer agreement and patient payment policy need to be considered.

In reference to priority five which relates to enhancing our reporting of patient engagement and experience, this is something which is ongoing and plans for further review and implementation of this are detailed below.

9.3 Plan for embedding patient experience and engagement across the organisation

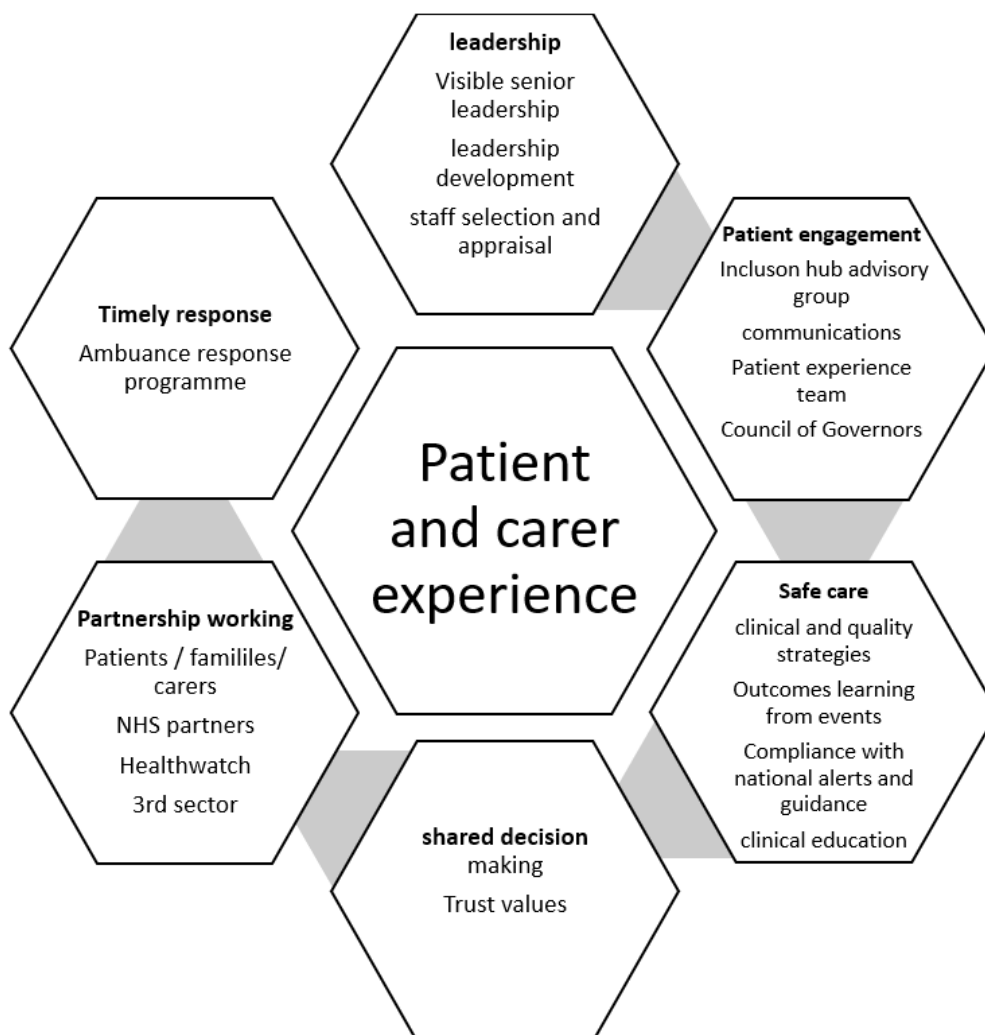
Context / Rationale

Good patient experience is associated with better clinical safety and effectiveness, and we know that a successful organisation must listen to their patients' needs and design products and services accordingly. We also know that we often think we know what patients want but often fail to ask or engage them directly.

We know there are pockets of excellence at SECamb delivering this strategy effectively, but we need to ensure that this is widespread and a whole organisational approach, moving from a position of asking patients 'What's the matter?' to 'What matters to you?'. This aligns with our Quality Improvement approach which is customer (patient / staff / commissioner and other stakeholders) led.

9.4 What does the future look like?

The Trust's Patient and Family/Carer Experience Strategy (2020-2025) outlines the vision for patient experience and engagement which focuses on six overarching principles.



The vision is to take a whole organisation approach to patient experience and engagement and includes but is not limited to ensuring we:

- Articulate a detailed understanding of patient's requirements
- Ensure our services are delivered around patient needs
- Provide a service that delivers value from a patient perspective
- Consistently deliver patient centred care

9.5 The areas of change and focus

The Trust's Patient and Family/Carer Experience Strategy (2020-2025) is predominantly focused on leadership and patient experience in its broadest sense. Whilst the six key principles remain relevant, we need to articulate more specifically how we capture patient experience data and support meaningful community and patient engagement at all levels across the organisation. Additionally, we need to ensure that we include identified opportunities for improvement from CQC, align to our QI strategy and to the statutory guidance published in July 2022 on working in partnership with people and communities¹. As such, we aim to review the Trust's Patient and Family/Carer Experience Strategy (2020-2025) early, in April 2023.

To support an initial assessment of current maturity and identification of key areas in which we need to continue to develop between now and April 2023 when the strategy is reviewed, the UK Standards for public involvement in health and social care research² have been adapted for use at SECAMB to identify standards in patient engagement that we should be working towards achieving. These standards provide a holistic, easy-to-understand framework of what good looks like, align with the statutory guidance on working in partnership with people and communities, and have helped us to assess our current maturity of these standards and what actions we need to take to meet them moving forward. Use of this framework and the associated action plan have not yet been shared or discussed with PEG and are planned for discussion and sign off at the next meeting. The standards included are:

- Inclusive opportunities
- Working together
- Support and learning
- Communications
- Impact
- Governance

The framework has been aligned and cross-referenced to the Trust's Patient and Family/Carer Experience Strategy (2020-2025), the CQC improvement plan and the five objectives identified by PEG.

¹ NHS England. 2022. Working in partnership with people and communities: statutory guidance. Available from: <https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance/> [accessed 07/11/22]

² UK Stands for Public Involvement. 2019. UK Stands for Public Involvement. Available from: <https://sites.google.com/nihr.ac.uk/pi-standards/standards> [accessed 07/11/22]

10. Update from the Community Resilience Department

- 10.1 Sue Orchard and Scott Montgomery are the Community Resilience Managers.
- 10.2 An update from Community Resilience is as follows: The Community Resilience Team have recruited an extra Community Resilience Manager who started with us this month and 3 extra Community Resilience Leads who start with us on 1st November. We have recruited 10 CFR tutors to assist with the training of new CFRs. The extra staff have been appointed to facilitate the 2 large projects we have ongoing and to increase engagement and support the 335 CFRs responding for SECamb.
- 10.3 Emergency Responders. The 22 candidates have commenced their blue light driving courses and will be attending a First Responder on Scene training course (FROS) late November and early January. We hope to have the first vehicles ready to be deployed later this year in the East and another mid-January in the West.
- 10.4 Falls. We have been running 2 proof of concept falls teams in Gatwick and Polegate OUs since February 2022 which have proved successful in improving patient care to fallers. We will be commencing the training of a further 90 CFRs mid-November from all areas in the Trust so each OU will have CFRs who can attend, assess, and safely move fallers from the floor, this will be in liaison with the PP hubs.

SOUTH EAST COAST AMBULANCE NHS FOUNDATION TRUST

Council of Governors

Nominations Committee Report

5 December 2022

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 defined and developed.

2.2. BAME, a consultancy agency has been appointed to support this recruitment and the recruitment campaign has shortlisted four candidates.

2.3. Interviews are scheduled on 9 December 2022 and will include a separate stakeholder panel. Panel will be comprised of:

Stakeholder Panel Participants

Liz Sharp – Non-Executive Director
Yvette Bryan - Head of Learning and Organisational Development
Peter Stevenson – Unison union representative, National Ambulance Sector Rep., Ambulance Technician
Kirsty Booth – Non-Operational Staff Governor and Business Support Manager
Jon Porter – Deputy Director HR and Organisational Development
Nick Harrison - Operational Staff Governor and Serious Incident Manager
Janine Compton – Director of Communications

Interview Panel Participants

David Astley - Chairman
Leigh Westwood – Public Governor
Brian Chester – Public Governor
Michael Whitehouse – NED
Peter Lee – Company Secretary

NED Appraisals

2.4. The Council of Governors have recently contributed to the NED appraisals and appraisal meetings with the Chair are currently underway.

3. Recommendation

3.1. 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

5 December 2022

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 20 October 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 October covered: feedback from the previous CoG and Annual Members Meeting, a discussion on the current format for Council of Governors meetings, raising the profile of the Council of Governors, the agenda for the December Council meeting, review of the GDC TORs, observation opportunities, 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. Formal and informal development opportunities for Governors were presented and that plans were underway for observation opportunities with 111/999/Field ops.
- 2.3. TORs for all CoG committees have been reviewed and approved for another year.
- 2.4. It was suggested that January 2023 would be a good time to launch the Council of Governor Self-Assessment to complete within the 30-day launch.

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 **9 February 2023, 2-4pm venue TBC.**

Julie Harris (On behalf of the GDC)

See below for the minutes of the GDC meetings

South East Coast Ambulance Service NHS Foundation Trust Minutes of the Governor Development Committee Microsoft Teams – 20th October 2022

Present:

Leigh Westwood	(LW)	Lower East SECamb Public Governor & Lead Governor
Brian Chester	(BC)	Upper West SECamb Public Governor
Patricia Delaney	(PD)	Lower East SECamb Public Governor
David Romaine	(DR)	Lower East SECamb Public Governor
Andrew Latham	(AL)	Lower West SECamb Public Governor
Martin Brand	(MB)	Upper West SECamb Public Governor
Angela Glynn	(AG)	Appointed Governor
Julie Harris	(JH)	Assistant Company Secretary
Ann Osler	(AO)	Upper West SECamb Public Governor
Lisa Bell	(LB)	Appointed Governor

Apologies

Kirsty Booth	(KB)	Non-Operational Staff Governor (Chair)
Colin Hall	(CH)	Upper East SECamb Public Governor
Sinead Moody	(SM)	Appointed Governor
Linda Caine	(LC)	Upper East Public Governor
Vanessa Wood	(VW)	Appointed Governor

Minute taker (from recording):

Jodie Simper	(JS)	Corporate Governance and Membership Manager
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Item No.	Item
Introduction and matters arising	
88/22	Welcome and introductions LW welcomed everyone to the meeting
89/22	Apologies for Absence Kirsty Booth Non-Operational Staff Governor (Chair) Colin Hall Upper East SECamb Public Governor Sinead Moody Appointed Governor Linda Caine Upper East Public Governor Vanessa Wood Appointed Governor
90/22	Declarations of interests LW wanted confirmation of the blue highlights meaning on Declaration. JH advised the blue highlights are Governors that have returned their declaration and have been

	<p>updated. Anyone not highlighted we are waiting on response. The annual declarations resets in November 2022</p> <p>LW asked everyone to check and return if different</p> <p>ACTION: Everyone to update and return declarations</p>
91/22	<p>Minutes of the Meeting 18.08.22</p> <p>BC advised SECamb had blocked his emails so apologies for last minuting were not received.</p> <p>JH has amended minutes to include BC apologies.</p>
91B/22	<p>Action Log and Matters Arising</p> <p>The progress made with outstanding actions was noted as ongoing in the Action Log and completed actions will now be removed.</p> <p>ACTION: JS to send a committee list and opportunities that are available for Quality Assurance Visits.</p> <p>Agenda Item for GDC and CoG to raise the profile for the CoG</p>
Main business	
92/22	<p>Feedback from September's Council Meeting</p> <ul style="list-style-type: none"> • Part One • Annual Members Meeting <p>BC mentioned there was a question at the AMM of how the council can be more effective, he felt that the answer was communications. Many council members felt that a number of items, such as the appointment of the CEO and what needed to be done in terms of satisfying the CQC, went ahead without the council actually being informed. An action point had been raised of recognising how busy people are in terms of trying to deal with the CQC. There needs to be some feedback to the council in terms of expediency as the interval in between meetings is too long.</p> <p>MB said it was significant that there was not an opportunity for the CoG to discuss the full CQC report as by the next meeting, the development plan had been completed. MB questioned where the the council was relevant and if they were, why weren't they given the opportunity to input into the development plan rather than be asked to discuss it afterward. MB will review this later in the agenda but would like to raise the following two points for feedback:</p> <ul style="list-style-type: none"> • Needs to be a mechanism where a certain quorum of governors or lead governor or some combination can in unusual circumstances request a special meeting of the Council. • Questioned if anything the council discussed get reported on any trust board papers. <p>AL agreed with MB comments</p> <p>LW thanked MB for raising a valid point and something we need to receive feedback and resolve urgently.</p> <p>BC added that the point was agreed at the council meeting before the AMM, but nothing had been furthered.</p>

	<p>JH questioned if there was a request for a Governor Representative at the Improvement Journey table.</p> <p>AL advised it isn't the council's place to say what direction to go in, that the council are here to represent both patients and employees and to advise if the direction is correct. AL raised the issue of the balance budget and how that was calculated in the last meeting. He was assured that we weren't cutting people out of employment in the Trust or that we weren't recruiting less but has been informed this isn't the case. AL will raise this issue again at the next meeting.</p> <p>MB referred back to JH's point that should there be a governor that leads on improvement. There needs to be a discussion regarding how the governors add value to the Trust. MB agreed with AL's comment concerning the budget. At the last council meeting there were two different reports from different committees giving two different numbers. These figures should be checked before meetings</p> <p>ACTION: JH to speak to Peter Lee to get this added to a future joint CoG and Trust Board meeting agenda to be discussed at board level with the CoG present.</p> <p>DR raised a question about non urgent 999 calls being made, Emma Williams had assured DR that there were measures in place to readdress the issue. Will report further under AOB any feedback from ambulance crews. JH mentioned this has been brought to the SMG and EMB's notice and they have started measuring the impact that 111 and 999 have on those inappropriate calls.</p>
93/22	<p>Discuss Current Format for Council of Governors Meetings</p> <p>JH mentioned that Peter Lee has changed the Trust Board's Agenda and asked whether the CoG agenda should change as well. The CoG is extremely heavy on reports, rather than being driven by these perhaps we could use them as reference documents and agree some board headings to explore whatever the CoG have raised.</p> <p>BC has concerns that reducing the reports will reduce communication, something the council have recognised. JH confirmed the reports will still be in the agenda.</p> <p>AL agreed with BC but is in favour of having more themed led discussions</p> <p>MB agreed with AL comments</p> <p>JH confirmed the amount of information reports will not be reduced but the structure of the last CoG meeting meant, due to time constraints, some discussion items had to be stopped. Reports can be taken as being read, providing questions as usual to the NEDs, which are provided before the meeting may then be answered during in the meeting, or having an extra ordinary meeting to discuss reports.</p> <p>BC raised the point that we do not need to discuss pre-planned matters if we are not getting answers to the information we have already asked for and complaining about why we are not involved</p> <p>LW advised that the public need to see the Governors asking the questions to the NEDs and to be interacting with them.</p> <p>JH questioned whether we should revisit how we communicate the questions to the NEDs, perhaps rather than direct questions, give the NEDs a theme, keep the questions general rather than specific.</p> <p>LW agrees this will develop the conversation, as they will not necessarily know the specific question. We need to get away from lists of questions and be seen by the people that elected us to be challenging the NEDS and holding them accountable</p>

	All agreed to try what JH suggested, it can always be reverted
94/22	<p>Raising The Profile of the Council Governors</p> <p>JH introduced Jodie Simper (JS) to the group, her main role is to raise the profile of the council and to add to the membership. Jodie will be revamping the newsletter, giving it a modern feel, turning it into something more value for our membership and increasing the council of governors. JH would like to discuss how do we raise post COVID profile of the council governors</p> <p>LW suggested increasing the Governor's profile via social media.</p> <p>BC talked about the Brooklands event and how we could utilise the experience of students. The material used for the event was outdated, very used and needs to be updated. Maybe using local radio stations.</p> <p>DR mention in terms of generating new members, he would be happy to visit large supermarkets and hand out membership leaflets and talk to people</p> <p>LW said we need to look at more diverse ways because we've got a diverse constituency.</p> <p>LB questioned what the target was and noted that we needed to address the diversity issue</p> <p>JH agreed it's not about quantity it's about quality and getting the right diversity and calibre of people.</p> <p>LB questioned whether we were being creative enough to seek that pool of people.</p> <p>JH advised that Jodie is placed in this position to do just that. Any tips and guidance were what this agenda item was about</p> <p>MB suggested Career fairs, Local fairs. An action had previously been created for governors to look in their local area and feed back to Katie Spendiff (now Jodie).</p> <p>AL mentioned there has been lots of succuss with QR codes, a good well to get people to join quickly, easily, and succinctly. We need to get more data so we can target particular groups of people.</p> <p>BC confirmed there is data out there, a summary goes into the NBC report.</p> <p>AO thought IHAG was a great well to communicate with a diverse group such as the travelling community.</p> <p>JH confirmed IHAG will be coming back</p>
95/22	<p>Draft Council of Governors agenda for December's meeting</p> <ul style="list-style-type: none"> • ICS Presentation • Financial Development Session <p>JH advised that before the December meeting there is a joint CoG and Trust Board, the agenda will be sent out 21st October 22. The meeting will involve an interactive Improvement Journey session and plans on how to get involved over the next 6 to 12 months. This is where the CoG can add value to the improvement journey. The new CEO, Siobhan Melia, will lead a session on the early views arising from the National Urgent and Emergency Care Strategy and a session on finance. This joint CoG and Trust Board is being held on the 3rd November 22.</p> <p>MB asked where the meeting is being held and AL confirmed it is in Banstead.</p>

	<p>LB enquired if it was possible to be a little more brutal and take some of the formal items out and have more time for questions</p> <p>DR informed there is a pre meeting on the 30th November 22, whatever comes out of that should replace all the sections you have got for reports and then take the reports as read.</p> <p>LW asked if everyone agreed</p> <p>JH asked for confirmation that all papers for information gets tabled at the bottom of the agenda</p> <p>All Agreed</p> <p>JH the Integrated performance report, now the integrated quality report, is still very new. Confirmation needed for a full reporting at the meeting.</p> <p>LW advised everyone was in agreement</p> <p>JH confirm the Board Assurance Committee Escalation Reports will be tabled and on the pre meet, 30th November 22, determine the themes to be discussed at the meeting itself.</p> <p>LW confirmed all agreed</p> <p>JH asked to confirm to continue with Improvement Journey updates and LW confirmed.</p> <p>JH was keen to keep the Board Committee scrutiny; Performance Committee on agenda as not had a performance report in over a year</p> <p>LW agreed with JH</p> <p>JH advised there is room to add a presentation from a subject matter expert</p> <p>MB was keen to identify the issues of value of Governors. A special meeting is to be called by the lead governor or quorum of governors and asking for a requirement that the Trust Board papers report what the council have said, and the conclusion made.</p> <p>LW asked for agreement by everyone</p> <p>All agreed</p> <p>JH asked on what order would the council like for the agenda</p> <p>All agreed Items of importance to be placed at the top of the agenda, such as assurance from the NEDs</p> <p>JH will update agenda and send out. JH will contact MB to discuss points and put a paper together and see how to guide the discussion</p> <p>LW asked if council had any questions or points to raise</p> <p>No further questions or points</p>
96/22	<p>Committee TORs – for approval</p> <p>BC wanted confirmation this point was for information only and is not the role of GDC to agree terms of reference for the MDC or for nominations committee comments.</p>

	<p>JH confirmed point was for information only</p> <p>ACTION: JH will amend date and TORs will be valid for the next year</p>
Standing agenda items	
97/22	<p>Governor training and development requirements:</p> <ul style="list-style-type: none"> - For discussion regarding priorities - Training and development opportunities for discussion - Observation opportunities with 111/999/Field Ops - Observing and reporting on NED committee meetings <p>JH asked for confirmation from governors they are happy with training provided and to contact JS for onsite observations with 999, 111 and field ops.</p>
PART 2 – Other business	
86/22	<p>Any other business</p> <p>DR fed back on a visit to the Sussex Royal County Hospital and the conversations had with the ambulance crews. As well as the non-urgent calls, the crew are getting pressure from particular carers to take elderly patients to hospital when it's not needed. This leads to a certain amount of low-level conflict; crews are also unsurprisingly fed up of waiting times. The feedback was they would rather be doing something rather than waiting around. Another observation is the view from crew, that there are not enough night crews. The day crews on shift of 5pm start till 0100am then must pick up the overruns from the lack of night crews. This is creating areas of stress on other people. The crews would not talk about rotas due to grievances that are already ongoing or anything about the GMB. DR would be interested in visiting the crews more often.</p> <p>JH confirmed that the leadership visits need to happen more often. A point that came out of the staff survey last year and from the CQC report is the lack of visibility from the leadership. JH will get Jodie to resend the link for employee feedback during leadership visits. When visiting please can the form be filled out so the information can be collected officially</p> <p>Action: JS to send out link for feedback form to be used during leadership visits</p>
87/22	<p>Review of meeting effectiveness</p> <p>The meeting was deemed to have been effective.</p> <p>BC was keen for more members to join in</p> <p>All agreed with BC</p> <p>The next GDC meeting takes place on 9th February 2023 on Teams.</p>

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Governor Activities and Queries

5 December 2022

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	Andrew Latham

	Brighton at the ED at RSCH where I have been both waiting to unload 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.
13.05.22	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
15.05.22	Observed at WWC	Kirsty Booth
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

26.08.22	Station visits to Chertsey, Tongham, Farnborough and Polgate to guide staff opinion on items that are important to them.	Chris Burton
16.10.22	<p>Brooklands 999 Show</p> <p>Governors attended the Brooklands 999 show to encourage visitors to sign up as members of the Trust.</p> <p>Various informal chats with frontline staff occurred surrounding their concerns about the Trust.</p>	<p>Brian Chester</p> <p>Ann Osler</p> <p>Martin Brand</p>
17.11.22	<p>Talk about SECAMB, Trust membership, CFRing and community Falls at Warlingham WI</p> <p>Approx. 70 people present.</p>	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 and her team. 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 health 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 defensible 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 stepwise 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 childcare 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 (AIC): Sent to AIC for fact checking first. Having checked with recruitment team they have confirmed that OTL positions are primarily advertised as full time only or part time (18.75hrs) when this is requested to back fill a vacancy left by a colleague who previously had part time hours. Having been made aware of a recent communication regarding ops positions overall being a minimum of 18.75hrs a week we have asked for a equality impact analysis to be undertaken on this.

17.06.22 – Nigel Robinson

Question: I feel compelled to write to you direct and copy in colleagues such is the continuance of real concerns over the suitability of the Fiat as a DCA. The Fiat may well be a most suitable vehicle and well designed and equipped. However, such are the comments all around this particular chassis, if that is the case, then a reassurance programme is urgently required.

I risk stating the obvious here and I sincerely apologise as I know you are very knowledgeable, but this matter appears to be gathering momentum and is just not going away. Now whilst it is accepted that this borders on an operational matter, one also feels compelled to consider the overall governance of the equipment and vehicle provision. A provision that is part of the core day to day business and one which impacts across the trust and the public we serve. This is especially so if the trust may not be getting this matter quite right.

I understand the whole subject of vehicle provision is now an emotive and subjective issue, but the ongoing comments, apparent issues for staff and colleagues is simply just not going away and that worries me.

Senior staff reassurance may be missing the issues at the heart of this matter or not listening?

I have captured a few comments below from colleagues, staff, associates in other trusts, hearsay and reports. These and the private e mails I have been sent, leave me and a number of colleagues worried things are not as they should be – hence this e mail to you for your consideration please.

Some comments;

1. It is difficult to perform CPR in the back of the vehicle
2. The driver's seat cannot be properly adjusted
3. The seat belts cannot be worn safely
4. Consideration is being given to cutting holes in the dash so that people at 6'+ can sit in the driver's seat
5. If I do not drive the vehicle I will be put on other duties
6. If I do not drive the vehicle I will be dismissed
7. The equipment cupboards and essential kit in the back is in the wrong place
8. The equipment stowed within the cab is unsecure and may cause injury if we are involved in an RTC
9. I should bring a cushion to work so I can reach the vehicles control pedals
10. Clearly the writers of final reports have never experienced patient care duties in the back of a Fiat DCA
11. The Lord Rogers report was flawed, the outcome fell short
12. Depending on the weight of the crew / patient the vehicle may exceed its SWL

These points are not all of those travelling around the trust and the UK. They are certainly not here for a blow by blow analysis, they are merely examples of some issues being raised and heard of. Were 50% dismissed as grumbling and rhetoric there are still enough remaining for concerns to be raised. One wonders if this matter should be scrutinised by the NED's corroborated by comments from the front line, vehicle maintenance and do a real 'deep dive' into a matter that is truly bothering the trusts most valuable assets – its staff.

I feel I should almost apologise for adding to the rumour mill by sending this email to you but truly David this is a worrying matter and even if the comments are all proven to be unfounded, not factual etc then lets see the staff be told that by officers acting as ambassadors for the trust, in as many an open forum situation as possible. That may be an opportunity to build on officer v staff morale as well!

23.06.22 – Colin Hall

Question: I wonder if someone can clarify if the article in Health Service Journal (<https://www.hsj.co.uk/workforce/trust-rows-back-on-too-tall-or-too-short-dismissal-threat/7032631.article>) is the Trusts management of this issue... are Execs actually proposing to sack workforce due to a fleet issue? Rather than resolve what is potentially an issue with the van (a quick Google will show you that people have had similar issues with camper van conversions of the same chassis for years... so not limited to ambulances!)

Can we please raise a formal governors question on what the NEDs are cited on regarding the mitigating actions being taken? Is this limited to what we've seen, or have they been given further assurances? Also, have the NEDs had the impact to workforce & service delivery (and therefore patient quality / safety) quantified as to the impact on an already under resourced & stretched workforce as a direct impact of these fleet issues?

Response (David Ruiz-Celada): Response from Director of Planning - David Ruiz-Celada:

1. It is difficult to perform CPR in the back of the vehicle

[A] The Trust moved away from carrying out CPR in a moving vehicle a long time ago. The model is to complete a resus through to completion on scene and only transport patients post Return of Spontaneous Circulation (ROSC) and then the norm is for a Lucas device to be fitted to the patient which can be used during transportation. Evidence shows that manual CPR in a moving vehicle is practically ineffective.

2. The driver's seat cannot be properly adjusted

[A] The independent high-court expert witness (automobile forensic investigator and engineer) confirmed the vehicle is compliant, meets all safety standards and adjustability requirements for UK and European legislation. There most-likely is a training gap in the full range of adjustability of the seat which is part of the individual assessments we will be rolling out.

3. The seat belts cannot be worn safely

[A] Part of the above report clarifies that the seatbelt will fit on the shoulder for 90% of the population, but that does not mean that 10% are un-safe if the seatbelt goes under the shoulder, as the seatbelt is there to protect life and will be effective in any position. The

pyrotechnics within the seatbelt mechanism would trigger in the event of collision, pulling back from any position. We reviewed this evidence during a demonstration day with our union colleagues who also raised this as a concern and they have accepted the report and the safety of the seatbelt. What we have identified as a next step is a risk-assessment / training package to be delivered individually to colleagues who have raised concerns with the seatbelt (around 10% of our driving workforce), so that they can find the best fit for them in the cabin. We have been given a step-by-step approach by the independent expert on how this is achieved. We recognise there may be a handful of colleagues who after this process, will still have issues like knees hitting the dashboard, or not reaching the pedals. This can be because of a range of reasons, and likely to be very specifically due to their body-type and the van cabin, and see below on 5 and 6 on the current process we are going through to support colleagues who end up finding themselves in this position. It's important to stress that we have no way of guaranteeing any other vehicle would not have similar issues, maybe for a different cohort of staff, however the Fiat Ducato is very widely driven and the most popular van in Europe, therefore we expect this to be a situation that impacts a very small minority of colleagues. Any process we follow will be in accordance with the Equalities Act 2010 to ensure protected characteristics and vulnerable groups are not discriminated because of our choice of fleet.

4. Consideration is being given to cutting holes in the dash so that people at 6'+ can sit in the driver's seat

[A] We will not consider making modifications to a safety-approved cabin that are not approved by the manufacturer and the relevant regulator.

5. If I do not drive the vehicle I will be put on other duties

[A] This may be an outcome, however as per the recent discussions with Union colleagues at JPF, we are pending a full Equality Impact Assessment to be completed which will identify the appropriate mitigations, and reasonable adjustments, which may be applicable for colleagues who either refuse to drive, or can't drive, any one of our vehicles, as this process needs to be built around any fleet vehicle. An EIA panel which includes union colleagues and the EIA team are developing this together on Wednesday 22/06/22, and we are seeking comparable situations from other industries (aviation, bus operators) as well as external EIA support from our lead commissioner, to ensure robustness of the approach. The process extends and must be consistent with reviewed a reviewed recruitment approach.

6. If I do not drive the vehicle I will be dismissed

[A] As above.

7. The equipment cupboards and essential kit in the back is in the wrong place

[A] We are reviewing the layout of the clinical setting in the back following a visit by the Driver User Group to Stafford to review the new full-specification DCA from WMAS. This is a continuous improvement process and future fleet design is influenced by the feedback we are receiving. The membership of the Driver User Group is as follows:

- Head of Fleet & Logistics (Chair)

- Fleet Services Manager
- Fleet Commissioning Manager
- Fleet Administrator
- Driver Training Manager
- Clinical Education Manager
- Operational Unit Manager West
- Operational Unit Manager East
- Risk and Incident Lead
- Health and Safety Manager
- Union JPF members
- Make Ready Centre Manager East
- Make Ready Centre Manager West

8. The equipment stowed within the cab is unsecure and may cause injury if we are involved in an RTC

[A] We know there are items which need securing following receipt of the report from the expert; primarily, the fridge and torches. Fleet are working on a solution and will ensure new builds are ok and a retrospective modification programme is being worked up which may see an alternative torch fitted on existing vehicles. The extinguisher securing is going to be moved through 180 degrees which will prevent the catching on trousers. Again this will happen for both new builds and in-house modification.

9. I should bring a cushion to work so I can reach the vehicles control pedals

[A] Individuals will need to go through a personal assessment to ensure a safe driving position is achieved and achievable. OH are involved in this process and recommendations for individuals may vary, i.e. use of a lumbar support cushion may be a recommendation for colleagues who require additional support due to lower back conditions.

10. Clearly the writers of final reports have never experienced patient care duties in the back of a Fiat DCA

[A] The expert is a forensic vehicle engineer with significant experience in vehicles and working with a range of emergency services. The SME input was achieved through two days of working with staff-side colleagues, discussions with staff at the station that housed the visit, H&S colleagues, the Driver Standards Manager, the Driver Training Manager (clinician), Fleet representatives with years of experience in designing from scratch and the Head of Fleet and Logistics (who is a current and practicing Paramedic). We did not engage the expert to advise on the merits of the van conversion as a clinical setting but advise on the safety of the vehicle and specifically to advise in regard to the issues raised with the seatbelt. Please refer back to

the Driver User Group as the forum where we are seeking to get feedback from colleagues on challenges around the vehicles, and how they are addressed now and in future builds.

11. The Lord Rogers report was flawed; the outcome fell short

[A] The Lord Carter report in 2016 looking at unwarranted variation in ambulance services built on his previous report looking at the same types of issues in acute trusts. There was extensive engagement with key parties in relation to the report (and recommendations) including AACE and trade unions. For further assurance, we have requested evidence from the National Team who led on this of clinician input into the Lord Carter report as well as considerations for accessibility and EIA which would have supported the definition of the National Specification.

12. Depending on the weight of the crew / patient the vehicle may exceed its SWL

[A] The work is currently ongoing to understand what capacity is available post conversion for the new-builds. Carter specification stated that this should not exceed 95% of the Gross Vehicle Weight (GVW) of the plated vehicle (currently 4250kg) for a van conversion in its base specification. This allows for 5% of GVW to be managed by Trusts. We will not accept vehicles that are not compliant with the carter spec. Some of our internal options add weight and some remove weight, and the 95% calculation already includes 6 passengers and equipment, fully topped fluids, etc. The margin of 212.5kg is there to ensure that variations in weight by passengers, and other variations inclusive of safety features we have decided to include in our options as an example, never take the vehicle over 100%. We are building a one off full-spec vehicle to test out build before committing to further purchases, and we are seeking legal contractual advice on our position if the vehicles exceed 95% from convertor, as we may be able to refuse the vehicles, however we would not be allowed under the NHS Contract to procure other vehicles without dispensation (we are pending the legal view on this point)

23.06.22 – Colin Hall

Question: I note although I was assured the ongoing problems with the Fiat Ambulances would be an agenda item, it has failed to appear on the agenda. Is there a reason for this? As this is a problem which may have a detrimental effect on the service provided by the trust may I request it is included on the agenda for the meeting on June 6.

Response (Julie Harris): Discussion surrounding the Fiat Ambulances will occur during the QPS NED report. You will note the following that was included on their March report to the board. If the Council have any questions on this matter, it would be appropriate to engage during the NED QPS report.

11.07.22 – Colin Hall

Question: The outstanding questions are: -

- 1 How many staff are at this time not driving the Fiat ambulances?
- 2 How many paramedics are required by the trust in order to have the optimum number?
- 3 Are you still waiting for a copy of the report that I requested a copy of.

Response (John Griffiths/Andy Rowe): We should have 70% registrant of 2555 so current vacancies = 356 but 150 are filled by pap so 206, however we should have 1788 registrants for 70% but these are filled by lower grade clinicians.

Regarding the RTC on the 5th January 2022 I can confirm that I continue to be the link between the Kent Police investigation and SECamb. I have had 2 meetings in person with the Senior Investigating Officer, one in January and one a couple of weeks ago. I have provided the SIO with the information he requested since the RTC and our colleagues in IT and Driver Training Manager, have assisted with a reconstruction several months ago.

Their investigation is progressing, and they are now at the stage of writing their detailed forensic collision investigation report which will form part of the overall investigation. This part will always take a lengthy amount of time and I do not envisage getting any update from them before the end of this year.

Kent Police are unable to update me on anything further and all information they have requested from us, remains confidential as part of their investigation.

No internal investigation will take place until after the Police investigation is complete.

The number of staff currently not driving the Fiats is circa 360.

11.08.22 – Chris Burton

Question: I hope I am correct in addressing this e-mail to you, in hope that you may be able to disseminate some information to the appropriate NEDs.

I have recently been lucky to visit many of the stations across the whole of SECamb.

During my travels and chats with crews, some general items have consistently been foremost.

1. One item that is common over all counties is some inconsistencies with equipment and uniform etc arriving on stations for new front-line staff to start their duties.

Some equipment / uniform has been late / not sent out to appropriate stations, sent to the wrong stations and staff iPads not sent out with the software for EPCR, loaded .

2. Operational team leaders (OTLs) are saying they are not trained in tech' to load the new iPads correctly. I wonder if we could ensure the all the soft tech is loaded properly by tech support, prior to issue.

Additionally, I would also like receive assurance that OTLS and Operational Managers secamb-wide have joined up thinking regarding local and corporate induction of new recruits.

Lastly, I was fortunate to see Chertsey Make Ready Station in post flood condition. It was a sad sight. Can the NEDs please receive assurance that all appropriate actions are taken to ensure Chertsey Station is refurbished in a timely manner (including newly painted floors). It is imperative this station is returned to service again quickly , because it causes unnecessary pressure to surrounding stations. (i.e extra staff personal cars and equipment on stations with limited capacity.).

Although these could be deemed as operational issues, I feel that assurance from the NEDs would be appropriate.

I would address this to the Welfare and workforce committee.

Response (Andy Rowe): This a known and shared frustration and to improve this we are writing a business case and change template for a one stop shop at Telford place.

We are meeting this week to merge onboarding and corporate induction into one.

With regards to Chertsey - we are hoping to move back into a better upgrade faculty business case depending.

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)