

### Council of Governors Meeting to be held in public.

#### 12 July 2024 Crawley HQ, McIndoe Rooms 1 & 2 10.00-12.15

#### Agenda

Agenda										
ltem No.	Time	Item	Purpose	Lead						
Introduc	tion and	matters arising								
01/24	10:00	Chair's Introduction	-	Chair						
02/24	10:01	Apologies for Absence	-	-	Chair					
03/24	10:01	Declarations of Interest	-	-	Chair					
04/24	10:02	Minutes from the previous meeting	Y	Decision	Chair					
05/24	10:03	Action Log / Matters Arising	Decision	Peter Lee						
Statutor	y duties:	performance and holding to account	•							
06/24	10:05	Chief Executive Update	Y	Information	Simon Weldon					
07/24	agenda i Integrate	<ul> <li><b>assurance:</b> To inform the discussion on the tems listed in this section, included is the d Quality Report, Board Assurance ork, and NED Escalation Reports.</li> <li><b>Financial Plan 2024-25</b> <ul> <li>To consider the outcome of the planning roun impact on the strategy.</li> </ul> </li> <li><b>Strategy Delivery</b> <ul> <li>To consider the priorities for the 2024-25, as a strategy Delivery.</li> <li>To consider the priorities for the 2024-25, as a strategy Delivery.</li> </ul> </li> </ul>	Assurance	NEDs						
01-1-1		11:30 - COMFORT BR	REAK							
Statutor	y duties:	: Member and public engagement								
08/24	11:45	Membership Development Committee Report	-	Information	Peter Shore					
Commit	tees and	reports								
09/24	11:50	Nomination Committee Report	Y	Information	Usman Khan					
10/24	11:55	Governor Development Committee Report	Information	Leigh Westwood						
11/24	12:05	Governor Activities and Queries Report	Information	Leigh Westwood						
General		·	I	·						
12/24	12:10	Any Other Business (AOB)	-	-	Chair					
12/21										
13/24	12:10	Questions from the public	-	-	Chair					
	12:10 12:15	Questions from the public Review of meeting effectiveness	-	-	Chair Chair					



13 September 2024

## 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 **Crawley HQ**, 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.* 

#### South East Coast Ambulance Service NHS Foundation Trust

#### **Council of Governors**

#### Meeting held in public – 14 March 2024

Present:		
David Astley	(DA)	Chair
Simon Weldon	(SW)	Chief Executive
Michael Whitehouse	(MW)	NED and Senior Independent Director
Liz Sharp	(LS)	NED
Subo Shanmuganathan	(SS)	NED
Paul Brocklehurst	(PB)	NED
Howard Goodbourn	(HG)	NED
Martin Brand	(MB)	Public Governor
Linda Caine	(LC)	Public Governor
Harvey Nash	(HN)	Public Governor
Peter Shore	(PS)	Public Governor
Andrew Latham	(AL)	Public Governor
David Romaine	(DR)	Public Governor
Vanessa Wood	(VW)	Appointed Governor
Mark Rist	(MR)	Appointed Governor
Angela Glynn	(AG)	Appointed Governor
Sam Bowden	(SB)	Staff Governor (Operational)
Kirsty Booth	(КВ)	Staff Governor (non-operational)
Ann Osler	(AO)	Public Governor
Leigh Westwood	(LW)	Public Governor
In attendance:		
Peter Lee	(PL)	Company Secretary
Richard Banks	(RB)	Assistant Company Secretary
Apologies:		
Chris Gonde	(CG)	NED
Brian Chester	(BC)	Public Governor
Colin Hall	(BC) (CH)	Public Governor
Barbara Wallis	(BW)	Public Governor
Colin Hall	(CH)	Public Governor
Nicholas Harrison	(NH)	Staff Governor (operational)
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Item No.	Introduction and matters arising
066/23	Introduction
	DA welcomed all to the meeting. DA welcomed Ray Rogers and Zak Foley who were observing the COG ahead of starting their term in April 2024.
	DA thanked DR for his time and service as he now leaves his role as Governor for SECAmb. DA also thanked BC. DA confirmed the new chair of MDC has been confirmed as PS and the deputy chair as SB.
067/23	Apologies for Absence
068/23	As referenced above. Declarations of Interest No new declarations declared, other than that are otherwise declared and available on our trust
0.00 (0.0	website.
069/23	Minutes from the previous meeting, action log, and matters arising.
	The minutes of the previous COG held on 28 <sup>th</sup> November 2023 were recorded as a true and accurate record, with one amendments.
	• Emergency Responders to be changed from CFR with CEO update.
	There are no open actions to review.
	Statutory duties: performance and holding to account
070/23	Chief Executive Update
	SW noted that we are an track to bit the C2 target for the year
	SW noted that we are on track to hit the C2 target for the year. It is important to celebrate achievements when they come, and this is a significant one for the organisation. This has been done on the backdrop of a very difficult financial backdrop within the NHS.
	We delivered this achievement with many other stakeholders. The fact we have maintained
	ambulance handovers is thanks to our partners. When compared to other ambulance services, we are by large in a more fortunate position than they are.
	SW noted the collective effort to deliver this has been huge.
	Our control total will be hit this year which will be discussed on the agenda. We are on track this year to hit our control total. This is a significant effort by a lot of people to make this happen, worthy of reflection for 2 topline issues on which the organisation is assessed by our regulators. It was noted we are in a good place.
	Good news on strategy when this was reviewed yesterday. Engagement has been wide and deep. At last count, up to 1500 members of staff who have contributed to the strategy. SW thanked them all for contributing.
	For your comfort and assurance, what is proposed to you today is on the backdrop of a large number of people who have commented.
	Staff survey is also on agenda. SW noted progress and areas of further work. Particularly pleased to be able to launch at the end of January our staff recognition platform. Our comms team has

done a great job in making sure people can contribute. The first award platform meeting was chaired by SW. Noted that it was fantastic to see the quality and number of nominations. SW congratulated the BI team. They are one of 11 teams nationally to be recognised by the making data count team. Important we hold in our hearts and minds, despite difficulties, we are one of the best trusts offering patient care in the country. DA invited any questions. MB asked what the current vacancy rate was? SW answered it was very low and that we are in the best-recruited position we have been in and ahead of trajectory. We have now made progress in terms of staff on the road and pick up in 999 and 111 recruitments since opening Medway. SS commented improvements have been made and is supportive and assured of the recruitment and retention plan. SS noted that when staff arrive, we give them the best possible start. This needed work over last year. We have asked for a review of the induction processes. Some assurance on improvements have happened but we continue to monitor to ensure all staff get the right induction. HN queried the figures of what is in the reports and what SS is commenting. SS clarified that we recognise the challenging environment across healthcare we can assure ourselves with the items within our control. It was noted that this is picked up with people committee. AL noted positive news and commented the whole organisation should be congratulated.

071/23	Financial Plan 24/25
	SW commented that we are in an unusual position at this point of the year where we still do not
	have planning guidance published.
	SW noted that the following may well change once planning guidance has been issued.
	Key core deliverables will be to repeat the C2 mean.
	The financial outlook for NHS is very challenging. Expect at the moment efficiency improvements, 1% growth in our income for next year. When you factor activity which is growing (more than 1%) and the inflationary pressures, the cost impact of these two things alone is pushing us out of balance.
	It was noted that not many organisations in the NHS can maintain a breakeven plan. This is the challenge that sits in front of us.
	SW noted we will end the year with an overhang of £17m. Next is the cost of growth. £7.8 million is the cost of additional hours on the road to continue to hit the C2 mean.
	<ul> <li>SW noted two important financial points.</li> <li>1. ECSW (Emergency Care Support Worker) paid historically as a Band 3. When the evaluation occurred, they were doing B4 work. SW noted this is being addressed and noted again that this has a historic effect and future effect.</li> </ul>
	2. Impact on unsocial hours and how trust has chosen to pay for unsocial hours work. It looks like we have been paying colleagues incorrectly.' SW noted this is an extremely complicated issue.
	Taking these things together, the impact is £10m. It was noted that this will take around 6 months to understand individual circumstances.
	SW also noted that change is not free. We have a starter that requires investment to deliver this strategy and to change the operating model. When all these are added up, you then get to the figure of £40m.
	SW confirmed that he has started alerting colleagues to the serious choices in front of us.
	We are different in several ways unlike our acute colleagues, we cannot do extra work to earn more money.
	Recognition that if we are to change, our ICB need to change too and also at pace. Then tension of the planning round discussion will be across three domains.
	1. How do we satisfy we maintain C2 response standard (should be minimum)
	<ol> <li>How can we settle our figure everyone can live with.</li> <li>How do we work with our commissioners, so they acknowledge the change they need to deliver?</li> </ol>
	SW acknowledges this is the most difficult planning round we have ever experienced, and this will test the system working. We are going to need to think very differently how we approach the problem than the traditional way for delivering CIP (Cost Improvement Plans). SW reminded COG this may change again when planning guidance is issued.
	DA commented that SW has kept the board fully informed, and FIC (Finance and Investment Committee).
	The board wishes SW to engage with the process respectfully. What you are hearing is a progress report. It is very clear that no additional resources for the NHS.
	The NEDs are giving the executive time and space to solve this.

DA invited questions.
MB asked: is there a minimum amount of reserve a Foundation Trust needs to keep being viable? SW answered: there are a number of tests which are applied and noted that the audit committee is responsible for growing concerns test which has to take several elements into account. One of them is cash balance. This is where we need to live in reality. From a commercial point of view as they would normally go out of business however the NHS will remain. Planning guidance can stipulate a minimum amount a Foundation Trust can hold. Expecting to be around 1% however there is no legal requirement to hold reserves. SW asked COG to ensure we are looking at the choices which we have in front of us as we are going to be facing difficult strategic choices in how far we go in challenging organisations vs productivity. These are really important strategic choices for the trust to take.
SW confirmed that he is taking a tough line with commissioners and reinforcing we are not moving from achieving C2 mean and not willing to engage with one year planning round.
DA confirmed that the NEDs are challenging the executive to find efficiencies and commented that we need to be thinking strategically to ensure our executive is being well run.
MW commented that a lot of work is being done on concerns. One is the financial resilience of the organisation. Different concepts in the public sector as we have a duty to offer healthcare. Ability to deliver core services, so also looking at C2 mean and the external auditors from planning to the agreement of the final accounts. MW confirmed that he is giving maximum support to the director of finance and that every penny is spent appropriately on patient care.
AL commented that it is brilliant we have spoken to 1500 colleagues within the trust and also a lot of relationship building externally. Are you confident in the challenges faced by the trust have been understood by the ICBs and wider community as well? Are these people with us on the journey?
SW confirmed yes and noted that the conversations are difficult because this is a hard problem to solve.
SW noted that he is almost certain we cannot land a balanced plan and maintain patient safety. DA added that regular conversations he is involved with, they are aware of all the challenges and noted that our relationships are fine within the systems.
HN asked:
<ol> <li>regarding the historic pay issues, are you sure this level of charge will fall to us in the coming year?</li> <li>To what extent do you feel we have those, because we got something wrong because we either misapplied or set the wrong rules for.</li> </ol>
SW responded. To be clear, the figures are still being worked up. It is going to take six months to work through the detail. We have 2 problems to overcome, the historic and the current. We are doing this work in consultation with staff side.
The figures represent the best estimate, recognising when this work happens these estimates may change. It was noted by SW this is a multimillion-pound issue.
MB commented the public want confidence if they call 999 an ambulance turns up. MB wonders how the democratic process comes into this.

DA answered we will deal with politics to enable the Executive to get on with the detail providing we are assured. SW added that is one of the reasons to brief today in public to start to socialise idea's which will be made on their behalf. It was noted this will be debated at the April board meeting in public and progress will be noted. The other thing that the representatives of the public that serve on these boards can do, is to give views about as previously invited, some red lines we should be holding to and principles we should be standing up for what we believe should be right. There is not much that would encourage movement away from the C2 mean. If we move away from this, we will lose moral purpose from the organisation, this links directly to the money, there is a close relationship with ambulance services and the level of activity and the cost of the business. We all have to stand together on those points. We need to get into productivity conversations. We need to go on a backward journey because of this to make sure that we are being as productive as we can be. We should not give up on anything that would prevent us from implementing the strategy, it is the best long term offer we have for patients and if we take a financial decision that prevents us from doing that, it would be a difficult place. PS observed that it would be good to get a response from constituencies. PS wondered if some kind of process should be undertaken to synthesize the COG view which may be helpful. SW would welcome this and noted that this is not just about SW and the Executive but about the entire community. Action – RB to facilitate. Strategy **Agreed Direction** • **Implementation - Funding & Structure** • Report from Max Puller tabled who gave his apologies for today which was to give assurance on the strategy development. SW confirmed that we have ended with three options on the table. • Option 1 – Core ambulance. Option 2 – Care Navigation (recommended) Option 3 – Integrated Community UEC Healthcare Partner. • SW briefed COG on the pros and cons of all options and SW confirmed that the board met last month and agreed on option 2 was a good starting point and noted that our commissioners support this position. SW confirmed that within Year One, capacity would need to be built and capability to be rolled out. Within years 2 to 5, we would start to make the changes required. SW mentioned that the key risk identified would be that it pushes us to a number which if too aggressive would prevent us from implementation. DA agreed that this would also be the board position. MB queried the £5m and asked if the cost to do with people or technology. MB noted that this is predominantly a people-based endeavour. There are capital investments we need to make alongside this, especially within digital technology.

Ot ne	hford pilot- IT systems do not talk to one another. ther area is more aspirational. How do we triage process. As it responds in the same way we ted to adapt this as we move forward (probably in Y2). itial investment is people.
со	referenced the recent announcement from the government regarding digital challenges. SW nfirmed that to be able to submit a business case for this we would have to directly reference ow using it would make us more productive.
be are ch	commented that the strategy journey we have been on for the previous nine months has ten great. The concern is financial challenges that everyone is facing, could they derail us? How e we going to make sure front-line colleagues are on a journey with us, as they want to see a ange which has been promised. The concern is if money is not coming in can we manage the ks?
ex	V answered that this is his number one priority currently and noted that this is why I am being plicit here, this is extraordinarily difficult. A gave assurance from the board.
wo	asked, previously we had major outage in IT in an organisation and an independent review ould be taken here. was confirmed that a report to AUC (Audit Committee) had been presented and an update to
CC	DG had previously been provided. Confirmed that work is underway on the recommended actions.
SM	N asked regarding 111 services and if this will be part of the business model moving forward. V confirmed this was the case and was integral to option 2 previously mentioned. A reaffirmed this was the strategic planned future.
is t SW cal ov	queried the data presented and asked, if we are moving from 13% to 51% virtual assessment, this correct? V confirmed that broadly, this was correct and commented we need to make sure that the Ils are targeted elsewhere within the system and noted that this will see a reduction in cost er the strategy period of five years will result in a value-for-money offer which the trust is oviding to the wider NHS.
	ext steps. MB asked, what is the timeline for next steps. SW confirmed in due course, the plementation plan will be reported to COG.
Pe •	ople Improving Culture; Staff Survey Results Health & Safety
SS be	updated that she is pleased with the improvements in staff survey results. was very pleased to see improvements and particularly pleasing was 111 and EOC results cause it is important for the organisation.
wa wa	ertainly, on a recent visit to Medway to talk to the staff in 111, there was clear evidence of ork going on in there to improve culture around how staff feel. SS took time to talk to the omen in there and ask how they feel, if they feel safe, if they are able to talk about FTSU and sues around bullying and harassment, it was pleasing to see an improvement on that.

A nice summery of where things have improved, are particularly in the Operational side of the organisation. It is a mixed picture in the corporate side of the organisation, looking at a split in the questions, talking about the patient facing role and how we deliver care, it looks very positive. Looking at the internal things of the organisation, around pay, T&C and health and wellbeing and some of those aspects, we have further work required. Cautiously optimistic about these results. Health and Safety is picked up in the People committee. Perhaps taken the eye off the ball. Not just carried by the H&S team. SS confirmed that the Improvement notice has been lifted, notwithstanding those, who need to undertake H&S review and be adequately prepared. The outcome of this review will come to the people committee. Education, Training and Development Plan. This is the first-time seen plan for whole organisation. We have real commitment to continuing to support training regardless of REAP status. Some discussion about the ER dashboard. Asked to see data for ER cases and timescales for grievances. Asked for a deep dive into metrics. Pleased to see progress. Culture dashboard being made which has been seen by SS as chair of People Committee. HN It is very encouraging in improvements in staffing and culture report. Q. looking at the RAG reports. Three strands, foundations right consistently. Effective control Internal processes. Improved experience for our People. First two orange – still have concerns, however still got people getting a better experience. Staffing survey does show however asked for reassurance from HR that this is genuinely the case and deserves a green or do we have a lot of work to improve the experience of our people. HN confirmed that this is referring to goal 3. SS – I think. A lot of challenge in terms of how optimistic in assessment in risk. In terms of processes, we seen some real improvement in FTSU, it is being increasingly used the way we would like it to be used and we get good data on that. Policies, progress been made on that. Training, working with unions, has been progress to work on that. Progress and a plan to take this further. How does that resolve in our experience for our people, I think green is too hopeful which is why I said take the staff survey results with caution. MB It is very encouraging and about trend over years and cultural items take time. Concerning is retention. 37% think of leaving organisations. That is important statistic. Improved by 10%. Second, analysis about profile under sitting the abuse. Gender and Age. One of 2 heard alarming things to the way they are treated? Analysis by demographic. SW - requires attention nationally, NHS been waking up to different issues over last year. Several reports have been issues about sexual safety and culture in the ambulance service. Similar themes identified throughout. Start at student level. We have signed a sexual safety charter. 2 weeks ago, held a conversation about sexual safety and what do we do with zero tolerance. We expect to take our retention activities to the Board, by June, for the year ahead. AG – students. Wanted to add an assurance there are multiple layers in place to support student and raise concerns.

We have a regional paramedic forum which has all HEIs. No issues being raised within. All students have quality monitoring, and all have ongoing feedback opportunities and mentors. Multiple quality layers in place.

At the moment, not aware of particular issue in SECAmb.

SS thanked Angela and had a different view. Concerns were raised from students and particularly from female students.

FTSU team visiting university to talk to them directly for an additional avenue.

Need to look at mentoring. Training side for our staff is also important.

LS – when talking, still issues out there. Our student group do their best to blend in and current culture and behaviours. Best placement and best end of placement report they can get.

As part of our culture report this should improve, the cultural shift is required. Students have learned they can speak up and raise concerns and issues even at the end of their placement.

MB agreed with Liz, there is a power dynamic with the young ones. While these formal mechanisms, things I heard there are blockers to using them. Caution is because they do not filter up, doesn't mean that they are not happening, and they are not there.

DA commented important for intelligence to be shared.

AG unless they are apprentices, they are HEI students not SECAmb students. Tendency to fix things in SECAmb but doesn't come back to universities.

We have formal/informal routes, we need to know about it so they can be supported.

KB the staff survey. An ask. It is nice to see the benchmarking against other trusts.

Nice to see where the best NHS trust sits, to see how far we are off, as it is good to see the best trusts available.

#### Well Led

#### External Review

Brief update. Awaiting final version.

To remind council, been part of process with NHSE and ICB. Number of site visits/surveys. Aim was to test where we are today but more importantly, the CQC improvement journey. Positive outcome in report. Reinforcing difficult year ahead.

Final version coming to board in April 2024.

#### **Recovery Support Programme Update**

We still remain in RSP.

SW to remind all, in May 2022 trust was placed in RSP.

As a result of the WLR which was conducted.

Approaching 2-year anniversary. May the 7<sup>th</sup>, DA and SW will attend meeting to review progress.

- 1. Do we have a strategy for the organisation going forward.
- 2. Do we have a structure for the organisation which will help us implement strategy.
- 3. Have we demonstrated improvement in our culture.
- 4. Have you and improvement in terms of our Well Led status?
- 5. Do we have a new Chair?

The extent in which we come out of RSP will be interesting.

Focus is always on the organisation, but clearly most organisations there is a system-based role why they came there. Given the money situation we are in my current view is we will not be existing RSP in May. But we will be in a position that we have done everything we have done to exit. If you look at others EOE who has also exited, our progress has been rapid.

Think colleagues to be kept advise, from SW POV, if we don't exit RSP that will be anything other than the fact we are bound in a system which has much responsibility to help us get out of RSP in a sustainable position.

Statutory of	duties: member and public engagement
072/23	Membership Development Committee Report
	DR who is current chair of the MDC confirmed that the objective is to get more engagement
	from trust.
	We have circa 9000 members, but what we want to do is not get more numbers but more quality
	members in terms of engagement.
	It was agreed that we would focus on 4 events a year with support from the trust with such
	things like a vehicle and personnel.
	It was noted this has been to the Senior Manager Group for confirmation.
	It was noted that for this year's Annual Members Meeting, we will be utilising the South of
	England show ground and this will be taking place 13 September 2024.
	It was noted an MDC T&F Group has been established to move this forward with leadership from
	Jodie Simper within the Corporate Governance Team.
Committee	es and reports
073/23	Nominations Committee Report
	The report was noted.
	It was referenced that we have an ongoing recruitment process to replace Tom Quinn and that
	Chris Gonde steps down end of March.
074/23	Governor Development Committee Report
	LW who chairs the GDC commented at the most recent GDC, we spent time at last meeting of
	the importance of governors to "get to know SECAmb" where we are asking all governors to
075 (22	shadow an ambulance shift/listen into call handlers and attend QAV visits.
075/23	Governor Development Committee ToR
	These were approved.
	These were approved.
076/23	Governor Activities and Queries Report
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	This report was noted.
	No comments.
General	
077/23	Any other business
	LW wanted assurance that the Medicines Distribution Centre phase 1 is on track. SW confirmed
	that we are and as the chief pharmacist has resigned, recruitment is underway.
	LS confirmed that Medicine Distribution Centre is on the Quality Committee agenda, and noted
	that remedial works to be completed by the end of May.
	that remedial works to be completed by the end of way.
	DR we are looking at using new vehicles, what is happening with the Legacy Fiat fleet of
	ambulances?
	SW advised that we are decommissioning 2 vehicles currently and are sending them to
	colleagues in Ukraine to support their effort to maintain healthcare services.

	We are seeking active feedback from staff on new vehicles and assured the council. We are not buying any more Fiats.							
	No other comments.							
	LW – Took an opportunity to address that this is DA last CoG before retiring after 50 years within the NHS.							
	<ol> <li>May 2024 will see David end a career that has spanned more than 50 years in the NHS</li> <li>He has been with SECAmb since 2018</li> <li>David started with the NHS aged 17, working as a porter at Walton Hospital, Liverpool and continued to work there as a porter during his university days</li> <li>After graduation, he joined Chesterfield Hospitals in Derbyshire as a higher clerical officer before progressing through various hospital management roles</li> <li>He was appointed Chief Executive of Greenwich Hospitals in 1994, then CEO of the newly formed East Kent Hospitals in 1999 and of St George's Hospital, Tooting in 2006.</li> <li>In 2006, he was awarded an O.B.E for services to the NHS</li> <li>From 2011 to 2015 David led the Tertiary Hospitals Group of the Hamad Medical Corporation in Qatar.</li> <li>On his return to the UK and on retirement from full-time executive duties, he was appointed as a non-executive director of Liverpool Women's Hospital NHS Foundation Trust before joining SECAmb</li> <li>I would like to thank David for his commitment to SECAmb since his appointment in 2018</li> <li>He has led the Trust through some very difficult times but his commitment to our patients and our staff has remained constant</li> <li>He has also worked closely with the CoG during his time at SECAmb and I know our Governors have appreciated that strong relationship</li> </ol>							
	3. We wish him an enjoyable retirement							
	DA reflected on his journey and experience.							
078/23	Questions from the public							
	Ray Rogers, a current lead Governor at Royal Surrey raised a question.							
	What is the impact on other community trusts which will affect a number of patients turning up at the front door and their condition within acute trusts and others that may need more support in the community. The Royal Surrey are in process in adopting their own clinical strategy for next 5 years and it did not mention SECAmb. Now the strategy is going to be adopted, will there be a communication strategy that goes below the level of ICB? SW confirmed this would be the case and further confirmed, we have already been engaging with ICB and a lot of organisations across the patch we serve, we will be talking about this relentlessly over the next year.							
079/23	Areas to highlight to Non-Executive Directors							
	No areas highlighted.							

080/23	Review of meeting effectiveness
	-
	Date of Next Meeting:
	27 June 2024



	SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST - Trust Council of Governors Action Log									
Key	Key									
	Closed									
	Due									

Meeting Date Agen item		Action Point	Owner	Completion Date	Report to:	Status: (C, IP)	Comments / Update
14/003/2024 071/2	23	PS observed that it would be good to get a response from constituencies. PS wondered if some kind of process should be undertaken to synthesize the COG view which may be helpful. SW would welcome this and noted that this is not just about SW and the Executive but about the entire community. Action – RB to facilitate.	RB	Apr-24		С	Action completed. This was discussed at recent Joint Board/COG session.

## South East Coast Ambulance Service NHS Foundation Trust

				Item No	06-24					
Name	e of meeting	Council of Governors			I					
Date		12 July 2024								
Name	e of paper	Chief Executive's Report								
1	This report provide	es a summary of the Trust's s of note in relation to the T								
	A. Local Issue	es								
2		ement Board tive Management Board (El decision-making and gover			, is a key					
3		ly meeting, the EMB regula ncial performance. It also re			<b>`</b>					
4		EMB have remained opera people, however other action			he issues					
	<ul> <li>Discussing the emerging Operating Plan for 2024/25, including the regional perspective</li> <li>Review of our approach to Risk, including the on-going development of our Risk Register and alignment with the Board Assurance Framework (BAF)</li> <li>The development of the Transformation Management Office (TMO) which will support the delivery of our new strategy</li> <li>Close attention to operational performance, noting our strong start to the year</li> </ul>									
5	EMB also continues to hold a meeting each month as a joint session with the Trust's Senior Management Group to discuss a range of leadership issues, including delivery of our Cost Improvement Programme and the key risks on our Corporate Risk Register.									
6	Substantive Director of Quality & Nursing appointed On 18 April 2024, we were pleased to announce the appointment of Margaret Dalziel as the substantive Executive Director of Quality & Nursing, following a competitive recruitment process.									

7	Margaret joined SECAmb in April 2022, initially as the Deputy Director of Quality & Nursing and had been the Interim Director since April 2023.
8	By background, she is a paediatric nurse and leader who has worked in the NHS for more than 40 years and who has extensive experience in senior operational and professional leadership roles across all healthcare systems and sectors including acute, community & mental health providers.
9	I am sure will join me in welcoming Margaret's appointment into the substantive director role. Her commitment in support of our patients and our colleagues has been significant and I look forward to her continuing to drive forwards the patient safety and quality improvement agendas, among other important areas of work.
10	We are also recruiting currently for the new role of Chief Paramedic Officer and I am pleased to see that there has been strong interest so far. Following the conclusion of the recruitment process, we hope to be able to announce an appointment at the end of June.
11	<b>Engagement</b> I am pleased to continue to host regular 'Big Conversations' for colleagues, where we have a great opportunity to discuss key issues and opportunities that are important to us. I really value the opportunity they provide to engage directly with our people.
12	On 24 May, the Big Conversation focussed on our new emerging Trust values and how we can ensure they are fully 'lived' throughout the Trust. It was a really great session, with some fantastic suggestions made on practical ways that we can bring the values to life, and I look forward to seeing this progress over coming weeks.
13	On 29 May, I was delighted to meet with Rosie Bright, our April Star of the Month winner! Rosie works as an Emergency Medical Advisor (EMA) at our Emergency Operations Centre in Crawley and was nominated by her colleagues for her kind and compassionate nature. It was a pleasure to meet Rosie and present her with her certificate – congratulations again!
14	I am pleased to see that, since we launched in February, we are continuing to see strong nominations each month for our Star of the Month award and good use of The Star Zone, our online Reward and Recognition platform.
	B. Regional Issues
15	<b>New electric ambulance vehicles hitting the road</b> I have been pleased to see the first of three fully electric vehicles we are trialling out and about during May 2024.
16	The Mercedes-Benz e-Vitos are being trialled as part of NHS England's Zero Emission Electric Vehicle (ZEEV) Pathfinder project and the Single Responder Vehicles (SRVs) are initially based at three of our sites – Polegate, Thanet and Gatwick - where heavy-duty vehicle chargers are installed.

17	During the past couple of years, we have been working with our people and our partners to reduce our carbon emissions – through our Green Plan, launched in 2023, we aim to reduce our emissions by 50 per cent by 2032 and achieve net zero by 2040. Using electric vehicles, where we can ensure they work operationally for us, will be a key part of the delivery of the Plan.
18	I look forward to seeing how well our people find the new SRVs work for them during the trial.
	C. National Issues
19	Southern Ambulance Services Collaboration (SASC) On 22 May, the Southern Ambulance Services Collaboration (SASC) between SECAmb and East of England Ambulance Service NHS Trust (EEAST), London Ambulance Service NHS Trust (LAS), South Central Ambulance Service NHS Foundation Trust (SCAS) and South Western Ambulance Service NHS Foundation Trust (SWAST) was launched.
20	All partner Trusts believe that the Collaboration provides us with a much-needed opportunity to work together more closely to collectively address some of the big challenges facing us all including evolving patient demand, a constrained financial environment and ongoing recruitment and retention issues; these are difficult for small Trusts such as ourselves to tackle individually.
21	We collectively feel that now is the right time to formalise how we work together to respond to these shared challenges and deliver the best possible care to patients, whilst operating in a constrained financial climate
22	The Collaboration will allow all member Trusts to choose to work together on particular initiatives that they feel best meets their needs. These areas will be identified by our people with current ideas for consideration including shared procurement to reduce costs, harnessing technology, and AI to improve our services and care.
24	One of the first pieces of work that the Collaboration will undertake will be to identify which trusts perform certain functions particularly well and where shared learning can make a real difference to the care we provide and to colleagues working lives. I look forward to seeing this develop over coming months.
25	<b>Positive feedback from National Freedom to Speak Up Guardian</b> We were delighted to receive recognition during April from Dr Jayne Chidgey- Clark, the National Guardian for Freedom to Speak Up, for the real progress we are making in improving our 'speaking up' culture.
26	Dr Chidgey-Clark wrote to us to acknowledge that the 2023 NHS Staff Survey results, published in March, showed that we had seen the biggest improvement in our FTSU scores of any Trust in the country!
27	This means that our staff not only feel safer speaking up but also feel that they are being listened to and that action will be taken in response where needed.

	Well done to our FTSU team and to colleagues throughout the organisation for committing to speaking up and listening.
28	We know we have more to do but it's great to see recognition of the progress we're making.



## Integrated Quality Report

Trust Board – June 2024 Reporting Period: March & April 2024

Best placed to care, the best place to work

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## Improving Quality of Information to Board – June 2024

- Following additional Board development sessions with NHSE in 22/23, we have made further improvements to our IQR:
  - Control Limits have been recalculated for metrics where there are clear signs of process change.
  - Assurance grids have been introduced for every pillar of the Improvement Journey.
  - Addition of Bullying and Harassment Metrics added in under Employee Experience and Suspensions in People and Culture. This will strengthen the Board's visibility to some of the key metrics that help us assure how swiftly we are addressing ER cases.
  - A technical Narrative has been added to the side of each SPC chart, to help the data trends be better understood.
  - Operational Narrative training has been delivered to the Trust in sessions both in September and November.
  - Board timetable has been updated to ensure there's sufficient time to develop a quality report.
  - Several metrics have been updated and included in the report, including: Safeguarding Level 3, Harm, Call handling performance in 999 and 111.
  - Where appropriate, both annual rolling and monthly SPC charts are provided to see the trends better (i.e. in areas like attrition).
  - The executive summary matrix has been included for all section, included of a breakdown of the key areas of assurance under each key pillar (see next slide).
  - Performance benchmarking has been included against other Ambulance providers for the month of October.
  - (New February 2023) Financial reporting run charts have been added against plan for the main indicators. This is supported by the standalone Finance Report received now monthly.
  - Several Targets have been included or reviewed in this iteration of the IQR, meaning more SPC icons will become apparent to the Board in the review of this version. Absolute targets of 0 or 100 are still in place where compliance requires it, and still add value as Failing processes will still indicate that even with standard variation we are not expecting our processes to be capable of meeting the required standards.
- In addition, the BAF Risk report now includes a direct link to the key assurance metrics and SPC icons to strengthen how the reports are considered together.
- The focus will also shift during the upcoming period to start on-boarding key data sources to the data warehouse, as we remain with 75% of data not being available, which creates a data quality and validation risk. The priority datasets will be Datix and workforce systems. The Data Strategy development has begun but the timing of it's completion is now aligned to the Trust-wide strategy to ensure alignment.
- We have now updated an initial cover page under "Annual Plan" to provide the Board with performance against in-year objectives at a glance. This is under development but >80% of the KPIs are available and therefore included in this version to support improving the quality of the discussion.
- In addition, we now have incorporated medicines governance key reporting such as PGD compliance (CQC Must Do), and stock levels, as part of the Continuous Improvement
  of the report.
- No further changes have been included in the latest period. A review of the IQR will be due in 24/25 to align to the updated BAF and aligned theorem strategic objectives for the organisation.

### Icon Descriptions

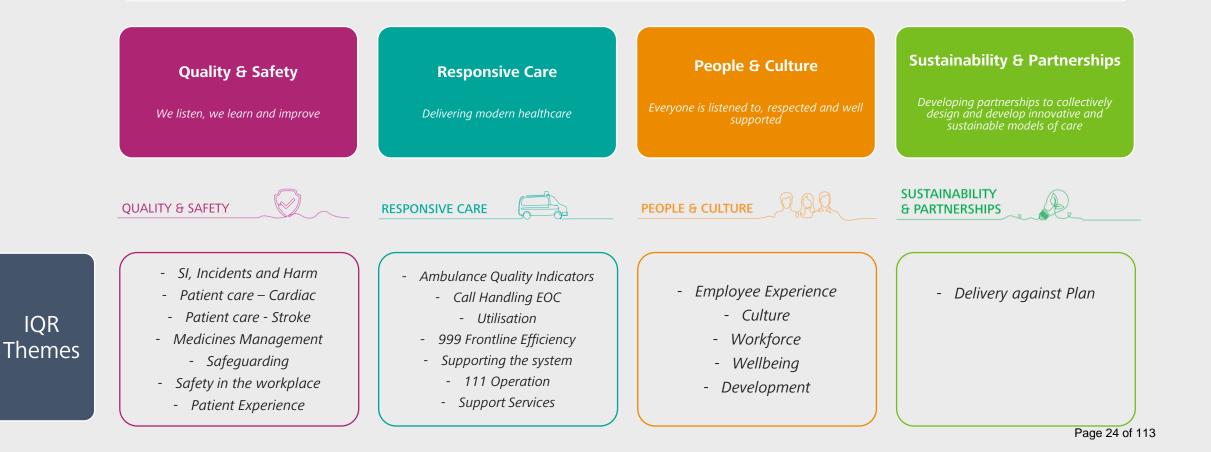
		~		$\bigcirc$
H	Special cause of an improving nature where the measure is significantly <b>HIGHER</b> . This process is capable and will consistently <b>PASS</b> the target.	Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly <b>HIGHER</b> . This process is not capable. It will <b>FAIL</b> the target without process redesign.	Special cause of an improving nature where the measure is significantly HIGHER. Assurance cannot be given as a target has not been provided.
	Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly LOWER. This process is not capable. It will FAIL the target without process redesign.	Special cause of an improving nature where the measure is significantly LOWER. Assurance cannot be given as a target has not been provided.
	Common cause variation, no significant change. This process is capable and will consistently <b>PASS</b> the target.	Common cause variation, no significant change. This process will not consistently HIT OR MISS the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will <b>FAIL</b> to meet target without process redesign.	Common cause variation, no significant change. Assurance cannot be given as a target has not been provided.
H	Special cause of a concerning nature where the measure is significantly HIGHER. The process is capable and will consistently PASS the target.	Special cause of a concerning nature where the measure is significantly HIGHER. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly HIGHER. This process is not capable. It will FAIL the target without process redesign.	Special cause of a concerning nature where the measure is significantly HIGHER. Assurance cannot be given as a target has not been provided.
	Special cause of a concerning nature where the measure is significantly <b>LOWER</b> . This process is capable and will consistently <b>PASS</b> the target.	Special cause of a concerning nature where the measure is significantly LOWER. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly LOWER. This process is not capable. It will FAIL the target without process redesign.	Special cause of a concerning nature where the measure is significantly <b>LOWER</b> . Assurance cannot be given as a target has not been provided.

	Special cause variation where <b>UP</b> is neither improvement nor concern.
	Special cause variation where <b>DOWN</b> is neither improvement nor concern.
$\bigcirc$	Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided.

## Alignment Framework

## Trust Priorities for 23/24

Note the Board in June covers the last period to the end of FY 23/24



### Annual Plan

Note: This is a new page from August Board to provide the Board with progress against in-year KPIs at a glance. Whilst it's under development, most KPIs for the year can be found below. The "Mean" still relates to the last 15 periods as per NHSE's Make Data Count SPC methodology.

#### Quality Improvment

Metric	Latest Date	Value	Target	Mean	Variation Assurance
CFR Attendances	Apr-2024	1236		1165.5	~~
Harm Incidents per 1000 Incidents	Feb-2024	1.12		1.43	©
Count of No Harm Incidents	Feb-2024	1320		1131.39	<b>*</b>
Count of Low Harm Incidents	Feb-2024	113		162.78	$\odot$
Count of Moderate Harm Incidents	Feb-2024	11		5	
Count of Severe & Death Harm Incidents	Feb-2024	8		2.33	<b>(</b>

#### People & Culture

Metric	Latest Date	Value	Target	Mean	Variation	Assurance
Sickness Absence %	Apr-2024	6.1%	5%	7.43%	<u></u>	9
Statutory & Mandatory Training Rolling Year %	Apr-2024	69.9%	85%	75.75%		6
Appraisals Rolling Year %	Apr-2024	61.2%	85%	59.95%	<u>مرب</u>	$\bigcirc$
Freedom to Speak Up: Total Open Cases	Feb-2024	24		24.56		
Freedom to Speak up: Cases Opened in Month	Apr-2024	20	3	9.25	<b>B</b>	2
Freedom to Speak up: Cases Closed in Month	Apr-2024	16		10.6		
Time to Hire - Volume (Days)	Feb-2024	92	60	146.43		

#### **Responsive Care**

Metric	Latest Date	Value	Target	Mean	Variation	Assurance
Hear & Treat %	Apr-2024	13.5%	14%	11.25%		Ð
999 Frontline Late Finishes/Over-Runs %	Apr-2024	40.8%	45%	47.85%	$\odot$	
Average Late Finish/Over-Run Time	Apr-2024	00:37:00		00:38:30	$\odot$	
999 Call Answer Mean	Apr-2024	00:00:04	00:00:05	00:00:36	$\odot$	$\bigcirc$
Cat 2 Mean	Apr-2024	00:23:54	00:30:00	00:30:06	~~~	2

#### Sustainability & Partnerships

Metric	Latest Date	Value	Target	Mean	Variation Assurance
Details can be found in the CCD section be	low in thi	c ropor	t and in	the Finer	aca Danart

Details can be found in the S&P section below in this report and in the Finance Report.





# Quality & Safety

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### Summary

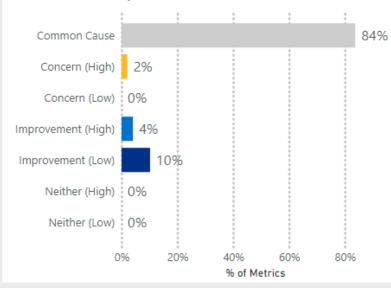
April 2024	Pass	Hit and Miss	Fail	No Target
Special Cause Improvement		Complaints Reporting Timeliness % Resilience Stock Holding of Medicines in the Trust	Single Witness Signature Use CDs Non-Omnicell	Harm Incidents per 1000 Incidents Complaints per 1000 999 Calls Answered Outstanding Actions Relating to SIs, Outside of Timescales Number of RIDDOR Reports
Common Cause		Acute ST-Elevation Myocardial Infarction (STEMI) Call to A Stroke - Call to Hospital Arrival Mean Medicines Management % of Audits Completed Hand Hygiene Compliance % Deep Clean Compliance %	Duty of Candour Compliance % Compliant NHS Pathways Audits (EMA) % Number of CD Breakages Single Witness Signature Use CDs Omnicell **Cardiac Survival Utstein %	Number of Medicines Incidents Number of Datix Incidents Number of Incidents Reported as SIs Health & Safety Incidents Manual Handling Incidents Proportion of Complaints Relating to Crew Attitude % Number of Complaints Number of Complaints Number of Complaints Number of Complaints No Harm Incidents Count of No Harm Incidents Count of No Harm Incidents Count of Low Harm Incidents Count of Severe & Death Harm Incidents
Special Cause Concern				Violence and Aggression Incidents (Number of Victims - St
				Page 27 of 113

Not included: Metrics that are not on a story board, metrics with common cause variation with hit or miss assurance and metrics with common cause variation without a target.

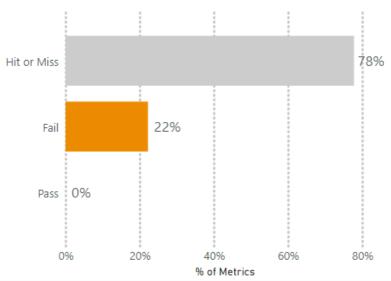


## Overview (1 of 3)

#### Variation Icon Summary



Assurance Icon Summary



#### Incidents

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Medicines Incidents	Quality Improvement	Apr-2024	158		118.37	170.45	222.53	<u></u>	
Number of CD Breakages	Quality Improvement	Apr-2024	15	0	3.52	21.3	39.08		$\bigcirc$
Number of Datix Incidents	Quality Improvement	Apr-2024	1656		1083.5	1462.9	1842.3		
Number of Incidents Reported as SIs	Quality Improvement	Apr-2024	2		-3.02	3.7	10.42	Solution	
Duty of Candour Compliance %	Quality Improvement	Apr-2024	83%	100%	76.68%	86.58%	96.48%	~~~	
Violence and Aggression Incidents (Number of Victims - Staff)	Quality Improvement	Apr-2024	129		83.19	120.15	157.11	٠	
Number of RIDDOR Reports	Quality Improvement	Apr-2024	3		1.9	10.3	18.7	$\bigcirc$	
Outstanding Actions Relating to SIs, Outside of Timescales	Quality Improvement	Apr-2024	5		-4.47	12.05	28.57	$\bigcirc$	
Health & Safety Incidents	Quality Improvement	Apr-2024	35		11.81	31.55	51.29	(s^)-	

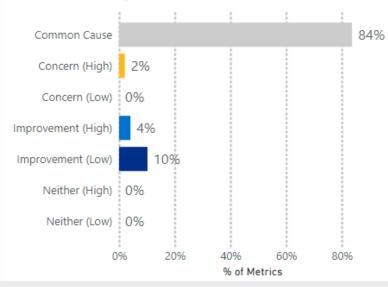
#### Patient Experience

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Complaints relating to privacy and respect %	Quality Improvement	Apr-2024	0%		0%	0%	0%	<u></u>	
Proportion of Complaints Relating to Crew Attitude %	Quality Improvement	Apr-2024	52%		35.56%	60.9%	86.24%	<u></u>	
Complaints Reporting Timeliness %	Quality Improvement	Apr-2024	86%	95%	50.66%	80.9%	111.14%	<b>E</b>	2
Number of Complaints	Quality Improvement	Apr-2024	60		14.35	65.45	116.55		
Complaints per 1000 999 Calls Answered	Quality Improvement	Apr-2024	0.77		-188.94	104.56	398.06	<b>~</b>	
Number of Compliments	Quality Improvement	Apr-2024	134		20.72	165.2	309.68		
No Harm Incidents per 1000 Incidents	Quality Improvement	Apr-2024	7.83		7.31	10.11	12.91	<u></u>	
Harm Incidents per 1000 Incidents	Quality Improvement	Apr-2024	0.9		0.72	1.38	2.04	$\odot$	

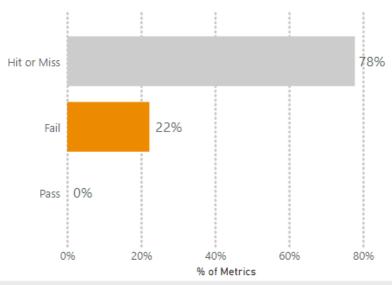


## Overview (2 of 3)

#### Variation Icon Summary



Assurance Icon Summary



Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
**Cardiac ROSC Utstein %	Quality Improvement	Feb-2024	53.9%	45.1%	33.57%	51.05%	68.53%		$\bigcirc$
**Cardiac ROSC ALL %	Quality Improvement	Feb-2024	36.2%	23.8%	19.34%	28.43%	37.52%	•••	2
**Sepsis Care Bundle %	Quality Improvement	Mar-2024	86.4%	85%	82.61%	86.88%	91.15%	<li></li>	$\bigcirc$
**Cardiac Survival Utstein %	Quality Improvement	Jan-2024	8.1%	25.6%	1.47%	12.86%	24.25%	(1)	$\bigcirc$
**Cardiac Survival ALL %	Quality Improvement	Jan-2024	27.7%	9.6%	0.26%	26.01%	51.76%	(-)	$\bigcirc$
**Cardiac Arrest - Post ROSC %	Quality Improvement	Feb-2024	73%	76.8%	61%	71.92%	82.84%		2
**Acute STEMI Care Bundle Outcome %	Quality Improvement	Mar-2024	65.8%	64.7%	60.23%	69.83%	79.44%	(1)	$\Theta$
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean	Quality Improvement	Dec-2023	02:41:00	02:22:00	02:12:44	02:34:11	02:55:39	<u></u>	$\odot$
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile	Quality Improvement	Dec-2023	04:07:00	03:14:00	02:50:30	03:33:04	04:15:37	(~^~)	$\bigcirc$
Stroke - Call to Hospital Arrival Mean	Quality Improvement	Dec-2023	01:28:00	01:29:00	01:09:45	01:33:53	01:58:00		$\bigcirc$
Stroke - Call to Hospital Arrival 90th Centile	Quality Improvement	Dec-2023	02:08:00	02:20:00	01:28:06	02:24:19	03:20:32	<u></u>	$\bigcirc$
**Stroke - Assessed F2F Diagnostic Bundle %	Quality Improvement	Feb-2024	98.6%	96.3%	95.58%	97.65%	99.72%	(*)	2
**Sensitivity of Cardiac Arrest Detection During Telephone Triage %	Quality Improvement	Feb-2024	92.2%	93.8%	87.32%	92.58%	97.84%	~^->	$\bigcirc$
**Proportion of Non-EMS Witnessed Cardiac Arrests with Bystander CPR %	Quality Improvement	Feb-2024	77.1%	77.9%	68.83%	78.62%	88.42%		$\bigcirc$
Required NHS Pathways Audits Completed (EMA) %	Quality Improvement	Apr-2024	104.8%		85.42%	103.37%	121.32%		
Compliant NHS Pathways Audits (EMA) %	Quality Improvement	Apr-2024	80.4%	100%	76.32%	83.44%	90.55%	(*)	$\bigcirc$
Compliant NHS Pathways Audits (Clinical) %	Quality Improvement	Apr-2024	85.9%	100%	70.31%	85.86%	101.41%	(1)	0
Required NHS Pathways Audits Completed (Clinical) %	Quality Improvement	Apr-2024	100.6%	100%	94.11%	100.39%	106.66%		2
Time Spent in SMP 3 or Higher %	Quality Improvement	Apr-2024	27.2%		11.96%	51.89%	91.82%	(s))	

#### Infection Prevention Control

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Hand Hygiene Compliance %	Quality Improvement	Apr-2024	86.3%	90%	72.99%	85.97%	98.94%		$\bigcirc$
Deep Clean Compliance %	Quality Improvement	Apr-2024	92%	100%	66.68%	86.76%	18 <b>89</b> ¢,29 (	of 113	2



### Overview (3 of 3)

#### Variation Icon Summary



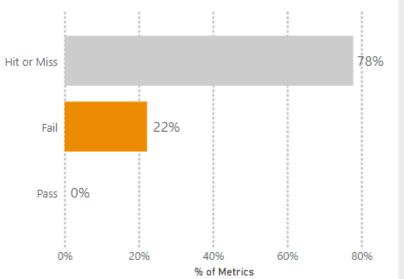
#### Health & Safety

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Manual Handling Incidents	Quality Improvement	Apr-2024	25		12.19	27.45	42.71	~^~	
Organisational Risks Outstanding Review %	Quality Improvement	Apr-2024	20%	30%	-1.47%	32.78%	67.04%		2

#### Medicine Management

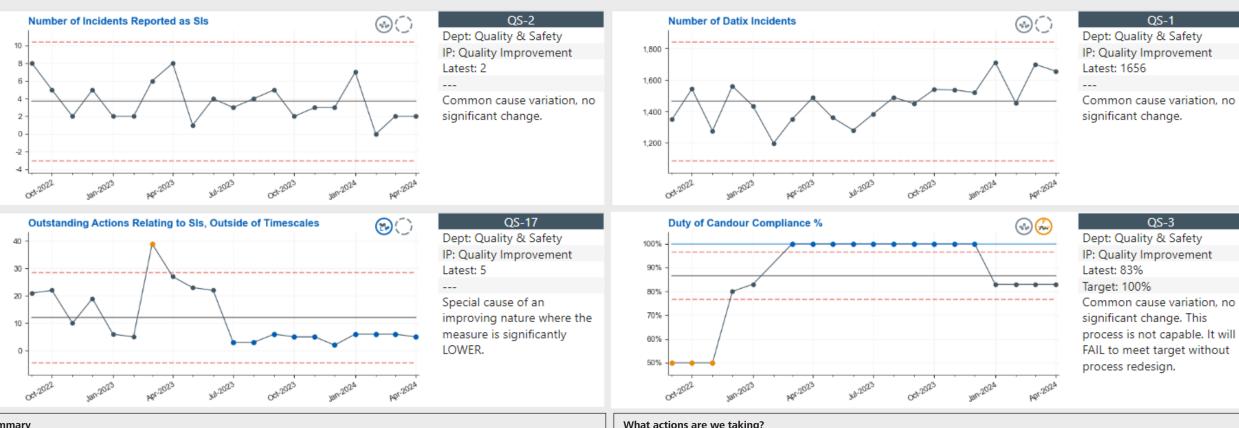
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Single Witness Signature Use CDs Omnicell	Quality Improvement	Mar-2024	35	0	6.29	38.83	71.38		$\bigcirc$
Single Witness Signature Use CDs Non-Omnicell	Quality Improvement	Mar-2024	17	0	6.62	38.22	69.83	$\odot$	$\bigcirc$
Medicines Management % of Audits Completed	Quality Improvement	Apr-2024	95.4%	100%	82.89%	91.75%	100.61%	(~)	2
PGD Compliance %	Quality Improvement	Apr-2024	91.8%	100%		79.09%			
Resilience Stock Holding of Medicines in the Trust	Quality Improvement	Apr-2024	151%	100%	2.31%	73.85%	145.39%		æ

#### Assurance Icon Summary



## **QUALITY & SAFETY**

## SIs, Incidents, & Duty of Candour



#### Summary

(QS-1) Number of Datix incidents - Incident reporting numbers are back to where we would hope them to be after the previous drop. The impact of the transition to DCIQ seems to have passed and is not preventing reporting. The impact on incident management is noted and is being addressed.

(QS-17) Outstanding actions relating to SIs- Regular monitoring and scrutiny of actions continues to help keep them on track. Updates on longer term actions are regularly sought.

(QS-2) Number of incidents reported as Serious Incidents- We are no longer declaring SIs having transitioned to PSIRF. (QS-3) Duty of Candour Compliance - One incident per each of these months missed their deadline. The new process is gradually embedding through the Incident Response Groups (IRGs), with operational representatives becoming familiar with and taking ownership of the actions to ensure the contact is made appropriately and within time. The IRGs continue to monitor weekly.

#### What actions are we taking?

#### (QS-1) Non-SI incidents and (QS-2 / 17) SI actions

- Requirement to amend the SI metric to PSII
- Ongoing actions around incident reporting relate more to their timely management.
- The last of the outstanding SI reports and actions are being progressed and reviewed by all teams. SI action holders are held to account by the Patient Safety Team. There are a few SI reports from SIs declared in January that are still being investigated as per the SI Framework. Consequently, the actions identified from these reports will also need to be added to the outstanding action list so this will potentially increase before improving. We aim to have all actions completed and closed for SIs by the end of 2024 in line with our transition plan to PSIRF.

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### Harm





Common cause variation, no significant change.



#### QS-29

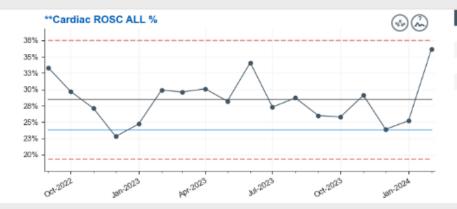
Dept: Quality & Safety IP: Quality Improvement Latest: 0.9

Special cause of an improving nature where the measure is significantly LOWER.

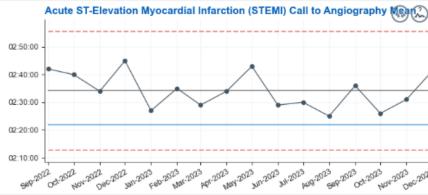
Summary	What actions are we taking?
<b>QS-28 No Harm incidents per 1000 incidents</b> – We have seen a reduction in the number of no harm incidents per 1000 incidents. The number of Datix incidents reported has slightly increased and we are seeing a reduction in the number of harm incidents so there is no concern in relation to this metric. <b>QS-29 Harm incidents per 1000 incidents</b> - the number of these Incidents shows a continuing downward trend since November which is positive as it has continued to reduce even with an increase in overall reporting this month.	<ul> <li>PSIRF continues to embed across the Trust, and the function of the Incident Review Groups remains effective and responsive to development when required.</li> <li>Engagement and attendance of the IRGs is encouraged and continues to improve. The feedback regarding the Groups' effectiveness is positive from internal and external stakeholders.</li> <li>The development of our organisational learning framework continues, along with the commencement of an organisational learning forum which is due to launch shortly. The Group's terms of reference has been drafted. There is a good appetite for this forum with many staff interested in attending.</li> </ul>



## Impact on Patient Care - Cardiac



M-2
Dept: Medical
IP: Quality Improvement
Latest: 36.2%
Target: 23.8%
Common cause variation, no
significant change. This
process will not consistently
hit or miss the target.









Dept: Medical IP: Quality Improvement Latest: 02:41:00 Target: 02:22:00 Common cause variation, no significant change. This process will not consistently hit or miss the target.

M-6

#### M-5 Dept: Medical IP: Quality Improvement Latest: 65.8% Target: 64.7% Common cause variation, no significant change. This process will not consistently hit or miss the target.

#### Summary

**Cardiac Arrest Survival**: – continues to demonstrate common cause variation, but is consistently above the national average. Up until March 2024, SECAmb continues to focus on several key initiatives to improve outcomes and are implemented via the Cardiac Arrest Outcome Improvement Group. The annual Cardiac Arrest Report, published in Q4, provides a validated retrospective one-year sample, offering greater accuracy and insight into Trust performance and benchmarking against other ambulance services.

**STEMI Call to Angiography** – continues to demonstrate common cause variation. Partly due to delays to arrival on scene and long journey times and partly due to crew behaviour on scene such as non-registrants waiting on scene for back-up, multiple attempts at ECG transmission or administration of the STEMI care bundle before leaving scene.

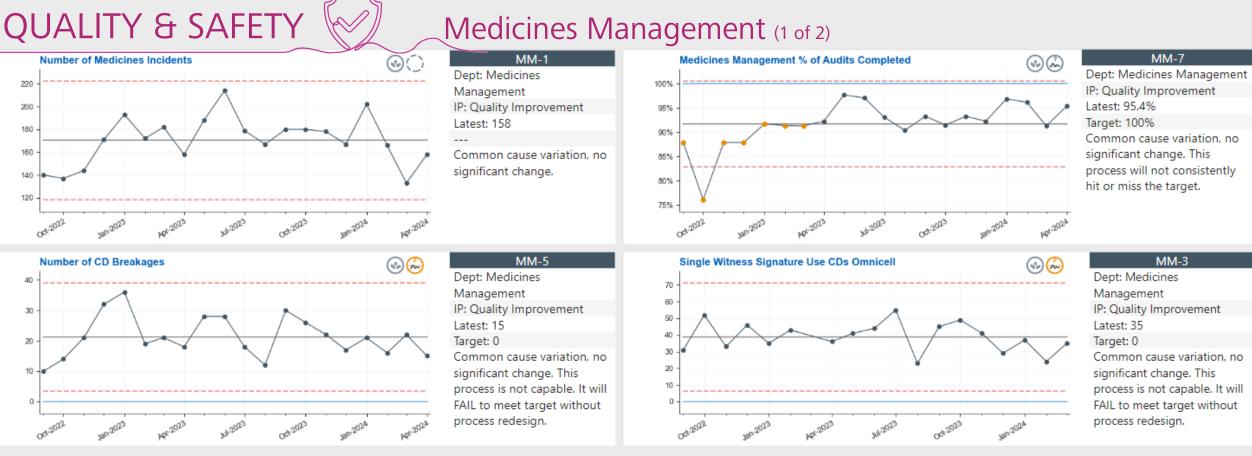
#### What actions are we taking? STEMI call to Angiography

A transformation review continues to evaluate the feasibility of establishing an additional primary PCI (pPCI) centre in Kent, addressing the current long travel times of up to 60 minutes in some areas. Continuous Professional Development (CPD) and Keyskills training consistently emphasise the importance of reducing on-scene time. Additionally, dashboards for local Operational Units (OUs) are being developed to audit on-scene times and assess inappropriate requests for back-up. A Quality Improvement (QI) project is also in progress to enhance communication and reduce on-scene times for pPCI cases. Further improvements will require direct engagement with staff members when extended on-scene times lack documented explanations.

#### Page 33 of 113

#### Acute STEMI care bundle outcome

The STEMI care bundle is currently being reviewed nationally.



#### Summary

All medicines incidence are being reviewed by the Trusts Medicines Safety Officer which plays a vital role in learning on the back of investigations to prevent further incidences occurring.

Single Witness signature for CDs work continues to address this area of activity and the reporting of it is going to go onto the weekly OTL checks making it easier around reporting which is partial manual currently.

#### What actions are we taking?

The new weekly/monthly check dashboard is still to go live, however work is ongoing to get this ready.

Preparation work is underway for the Phase 2/3 roll out of MedX which will ensure greater single sign out reporting and visability at all non-omnicell sites.

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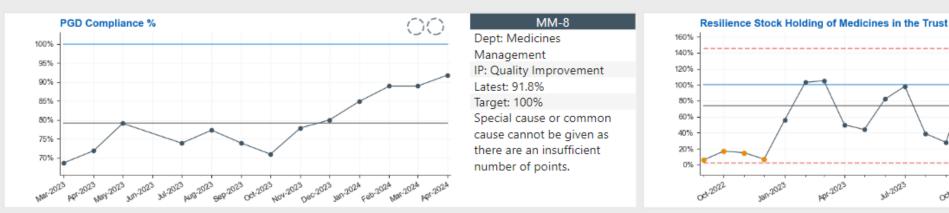
APT-2024

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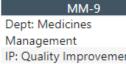
oct-2023

## QUALITY & SAFETY

## Medicines Management (2 of 2)



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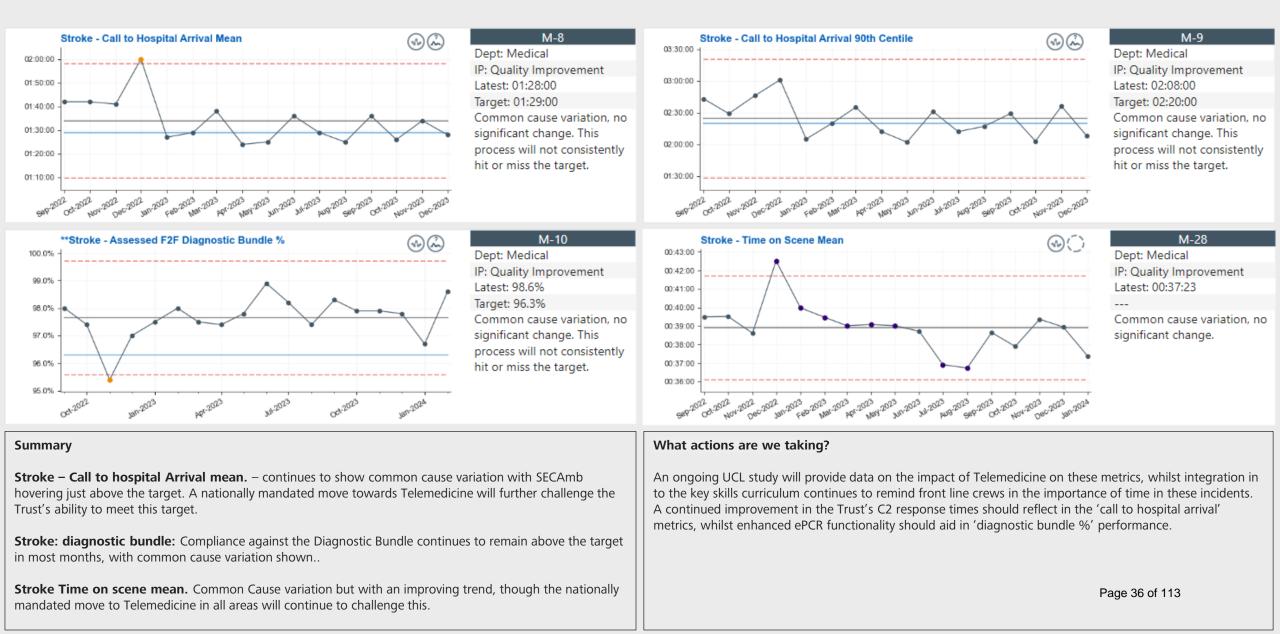


Management
IP: Quality Improvement
Latest: 151%
Target: 100%
Special cause of an
improving nature where the
measure is significantly
HIGHER. This process will not
consistently hit or miss the
target.

Summary	What actions are we taking?
Patient Group Directions (PGDs) compliance is at 91.8% and has steadily been improving over the past few months. A new PGD dashboard has been introduced showing this compliance and how it is broken down (e.g. by site, role etc) which has been made available to senior local managers to know which staff may or may not be compliant.	The medicines lead subgroup has added a new standing agenda item in their bimonthly meeting to inform local medicines leads which PGDs have been updated in the previous two months to ensure they can increase local compliance when changes happen.
Resilience stock at the MDC is remaining high. This was in preparation for the two May bank holidays where there would be in a reduction in the hours in the month to pack stock.	Page 35 of 113



## Impact on Patient Care – Stroke



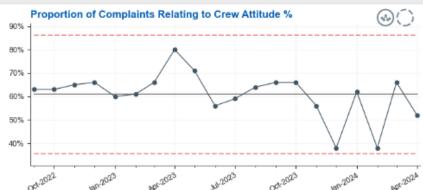


# **Patient Experience**



QS-5	
Dept: Quality & Safety	
IP: Quality Improvement	
Latest: 60	

Common cause variation, no significant change.



QS-10 Dept: Quality & Safety IP: Quality Improvement Latest: 52%

\_\_\_\_

Common cause variation, no significant change.

### Summary

- The number of complaints received is showing normal variation. No concerns / issues.
- The number of complaints relating to crew attitude is within normal parameters. We are seeing significant variation in this process currently which is expected due to the actions taken because of learning from the deep dive review into staff conduct / attitude which was undertaken. We expect this to stabilise and reduce over the next 3 months.
- Timeliness in responding to complaints has now seen consistent improvement since June 2023 and was just below the 95% target for April 2024 due to delays in operational teams returning complaint reports due to staff sickness. This has been discussed with the relevant teams to avoid reoccurrence in the future.



### QS-4

Dept: Quality & Safety IP: Quality Improvement Latest: 86% Target: 95% Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

### What actions are we taking?

• The PALS annual report for the 2023 / 2024 year has been drafted and will be shared with QPSC in June 2024.

# QUALITY & SAFETY

# Safety in the Workplace (1 of 3)



### Health & Safety Incidents

Health & Safety incidents are showing normal variation with no concerns / issues identified.

The key themes for Health & Safety related incidents are the following:

- Cuts and Abrasions
- Slips, Trips and Falls
- Environmental issues

### What are we doing

- Internal H&S review to commence in June 24 for 6 months across 21 sites.
- IOSH Training to be delivered internally to 38 Managers.
- The regional and Trust-wide Health & Safety groups will continue monitoring incident trends and identifying opportunities for improvement.
- 2- minute internal video was published on the staff intranet reminding staff about the requirements for RIDDOR

### Manual Handling Incidents

No significant variation.

Paramedics and ECSW reported the highest number of manual handling incidents during this period.

### What are we doing

- Task & Finish group to be created Q2 2024 to identify ways to reduce Manual Handling injuries.
- The regional and Trust-wide Health & Safety groups will continue monitoring incident trends.
- The H&S team are currently reviewing governance processes to ensure the Trust receives assurance on all H&S matters.

# QUALITY & SAFETY

# Safety in the Workplace (2 of 3)



QS-19 Dept: Quality & Safety IP: Quality Improvement Latest: 92% Target: 100% Common cause variation, no significant change. This process will not consistently hit or miss the target.

### Deep Clean Compliance %

Deep Clean is provided by Churchill as part of the Make-Ready service. We have had a performance improvement plan in place however this has not resulted in a marked improvement in performance, driven primarily by workforce challenges and productivity challenges within the operating model for Churchill.

Other key indicators include the % of vehicles made ready which stands at 75% for Q4 23/24 and remains as such in April 2024, and this is driven by the hours provided by the contractor against our contract of 80% (flat trend since June 2023).

Note – there is significant variation in compliance score depending on the site, so whilst the average is near or on target, there remain sites where delivering the deep cleans remains a challenge for example the VPP sites non full MRCs) along with sites where the contractors have higher staff vacancies. This is driven by the infrastructure of the VPP sites (need to move vehicles to delivery Make Ready), and workforce challenges, due to a 21% vacancy rate against Churchill establishment(updated November 2023)

The drop in deep clean compliance for December is partially due to some VPP sites now operating at a VPP spec.rather than the MR spec. and therefore the Deep clean frequency is every 6 weeks rather than 12 causing a spike in required deep cleans

### What actions are we taking?

<u>Contract Management and cost control:</u> Churchill wages were increased in April 23 above the contract to meet the national living wage uplift – this has seen a slight improvement from a vacancy rate of 25% to a current vacancy rate of 21%. We are in contractual and performance negotiations with Churchill at this moment as there is further cost pressure due to living wage increased in 2024. <u>Patient harm and risk:</u> We have commissioned a harm review to identify the risk to patient safety. Feedback is the incidents are very little harm / low harm coming through.

<u>Quality auditing</u>: The Joint vehicle audit regime has been reviewed and improved upon significantly. We are now seeing high returns of joint audits between MRCMs and Churchill. Churchill are reporting a 78% compliance score of their internal audits.

In addition to the measures above, we are reviewing our overall approach to provisioning services for Make-Ready as part of the review of the operating model for operational support. The contract with Churchill has now been extended on a 3-month rolling basis giving us the opportunity to maintain current arrangements whilst we work with them on improvement plans, or changes to how we supply this service as a whole. We are reviewing our options and plan to bring these to FIC no later than Q2 2024.



QS-7 Dept: Quality & Safety IP: Quality Improvement Latest: 86.3% Target: 90% Common cause variation, no significant change. This process will not consistently hit or miss the target.

### Hand Hygiene Compliance

The data for hand hygiene compliance is showing normal variation and with the introduction of the new IPC Reviews we have seen a rise in the previous month's compliance levels for April.

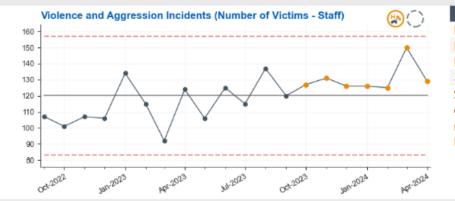
The new reviews are still receiving positive feedback from staff, and it is hoped that the information collected will continue to provide a truer reflection of compliance with all IPC practices, providing the team with data to drive improvements across the Trust.

### What Actions are we taking?

- New IPC Practice Reviews have started to be rolled out across the Trust and it is anticipated that we will have a full set of data to show by Q2.
- New dashboard for local Dispatch Desks will also be introduced to monitor compliance locally, but this is still in development.
- Full review of the new system to take place at the end of Q2.

# QUALITY & SAFETY

# Safety in the Workplace (3 of 3)



QS-13 Dept: Quality & Safety IP: Quality Improvement Latest: 129 ----Special cause of a concerning nature where the measure is significantly HIGHER.

### Violence & Abuse

There has been an increase in the number of violence and aggression incidents reported since October 2023 and this is considered a positive response to an increased reporting culture.

Reported incidents have risen to be on average 125 per month. Assaults have not risen significantly over the last 6 months though there was a spike in March 2024 to 37. This has returned to 25 in April 2024. There is a continued rise in verbal abuse that can be attributed to incidents reported by call handling centres.

Staff reported 146 violence and aggression related incidents in March 2024. The sub-categories of these incidents are shown below:

- 76 verbal abuse
- 28 Anti-Social Behaviour
- 37 assaults

Staff reported 129 violence and aggression related incidents in April 2024. The sub-categories of these incidents are shown below:

- 81 verbal abuse
- 17 Anti-Social Behaviour
- 25 assaults

### What actions are we taking?

- Face to Face Conflict Resolution Training (CRT) commenced for road staff in April 2024. Up to eight sessions per week are being conducted. Two new Trainers have been recruited into post to deliver this and resilience is provided through four other staff members also being trained to deliver the course content.
- Monthly monitoring at the Violence Reduction working group and Health & Safety group continues.
- We continue to triage incidents and provide contact and support to staff if appropriate in reporting to police for investigation.
- Monthly partnership meetings are held with police to provide updates on cases involving our staff.
- Carriage of Body Worn Cameras (BWC) has increased by 266% since the completion of the expansion across the entire Trust.
- Increased partnership working internally with frequent caller team and 111 supervisors to understand the recent spike in verbal abuse and identify possible interventions that may be available.

### What changes do we expect from these actions ?

- An increase in staff confidence and satisfaction that we are taking violence and aggression seriously as a Trust
- Increased use and sharing of BWC and CCTV Data with police partners to increase sanctions.
- A possible shift in trend during 2024. Comparison of data continues to show steady increases month by month in comparison to last year. Data suggests that assaults have not increased significantly over the last 5 years, it is the reporting of verbal aggression by staff that has increased, particularly in call handling centres.



# **Responsive Care**

Page 41 of 113

RES	PON	ISI\	<b>/</b> E	CA	RE



# Summary

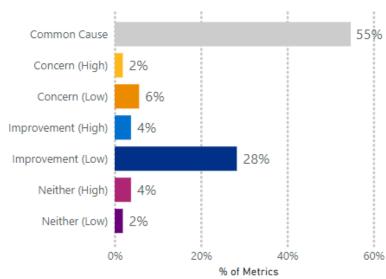
Improvement       Cat 1T 90th Centile       Responses Per Incident       See & Convey %       Hours Lost at Handover as a P         Improvement       Improvement       Improvement       See & Convey %       Average Wrap Up Time       Average Wrap Up Time       Critical Vehicle Failure Rate (C)         Improvement       Improvement       Improvement       See & Convey %       Average Wrap Up Time       Average Wrap Up Time       Average Wrap Up Time       Critical Vehicle Failure Rate (C)         Improvement       Improvement       Improvement       Improvement       See & Convey %       Average Wrap Up Time       Critical Vehicle Failure Rate (C)         Improvement       Improvement       Improvement       Improvement       See & Convey %       Average Wrap Up Time       Critical Vehicle Failure Rate (C)         Improvement       Improvement       Improvement       See & Treat %       Improvement       Vehicles Off Road (VOR) %       Int Calls Abandoned - (Offered) %         A&E Dispositions %       Cat 2 Mean       See & Treat %       Vehicles Off Road (VOR) %       Int Calls Answered in 60 Seconds %       Int Calls Answered in 60 Seconds %       Int Calls Answered in 60 Seconds %	April 2024	Pass Pass	Hit and Miss	Fail	No Target
Cause       A&E Dispositions % Cat 2 Mean Cat 3 90th Centile       Vehicles Off Road (VOR) % 111 Calls Answered in 60 Seconds %       Number of Hours Lost at Hosp % of planned vehicle services. Incidents Cat 2 Proportion (Ca Duplicate Calls % 999 Calls Answered         Special Cause       Ambulance Validation %       ECAL Mean Response Time			Responses Per Incident 999 Call Answer Mean 999 Call Answer 90th Centile Cat 1 90th Centile	See & Convey % Average Wrap Up Time	JCT Allocation to Clear at Hospital Mean Hours Lost at Handover as a Proportion of Provided Hours Critical Vehicle Failure Rate (CVFR) Proportion of Wrap Up Times > 15 minutes HCP 3 90th Centile
	Cause	111 to 999 Referrals (Calls Triaged) %	A&E Dispositions % Cat 2 Mean	Vehicles Off Road (VOR) %	JCT Allocation to Clear at Scene Mean Number of Hours Lost at Hospital Handover % of planned vehicle services completed Incidents Cat 2 Proportion (Cat 1-4) Duplicate Calls % 999 Calls Answered

Not included: Metrics that are not on a story board, metrics with common cause variation with hit or miss assurance and metrics with common cause variation without a target.

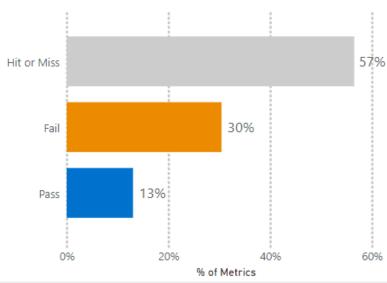


# Overview (1 of 3)

### Variation Icon Summary



Assurance Icon Summary



### Response Times

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Section 135 Mean Response Time	Responsive Care	Apr-2024	00:11:11		01:22:01	00:24:58	02:11:56	<u></u>	
Section 136 Mean Response Time	Responsive Care	Apr-2024	00:25:24		00:14:42	00:25:09	00:35:35	~~~	
Cat 1 Mean	Responsive Care	Apr-2024	00:07:59	00:07:00	00:07:25	00:08:52	00:10:19	$\odot$	$\bigcirc$
Cat 1 90th Centile	Responsive Care	Apr-2024	00:14:44	00:15:00	00:13:47	00:16:07	00:18:28	$\odot$	$\bigcirc$
Cat 1T Mean	Responsive Care	Apr-2024	00:09:03	00:19:00	00:08:47	00:10:24	00:12:02	r -	
Cat 1T 90th Centile	Responsive Care	Apr-2024	00:16:39	00:30:00	00:16:02	00:19:10	00:22:17	<b></b>	
Cat 2 Mean	Responsive Care	Apr-2024	00:23:54	00:30:00	00:18:10	00:30:06	00:42:02	<u></u>	0
Cat 2 90th Centile	Responsive Care	Apr-2024	00:48:36	00:40:00	00:34:59	01:01:18	01:27:37	~~	$\bigcirc$
Cat 3 90th Centile	Responsive Care	Apr-2024	03:38:50	02:00:00	01:40:52	05:17:02	08:53:12	(~?~)	2
Cat 4 90th Centile	Responsive Care	Apr-2024	04:28:12	03:00:00	01:54:53	06:57:52	12:00:51	<b></b>	2
HCP 3 Mean	Responsive Care	Apr-2024	01:30:43		01:01:48	02:18:38	03:35:29	<u>_</u>	
HCP 3 90th Centile	Responsive Care	Apr-2024	03:13:41		01:29:27	05:11:10	08:52:54	$\odot$	
HCP 4 Mean	Responsive Care	Apr-2024	01:53:23		01:15:47	02:56:51	04:37:55	~~ <u>~</u>	
HCP 4 90th Centile	Responsive Care	Apr-2024	04:45:27		02:17:58	06:53:53	11:29:49	(she)	

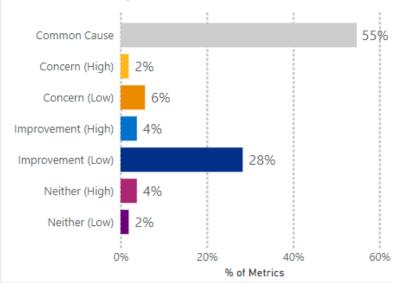
### Emergency Operations Centres (EOC)

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Duplicate Calls %	Responsive Care	Apr-2024	20.4%		19.72%	23.29%	26.86%	(*)	
999 Calls Answered	Responsive Care	Apr-2024	65306		51269.36	70520.9	89772.44	↔	
999 Call Answer Mean	Responsive Care	Apr-2024	00:00:04	00:00:05	00:00:27	00:00:36	00:01:38	$\odot$	2
999 Call Answer 90th Centile	Responsive Care	Apr-2024	00:00:02	00:00:10	00:00:55	00:01:53	00:04:41	$\odot$	0

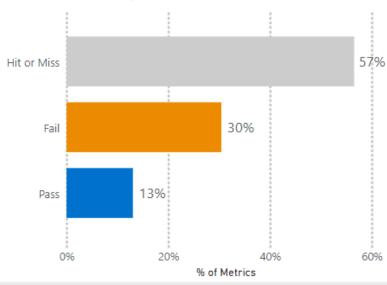


# Overview (2 of 3)

### Variation Icon Summary



Assurance Icon Summary



### Utilisation

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
999 Frontline Hours Provided %	Responsive Care	Apr-2024	105.7%	100%	86.29%	97.85%	109.41%	الله ا	2
Provided Bank Hours %	Responsive Care	Apr-2024	0.9%		0.57%	0.74%	0.92%		
Provided Overtime Hours %	Responsive Care	Apr-2024	5.6%		4.43%	7.66%	10.88%	~~	
Provided PAP Hours %	Responsive Care	Apr-2024	3%		3.81%	4.73%	5.65%	$\odot$	
	Data be	ing validate	d						
999 Remaining Annual Leave FY	Responsive Care	Apr-2024	48.1%		6.68%	25.93%	45.17%	$\bigcirc$	
Vehicles Off Road (VOR) %	Responsive Care	Apr-2024	14.3%	10%	10.22%	13.21%	16.19%	(-)	$\bigcirc$
% of DCA vehicles off road (VOR)	Responsive Care	Apr-2024	15.6%		11.33%	13.98%	16.63%		
% of SRV vehicles off road (VOR)	Responsive Care	Apr-2024	4%		-14.84%	8.04%	30.91%	(1)	
Critical Vehicle Failure Rate (CVFR)	Responsive Care	Apr-2024	85		56.31	123.65	190.99	$\odot$	
Number of RTCs per 10k miles travelled	Responsive Care	Apr-2024	0.69		0.2	0.71	1.22	(*)	
% of planned vehicle services completed	Responsive Care	Apr-2024	76%		58.36%	73.22%	88.09%		
% of statutory estates compliance (gas, water, electrical, asbestos, fire, LOLER)	Responsive Care	Apr-2024	95%	95%		92.64%		0	
Incidents Cat 2 Proportion (Cat 1-4)	Responsive Care	Apr-2024	62.2%		60.51%	63.5%	66.48%	(*)	
111 to 999 Referrals (Calls Triaged) %	Responsive Care	Apr-2024	6.3%	13%	5.25%	6.49%	7.72%	(-)	
Incidents	Responsive Care	Apr-2024	63465		54237.99	61717.35	69196.71		

### 111

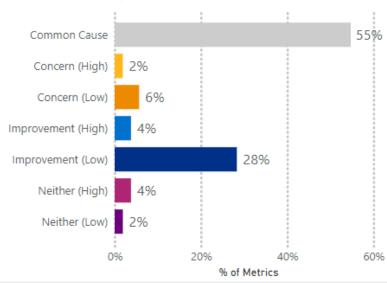
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
111 Calls Offered	Responsive Care	Apr-2024	92293		63289.29	101945.95	140602.61	<u></u>	
111 Calls Answered in 60 Seconds %	Responsive Care	Apr-2024	61.9%	95%	8.79%	37.14%	65.49%		6
111 Calls Abandoned - (Offered) %	Responsive Care	Apr-2024	8.4%	5%	1.29%	17.13%	32.96%		2
999 Referrals	Responsive Care	Apr-2024	4873		3545.13	4888.15	6231.17	$\bigcirc$	

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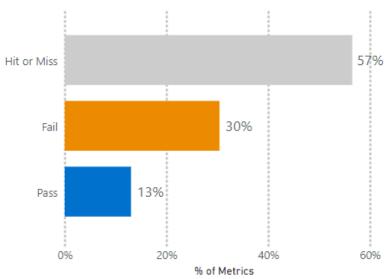


# Overview (3 of 3)

### Variation Icon Summary



### Assurance Icon Summary



### 999 Frontline

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
JCT Allocation to Clear at Scene Mean	Responsive Care	Apr-2024	01:18:15		01:16:00	01:17:32	01:19:05		
JCT Allocation to Clear at Hospital Mean	Responsive Care	Apr-2024	01:52:24		01:49:22	01:53:36	01:57:50	$\odot$	
Responses Per Incident	Responsive Care	Apr-2024	1.09	1.09	1.09	1.1	1.11	$\odot$	2
CFR Attendances	Responsive Care	Apr-2024	1236		663.74	1165.5	1667.26	↔	
FFR Attendances	Responsive Care	Apr-2024	84		62.18	141	219.82	©	
ECAL Mean Response Time	Responsive Care	Apr-2024	00:24:57		00:22:05	00:24:19	00:26:32	<b>&amp;</b>	

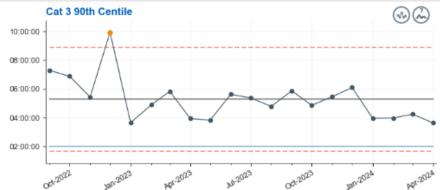
### 111/999 System Impacts

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Hear & Treat %	Responsive Care	Apr-2024	13.5%	14%	9.79%	11.25%	12.71%	<b>E</b>	
See & Treat %	Responsive Care	Apr-2024	30.6%	35%	29.77%	31.31%	32.85%		$\bigcirc$
See & Convey %	Responsive Care	Apr-2024	55.8%	55%	55.46%	57.31%	59.15%	<b>~</b>	$\bigcirc$
Hours Lost at Handover as a Proportion of Provided Hours $\%$	Responsive Care	Apr-2024	1%		0.56%	1.15%	1.73%	$\odot$	
Number of Hours Lost at Hospital Handover	Responsive Care	Apr-2024	3282.4		1635.41	3392.29	5149.16	(1)	
Average Wrap Up Time	Responsive Care	Apr-2024	00:17:00	00:15:00	00:16:33	00:17:07	00:17:41	$\bigcirc$	$\bigcirc$
Proportion of Wrap Up Times > 15 minutes	Responsive Care	Apr-2024	42.5%		42.86%	45.59%	48.32%	$\bigcirc$	
A&E Dispositions %	Responsive Care	Apr-2024	7.9%	9%	6.46%	8.17%	9.87%		2
A&E Dispositions	Responsive Care	Apr-2024	6046		4242.38	6167.1	8091.82		
Clinical Contact %	Responsive Care	Apr-2024	44.4%	50%	44.82%	50.04%	55.26%	$\odot$	$\bigcirc$
Ambulance Validation %	Responsive Care	Apr-2024	51%	85%	65.11%	75.29%	85.46% Page 45 d	of 🖓 3	4

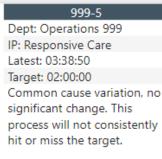


# **Response Times**





999-2 Dept: Operations 999 IP: Responsive Care Latest: 00:07:59 Target: 00:07:00 Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.







999-4 Dept: Operations 999 IP: Responsive Care Latest: 00:23:54 Target: 00:30:00 Common cause variation, no significant change. This process will not consistently hit or miss the target.

999-6
Dept: Operations 999
IP: Responsive Care
Latest: 04:28:12
Target: 03:00:00
Special cause of an
improving nature where the
measure is significantly
LOWER. This process will not
consistently hit or miss the
target.

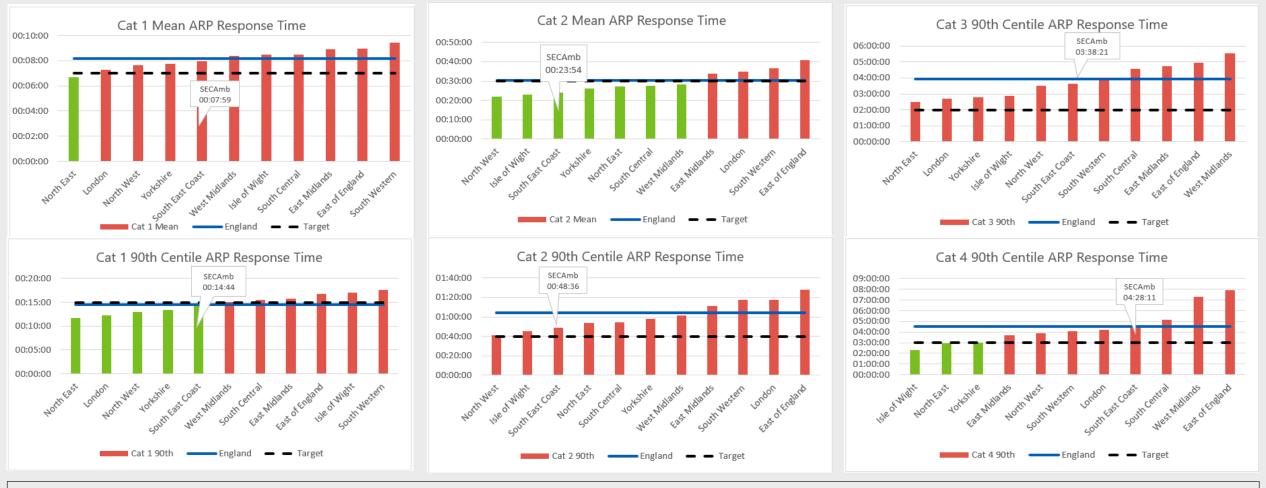
### Summary

- As can be seen from the charts above, the Trust is failing to meet the *national ARP standards* for all categories of call and has been in this position reasonably consistently over the past 2 years.
- The key metric for the financial year, being C2 mean, remains in a positive position against the delivery plan in April 2024, performance was 25min 50sec, against a national average of 36min 20sec.

### What actions are we taking?

- Expansion of PACCs across Field Ops to support appropriate alternative pathways for C3 & C4 validation,
- Continued focus on recruitment for clinical staffing in EOC to maintain patient safety and support ambulance dispatch, with a cohort of international clinicians now undergoing induction
- Focused attention on abstraction management for sickness management & training planning.
- Lower than planned attrition and over 100 new starters arriving for Firled Ops
- Continued engagement on a local and strategic level regarding hospital handover process to minimise lost hours where possible; this has been supported by local commissioning/ICB leads to drive improvements. Specific work at Royal Sussex University Hospital ongoing between Brighton OU team, Sussex ICB & Hospital clinical leaders
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# ARP Response Time Benchmarking (data provided for February 2024)

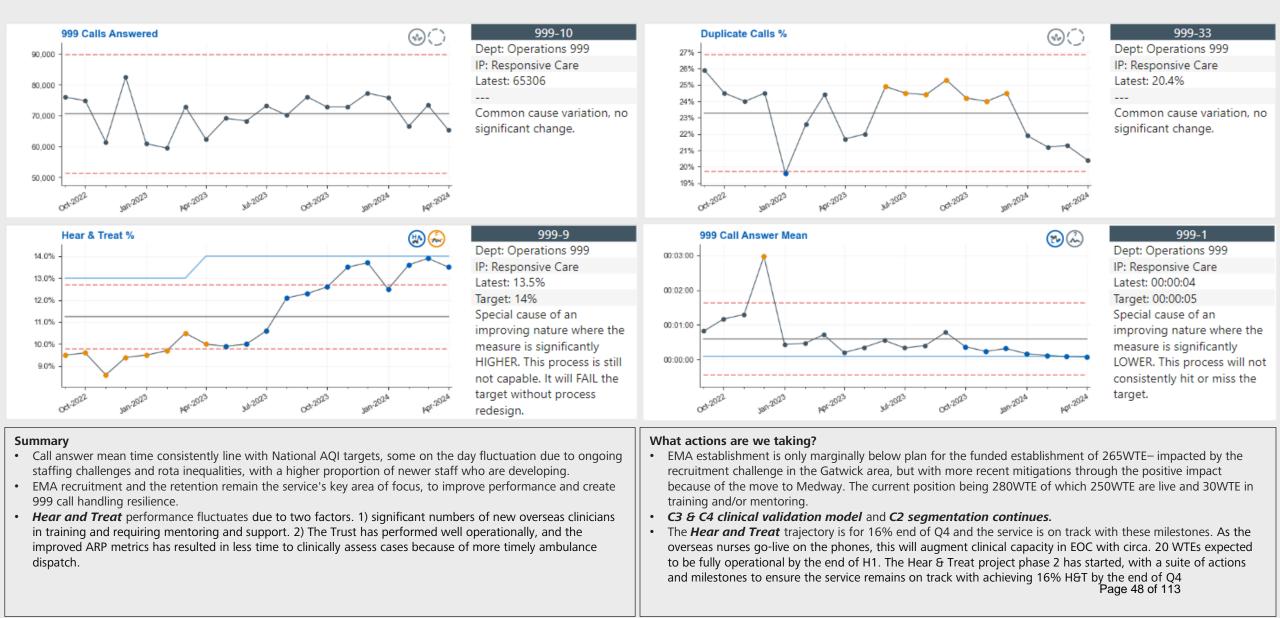


### Summary

- C2 mean (a focus for the UEC recovery plan) is on track against the plan for 2023-24.
- Other ARP metrics continued to be notably under-performing against ARP target metrics but are under the English mean for all measures and we are working on Dispatch Phase two to improve performance and the english mean for all measures and we are working on Dispatch Phase two to improve performance and the english mean for all measures and we are working on Dispatch Phase two to improve performance and the english mean for all measures and we are working on Dispatch Phase two to improve performance and the english mean for all measures and we are working on Dispatch Phase two to improve performance and the english mean for all measures and we are working on Dispatch Phase two to improve performance and the english mean for all measures and th

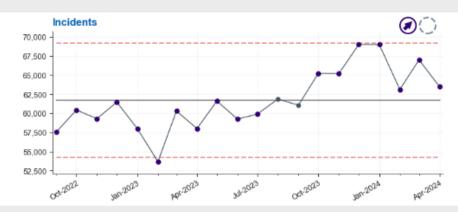


# **EOC Emergency Medical Advisors**





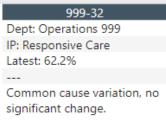
# Utilisation



999-10 Dept: Operations 999 IP: Responsive Care Latest: 63465

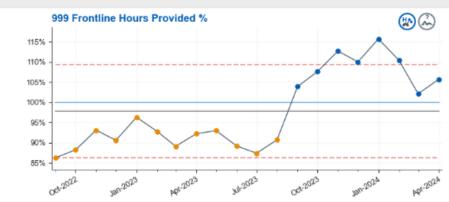
Special cause variation where UP is neither improvement or concern

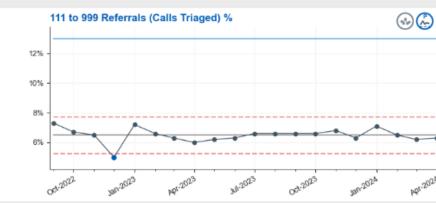




### Summary

- Continued high 111 *validation rates* for all calls being proposed to be passed to 999 (contractual requirement of 50%) contributes to an extremely low ambulance referral rate from 111 to 999 in Kent and Sussex.
- There have been fluctuations in *frontline hours* provided monthly over the past 12 months, however with reduction in abstraction (sickness) and turnover, staffing is more stable overall.
- Training continues to be delivered against plan.





Dept: Operations 999

999-12

IP: Responsive Care Latest: 105.7% Target: 100% Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

### 111-4

Dept: Operations 111 IP: Responsive Care Latest: 6.3% Target: 13% Common cause variation, no significant change. This process is capable and will consistently PASS the target.

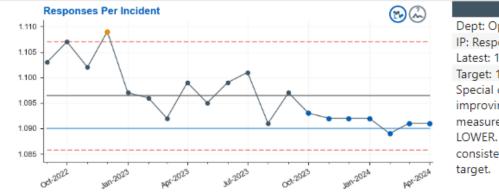
### What actions are we taking?

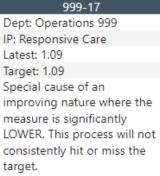
- Greater flexibility between the Trust's 111 and 999 services to flex clinicians to maintain C3/C4 validation at a high level, prior to ambulance dispatch.
- Continued focus on *optimising resources* through abstraction management and optimisation of overtime to provide additional hours – continued management of sickness and reduction in annual leave levels have improved resourcing.
- Ongoing focus on optimising *clinical validation in EOC* in real-time, coordinated by the Trust's Operations Managers Clinical (OMC) to mitigate risk and optimise clinical effectiveness across 999.
- Urgent Community Response (UCR) Portal is fully live for Sussex however, the service is still having to undertake time consuming MS Teams calls daily for UCR providers across Kent and Surray of a single ahead, the focus is on extending the roll-out of the UCR Portal across the other ICSs and optimising this digital solution.

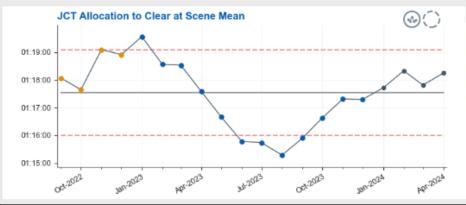


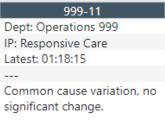


# 999 Frontline











### Summary

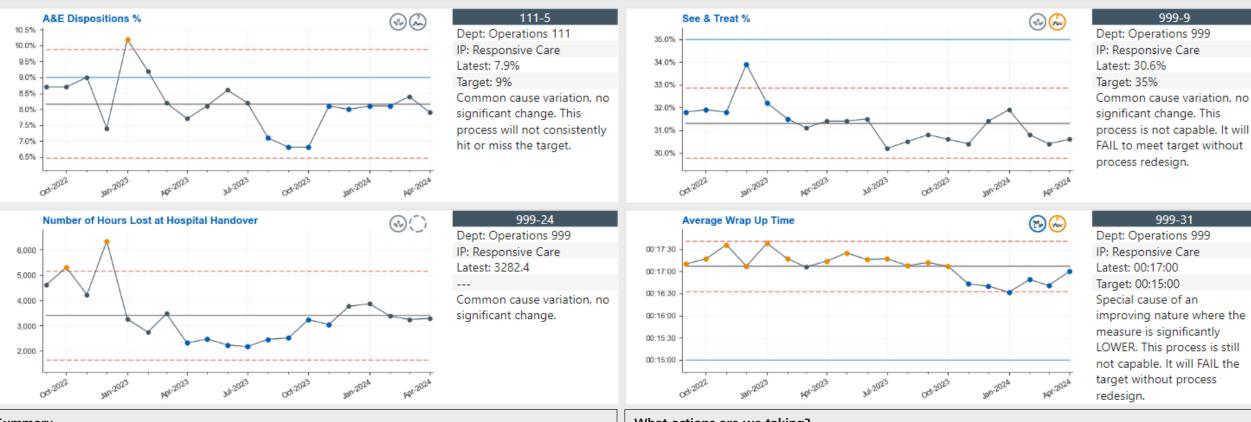
- The number of *resources allocated per incident* is an ambulance industry standard which provides an
  overview of dispatch efficiencies as can be seen from the above the performance has been below target
  for several months, with common cause variation.
- Job cycle time (JCT) provides a single metric between two points in the incident journey and is directly impacted by several activities including running time to the incident (local or distant depending on demand and resource availability) and duration of time spent on scene. The latter is usually dependent on the patient's presenting complaint where often the sickest patients are moved from scene more quickly whereas the lower acuity incidents may require longer to make referrals for ongoing care within the community. JCT has seen a recent increase, potentially associated with increasing complexity of clinical presentations with winter illnesses that are more complex.

### What actions are we taking?

- The Trust commissioned an external **AACE review of the Dispatch function**, and the recommendations are currently being addressed as part of the Responsive Care Group plan. Phase 1 of this plan was completed at the end of October phase 2 commences in early 2024-25.
- Continued focus on delivery of *Paramedic Practitioner hubs* to ensure optimal response to ECALs from crew staff to assist with on-scene decision making and signposting to clinical pathways; also support to work with OOH GP/primary care call-backs; this has been impacted in some areas by the implementation of new care navigation hubs.
- Specific work has been undertaken in local dispatch desk areas focusing on hospital handover and onscene times. As system pressures increase, as do hospital handover time acrossing of the pressure trust sites – this is expected over the winter period.



# 111/999 System Impacts



### Summary

- The **111** to ED disposition rate has been maintained at a very low level since the introduction of "111 First", Direct Access Booking (DAB) and ED validation. The Trust's 111 service has excelled at DAB and ED validation, resulting in an ED referral rate significantly better than the NHS E 111 national average
- The Trust See and Treat rate has improved to a level of 30.6%, noting that there is significant variation between geographical dispatch desk areas heavily influenced by the availability and accessibility of community care pathways as alternatives to Emergency Depts. This variation will be influenced by the availability and accessibility of the services, and the confidence of local teams to use them.
- *Wrap-up time* had shown some improvements, however, there has been some deteoriation in the most recent months.

### What actions are we taking?

- The Trust has embarked on a programme to lead collaboration with local teams regarding the engagement with local systems and utilisation of community pathways of care i.e., **Urgent Community Response (UCR)** and other services.
- Daily calls, held by Operations Managers Clinical (OMC) are held across Surrey, Kent and Sussex ICBs, with downstream providers to optimise system capacity.
- Continued partnership working with hospitals relating to hand over time, both on a local and strategic level, monitored at the weekly (Friday) system (Commissioners + SECAmb + NHSE) calls. To note: as a Trust, SECAmb continues to see significantly *lower handover times* across all hospitals than many other English ambulance services because of this collaborative work.

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# **RESPONSIVE CARE**





111-1 Dept: Operations 111 IP: Responsive Care Latest: 92293

Common cause variation, no significant change.



111-2 Dept: Operations 111 IP: Responsive Care Latest: 61.9% Target: 95% Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

### 111 Calls Abandoned - (Offered) % 50% 40% 30% 20% 10% 08

# 111 to 999 Referrals (Calls Triaged) %

# 12% 10% 8% 6%

# Dept: Operations 111 IP: Responsive Care Latest: 8.4%

111-3

Target: 5% Common cause variation, no significant change. This process will not consistently hit or miss the target.

### 111-4

Dept: Operations 111 IP: Responsive Care Latest: 6.3% Target: 13% Common cause variation, no significant change. This process is capable and will consistently PASS the target.

### Summary

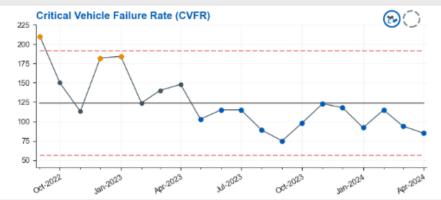
- The service's operational responsiveness has noticeably improved in April, as reflected in the increase of calls answered in 60 seconds and lower percentage of abandoned calls.
- The performance of the service is directly related to the increased Health Advisor numbers, due to lower attrition and good recruitment numbers as well as lower call activity.
- The *clinical outcomes* remain strong, and the service leads the country in terms of ED and 999 referral rates.
- The service continues to be effective in protecting the wider integrated urgent and emergency care system, as reflected in its high levels of clinical contact and Direct Access Booking (DAB), both of which exceed the NHS E national average.

### What actions are we taking?

- The service continues to protect the wider healthcare economy by being a benchmark nationally for 999 and ED validation, in addition to Direct Access Booking (DAB).
- The Trust has been successful in working with NHS E and has secured additional support from an established 3rd party 111 provider, to support operational performance delivery from March 2023, and this has been confirmed to extend to Sept 2024 starting at 10% capacity and reducing to 5% in September.
- The service has rapidly bridged its Health Advisor shortfall, target of 252.6WTE, following the move to Medway in July, with a current establishment of 268 WTE's made up on 250 WTE live on the phones and 18WTE in training or mentoring. Page 52 of 113



# Support Services Fleet and Private Ambulance Providers



Dept: Fleet
IP: Responsive Care
Latest: 85
Special cause of an improving nature where the
measure is significantly LOWER.



### FL-13 Dept: Fleet IP: Responsive Care Latest: 14.3% Target: 10% Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

### Summary and Action Plans

**Critical Vehicle Failure Rate and VOR** Currently 23% of our operational DCA fleet is above recommended design life (5 years for Fiat, 7 years for Mercedes), against 38% on the 1st of April 2022.

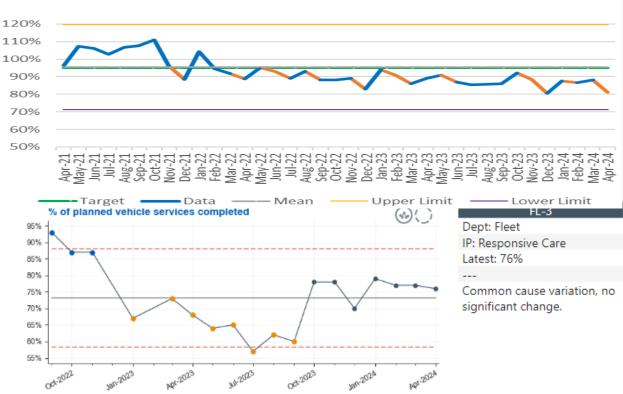
VOR remains above target of 10% due to the known issues associated with delayed parts for FIAT and reliability of older Mercedes Fleet. In addition, vacancies within the Vehicle Maintenance Technicians

(VMT) team are impacting the capacity we have to address issues within our workshops (vacancies down from

c. 10% to 2%). We currently have 3 vacancies as of May 2024. We are still exploring the use of the apprenticeship scheme to increase our capacity. This is aligned to Risk ID 333.

**The planned vehicle services** has deteriorated since the last period. This is due to current vacancies, increased annual leave and sickness of VMT's. There is a requirement to increase VMT workforce to increase available workshop hours to meet the required demand of hours required to complete planned vehicle maintenance. Recruitment remains a challenge and a apprenticeship scheme is to be introduced in 24/25.

**PAP Shifts Provided v. Contract** 



Concerns around parts supply continue to be raised nationally by Fleet Managers and escalated to suppliers regularly

A recommendation paper for a replacement Trust DCA has now been written post vehicle options roadshow including all staff feedback.

**PAP contract** as part of the 24/25 plan, the Trust has decided to cease its Private Ambulance provision as of 1<sup>st</sup> July 2024. This is because the Trust is over established with substantive workforce and timing of renewals for contracts and expected uplifts in PAP costs means it is no longer sustainable to continue with the existing provision. PAP make up around 5% of our hours on the road, and we are over established by c. 1%. The plan is to backfill with substantive NHS staff over the course of the year, and expected increases in 23 grating during the Summer months ahead of winter to maintain our C2 Mean trajectory under 30 minutes. In addition, efficiencies brought about by the increase in H&T are expected to reduce pressures on physical responses.

### Appendix 1: Glossary

AQI A7All incidents – the count of all incidents in the periodF2FFace to FaceAQI A53Incidents with transport to EDFFRFire First ResponderAQI A54Incidents without transport to EDFMTFinancial Model TemplateAAPAssociate Ambulance PractitionerFSUFreedom to Speak Up
AQI A54Incidents without transport to EDFMTFinancial Model TemplateAAPAssociate Ambulance PractitionerFTSUFreedom to Speak Up
AAPAssociate Ambulance PractitionerFTSUFreedom to Speak Up
A&E   Accident & Emergency Department   HA   Health Advisor
AQI   Ambulance Quality Indicator   HCP   Healthcare Professional
ARPAmbulance Response ProgrammeHRHuman Resources
AVG   Average   HRBP   Human Resources Business Partner
BAU   Business as Usual   ICS   Integrated Care System
CAD Computer Aided Despatch IG Information Governance
Category (999 call acuity 1-4)   Incidents   See AQI A7
CAS       Clinical Assessment Service       IUC       Integrated Urgent Care
CCN   CAS Clinical Navigator   JCT   Job Cycle Time
CD   Controlled Drug   JRC   Just and Restorative Culture
CFR Community First Responder KMS Kent, Medway & Sussex
CPR   Cardiopulmonary resuscitation   LCL   Lower Control Limited
CQC   Care Quality Commission   MSK   Musculoskeletal conditions
CQUIN Commissioning for Quality & Innovation NEAS Northeast Ambulance Service
Datix         Our incident and risk reporting software         NHSE/I         NHS England / Improvement
DCA   Double Crew Ambulance   OD   Organisational Development
DBS         Disclosure and Barring Service         Omnicell         Secure storage facility for medicines
<b>DNACPR</b> Do Not Attempt CPR <b>OTL</b> Operational Team Leader
ECAL Emergency Clinical Advice Line OU Operating Unit
<b>ECSW</b> Operating Unit Manager
PAD Public Access Defibriliator
EMA   Emergency Medical Advisor   PE   Patient Experience
EMBExecutive Management BoardPOPPerformance Optimisation Plan
EOCEmergency Operations CentrePPGPractice Plus Group
ePCR     Electronic Patient Care Record     PSC     Patient Safety Caller
Employee RelationsSRVSingle Response Vehicle



		Agenda No	07/24					
Name of meeting         Council of Governors								
Date								
Name of paper         NED Highlight Report – We delivery high quality patient care								
priorities for the next 12-24 r	r trust strategy in April and has since ther months; these were agreed in June as pa gainst the three Strategic Aims:							
1. We delivery high q	uality patient care							
<ol><li>Our people enjoy wo</li></ol>	-							
3. We are a sustainable	partner as part of an integrated NHS.							
Governors meeting on 14 Ma There has been a good level to embed and the Board will patients waiting in the stack	of assurance with the quality agenda. The be tracking two of the main priorities as and Inter Facility Transfers. The Board ap	e quality improvement meth part of the BAF for the com oproved the Quality Account	nodology is starting ing year – safety of : for the year just					
-	cellent balance between looking back at the coming year; these are also set out i		in the past 12					
The continued improvement in operational performance has been positive for patients; the trust ended the year one of only two ambulance trusts to meet the national target of 30 minutes mean for the C2 patients. There was improvement too related to the other Ambulance Response Programme categories, including call handling which had been a concern for much of the earlier part of 2023-24.								

As part of the operating plan for 2024-25, the Board has been clear that we must continue to ensure we meet the C2 30-minute mean. This is directly linked to funding discussions with commissioners, which is picked up in the report covering Strategic Aim 3. For the first two months of this financial year, we have exceeded this standard and this has prompted a discussion at Board about the need to ensure timely care to patients, but within the funding envelope. The Board will be discussing this further at its next development meeting in July, at which point the planning round should have concluded and, with it, clarity about what can be reasonably achieved. This will include the pace at which the executive can implement the new unscheduled care navigation hubs.

While the Board continues its focus on ensuring robust arrangements at the medicines distribution centre (MDC), and acknowledged the revised timeline to November, for the delivery of all the estates works there, it was assured at its last meeting in June by the improvement in resilient medicines stock, highlighted in the IQR. The Board has asked for a paper at the end of the year, confirming the extent to which these works ensure a positive impact at the MDC.

At the last Board there was a discussion about how the executive identify and report local quality variance, acknowledging the Board quite properly focusses on the aggregated / trust-wide position. It reinforced the role of the local governance groups escalating specific concerns, which will then feed through to the Board's quality committee. The Board will keep a focus on this in the coming months to assure itself on the consistency of quality across our region.

Lastly, the Board and wider system is finding its way with understanding our role in addressing health inequalities. A board development session is scheduled for July and this will continue to be a key feature of the Board in the future.

BAF								
We deliver high quality patient care								
2024-2029 Strategy Outcomes 2024/25 – Strategic Transformation Plan – Phase 1								
<ul> <li>Deliver virtual consultation for 55% of our patients</li> <li>Answer 999 calls within 5 seconds</li> <li>Deliver national standards for C1 and C2 mean and 90th</li> <li>Improve outcomes for patients with cardiac arrest and stroke</li> <li>Reduce health inequalities</li> </ul>	ts Unscheduled Care Navigation Hub - Design & implementation • Define scope of hub models agreed by the ICBs by June 2024 • Implement new hubs, first by October 2024 • Evaluation to inform future scope of virtual care by March 2025 • Evaluation to inform gard Agreement with ICBs							
2024/25 Outcomes	2024/25 – Operating Plan							
<ul> <li>C2 Mean 30 mins for the full year</li> <li>Call Answer 5 secs for the full year</li> <li>H&amp;T 16% by Q4</li> <li>Cardiac Arrest outcomes improved by 25/26 – increase in survivability by 2% vs a 9.5% baseline</li> <li>Improving stroke outcomes – we will reduce our on scene time for patients with stroke by 15% by Q4</li> </ul>	<ul> <li>Operational Performance Plan - continuous monthly monitoring</li> <li>Deliver our three Quality Account priorities (all discharges on scene are supported or undergo a post-discharge reviews, reducing health inequalities with a focus on maternity and mental illness, and improvements in quality of and feedback on Patient Care Records) by Q4</li> <li>Expand number of volunteers from 435 by 150, with an expansion of their role by Q4</li> <li>Implementation of 80% of our NHSE PSIRF Standards/Principles by Q4</li> <li>Deliver 2 clinical QI priorities (Safety in the waiting list, IFTs) by Q4</li> </ul>							
Compliance	BAF Risks							
<ul> <li>Compliance to CQC standards</li> <li>Compliance against our EPRR assurance cycle – ir HART/Specialist Operations Improvement Plan</li> <li>Deliver improvements in medicines management</li> <li>Improvements in the NHS Impact self -assessment</li> <li>Deliver the Patient Safety Incident Review Plan</li> <li>Compliance to Incident Management Cycle and The</li> </ul>	<ul> <li>There is a risk that our vision and the vision of our partners are not sufficiently aligned to available funding, leading to inability to deliver strategy as planned.</li> <li>There is a risk that either we have insufficient levels of leadership capacity to deliver our strategy, or that our leadership structure does not allow for effective strategic delivery</li> <li>The risk that without an agreed organisational risk appetite aligned with the appetites of our partners, we are risk averse and unable to affect the required</li> </ul>							



# People & Culture

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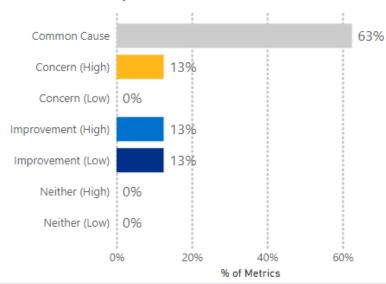
PEOPL	E & CULTURE	Summar	ſy	Integrated Quality Report (IQR) / June 2024 / 2
April 2024	Pass	Hit and Miss	Fail	No Target
Special Cause Improvement		999 Frontline Late Finishes/Over-Runs % Mean Suspension Duration (Days)	Number of Staff WTE (Excl bank and agency) Grievances Mean Case Length (Days) Current licence details held for Operational Staff %	Average Late Finish/Over-Run Time Fundamentals Training Completion % Sexual Safety Workshop Completion %
Common Cause	DBS Compliance %	Vacancy Rate % Turnover Rate % Individual Grievances Open Count of Grievances Closed % of Meal Breaks Taken Suspension Closures Number of Wellbeing Hub Referrals	Annual Rolling Turnover Rate Sickness Absence % Statutory & Mandatory Training Rolling Year % Appraisals Rolling Year % Until it Stops Average Case Length Time to Hire - Volume (Days)	Freedom to Speak Up: Total Open Cases
Special Cause Concern		Active Suspensions Count of Until it Stops Cases Freedom to Speak up: Cases Opened in Month Disciplinary Cases		Page 58 of 113

Not included: Metrics that are not on a story board, metrics with common cause variation with hit or miss assurance and metrics with common cause variation without a target.

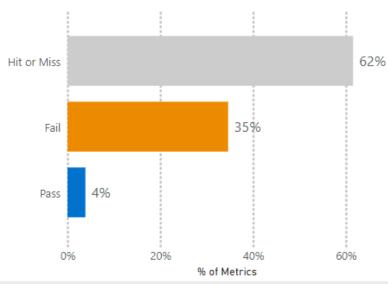


# Overview (1 of 2)

### Variation Icon Summary



Assurance Icon Summary



### Workforce

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Staff WTE (Excl bank and agency)	People & Culture	Apr-2024	4445.69	4503.25	4080.43	4184.87	4289.31	<b>E</b>	Ð
Vacancy Rate %	People & Culture	Mar-2024	2.1%	5%	0.02%	5.76%	11.49%	•••	2
Turnover Rate %	People & Culture	Apr-2024	1.2%	0.8%	0.46%	1.39%	2.31%	(~)~	2
Annual Rolling Turnover Rate	People & Culture	Apr-2024	17.4%	12%	17.24%	18.11%	18.97%	↔	$\bigcirc$
Sickness Absence %	People & Culture	Apr-2024	6.1%	5%	5.88%	7.43%	8.98%	~^~	le la
DBS Compliance %	People & Culture	Apr-2024	100%	90%	95.53%	98.83%	102.13%	Solution	3
Current licence details held for Operational Staff $\%$	People & Culture	Apr-2024	98.8%	100%	96.43%	97.59%	98.75%	🕗	$\bigcirc$
Time to Hire - Volume (Days)	People & Culture	Apr-2024	115	60	62.86	141.06	219.27	$\odot$	$\bigcirc$
Time to Hire - Individual Recruitment (Days)	People & Culture	Apr-2024	90	60	30.41	72.44	114.47	(*)	$\bigcirc$

### Employee Development

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Statutory & Mandatory Training Rolling Year %	People & Culture	Apr-2024	69.9%	85%	67.02%	75.75%	84.47%	(-)	<b>(</b>
Appraisals Rolling Year %	People & Culture	Apr-2024	61.2%	85%	51.86%	59.95%	68.04%	$\odot$	

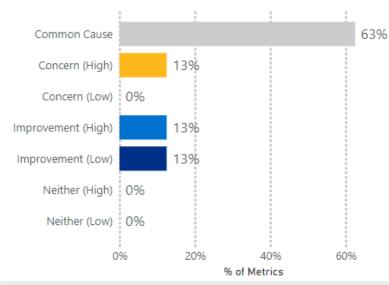
### Employee Experience

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
999 Frontline Late Finishes/Over-Runs %	People & Culture	Apr-2024	40.8%	45%	42.71%	47.85%	52.99%	<b>•</b>	4
Average Late Finish/Over-Run Time	People & Culture	Apr-2024	00:37:00		00:35:17	00:38:30	00:41:43	$\bigcirc$	
% of Meal Breaks Taken	People & Culture	Apr-2024	98.4%	98%	96.93%	98.23%	99.53%	<b>∞</b> ∱	2
% of Meal Breaks Outside of Window	People & Culture	Apr-2024	43.8%		42.69%	54.12%	65.54%		

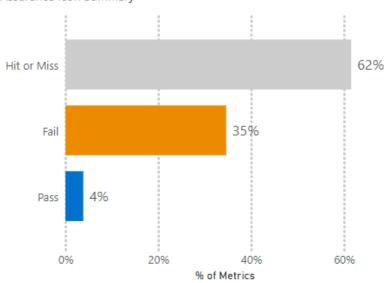


# Overview (2 of 2)

### Variation Icon Summary



### Assurance Icon Summary



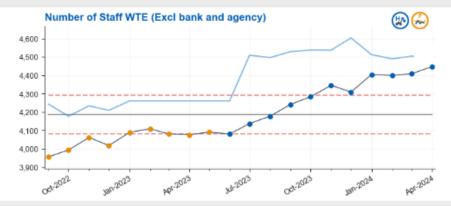
### Culture

Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
People & Culture	Apr-2024	16	5	1.09	12.85	24.61	~~	0
People & Culture	Apr-2024	0	1	-1.78	1.3	4.38		2
People & Culture	Apr-2024	12	3	0.82	13	25.18		2
People & Culture	Apr-2024	126	93	115.99	151.5	187	$\odot$	$\bigcirc$
People & Culture	Apr-2024	3	2	-2.52	1.4	5.32	~~	$\bigcirc$
People & Culture	Apr-2024	12	3	-0.76	6.8	14.36		2
People & Culture	Apr-2024	14		9.19	23.75	38.31		
People & Culture	Apr-2024	20	3	-1.53	9.25	20.03	<b>B</b>	$\bigcirc$
People & Culture	Apr-2024	16		-2.56	10.6	23.76	<u></u>	
People & Culture	Apr-2024	10	3	-3.74	2.83	9.41	<b>&amp;</b>	2
	People & Culture People & Culture	People & CultureApr-2024People & CultureApr-2024	People & CultureApr-202416People & CultureApr-20240People & CultureApr-202412People & CultureApr-20243People & CultureApr-202412People & CultureApr-202412People & CultureApr-202412People & CultureApr-202414People & CultureApr-202420People & CultureApr-202416	People & Culture         Apr-2024         16         5           People & Culture         Apr-2024         0         1           People & Culture         Apr-2024         12         3           People & Culture         Apr-2024         126         93           People & Culture         Apr-2024         3         2           People & Culture         Apr-2024         12         3           People & Culture         Apr-2024         12         3           People & Culture         Apr-2024         12         3           People & Culture         Apr-2024         14	People & Culture         Apr-2024         16         5         1.09           People & Culture         Apr-2024         0         1         -1.78           People & Culture         Apr-2024         12         3         0.82           People & Culture         Apr-2024         12         93         115.99           People & Culture         Apr-2024         3         2         -2.52           People & Culture         Apr-2024         12         3         -0.76           People & Culture         Apr-2024         14         9.19           People & Culture         Apr-2024         20         3         -1.53           People & Culture         Apr-2024         16         -2.56	People & Culture         Apr-2024         16         5         1.09         12.85           People & Culture         Apr-2024         0         1         -1.78         1.3           People & Culture         Apr-2024         12         3         0.82         13           People & Culture         Apr-2024         126         93         115.99         151.5           People & Culture         Apr-2024         3         2         -2.52         1.4           People & Culture         Apr-2024         12         3         -0.76         6.8           People & Culture         Apr-2024         14         9.19         23.75           People & Culture         Apr-2024         20         3         -1.53         9.25           People & Culture         Apr-2024         16         -2.56         10.6	People & Culture         Apr-2024         16         5         1.09         12.85         24.61           People & Culture         Apr-2024         0         1         -1.78         1.3         4.38           People & Culture         Apr-2024         12         3         0.82         13         25.18           People & Culture         Apr-2024         126         93         115.99         151.5         187           People & Culture         Apr-2024         3         2         -2.52         1.4         5.32           People & Culture         Apr-2024         12         3         -0.76         6.8         14.36           People & Culture         Apr-2024         14         9.19         23.75         38.31           People & Culture         Apr-2024         20         3         -1.53         9.25         20.03           People & Culture         Apr-2024         16         -2.56         10.6         23.76	People & Culture       Apr-2024       16       5       1.09       12.85       24.61       Image: colored

### Health & Wellbeing

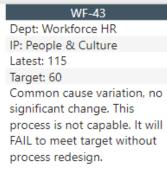
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Wellbeing Hub Referrals	People & Culture	Apr-2024	142	86	67.63	112.15	156.67		$\bigcirc$







WF-1 Dept: Workforce HR IP: People & Culture Latest: 4445.69 Target: 4503.25 Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.







Dept: Workforce HR IP: People & Culture Latest: 2.1% Target: 5% Common cause variation, no significant change. This process will not consistently hit or miss the target.

WF-4

### WF-51 Dept: Workforce HR IP: People & Culture Latest: 90 Target: 60 Common cause variation, no significant change. This process will not consistently hit or miss the target.

### Summary

The vacancy rates for February (2.02%) and March (2.12%) report the lowest since March 22 and this is a combination of ongoing recruitment and a small decrease in turnover (0.8%)

Time to Hire (TTH) for volume recruitment has increased slightly from the previous month as we move into the NQP recruitment cycle for this year. This is an anticipated rise and not due to any processes failing\*.

TTH reporting is now available for both working and calendar days. This will allow us to benchmark appropriately with other Trusts, as there is an inconsistency with what is used and disparity for comparison. April TTH (working days) for volume was 81, and individual recruitment was 65.

\*Certain cohorts such as NQPs will have no room to reduce the TTH as the campaigns are in line with university end of course dates. Attraction and targeted recruitment of NQPs starts months in advance of hire dates.

### What actions are we taking?

The Recruitment Team have agreed KPIs for 2024, with a focus on quality, TTH and ensuring that candidates have a positive onboarding experience. The KPIs are supported by the metrics identified and developed from the QI project are now part of BAU. Initial results have shown an improvement in the quality of Data held within both Trac and ESR. Enhanced reporting and accurate data now available will ensure that monitoring of changes can continue, along with any future changes.

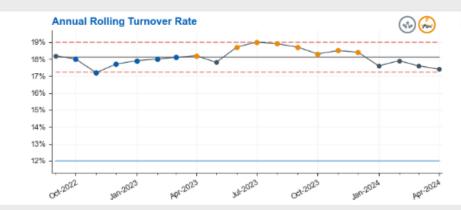
Courses will continue to have a target of fill to capacity and align with the workforce plan.

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WF-48 Dept: Workforce HR IP: People & Culture Latest: 1.2% Target: 0.8% Common cause variation, no significant change. This process will not consistently hit or miss the target.



### Dept: Workforce HR IP: People & Culture Latest: 17.4% Target: 12% Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

**WF-7** 

### Summary:

The continuing decline in the turnover rate is a positive trajectory. The next 3 months will reveal whether this improvement is sustainable, recognising the current retention initiatives should support this trend.

Given the nine consecutive months of improvement in turnover suggests it is sustainable, however the current rate of decline will not achieve our 12% target by December 25.

A review of the Retention Plan is underway to address this.

The Trust continues to focus on leadership development, compassionate leadership and engagement with staff. The communication and positive engagement on the Trust strategy all contribute to improved morale, as seen in the latest improved staff survey results.

### What actions are we taking?

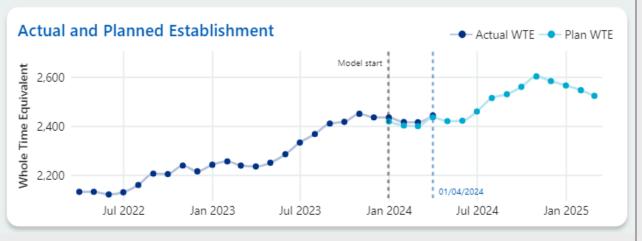
Working with our Trade Unions, we continue to scope the ECSW banding issue, acknowledging that this is a complex piece of work involving key stakeholders. We continue to communicate with affected staff on progress.

Section 2 USH rectification payments: We are working closely with Trade Union colleagues and subject matter experts to develop an approach. Meetings with Trade Unions are progressing well and the resolution of this will aid retention of staff.

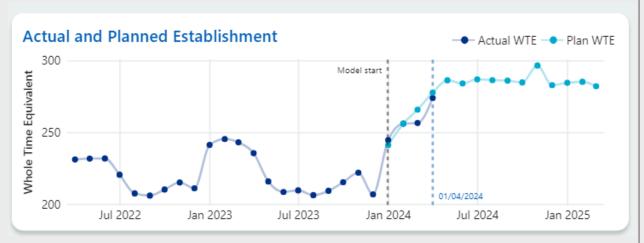
May 24 will see a complete review and refresh of the Retention Plan to enable a more focused and segmented approach to our biggest retention challenges. We are will aim to focus on high impact initiatives and a working group has been set up with key stakeholders to complete this work by end June 24.



(999 Frontline)



(EOC EMA)



### Summary – 999 Frontline

Total budget for field ops is 2448 for 2024/25. April's data shows an increase in WTE ahead of the workforce plan (8.3WTE). 15 NQPs joined in April, with no plans to recruit until July.

### **Mitigating actions – 999 Frontline**

The main risk for this financial year is not related challenges in meeting the workforce plan, but rather that attrition continues to reduce and the Trust meets its recruitment goals, resulting in an over establishment, and therefore an overspend. To mitigate this, the workforce plan will be re-forecasted quarterly with recruitment plans being adjusted accordingly to partially compensate for this scenario if it were to occur.

### **Additional Information**

Attrition for field operations is planned to be 9.2% in 24/25 which is a 0.5% reduction on the 23/24 plan. The Trust has also seen positive trends, with attrition rates in field operations consistently falling below plan in 23/24. However, if this trend continues it may result in further over establishment in some areas, creating a financial challenge in an already pressured year. The workforce plans will be revisited quarterly through 24/25, and recruitment plans will be adjusted accordingly if attrition does continue to reduce, in an attempt to correct the financial challenge this will create.

### Summary – EOC EMA

EMA establishment for April showed a small decrease of WTEs with a difference of -1.4% (3.8WTE) to plan against last month's end of financial year difference of +3.1%.

### Mitigating actions – EOC EMA

The main risk for this financial year is not related challenges in meeting the workforce plan, but rather that attrition continues to reduce and the Trust meets its recruitment goals, resulting in an over establishment, and therefore an overspend. To mitigate this, the workforce plan will be re-forecasted quarterly with recruitment plans being adjusted accordingly to partially compensate for this scenario if it were to occur.

### **Additional Information**

Attrition is planned at 55.3% across 24/25, representing a 17% reduction on 23/24. However, it is worth noting that 23/24 also factored in an increase in attrition as a result of the Emergency Operations Centre move from Coxheath to Medway, which has now completed and no further attrition is expected as a result of this. Similarly to field operations, EMA attrition also fell below plan by 17%, a potential early indicator that we can expect attrition to fall below plan again for this year.

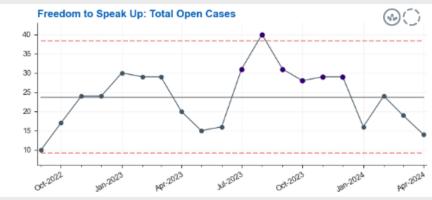
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**Count of Until it Stops Cases** 

10



*Note: Until it stop cases relate to inappropriate sexualised behaviours* 

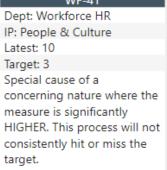


**OS-27** Dept: Quality & Safety IP: People & Culture Latest: 14

Common cause variation, no significant change.







WF-50 Dept: Workforce HR IP: People & Culture Latest: 146 Target: 93 Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



## **Count of Grievances Closed** (v)(L) 25 20 15 10 5



#### WF-10

Dept: Workforce HR IP: People & Culture Latest: 16 Target: 5 Common cause variation, no significant change. This process will not consistently hit or miss the target.

### WF-42

Dept: Workforce HR IP: People & Culture Latest: 12 Target: 3 Common cause variation, no significant change. This process will not consistently hit or miss the target.

### WF-44

Dept: Workforce HR IP: People & Culture Latest: 126 Target: 93 Special cause of an improving nature where the measure is significantly LOWER. This process is still Pade 64 of 113 It will FAIL the target without process redesign.



# Culture (2 of 2)

### What actions are we taking?

### Grievances

Weekly meetings take place with HR colleagues and ER colleagues to ensure that appropriately action is taken in a timely manner. EOC/111 have the highest number of grievances - we are arranging for additional support to manage the case work in this area and will include coaching and training that is required.

There are a number of complex grievances related to pay and conditions of employment (eg section 2 unsocial hours) which we continue to consult with unions and management representatives given their wider impact.

There are 2 outstanding complex legacy cases which we anticipate will be closed by the end of quarter 2, however this is reliant on full engagement of parties involved.

The average grievance open time for cases is- 126 days, this has been skewed due to the outstanding legacy cases.

We have also commenced phase one of a diagnostics review with the purpose to identify a plan for improvement in the employee relations function with regards to areas of good practice, gaps and risks.

The commitment to creating a mediation service across the Trust has been supported by EMB with agreement to finance the accreditation of 24 new mediators. It is anticipated that the mediation service will go live at the same time as the launch of the Resolution Policy (September).

### FTSU

Feedback from Brighton University was positive and FTSU have now delivered to year 2 and year 3 students. Dates have been identified for both Surrey and CCCU university. The plan from September 24 is to ensure FTSU/Speak Up workshops are delivered for year 2 and year 3 students as BAU.

The FTSU team have connected to our Networks. We plan to deliver speak up sessions during network meetings to ensure we address possible barriers to speaking up, this work is also being carried out with CRF's.

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### Summary

### Grievances

We currently have 41 cases unresolved, 2 of which are legacy cases (previously 39).

The team are triaging new cases to ensure all informal resolutions are explored prior to commencing formal processes. Legacy cases (i.e. historic open grievances pre August 2023) continue to be tracked each week, and we can currently report that we have 2 legacy grievances which originally stood at 39.

### FTSU

65 concerns were raised during March and April 24 which has increased significantly from the previous year when 33 concerns were raised for the same period..

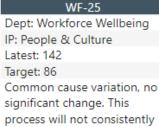
Whilst the number of concerns have increased, it is promising to see that both anonymous reporting and cases of detriment have decreased. In 2023, 30% of the concerns raised were anonymous and 30% of those raising concerns reported detriment. In 2024 around 10% of the concerns raised to FTSU were done so anonymously and 20% reported experiencing detriment.



WF-49
Dept: Workforce HR
IP: People & Culture
Latest: 6.1%
Target: 5%
Common cause variation, no significant change. This
process is not capable. It will
FAIL to meet target without
process redesign.

**Employee Sickness** 





### Summary

10.0%

9.0%

8.0%

7.0%

6.0%

5.0%

Sickness absence is reducing across the board, and all indicators are that we will achieve our target of 5% this financial year.

Compared to the same period last year, there is a downward trend in non-attendance. For February 2023 sickness levels were 9.4%, in April 2024 they are 6.76%.

Managers, supported by HR Business Partners, have worked hard to support colleagues from a more compassionate leadership perspective. The freeing up of HR Business Partners from ER work has enabled a high level of focused support where it is needed.

We are currently exploring approaches to managing long term sickness as this accounts for 3.63% of the absence.

We still have pockets of the Trust that require more focused support were both absence and turnover are significantly above Trust averages. The Wellbeing Team will work with HR Business Partners to mitigate this risk.

Demand in the Wellbeing Hub continues to increase,. Currently 22% of all sickness in the Trust (1.49%) is mental health related. This is higher than at the peak of COVID-19 and presents a significant risk to the Trust.

### What actions are we taking?

We are currently exploring approaches to managing long term sickness as this accounts for 3.63% of the absence. To support this, we have reviewed all the Alternative Duties Pathways to ensure they meet the need, and that they are easier to understand in terms of eligibility and pay protection. Alternative duties is an important tool in supporting colleagues back to work.

The Wellbeing Hub, working with Director of Nursing and her team of Mental Health Specialists, are working with us using the Quality Improvement methodology to review processes to help mitigate the increase in demand and free up capacity to provide support in a timelier way. In the meantime, we continue to work with external providers to help manage the increasing demand for mental health services/support.

A separate piece of work is also under way to review the function and its operating model.



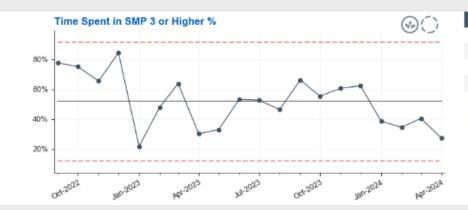
# **Employee Experience**



999-15
Dept: Operations 999
IP: People & Culture
Latest: 40.8%
Target: 45%
Special cause of an
improving nature where the
measure is significantly
LOWER. This process will not
consistently hit or miss the
target.



999-27 Dept: Operations 999 IP: People & Culture Latest: 98.4% Target: 98% Common cause variation, no significant change. This process will not consistently hit or miss the target.



### 999-14

Dept: Operations 999 IP: Quality Improvement Latest: 27.2%

Common cause variation, no significant change.

### What actions are we taking?

- Continue to review and update of the Meal break policy.
- Implemented 'Ready to Respond' a programme to ensure all front-line staff have all relevant PPE, Uniform & equipment to undertake their role
- Introduced a pilot of placed based educators to deliver an enhanced key skills programme
- Invited interested staff to attend T&F groups to address concerns they have raised

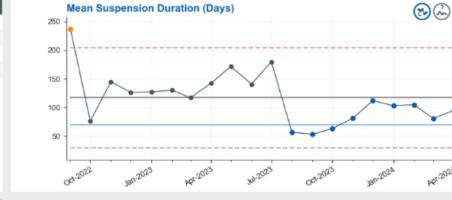
### Summary

- This compilation of charts has been designed to provide a view of the key metrics that are directly related to the factors staff report as important to them.
- Whilst the late finishes and meal break metrics related directly to field operations, the impact of time spent at higher levels of SMP has a real impact on EOC staff, particularly those trying to manage response and flow (dispatchers and clinicians).

# Active Suspensions

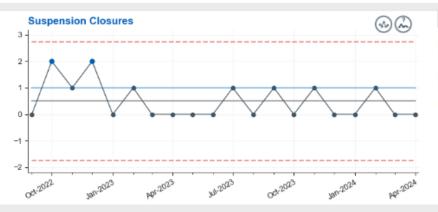
### WF-46 Dept: Workforce HR IP: People & Culture Latest: 20 Target: 10 Special cause of a concerning nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

**Employee Suspensions** 



Dept: Workforce HR IP: People & Culture Latest: 95 Target: 70 Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

WF-47



WF-45
Dept: Workforce HR
IP: People & Culture
Latest: 0
Target: 1
Common cause variation, no
significant change. This
process will not consistently
hit or miss the target.

### Summary

Staff suspension over the past few months have increased over the past 2 months, this increase is mainly due to allegations of sexual misconduct and serious police investigations.

### What actions are we taking?

All suspension are risk assessed and tracked each week by Human resources. Existing suspensions are reviewed by two executive Directors to consider if is proportionate to continue with the suspension for the individual.

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# Statutory & Mandatory Training Rolling Year %

WF-6 Dept: Workforce HR IP: People & Culture Latest: 69.9% Target: 85% Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



Dept: Workforce HR IP: People & Culture Latest: 61.2% Target: 85% Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

WF-40

### Summary

### Statutory & Mandatory Training

As of the 31st March 2024, the rolling overall compliance rate for statutory and mandatory training stands at 82.36%, a 4.95% increase from previous month.

The compliance percentage has fluctuated over the year peaking in April 2023. In April 2024, the Trust's compliance rate for statutory and mandatory Training was 69.93%, significantly lower than the target of 85%. Recent changes to the refresh periods of some subjects have impacted the compliance rate. All subjects are now reported in line with Core Skills Training Framework (CSTF) refresh periods. For example, Fire Safety, the Trust was previously reporting on a 3-year refresh rather than the CSTF's 2-year requirement. As a result, the compliance % reduced from 84.92% to 63.32% due to some colleagues falling into non-compliance earlier than previously expected.

Additionally, the Trust was previously not reporting on Resuscitations Level 1,2, 3, From April 2024, all levels of Resuscitation are now reported in line with the CSTF, providing greater assurance of the accuracy of accuracy of Statutory and Mandatory Training compliance.

### Appraisals

Appraisal completions continues to be below the Trust's target of 85%, indicating that significant changes to the process are necessary to achieve and exceed the target.

In April 2024, an internal review was conducted by the Trust's auditors, RSM. The review considered appraisals, career development and succession planning. The final internal audit report was received on 23 May 2024. The report states; "taking into account the issues identified, the board can take Partial Assurance that that they are meeting the requirements for appraisals, succession planning and career development."

### What actions are we taking? Statutory and mandatory training

- 1. Socialising the new Power BI Dashboard: We are introducing the new Power BI Dashboard to key stakeholders to ensure that the entire organisation understands how statutory and mandatory training is measured and reported. The dashboard provides managers with the necessary information to effectively manager, engage and empower their colleagues to complete their statutory and mandatory training in a timely and meaningful manner.
- 2. Ongoing monitoring: We continue to monitor training compliance rigorously to ensure that any implemented changes lead to sustainable improvement.

### Appraisals

**Employee Development** 

- 1. Internal audit review: The report highlights that there is evidence to show that the rates of appraisals taking place across the Trust are increasing in line with wider strategic priorities, however, significant issues remain. There is evidence to suggest that generally the appraisal process is regarded negatively across the organisation and seen as a 'tick box exercise'. A substantial cultural shift is needed to emphasize the value of appraisals, to ensure that they are perceived as beneficial for individual development and team performance.
- 2. Action plan: In total 10 management actions are made as a result of the audit. An action plan will be presented to the Education, Training and Development Group in June 2024.

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## Appendix 1: Glossary

AQI A7	All incidents – the count of all incidents in the period	F2F	Face to Face
AQI A53	Incidents with transport to ED	FFR	Fire First Responder
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CCN	CAS Clinical Navigator	JCT	Job Cycle Time
CD	Controlled Drug	JRC	Just and Restorative Culture
CFR	Community First Responder	KMS	Kent, Medway & Sussex
CPR	Cardiopulmonary resuscitation	LCL	Lower Control Limited
CQC	Care Quality Commission	MSK	Musculoskeletal conditions
CQUIN	Commissioning for Quality & Innovation	NEAS	Northeast Ambulance Service
Datix	Our incident and risk reporting software	NHSE/I	NHS England / Improvement
DCA	Double Crew Ambulance	OD	Organisational Development
DBS	Disclosure and Barring Service	Omnicell	Secure storage facility for medicines
DNACPR	Do Not Attempt CPR	OTL	Operational Team Leader
ECAL	Emergency Clinical Advice Line	OU	Operating Unit
ECSW	Emergency Care Support Worker	OUM	Operating Unit Manager
ED	Emergency Department	PAD	Public Access Defibrillator
EMA	Emergency Medical Advisor	PAP	Private Ambulance Provider
		PE	Patient Experience
EMB	Executive Management Board	POP	Performance Optimisation Plan
EOC	Emergency Operations Centre	PPG PSC	Practice Plus Group
ePCR	Electronic Patient Care Record	SRV	Patient Safety Caller Single Response Vehicle
ER	Employee Relations	JKV	



			Agenda No	07/24
Name of meeting	Council of Governors			
Date	12 July 2024			
Name of paper	NED Highlight Report – Our p	eople enjoy working	at SECAmb	
priorities for the next 12-2	ew trust strategy in April and has si 4 months; these were agreed in Ju I against the three Strategic Aims:			
	uality patient care <b>y working at SECAmb</b> ble partner as part of an integrated	NHS.		
This report summarises the Governors meeting on 14 I	e main issues the Board has focuss March 2024.	ed on under strategic	aim 2, since th	e last Council of
the new strategy. The two chief paramedic, following appointments of the chief	w senior leadership restructure, be final executive appointments are s the substantive appointment of th finance officer, director of HR, and tion through the first phase of the	cheduled to be made e director of quality a chief digital and info	e in June; direct and nursing; an rmation officer	or of operations and d interim . This executive team
-	l progress made in the past year in			-

The annual staff survey was much improved, including the most improvement across all NHS trusts related to speaking up. The quarterly pulse survey feedback reported recently was also improved compared to the improvements seen in January. However, the Board is clear this is only the start of the journey. It has asked the executive to develop one overarching people plan, to build on the work last year. As set out in the BAF, the three main areas of focus relate to leadership development and implementing both our new trust values (scheduled for the Board on 1 August), and the retention plan which is current under revision.

The Board continues to be concerned about appraisals, which it considers central to the development of our culture. It has challenged the executive to ensure better completion, in line with the 85% target, and improved quality so that each one is meaningful. In response, the Chief Executive has ensured each director has a specific personal objective related to this.

In June, following approval of the new BAF, the Board reflected that the starting point for this strategic aim is much lower than the other two; with a number of longstanding issues to be addressed. As reinforced by the Chief Executive, despite the recent progress, it will be a further 2-3 years before we achieve sustained cultural change.

The new director of HR is making a positive impact already and via the People Committee the HR improvement plan will be closely monitored, in particular related to employee relations.

The Board has asked the executive to be clearer on the key performance indicators so that we are sure that the root causes are being fixed, not just the symptoms. A good indicator of how the dial is shifting will be how staff feel valued, hence the focus of the priorities mentioned earlier. The need for a culture dashboard has also been reinforced, to ensure the Board has the right level of visibility of the impact of the changes being made.

Our people enjoy working at SECAmb				
across the Trust – 70% staff surveyed agree Our staff recommend SECAmb as place to work – over 60% staff surveyed agree Staff turnover reduced to 10% Getting things right for our	elopment programmes by Q3 arterly)			
2024/25 Outcomes         Improve retention to 15% by April 25         Improve staff reporting they feel safer in speaking up – NQPS and Staff Survey         Improve staff recommending SECAmb as a place to work (23/24 survey)         Improve response to ER casework and reduce backlog by Q3         Over 85% of staff have an annual appraisal by Q4         over 85% of identified managers have completed or commenced their leadership development program by Q4	2024/25 – Operating Plan     Deliver 24/25 education, training and development plan (quarterly)     80% rollout clinical supervision by Q1 25/26     Deliver workforce plan, including sickness, retention and recruitment trajectories –     continuous monthly monitoring     Deliver HR Improvement plan to increase capacity and capability by Q4     Deliver 1 People QI priority (EOC Clinical Audit process) by Q4			
Compliance Delivery of EDI Plan - WRES/DES Meet our Sexual Safety Charter commitments Meet our HSE obligations	BAF Risks     Without effective internal and external partnerships, we won't be able to deliver ou strategy as planned.     There is a risk that we do not have the capacity or capability to deliver large-scale			
Delivery of Improvement in the FTSU Plan – measured by a reduction in anonymous reporting and perceived detriment	organisational changes. There is a risk that historic pay issues (in relation to ECSW pay and section two concerns) could have a significant impact on morale / IR.			



## Sustainability & Partnerships

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## SUSTAINABILITY & PARTNERSHIPS



## **Delivered Against Plan**

	March 2024 In the month			April 2023 to March 2024 Year to date		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	26,813	26,702	(110)	321,984	322,649	665
Operating Expenditure	(26,585)	(41,921)	(15,337)	(321,986)	(338,085)	(16,100)
Trust Surplus/(Deficit)	228	(15,219)	(15,447)	(2)	(15,437)	(15,435)
Reporting adjustments:						
Remove Impact of Donated Assets	0	0	0	2	2	0
Remove Impact of Impairments	0	15,439	15,439	0	15,439	(15,439)
Reported Surplus/(Deficit)	228	220	(8)	0	4	4

Cash	50,401	35,568	(14,833)	50,401	35,568	(14,833)
Capital Expenditure	10,464	1,221	9,243	27,055	18,387	8,668
Efficiency Target	1,100	1,643	543	8,988	8,988	0

#### Summary

- The Trust's financial performance was £4k better than planned for 2023/24 compared to the planned breakeven. Financial pressures in 111 and HR were mitigated by profit on disposal of Trust assets, mainly Redhill and Leatherhead Ambulance Stations and higher than planned bank interest received on cash balances held in the bank.
- 2. The efficiency programme has delivered in full, £8,988k worth of savings, which represents an under delivery of £543k compared to the £8,988k plan. 67.8% of the schemes have been generated recurrently.
- 3. The Trust's cash position was £35,568k that is £14,833k lower than plan. due to the payment of supplier invoices. This is mainly driven by the reduction of current liabilities, including trade payables that has a favourable variance of £15,171k includes offset by a favourable variance of £2,158k on current assets, including inventories and trade receivables. This is a result of timelier invoicing by suppliers and payment made by the Trust.
- 4. Capital expenditure of £18,387k is £8,668k below plan. This is due to the delay in receiving DCA lease vehicle that were caused by the delay in building these. The main driver is the delay in the supply of conversion and customisation of ambulances (right of use assets) this is a national issue impacting upon the ambulance sector.

#### What actions are we taking?

- 1. Finance continues to work with budget holders to ensure that Trust delivers its plan for future years.
- 2. Regular updates are being provided to the Joint Leadership Team meetings and Finance and Investment Committee on financial performance, including delivery of the efficiency plans.
- 3. Monthly executive led directorate financial performance meetings are continuing to take place to ensure that each directorate delivers their element of the financial plan e.g., budget and efficiency target.
- 4. The Trust has developed its 2024/25 operating plan that aligns with strategy and partnership working.

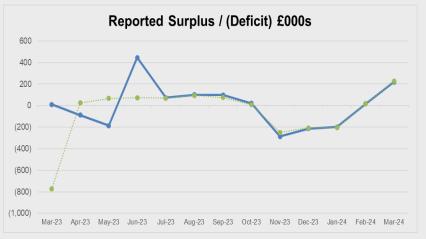
## SUSTAINABILITY & PARTNERSHIPS

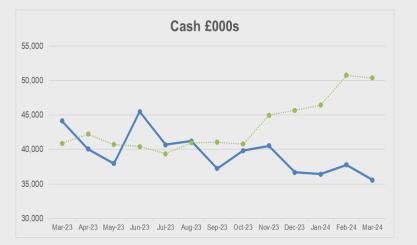
## **Delivered Against Plan**

Actual ····· Plan











#### Summary

- The Trust's financial performance was £4k better than planned for 2023/24 compared to the planned break-even.
- Financial pressures, notably in field operations, 111 services and HR are mitigated by non-recurrent means, mainly through profit on sale of Trust assets including Redhill and Leatherhead Ambulance Stations and higher than planned interest received on cash in bank.
- The main areas to highlight from the graphs are the surge in March 2023 relating to the additional cost and income due to the NHS pay deal, cash for this was received in June 2023, when payments were made to staff. Capital expenditure was behind plan due to delays in receiving DCA vehicles.



# Appendix

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### Appendix 1: Glossary

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ER	Employee Relations	SRV	Single Response Vehicle



			Agenda No	07/24
Name of meeting	Council of Governors			
Date	12 July 2024			
Name of paper	NED Highlight Report -	- We are a sustainable	e partner as part of a	In Integrated NHS
The Board approved the new priorities for the next 12-24 (below). The BAF is framed a 1. We delivery high qu	months; these were agreed against the three Strategic A	d in June as part of the		

- 2. Our people enjoy working at SECAmb
- 3. We are a sustainable partner as part of an integrated NHS.

This report summarises the main issues the Board has focussed on under strategic aim 3, since the last Council of Governors meeting on 14 March 2024. This aim is broad, covering both operational / financial *performance* and *sustainability*, in addition to environmental sustainability in the context of SECAmb and the wider health system.

As set out in one of the BAF risks, servicing the needs of the systems we cover across our region presents significant challenges. Balancing these constraints with the need to engage, will be a focus over the next period as the ICBs put in place their arrangements for collaboration / committees in common etc.

A principal focus of the Board in the last three months has been on the planning round and specifically how the budget supports an operating plan that will deliver the strategy; operational performance; and quality. This is due to conclude by the end of June, and the Board will then hold a session on 4 July to confirm what the executive can reasonably expect to achieve, linked to final plan agreed with the ICB.

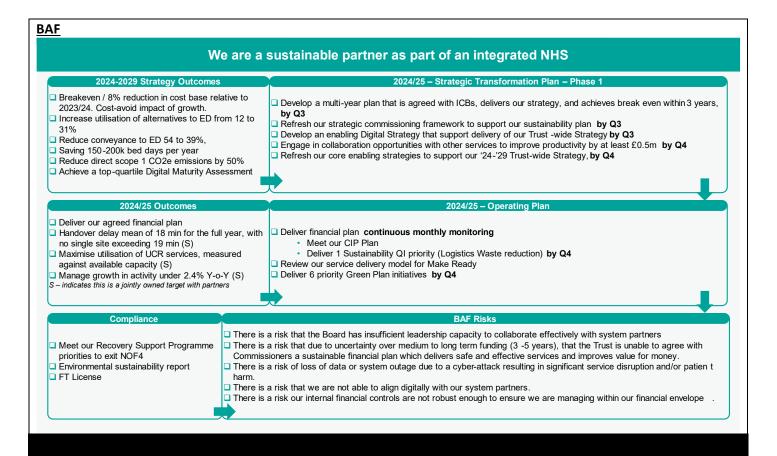
Whatever the final outcome, the trust will for the first time in recent history have a financial deficit plan. The Board is fully behind this plan, because it believes it will provide longer term benefit, aligned with the ambitions of the strategy, which was developed with our internal and external stakeholders. However, there is also a need to ensure we have a plan that over the next 2-3 years ensures balance, and the Board will be overseeing the development of this plan over the coming months.

The cost improvement plan has been tested by the Board and it is satisfied that it is achievable. The element related to operational efficiency will be key and this is directly linked to phase 1 of the strategy – the operating model. Until this is established the executive will need to ensure the controls are appropriately calibrated for 2024/-25, to deliver the C2 mean within the agreed budget.

Digital will be a key enabler of the strategy, one of the reasons for prioritising the appointment of a CDIO. In July the Board will have a facilitated discussion about the digital ambition and what can be delivered in the short, medium and longer term.

The expectations from collaboration are increasing and the Board supports the new Southern Ambulance Service Alliance. Together with the work we are doing with SCAS, related to developing a new strategic commissioning framework across the Southeast, the Board will be keen to ensure we are reasonably ambitious in the areas of collaboration we can take forward. A session was held on 7 June, for the five members of the Alliance (SECAmb; SCAS, SWAST; LAS; EOE) and a prospectus arising from this is being developed.

Lastly, the Board reluctantly accepted the decision of NHSE to keep SECamb in the recovery support programme for up to 12 months, which was a decision solely linked to financial sustainability. NHSE acknowledged the other improvements achieved in line with the exit criteria that have been made since the Well Led inspection in 2022.



#### South East Coast Ambulance Service NHS Foundation Trust

#### Membership Development Committee Report

#### 12 July 2024

#### 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 four 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 to the MDC (Employee Experience and Engagement, Community Resilience, Culture Programming, and Wellness Plans).

#### 2. Membership Update

- 2.1. The total number of staff employed by SECAmb is 4945 as of 1<sup>st</sup> July 2024, and the number of staff that have been employed for a year and over is 4043. These numbers don't include Bank staff, which is 229, this figure does not include volunteers.
- 2.2. The current Public Membership by constituency (as of 18<sup>th</sup> June 2024) is 9237. The breakdown data is as in the below charts.

Constituency	Members	% of Membership	Base	% of Area	Index
Total Membership	9237	100.00	13872904	100.00	
Lower East SECAmb	1815	19.65	828238	5.97	329
Lower West SECAmb	1434	15.53	893980	6.44	241
Upper East SECAmb	3348	36.25	6201763	44.70	81
Upper West SECAmb	2187	23.68	5948923	42.88	55
Out of Trust Area	453	4.90	0	0.00	0

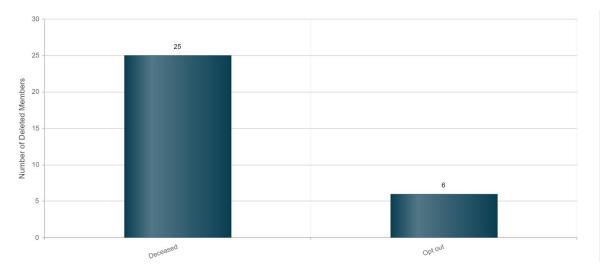
Key: % of membership = Percentage of members within the constituency. Base = Population of people within each constituency. % of Area = Total percentage of members within the constituency who have not joined. Index = A figure indicating how represented the membership is by using the percentage of membership and the number from the base population.

#### 3. Membership History Report

**3.1** The table below shows the number of memberships that have been deleted since the 27<sup>th</sup> February 2024, when the last results were reported.

Public Constituencies	31
Out of Trust Area	1
Lower East SECAmb	7
Lower West SECAmb	4
Upper East SECAmb	10
Upper West SECAmb	9

**3.2** The chart below shows why members are being deleted from the membership database from the beginning of February 2024 to June 2024, with the death of members being the main reason.



#### 4. Membership recruitment update

- **4.1** The trust has circa 9000 members.
- **4.2** All staff, after 12 months with the trust are automatic members.
- **4.3** Governors supported the Trust with local engagement by showcasing SECAmb with other directorates and volunteers, Recruitment, Patient Engagement, and CFRs.

#### 5. Membership Engagement Update

**5.1** All Council of Governors meetings are held in person and online, with the majority being held at Head Quarters, Nexus House. Everyone is welcome, including the public, staff, and volunteers and there is time at the end of the meetings for a question and answer session with the Board.

**5.2** The trust communications team supports by advertising this on our website and the Trust's social media platforms.

**5.3** Our existing members are informed by e-mail when an upcoming COG is taking place or when the Governors are attending a local event.

**5.4** The Governors have attended two large events so far this year and will attend two more large events later on in the year. The Governors have also agreed to attend a few events with the Recruitment team.

**5.5** The Corporate Governance and Membership Manager will continue to support the Governors at their events by coordinating with Trust colleagues to supply the appreciated resources.

#### 6. Staff Recruitment

**6.1** Ian Jeffreys, Assistant Director of Wellness and HR gave a review of the Recruitment Team and the recruitment process.

**6.2** Ian explained the routes of recruitment and showed the media platforms SECAmb uses to attract the attention of our future staff.

**6.3** For first year students Clinical Education provides a five-day preplacement induction program. The week includes a session on Freedom to Speak Up and Sexual Safety. That session includes familiarisation with a graded assertiveness tool for safely raising concerns (e.g. safety concerns or poor clinical practice) – we use the PACE tool (probe, alert, challenge, emergency) <u>PACE: Graded Assertiveness – Psychological Safety</u>

(psychsafety.co.uk) Newly Qualified Paramedics attend a 4-week Transition to Practice course, enabling them to consolidate their learning and launch their careers as a SECAmb Paramedic.

**6.4** As the Trust moves into a selection model of recruitment for the Newly Qualified Paramedics (NQP), from the summer of 2024 all NQP applicants will need to undertake a robust assessment before an offer of employment will be made.

**6.5** The Trust's Emergency Care Support Workers (ECSW), Associate Ambulance Practitioner (AAP), Community First Responder (CFR), and experienced Paramedics undergo a rigorous assessment, covering:

- Driving licence checks
- Fitness assessments
- Multi mini interviews (MMI) covering Motivation, Communication, Health and Safety and Equality, and Diversity.

**6.6** Internation Recruitment has now concluded but over 18 months, SECAmb conducted 332 interviews, over 24 assessment days, following from the assessments 201 successful candidates were extended offers of employment, 62% success rate. 142 candidates have arrived in the UK and begun their new careers with SECAmb. Upon arrival in the UK, our International Recruits were supported in obtaining a UK Address, a 4–8-week Transition to UK Practice, funding towards the first month's rent, and pastoral support.

**6.7** Candidates must live within a 45 minute commute from the station, during the assessment the candidates are asked to stipulate up to three locations they would be able to commute to within that 45 minute. Not everyone can be offered their first choice, but this is communicated via the recruitment team during the compliance and onboarding process. New starters are unable to transfer locations within the first twelve months of employment.

**6.9** The NHS 111 and EOC Clinicians are crucial in ensuring that patients receive the right care at the right time, to ensure that applicants have the core skills required to deliver effective telephone triage, and the assessment process is designed to reflect that:

- Role play triage exercise
- Panel Interview

The team has successfully reintroduced face to face assessments for all clinical recruitment into our contact centres.

**6.10** Call Handlers in NHS 111 and EOC are the frontline in our patient response, ensuring that patients receive the right care at the right time.

We use the following methods to recruit to this role:

- Webinar on life as a Call Handler including sample calls to give a reallife insight into the role.
- Panel Interview

Psychometric testing is due to be introduced later in the year, and work is undergoing to reintroduce face to face assessment days.

**6.11** The Recruitment Team has successfully planned and run three Open Days to introduce the opportunities available within SECAmb. These were run at Crawley HQ and Medway MRC with representatives from the Community Resilience Teams, Wellbeing Hub, Frontline Ops, and the contact centres. Over 500 potential candidates across the three events attended which resulted in 180 applications and 83 new starters. The Recruitment team also attends local events, open days, and career days within the community such as Armed Forces Insight Days, Career events at schools and colleges, and summer fetes. As a result of these, there have been 80 additional applications from these events.

**6.12** Feedback from the recruitment process is fed back to the team monthly, as the team aims for excellence in every interaction.

#### 7. MDC Membership

**7.1** Peter Shore, the Chair of MDC, raised the subject of the ToR of MDC and the membership of Governors. This is under review with the Assistant Company Secretary.

**7.2** The ToR of the MDC clarifies that membership is open to all Governors and that all Governors are encouraged to join a meeting to establish whether they wish to become members.

**7.3** The current Chair of the MDC is Peter Shore, and the Deputy Chair is Sam Bowden, Operational Staff Governor.

**7.4** As the ToR is to be reviewed in September 2024 it was agreed to look at the membership and the requirements of the ToR.

#### 8. Membership Development

8.1 Jodie Simper, Corporate Governance and Membership Manager reviewed the Online Constituency Governor Event, which took place on the 2<sup>nd</sup> May 2024.
8.2 The event was aimed at Public Trust Members only, at the time of the event there were 9215 Public Members on the Trusts database, Civica.

**8.3** Jodie liaised with Comms to help promote the event. Ella Donaldson designed a post for all of SECAmb's social media platforms which consists of Facebook, Instagram, LinkedIn, and X (formally twitter).

**8.4** As well as the social media platforms our trust members were notified of the event by email. Communication was made on the 17<sup>th</sup> April, 23<sup>rd</sup> April, and then 24 hours before the event.

**8.5** From the social posts, five people registered their interest to attend, from the emails sent to the Trust members, 23 people registered their interest including interest from a councillor, a Sussex Partnership NHS Foundation Trust colleague, and two previous Public Governors.

**8.6** When completing the registration form there was an option to ask a question beforehand giving time to get the answers.

**8.7** Four Governors supported the event and attended pre-meets to review the meeting structure.

**8.8** 16 questions were added to the registration form for the Governors to preview, mostly regarding response times and ambulance cover in rural areas. **8.9** The Lead Governor, Leigh Westwood, chaired the one hour meeting. There were four Governors, two members of the Corporate Governance Team, one Comms member, with 12 members of the public.

**8.10** With the event's success, the decision was made to make this a regular event and to hold a Staff Online Meeting to include and staff engagement with the Trust Staff Governors and Staff.

**8.11** In the previous MDC it was agreed that the governors would attend four large local events with less focus on getting new Trust memberships but to "Showcase SECAmb." The 999 Emergency Services Weekend at Eastbourne and The South of England Show at Ardingly have taken place with great success. The Governors had support from Recruitment, Patient Engagement, and the CFR's. The next two events are in September, they are the KSS Fun Day in Kent and the Brooklands 999 Emergency Day in Surrey.

**8.12** The Governors have also been invited to attend events with the Recruitment Team, the Armed Forces Day, and the other two KSS Fun days in Surrey and Sussex. Governors have been asked to advise Jodie Simper if they can attend any of the planned and/or additional events, where she will provide as much support and Trust resources as possible.

#### 9. Annual Members Meeting (AMM)

**9.1** Plans are being put in place for the AMM, which is being held at the South of England Showground, Ardingly on Friday 13<sup>th</sup> September 2024.

**9.2** The Task and Finish Group continues to meet on the first Wednesday of every month, the next one being on Wednesday 3<sup>rd</sup> July 2024.

#### 10. Recommendations

**10.1** All Governors are invited to join the next meeting of the MDC on 15<sup>th</sup> August 2024 at Nexus House, Crawley.

#### South East Coast Ambulance Service NHS Foundation Trust

#### Minutes of the Membership Development Committee

23<sup>rd</sup> February 2024, 1pm – 3pm,

McIndoe 1 - Nexus House, Crawley

#### Present:

David Romaine Leigh Westwood Jodie Simper Richard Banks Ian Jeffreys Carolanne L'etendrine Ann Osler Mark Rist Andrew Latham Sam Bowden Peter Shore

#### Apologies:

Harvey Nash Barbara Wallis Vanessa Wood Linda Caine Angela Glynn Kirsty Booth Brian Chester Nick Harrison Colin Hall Martin Brand

- (DR) Lower East Public Governor (Chair)
- (LW) Lower East Public Governor, Lead Governor
- (JS) Corporate Governance and Membership Manager
- (RB) Assistant Company Secretary
- (IJ) Assistant Director of Wellness and HR
- (CL) Programme Lead Equality, Diversity and Inclusion
- (AO) Upper West Public Governor
- (MR) Appointed Governor
- (AL) Lower West Public Governor
- (SB) Operational Staff Governor
- (PS) Upper West Public Governor
- (HN) Lower West Public Governor
- (BW) Upper East Public Governor
- (VW) Appointed Governor
- (LC) Upper East Public Governor
- (AG) Appointed Governor
- (KB) Non-Operational Staff Governor
- (BC) Upper West Public Governor
- (NH) Operation Staff Governor
- (CH) Upper East Public Governor
- (MB) Upper West Public Governor

#### Minute Taking

Karen Rubins-Lawrie

(KRL) Corporate Governance Administrator

Item No.	Item
01/24	Welcome and introductions.
	Welcome and introductions were made.
02/24	Apologies for Absence
	Apologies were noted as above.

00/01	
03/24	Declarations of Interest
	None declared.
04/24	Minutes of the last meeting and matters arising and action log
	The minutes of the previous meeting were approved with no amendments.
	There are no open actions on the log.
05/24	Membership Development
	RB advised it was noted that governors do not have access to membership details for their local constituency. RB stated there is no reason for this and he can share this with governors asking how do governors want to manage members and how do you engage with them.
	AO advised we don't think about the ambulance service until we need them. All feedback from members in her area are complimentary of our service.
	RB noted that regular constituency meetings with our support of comms and subject matter experts are an option. JS advised that people are now more open at engaging online after the changes that Covid brought. RB explained we can share emails and contact details with governors and this is covered by their confidentiality agreement. RB stated there is no prior knowledge of what the take up was and what was asked. AL noted that BC has done this in the past and no-one turned up.
	RB questioned if it is useful and what do governors want to speak to members advising not all governors have to agree, it is about what you want to do in your constituency. AL noted it is about what our constituency might want from us reflecting that we need to be more visible. AL advised we could hold a short presentation and take away questions to answer. JS suggested an introduction to the governors then a special presentation. RB advised Patient Engagement is a big push and we could link in with Victoria Baldock. AO noted she had attended one of these sessions in person with the previous colleague running it and it was very successful. There were various representative organisations turning up who found the session beneficial.
	PS questioned if there is a process for a constituent to contact their governor directly. JS advised that they come through to us and we pass them on. PS noted that some trusts have governor email addresses on the website, RB noted that it would have to be for all or no governors if we took this up. PS believes this would make governors more accessible and is worth considering. RB noted this would note pose any issues from his point of view. LW noted it may be preferred as they see it is not going directly through the trust. RB noted that if there is a theme to emails it would need to be passed on. All agreed this would be useful. <b>ACTION:</b> RB to look into this and confirm.
	For in person meetings with Patient Engagement team all governors are willing to trial this. PS is concerned we would be putting a lot of work into it and there is a possibility of no-one turning up. AL noted that it may be the people with negative experiences that speak up at these events. We need to make it clear what the benefits of being a member are.
	AL noted the AMM is an issue with the lack of members of the public turning up.

PS suggested a trial for all members, not constituency based, with several governors on the call. AL stated it would be impossible to manage if a large number of people turn up. RB advised we could do a registration to manage it, JS advised we could have someone monitoring the chat. LW stated we can break people out into constituency rooms. AL feels that the more we can engage with the members that have elected us the better, they can get to know their governors better. All agreed to trial online meeting. **ACTION:** RB to work on a trial meeting with slides to get the meeting started.

RB stated he and JS have connections with other trusts and staff that have similar roles and they are building up good relationships. We could use this to link into events and work together. DR advised Sussex Community Trust would be willing to work with us.

JS shared slide of events we are looking at attending. We couldn't attend all events suggested last year due to lack of support from vehicles, staff and governors. We are not diverse enough in our membership and we need to meet that diverse community. We could try smaller Prides, cultural events and Emergency Services days. JS suggested we support the teams from our trust already going and join them. JS asked what events governors want us to do. SB said we need to broaden our horizons beyond Emergency Services Days as a lot of the attendees are already members, JS agreed. JS noted we have asked that more staff members are able to attend events without having to use their own time. AL noted a governor attended an event with a SORT Vehicle and another team member and took a day's leave to attend. Other services such as police and fire put on a better show with vehicles and staff. AL advised there are 40 CFRs licenced to drive vehicles so we could easily get a vehicle. JS noted we need governor support with this, AL agreed volunteers are needed to sort out volunteers. RB agrees and we need commitment to do three or four events per year, well resourced with good kit and ambulances as well as staff support with a governor. AL advised we need to engage with local community responder groups to get them to come along and demonstrate CPR. RB noted this is about showcasing SECAmb, getting members is a side point of this. AL noted it may help with CFR and other recruitment which is why we should get support from community resilience. JS reflected that at every event people were asking about recruitment. AL stated we need to be aware of how we can have maximum impact, some of the smaller shows such as cultural events may not have enough people to engage with. JS stated we need commitment from governors for a whole weekend for the larger shows. ACTION: IJ asked once the dates and venues are determined can they be sent to him to engage with recruitment.

PS queried if we have to be there for the entire show. JS advised that the event organisers want us on the site to the entire weekend. MR noted Police Open Day in Maidstone gets a lot of footfall and may be worth considering as it is a densely populated area. IJ note Brighton Pride is a large event with a high SECAmb presence, but DR noted it is difficult to engage with members at this event. **ACTION:** RB and JS to come up with a plan for the events, including support from other teams to create a larger presence and feedback.

JS asked if anyone thinks of any other events to feed back to her to look into.

JS noted that we want to include staff governors and get staff members involved questioning what we can do. SB advised that people are disillusioned with the organisation so it is hard to get them to engage. SB also advised staff don't realise we have governors or what the governors do. AO advised she was speaking with staff members during the break today and they didn't know what they were. SB advised he does get contacted occasionally, by previous staff governors and locally within his own and local OUs where people know what he does. RB advised that the QAV visits will help raised SB's presence.

	PS wanted to know how we can communicate with our staff members. SB noted the staff Facebook community was shut down and was the most engaging way to communicate.
06/24	AMM Options
	JS advised South Of England Showground been agreed following on from the Options Paper. We have sole access the Norfolk Pavilion with a number of rooms along with a large car park for operational vehicles. We need a Task and Finish group made up of governors to move forward with this. RB noted we are in a stage of continuous improvement and need to make it better than last year. We will liaise with IJ for recruitment and use it as a recruitment day. RB also advised need to improve our comms, last year we had 20 members of the public and that followed on from a huge comms effort.
	Part of the purpose of the MDC is to manage the AMM hence the task & finish group, approximately an hour a month is required to make it as good as possible. RB is working to get green colleagues abstracted and there on the day as that was fed back from last year.
	PS questioned if governors could have a meeting for public members as part of the event of the day away from all the other stands, after the end of CoG and before the AMM. RB advised we need to think of the practicalities of this and it can be brought up in T&F group.
	AL reflected that Lingfield was cramped two years ago and use of space is important to consider. CFRSs and volunteers can do demonstrations.
	Volunteers for Task & Finish Group confirmed as SB, LW, PS and AO. <b>ACTION:</b> JS to follow up with these members. RB noted the one hour per month on Teams may increase closer to the time.
07/24	Patient Engagement
	Report was noted and colleagues asked author to be thanked for her time in preparing. No questions raised.
	PS wants to ensure that we can link in with their events as well as them linking in with ours.
08/24	Equality, Diversity and Inclusion Update
	DR welcomed CL who introduced herself and shared a presentation.
	CL explained the legislative requirements we have as a trust including Public Sector Quality Duty, Equality Act, Workforce Race Quality Standards, Disability Standards, Gender Pay Gap and Equality Delivery System. We have worked over the last couple of years to reinstate the Equality Delivery System.
	CL explained her presentation noting we have 5013 staff members, 2900 female, 2013 male, 393 BME staff, 408 disability and 437 LGB. There are some discrepancies in the date and not all figures reach the total staff number.
	CL stated concerns that have been raised over the last year include inclusive leadership and reasonable adjustments for colleagues who live with long term health conditions. Not all staff report their disabilities as the anonymous staff survey reported over 800. Issues around the fair and inclusive recruitment process is also an issue raised. CL noted that neurodiversity, health issues affecting day to day life are included but many people prefer not to define themselves as being disabled despite the fact they are protected by the

Disability Act. This could mean the recruitment process can be adjusted to support them, or for example adjustments around dyslexia to support them in the workplace. 408 people reported disability at some point during their SECAmb working life, this figure is not necessarily from the point of recruitment. PS asked if it was mostly reported at recruitment, CL does not have this data. PS questioned if the people reluctant at the point of recruitment are concerned it might negatively affect their job. CL explained that all NHS organisations find their staff prefer to divulge the information when it is anonymous as opposed to reporting on ESR.

DR questioned how the act covers those who can't work as a front-line crew. CL explained the act specifies adjustments have to be safe and reasonable. For example a paramedic as a wheelchair user might not be able to keep themselves and their patients safe on the road. We do however have a lot of paramedics who work over the phone so they can still do their role but in an adjusted way. We work with Access to Work, a government organisation, to support us with this. We do have the ability to say the adjustments the staff members are asking us to make means they can't do their roles. We have to give staff other options so they can continue with their careers.

CL explained that in 2023 we achieved a positive programme action to support gender pay gap which was the Springboard Programme and supporting BME colleagues into leadership. A new Equality Impact Assessment Process was developed and is more user friendly, in depth and covers additional areas. We have worked on our reasonable adjustments process reducing time colleagues are waiting for adjustments from 6-12 months, this year 71 requests have come through and 69 have already been closed.

CL advised we have also started celebrating events with staff, the next one is planned for International Women's Day on 6<sup>th</sup> March. We have also got onto the competitive programme of Diversity in Health and Care Programme which supports us in our inclusion journey.

We are currently recruitment for our reverse mentoring programme. CL advised the first cohort will be anyone who belongs to a protected group and is looking at mentoring the most senior staff. We will continue with our positive actions programme, Springboard feedback found 80% of attendees have had promotions. We are also working more closely with our staff networks, the networks have changed a lot over the past few months. We are also focussing further on inclusive recruitment and retention.

RB noted that OUMs are predominately male asking what we are doing to combat this. CL stated we are working with NHS England on this and have had some feedback and suggestions on how we can improve so it has a positive impact and isn't just tokenism noting it won't be something that changes overnight. We are looking at training up recruiting line managers with the correct skills. We also need to ensure we train up the interviewees so they can be their best selves on recruitment day.

DR questioned if we knew the average age of managers. CL doesn't have that data but can report back. CL did note that more senior positions 8c and above are older and mainly male dominated, white caucasian with no disability. OTLs are in the 30s age bracket. RB asked if we had data to say if the 8c and above workforce is proportionate of the rest of the workforce. CL stated there is currently a ceiling of band 6 for BME staff.

IJ noted that data may go the wrong way for a while looking at the senior executives who are currently leaving the organisation. CL noted that last year's gender pay gap report improved but is expected to decline again unless the executives are replaced like for like.

	CL is part of Inclusion, Learning and ODT and advised we have started the fundamentals programme which was developed for Leadership Training for first line managers to enhance competence for future career progression. 322 first line managers have gone through the programme, 24 cohorts, with 11 more planned before March 2025. Building a Kinder SECAmb started in October last year to work on the culture in the organisation in conjunction with A Kind Life. 390 colleagues have attended over 19 workshops with a 90% positive feedback rating so far.
09/24	Wellness and HR Updates
	IJ introduced himself and shared a presentation.
	IJ advised mental health sickness makes up 2% of our 3.66% long terms sickness and a significant number of people come through our wellbeing hub, with a significant increase on people planning suicide. IJ noted that not everyone declares everything in full and it is likely a higher percentage affected by poor mental health. DR noted that PTSD cycle can continue for a long time. There have been seven suicides since we have formally tracked them so we are focussing our energy and efforts on this. There has been a closure of three regional hubs we could signpost people to in the past meaning colleagues now wait up to five weeks for support which is what we are trying to combat. IJ stated we have done a lot of work around suicide prevention in the last 12 months, training people in Mental Health First Aid and the more advanced Applied Suicide Intervention Skills Training. We have a good team managing our trauma risk TRiM Service with a £40k investment via the trust to boost this. The demand is however exceeding capacity. We are now looking at procuring an Employee Assistance Programme to offer 6 counselling sessions over 12 months to further support staff.
	AL questioned if the reducing age of our workforce has contributed to people suffering more with this issue having left university and put straight on the front line, as opposed to learning the trade while being supported by other experienced people as prior. IJ does feel many of the people affected are in the younger age bracket. We are now sending out double crewed ECSW ambulances and people are facing things they are not trained or prepared for. What we expose people to and too quickly is part of the challenge.
	AL stated it would be interesting to compare current data to 15 years ago when people worked at smaller local ambulance hubs without downtime after difficult situations. IJ advised that giving people more time to debrief is being looked at and could have a big impact.
	AL asked if the chaplaincy service is benefiting the teams. IJ confirmed it is well promoted and the skills they bring are invaluable. We would need to speak to people on the ground to see what it means for them in reality.
	IJ advised alternate duties has posed a lot of challenge and a lot of work has been carried out to map out pathways to support people better, and to make decisions around pay for them to make it fair for everyone, including re-evaluating pay protection and getting people back to work. There was no process to monitor unique cases in places and a multidisciplinary team has been created to help manage and make decision relevant to the colleague.
	The Wellbeing Plan is coming to an end and IJ stated that good progress has been made. IJ will be reporting to the People Committee on this. We are starting to look at the plan and priorities for 2025 onwards with a focus on mental health challenges. We are looking at putting a module together in the leadership plan to ensure consistency in practice, this will take time to put together.

DR noted that mental health is an ongoing issue, IJ agreed particularly as our workforce is becoming younger and younger stating that we need to liaise with colleges and universities to help manage this. AL noted we spend a lot of money on recruitment but we don't support them when they get here. The last staff survey stated 46% of staff are thinking about or looking to leave. IJ stated we really need to review the whole trust process and this is something that affects other trusts. There is a working group in Association of Ambulance Trusts around suicide and mental health.

NHS Attendance Management Deep Dive found we were at 9.88% absence. IJ stated that we found we weren't supporting managers with sickness absence and an action plan has been built. This is being worked through such as reviewing policies, welfare checks with colleagues, improving appraisals and the time for wellbeing conversations. IJ is looking to redo the deep dive as this data was collated a while ago. Currently our sickness is 7.24%, on average it is around 6% with other trusts. Our sickness rate has come down and more capability management is happening in a supportive way. AL noted there was a target of £1.3m saving in this years budget, IJ stated the 2% drop in sickness would bring us close to this. While it was about finding money it was more about getting people back out on the road to service patients. As a general rule we are almost at full recruitment which can take off the pressure and improve morale. AL stated it was all quite holistic and a general movement forward is needed to benefit all of these metrics. IJ advised Simon's approach to valuing our staff on the ground is very positive and he has asked HR to make a lot of changes to help towards this.

The Retention Plan 2023-2025 has been approved. IJ explained we are trying to source  $\pounds$ 1.9m funding to bring that to life. We believe we have the initiatives that are going to make a real difference going forward. The next time IJ attends MDC he will dedicate his presentation to the Retention Plan. We are looking at re-banding ECSWs to a band 4, working with unions, as well as a lot of other work at how we are retaining our people. It is  $\pounds$ 14,000 for initial start up training for a paramedic so we might need to spend more upfront but the net result is saving much more than that as well as having a positive workforce and better outcome for patients.

IJ advised that the Leadership Programme is now working on the next level middle management course and building specialist modules you take at a later date to further enhance leadership skills, two are being built for retention and wellbeing.

IJ spoke about the Resolution Policy advising we are moving away from grievances. We are now looking to start training our mediators thinking about how we resolve issues at the point they are raised before they turn into grievances. We currently have 77 grievances which is the lowest number for a long time but is still too many. Some of these are inconsistent practice and others are around leadership. We are looking at getting an external agency to investigate and support as well. We do not have enough trained people in the organisation to do this, and if we did we often wouldn't be able to free up their time. This means we can speed up the process, it currently takes up to six months to resolve a grievance which is a stressful process for everyone involved. AL noted they can be resolved quickly. IJ reflected we have not trained our leaders to resolve issues in the past, but we are now getting policy and HR to support this.

DR thanked IJ and reflecting it was insightful and interesting.

PS observed that there are a lot of presentations in meetings and thanked IJ for creating clear slides that were readable and accessible, tailored to the audience.

	RB confirmed DR is leaving at the end of his tenure in March leaving his post vacant. PS has volunteered to Chair this meeting going forward. All agreed.		
	We also need a Deputy Chair, SB volunteered. All agreed.		
	AL thanked DR for his time as a Governor which was echoed by the whole meeting.		
11/24	Any other Business		
	None.		
12/24	Review of Meeting Effectiveness		
	Did the meeting run to time? Yes		
	Was the meeting useful? Yes		
	Suggestions for improvement? Colleagues are happy with the content of the meeting and feel this time has been really positive hearing the actions taking place around the challenges the trust are facing.		
	Date of Next Meeting: 13 <sup>th</sup> June 2024 at Nexus House.		

#### SOUTH EAST COAST AMBULANCE NHS FOUNDATION TRUST Council of Governors Nominations Committee Report

#### 12 July 2024

#### 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 most recent nominations committee activity.

#### 2. Chair and NED Appraisals

- 2.1. The committee met on 21 May to receive the appraisals for the Chair (David Astley), and the other NEDs. This included a satisfactory assessment against the Fit and Proper Persons Test Framework.
- 2.2. Details will be provided to the Council at its meeting in private.

#### 3. NED Recruitment

3.1. There are currently no NED vacancies and so no further NED recruitment is planned for the remainder of 2024.

#### 4. Recommendation

4.1. For information.

#### Usman Khan

Chair (on behalf of the Nominations Committee)

#### South East Coast Ambulance Service NHS Foundation Trust Council of Governors Governor Development Committee Report

#### 12 July 2024

#### 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. Governors are strongly encouraged to read the full minutes from the GDC meeting.
- 1.6. The minutes are attached as an appendix of the most recent GDCs held 23 February 2024. These minutes are confirmed as an accurate record.
- 1.7. The GDC meeting held in June 2024 provided feedback from the previous CoG, agenda setting for the upcoming CoG, and Governor training and development requirements.

#### 2. Items of note

- 2.1. Plans were presented that are underway for Governors to attend Quality and Engagement Visits.
- 2.2. Governors were reminded of the opportunity to shadow ambulance shifts and listen in to calls for 999 / 111 and were encouraged to do three per annum so to ensure our Governors are Understanding SECAmb and fulfilling their roles as Governors.
- 2.3. Governors are reminded to complete the <u>Governor Activity Form</u> when any activity has been carried out to ensure a record has been made.
- 2.4. Governors have a full training schedule for 24/25 published and are asked to ensure attendance.

- 2.5. Governors have been invited to the NED Committees for observation, they were asked to complete the NED Observation Form and return with dates they are available to attend. The final dates have been sent out confirming two dates per each committee with a maximum of 4 Governors observing. The aim of the observation is for the Governors to see and understand the assurance NEDs seek in action.
- 2.6. Governors are reminded of the upcoming NHS Providers training. The Governors at the GDC meeting confirmed the topics they would like to see on the agreed dates.

#### 3. Recommendations:

- 3.1. The Council is asked to:
- 3.2. Note this report.
- 3.3. Note the minutes of the previous meeting included within the appendix.
- 3.4. All governors are invited to join the next meeting of the GDC on 15 August 2024 at Nexus House, Crawley.

Richard Banks (On behalf of the GDC) Assistant Company Secretary

### Appendix One

#### South East Coast Ambulance Service NHS Foundation Trust

#### Minutes of the Governor Development Committee

### 23<sup>rd</sup> February 2024 - 10am-12pm

#### Nexus House, Crawley, McIndoe 1 & 2

#### Present:

Leigh Westwood David Romaine	(LW) Lower East Public Governor & Lead Governor (Chair) (DR) Lower East Public Governor
Martin Brand	(MB) Upper West Public Governor
Ann Osler	(AO) Upper West Public Governor
Sam Bowden	(SB) Operational Staff Governor
Peter Shore	(PS) Upper West Public Governor
Josh Norman	(JN) Head of Quality and CQC Compliance
Mark Rist	(MR) Appointed Governor
Andrew Latham	(AL) Lower West Public Governor

#### Attendees:

Richard Banks	(RB) Assistant Company Secretary
Jodie Simper	(JS) Corporate Governance and Membership Manager

#### Apologies

Harvey Nash	(HN) Lower West Public Governor
Angela Glynn	(AG) Appointed Governor
Kirsty Booth	(KB) Non-Operational Staff Governor
Barbara Wallis	(BW) Upper East Public Governor
Linda Caine	(LC) Upper East Public Governor
Vanessa Wood	(VW) Appointed Governor
Nick Harrison	(NH) Operational Staff Governors

Brian Chester	(BC) Upper West Public Governor
Colin Hall	(CH) Upper East Public Governor

#### Minute taker

Karen Rubins-Lawrie (KRL) Corporate Governance Administrator

ltem No.	Item			
Introdu	ntroduction and matters arising			
01/24	Welcome and introductions.			
	Welcome and introductions were made.			
02/24	Apologies for Absence			
	As above			
03/24	Minutes of the Meeting 28 <sup>th</sup> November 2023 & Action Log and Matters Arising			
	No outstanding actions.			
	Minutes approved without amendments.			
Busine	ess for discussion			
04/24	Council of Governors Meeting			
	RB requested feedback from previous CoG. MB felt the new format went well with NEDs feeding back first however it felt rushed and crammed into the time slot without time for all the questions. PS raised the strategy presentation advising it felt too long noting there needs to be a balance of being informed and CoG business. MR noted the observation that time is relevant for all meetings and we don't get chance to explore everything we want to. MB noted the risk of having NEDs speak first limiting their time due to previous presentations, MR agreed.			
	MB also raised the NHS Providers presentation and noted that board reports shouldn't be just sent over. There should be a report from each NED for the CoG. The trainer advised this had been fed back to the trust. <b>ACTION:</b> RB will take this issue to Peter Lee and the Chair.			
	PS asked how the CoG agenda is put together and who feeds back. RB advised it was the outcome of today's meeting, along with input from Peter Lee and the Chair. PS noted that			

governors don't have to opportunity to agree the agenda as a whole. RB noted that today's meeting will ensure what is on the agenda. MB also noted that we don't get the opportunity to talk about the timings and feels the time to talk about NED reports is insufficient.

RB asked what the governors would like to add to the next CoG agenda, what is concerning the governors most. MR noted the governors are aware of the changes happening at board level but he would like to know what the NEDs feel about it so the governors can look at how they are contributing at that level. LW agreed.

AL wanted to understand if the NEDs feel assured that the trust structure will still be able to operate with only three executives being left. AL noted that Margaret is only interim and would like board assurance that the governance of the organisation is still secure. A lot of deputies are interims dealing with executive roles. SB noted it is causing uncertainty and the view from the staff on the road is that the organisation is chaotic. AL stated that the strategy is looking positive but there are other areas of concern.

PS would like feedback on progress and outcome of the Well Lead Review following on from the session with the consultants.

MB held public sessions last year and didn't feel they worked well, they did not take input from the public. Someone advised that 'the strategy is developed way beyond where the governors are now'. Where are we with Well Lead Review and the transformation programme, how does it all fit together, and what is the time frame? The governors have not met the consultants from Moorhouse, the consultants the governors thought they had selected were not the ones who ended up on the project.

DR queried where we are on funding after a conversation he had with Simon at the Christmas dinner. Whatever we plan to do, it is contingent on getting the right level of funding?

RB summarised points to take forward:

- Assurance around board-level structure.
- Strategy.
- Finance and funding for strategy and structure.
- Well Led Review.

RB noted that the role of a governor is looking at where we are in the year and to ensure assurance that everything the board is effective. In terms of assurance are we thinking about performance of trust, financial performance and are we set up to deliver the strategy? RB comments that the council should be looking more at what is just in the paper and to ensure the wider picture is reviewed. All agreed.

AL would like to understand if the cost saving measures in last year's budget was reliant on the movement of Hear & Treat from 10% to 14%. The board papers showed a graph affecting the financial performance which went to 14% more quickly than anyone has talked about and was an unrealistic target. We are still not near 14% and it would be useful to see if cost savings have been made elsewhere, and if the budget is being spent elsewhere. AL didn't feel clear on this after the last finance committee.

MB noted that we are being told we are on track to achieve financial balance at the end of the year but it turns out to work a different way. MB requested reassurance from Howard last time. Are the reserves being raised to achieve a theoretical target? The finance committee report should cover this, how can the NEDs hold execs to account without this?

DR doesn't always feel that the NEDs have been holding executives to account. RB noted that the role of the governors is to hold NEDs to account and therefore is this something to think about. MR agreed it is a case of holding the mirror up to ourselves. LW agreed.

MB advised the NHS Providers trainer said there is a difference between reassurance and assurance. The NEDs get assurance as they are out and about in the trust while governors get reassurance from the NEDs. AL noted we have had all the board reports which are extensive, it is not our role to review those and that summaries would be more helpful. The concern with this is only the good things would be put forward, a balance needs to be struck. RB noted that it is to ask if you are assured, then how are you assured. AL noted

we are not here to criticise but to help the trust move forward however difficult questions need to be asked. LW stated more evidence is required.

MB advised the problem with the sheer amount of data provided it is difficult to pick out all the numbers required. Howard advised MB that he just focused on the exceptions. How do we triangulate what we are being told from where we sit. We need to be focussing on what is in the red so we can question the NEDs to see if they are addressing the issue, it is management by exception.

PS noted that it would be useful to have board papers available, but it is not part of the requirement to read them as the volume is so large. RB confirmed that it is the role of a governor to read them, but RB noted it is our job to make them easy to digest. RB noted he cannot make decisions on a NED summary. MB advised that the papers aren't being issued as NHS Providers say they should. BAF and IPR are always noted at the bottom of the page. RB noted that this issue will be fed back.

AL stated that the new Chair should be introducing himself to the Governors as not everyone has had chance to meet him and find out about his hopes the organisation. RB noted that Simon's EA is working on dates for that at the moment.

SB feels the organisation is suffering difficulties at the moment with lack of trust in management with no clear leadership or direction. The NEDs need to sort out the HR department, recruitment is excellent but after that there are issues with lack of response and being able to contact them. People are getting away with things as nothing is being addressed. SB has noted issues with Special Leave policies and managers not following guidelines, staff members just aren't getting support from HR. SB therefore feels NEDs aren't doing their jobs to hold the board to account. RB asked SB to bring this up at the next CoG and apologised that this is the situation with some staff members. MR noted that Simon has a degree of trust and there is a desire to see positive things quickly in the restructure to prevent him losing that trust. LW noted the restructure is destabilising things at the moment. SB noted that there is a lack of communication about the bigger picture about the restructure leaving a lack of certainty. AO agreed and stated we need to settle down after so many changes at the top, noting HR is a problem. LW noted that Simon has advised him that HR is on his radar and has been since day one.

RB stated that the pre-meet needs to be utilised to formulate these questions.

MB advised he works with the Training and Workforce directorate of NHS England. He gets to speak with students and is aware of undergraduates who get placements with the trust. He has heard alarming things from them. A presentation of the recruitment process for paramedics would be useful as they come from different streams. How are they embedded into the trust at different levels? The recruitment experience and the experience they have after arriving are very different, raising issues such as their clinical supervision before, during and after they join. RB suggested asking colleagues to attend the next GDC/MDC to present on this point.

**ACTION:** RB suggested MB write a brief as to what the governors would like in the presentation and sending to RB. AL agreed this was a good idea as the last time HR did a presentation it wasn't a positive experience. MB agreed to do this within a month. All to feed into MB who will circulate once completed.

MR noted is has been harder this year to get answers out of SECAmb as a partner agency. MR wants to speak with Emma Williams about this. MR also noted as governors we need to be more aware that the Health & Safety Executive is looking at the trust and the number of incidents happening.

PS noted that we have spoken about a lot of important things and the importance of linking it with the pre-meet. The pre-meets in the past haven't used the opportunity to agree those things and it doesn't come together as we may want. Can we all be disciplined in that meeting and look to LW to ensure that we are ready to come into the CoG. RB advised we can extend the timing if needed and the room will be available. LW noted 45 minutes for the next pre-meet is a good idea.

		RB asked, and confirmed would support in future COG development, that when we are thinking about concerns can we view them through a lens of risk when formulating points and queries.
		AL questioned if a model question could be created to ensure we pick up all the points. LW noted this is something we are moving away from. RB advised this can remove the element of good governance. The questions can be formulated between the meeting and now, the pre-meet is to nail the question down. AL stated the NEDs may not know all the details as they don't work for the trust full-time. LW said we are not trying to catch anyone out, they can come back to us in the future with answers if they have them. NEDs are on board with having the questions asked on the day as opposed to being sent before. PS said we need to make sure we frame the questions within the context of our role rather than just asking an operational question. AL agreed it is about trying to make sure we are focussed with our questions. RB advised we can set time aside in the diary if needed, AL advised it can be discussed the pre-meet.
0	5/24	Governor Development
		NED Committees
		JS has sent out the dates of the NED committees and confirmation will be issued early next week for viewing the committees. The is a maximum of three governors for each date. Governors are to be able to see and understand how the NEDs manage the committees. There are forms to complete for feedback afterwards to send back to us and any spare dates will be sent out for everyone to see.
		Observation Shifts
		JS spoke about observation shifts on ambulances. To start the process there is a form to complete, a video to watch and a quiz to complete. A code is then issued to you to give the OU. JS has a link to slides to cover and explain this further if required. AL advised has had positive feedback at the speed these shifts are now going through, RB noted he has had a positive experience and confirmed you can request a shorter shift. RB highly recommends everyone does their three allowed shifts per year noting you get to meet staff, the patients gain deeper understanding about how it all comes together.
		JS advised if anyone is interested in observations shifts in 111 or 999 please let the Corporate Governance team know. PS advised he was very impressed by the advisors on his observation shift, noting how they juggle skills and remain calm in high-pressure situations.
		NHS Providers – In House Training
		JS noted four dates have been booked in and shared the agenda for the session on 9 <sup>th</sup> April asking for governors to advise of they can make the session. AL would like to attend the financing session but not the morning session as he has done similar training before. RB advised due to the high cost we want maximum attendance at these sessions. PS noted he hasn't had the slides for the last session or had the opportunity to give feedback. PS didn't feel the course was well managed time-wise wise and it took too long at certain points. RB noted the sessions started late as the prior meeting overran and the trainer is aware of the concerns around that session. PS was expecting a bespoke course noting it covered things he already knew. RB advised new governors were in that training session and may have benefitted in a different way from the training. MB suggested the session could be split if there are two trainers, one for the new governors and one for the current.
		<b>ACTION:</b> RB/JS to look at agenda for April course to see if it can be updated on to be more relevant for all attendees.
		JS noted the other dates booked for training an asked governors to think about what courses everyone wants, there are two courses in each day including an internal colleague from finance on one of the days. MR stated accountability and helding people to account

from finance on one of the days. MB stated accountability and holding people to account

would be best done early on, along with effective questioning, and that it is about finding what is most relevant for the new governors. RB has taken this into account.

Courses were agreed as follows:

8<sup>th</sup> July 2024 - Accountability and effective questions.

1<sup>st</sup> October 2024 - Members & Public Engagement and SECAmb Finance.

4<sup>th</sup> February 2025 – Accountability??

#### QAV Visits

JS introduced Josh Norman to give an update on QAV visits for which a new list of dates and locations have been sent out.

JN advised his role is heavily assurance based, there is only one of him in the team and it is a challenging role. The visits were designed to replace the old CQC mock inspections. JN advised the CQC have changed their strategy completely using a singular assessment framework which could be challenging as we are being regulated the same way as a hospital or GP surgery. The CQC want feedback from all stakeholders in the organisation. Our process is intensive, there is a meeting prior to the visit which looks at quantitative data and looks at five key areas; safe, responsive, effective, caring and well lead. JN is trying to look at it through a risk lens. The EPRR report highlighted a few things in terms of compliance. They are going over to Gatwick following on from some soft intelligence. Eight visits have taken place this year in field operation units. The move to Medway meant we couldn't do West EOC in September and this is the next one due. He is encouraging everyone to get on the phone with the EMAs to understand the job they do noting that they are paid as Band 3 as according to Agenda for Change and this is a reason why we can't recruit well in that role. JN encourages everyone to book onto their local QAV. We do not want two governors or NEDs on the same visit. There is a limit to six people on each visit and other areas must be able to be represented including Health & Safety, IPC and Commissioners. There are regular debriefs throughout the day and the process is to engage with all staff and leaders, not just the staff in green, as many non-operational staff get left out. Some of the themes coming out are quite apparent and the HR issue has come up in every visit, which has now been escalated.

JN was a paramedic, then a team leader, a manager and is now seconded into this role. He echoes that it feels unstable at ground level and that communication isn't effective and there is too much of it. Things we push out to staff by email are not always relevant. Everyone has responded positively to the new Chief Executive and the fact there is change happening gives some assurance. Staff are also feeling the pressure of the cost of living crisis which is impacted by the reduction in overtime shifts available. JN reiterated the importance of booking on to a visit and speaking with staff. If you have a particular area of expertise, you can find out their view on those areas.

JN noted a governor and a NED can be on one visit as an exception but ideally they need to be on separate visits.

AO noted that Kirsty previously advised it takes seven people to get one crew on the road, so it is important to not forget everyone working in the background.

DR advised we had a comprehensive plan to meet the requirements of the CQC, and asked how is that plan working. JN confirmed we had a good relationship with our previous CQC manager and but that there are no relationship managers now. We have regular meetings about what we must do to meet the requirements set out.

JN noted that we are in special measures and have RSP meetings every week. It is expected we come out of RSP in March or April at which time CQC will come back and

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	visit. A lack of a Quality Management System has been noted and JN is looking into it. He is trying to prioritise everything but it is challenging as he there is no-one else in his role.
	MB asked where the HART EPRR visit is, JN advised one day is at Gatwick and Uckfield EPRR/SORT and then the next day at Ashford.
	MB noted he is booked to go to Chertsey and asked what the reviews are like. JN advised he meets with the OUM to feedback information gathered, actions are also fed into SMG monthly. Previous action points from the past year are also reflected on to check the progress. Ideally, he would like a review every six months but at the moment cannot be due to capacity, JN is hoping some new software may help with this to ensure compliance.
	PS reflected on his visit. He noted a firmer brief to the governor to say what needs to be concentrated on may be helpful so we know what we are adding to the process. How could you use the governor, what do you want them to do? JN has taken that on board and is always looking to improve. JN noted that the various roles of the governors and their own areas of expertise. This is a mutually beneficial process to see how an OU works and lean on the governors expertise. For example MR would focus on the collaboration of the teams and external agencies with his expertise from the Fire Service. It is about getting the feel from staff who are on the ground working hard treating patients and about finding out what is happening at grass roots level. PS also noted governors represent the interests of the public. JN welcomes this idea noting the process might change and evolve as feedback is received. RB stated the visits are for staff and public governors.
	AL noted that West EOC is a large group of people, JN noted 8 people are allocated for this including Head of Compliance from London Ambulance Service so we aren't duplicating work nationally. JN and AL to discuss further offline. AL noted the governors are concerned at the near 50% turnover and asked if MR found similar in the fire service. MR noted they are the highest paid in the services and the Fire Service have good retention. MR noted they do not get the consistency of demand as they do in the EOC reflecting that the pay in EOC is a major issue.
	JN will deliver a paper to the board at the end of March on where the risk is in terms of compliance and quality. The visit to Paddock Wood highlighted some key Well Lead areas and some actions have been taken at a corporate level to put in place for improvements. MR noted that he attended this with a NED and felt they were complimenting each other's work. RB stated this report may be good to take to CoG. RB also noted that Governor Activity Forms needs to be completed after all the visits.
	<b>ACTION:</b> JS advised that anything completed as a governor needs to have a completed Governor Activity Form.
06/24	Review Governor Attendance at CoG Meetings
	JS stated higher attendance is preferred, asking governors to respond to the invites so we know who is going to be there and be involved. We recently had a meeting where we didn't have enough people attending to be quorate. JS advised that even if you are unsure about attendance can respond using the tentative button.
	RB noted the last Joint Board/CoG was poorly attended by Governors, although RB noted there may have been an error with communication on this one. RB asked for maximum attendance at the upcoming Joint Board/COG.
	RB noted we are relatively happy with attendance and he understands governors are all volunteers. All dates for future meetings are on NHS futures. The only last-minute dates are for nomination committee members which stand up due to NED recruitment. RB thanked PS and HN who have recently been appointed to this committee.

	RB advised that Simon Dobinson has left due to a promotion and noted the new governors, reiterating the safeguarding of Zak Foley, our young governor, and the communications sent out. Amanda Cool has also resigned.
	MB noted the duplication of invites from Julie Harris and questioned if that has been resolved. JS advised it has and that all invites come from the Corporate Governance Inbox.
07/24	Review of TOR
	PS noted wording on the TOR of membership and governors. RB will update.
	AL noted something which arose in the interviews for the chair from the interviewees, the lead governor should be in the private board meetings. Can this be put forward to the new Chair. The lead governor should be able to represent the governors at all board level. LW and RB agreed this is an interesting point to raise. LW noted he does have 121s with David currently. PS advised he used to attend private board meetings at Queen Victoria Hospital and he found it useful.
	<b>ACTION:</b> RB will speak to Peter Lee in the first instance. LW advised he does have time to attend these meetings.
	All agreed to support amended TOR for COG approval.
	PART 2 – Other business
08/24	Any other business
	RB would like to think about the timings of these meetings, could they be made shorter so it is not a full day out? It was suggested a start time of 9:30 am, with half an hour for lunch, to bring the day forward perhaps. <b>ACTION:</b> All agreed to trial this and feedback after the next meeting.
	AL noted the subcommittees and the amount of governors attending them has changed questioning why is there are restrictions as governors are not allowed to speak. RB will
	find out the reason why but note we do struggle at times to even get one governor in the room. AL feels that the wider the audience that sees Finance and People Committees papers the better, they can then feedback to those who are attending. <b>ACTION</b> : RB to look into this.
09/24	find out the reason why but note we do struggle at times to even get one governor in the room. AL feels that the wider the audience that sees Finance and People Committees papers the better, they can then feedback to those who are attending. <b>ACTION</b> : RB to
09/24	find out the reason why but note we do struggle at times to even get one governor in the room. AL feels that the wider the audience that sees Finance and People Committees papers the better, they can then feedback to those who are attending. <b>ACTION</b> : RB to look into this.

#### South East Coast Ambulance Service NHS Foundation Trust

#### Council of Governors

#### **Governor Activities and Queries**

#### July 2024

#### 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 the Governors' updating of an <u>online form</u> and other activities of which the Assistant Company Secretary has been made aware.
- 1.3 The Trust would like to thank all Governors for everything they do to represent the Council and talk with staff and the public.
- 1.4 Governors are asked to maximise attendance at both GDC/MDC and COG and where possible are reminded of the value add in attending board.

Date	Activity	Governor
14 <sup>th</sup> March 2024	Council Of Governors Meeting	Andrew Latham
		Angela Glynn
		Ann Osler
		David Romaine
		Harvey Nash
		Kirsty Booth
		Leigh Westwood
		Linda Caine
		Mark Rist
		Martin Brand
		Peter Shore
		Sam Bowden
		Vanessa Wood
19 <sup>th</sup> March 2024	EOC West Observation of 111 & 999	Harvey Nash
20 <sup>th</sup> March 2024	SECAmb Recruitment Event – Nacro	Linda Caine
	Centre, Chatham, Kent.	
21 <sup>st</sup> March 2024	Field Operation Celebration event	Linda Caine
21 <sup>st</sup> March 2024	Audit Committee	Martin Brand
21 <sup>st</sup> March 2024	People Committee	Andrew Latham
22 <sup>nd</sup> March 2024	Longlisting Meeting	Andrew Latham Peter Shore

2 <sup>nd</sup> April 2024	CoG Vision Meeting	Andrew Latham Peter Shore Zak Foley Martin Brand Kirsty Booth Mark Rist Harvey Nash
3 <sup>rd</sup> April 2024	AMM Task and Finish Group	Peter Shore Sam Bowden Leigh Westwood
4 <sup>th</sup> April 2024	Formal Board	Harvey Nash Stephen Mardlin Peter Shore Andrew Latham Ray Rogers Linda Caine
8 <sup>th</sup> April 2024	Executive Director of Quality and Nursing Interview Panel	Stephen Mardlin
8 <sup>th</sup> April 2024	Shortlisting Meeting	Andrew Latham Peter Shore
9 <sup>th</sup> April 2024	NHS Providers Training (Evaluation results included in papers)	Ann Osler Sam Bowden Stephen Mardlin Ellie Simpkin Martin Brand Zak Foley Peter Shore Andrew Latham Leigh Westwood
11 <sup>th</sup> April 2024	QPSC	Harvey Nash Ray Rogers Zak Foley
12 <sup>th</sup> April 2024	Observation Shift at Medway	Linda Caine
19 <sup>th</sup> April 2024	Shadowing Shift at Medway – Please see Appendix One.	Linda Caine
22 <sup>nd</sup> April 2024	NED Interview	Andrew Latham Peter Shore
22 <sup>nd</sup> April 2024	NED Stakeholder Panel	Harvey Nash
25 <sup>th</sup> April 2024	Joint Board / COG	Leigh Westwood Kirsty Booth Linda Caine Ann Osler Sam Bowden Chris Burton Stephen Mardlin Harvey Nash Andrew Latham

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		Peter Shore
		Ellie Simpkin
		Zak Foley
		Martin Brand
		Ray Rogers
		Andy Erskine
30 <sup>th</sup> April 2024	Online Constituency Pre-meet	Harvey Nash
	Meeting	Leigh Westwood
	Weeting	5
1 <sup>st</sup> May 2024	AMM Task & Finish Group	Peter Shore
		Leigh Westwood
		Sam Bowden
2 <sup>nd</sup> May 2024	Pre-meet and Online Constituency	Leigh Westwood
	Event	Harvey Nash
		Linda Caine
		Andrew Latham
3 <sup>rd</sup> May 2024	Debrief Online Constituency Meeting	Harvey Nash
· · · · · · · · · · · · · · · · · · ·	,	Leigh Westwood
		Andrew Latham
	OA) ( Drighten	
22 <sup>nd</sup> May 2024	QAV – Brighton	Kirsty Booth
23 <sup>rd</sup> May 2024	David Astlav's Patiromant	Harvey Nash
23 <sup></sup> May 2024	David Astley's Retirement	
23 <sup>rd</sup> May 2024	Finance & Investment Committee	Andrew Latham
-		
30 <sup>th</sup> May 2024	Horsham Job Fair with Recruitment	Harvey Nash
2 June 2024	999 emergency services weekend -	Leigh Westwood
	0,00	•
	Eastbourne	Harvey Nash
		Zak Foley
5 <sup>th</sup> June 2024	AMM Task & Finish Group	Peter Shore
		Leigh Westwood
7 – 9 June 2024	South of England Showground event	Peter Shore
		Harvey Nash
		Zak Foley
		Stephen Mardlin
13 June 2024	Governor Development Committee	Kirsty Booth
		Ann Osler
		Andy Erskine
		Ellie Simpkin
		Zak Foley
		Leigh Westwood
		Peter Shore
		Harvey Nash
		Stephen Mardlin
		Nick Harrison
		Chris Burton
13 June 2024	Membership Development Committee	Kirsty Booth
		Ann Ösler
		Ellie Simpkin
		Zak Foley
		Leigh Westwood
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19 <sup>th</sup> June2024	QAV – Medway	Peter Shore Harvey Nash Stephen Mardlin Nick Harrison Chris Burton Linda Caine
20 <sup>th</sup> June 2024	QPSC	Peter Shore Martin Brand

#### 2. Governor Enquiries and Information Requests

2.1. The Trust asks that general enquiries and requests for information from Governors come via Richard Banks and his 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.

09/03/2024 17:51 Hope all is well, I'm just dropping an email to	Subo Shanmuganathan replied on 11/03/2024 09:12
under the peoples committee. I've been approached by two staff members in less than a month stating that the duty tactical has denied carers leave as per the special leave policy (in which they met the criteria and had at least one if not more of the three allocated days remaining). This has caused adverse affects and emotions on those involved. I'm aware in one case that it related to the bereavement of a relative, an already distressing time, made worse by policy being disregarded and adding to the stress of our staff members. These are just two examples locally, however if it's happening that frequent locally I imagine there may be further examples. Could this please be raised to the relevant executives so a review can be carried out and they can ensure the senior workforce are aware of and understanding of	Morning Sam, Many thanks for bringing this to my attention. I'll discuss with Tim Widdowson when he is back from leave and ask him to follow up. Friday 22 <sup>nd</sup> March 2024 – Subo Replied: Morning Sam, Now that Tim is back from annual leave I have asked him to look into this matter. Best wishes, Subo

(OUM, Local HR and Union rep). However thought it important and relevant, given our more global issues with our HR department, that this be raised to the NEDS and onward.	

#### 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.

#### Appendix One

#### **Governor Activity Reports**

(Taken from the Governor Activities and Queries Report)

#### <u>19th March 2024 – QAV - EOC Visit 999 & 111 – Harvey Nash</u>

Talked with managers, team leaders and call takers. Report provided to Josh Norman. Made welcome, good morale and professionalism.

#### 20th March 2024 – Recruitment Event – Nacro Education Centre Chatham – Linda Caine

I attended the event with Megan Porter 111 Health Advisor with SECAmb. The event was to showcase job opportunities within organisations you young people/young adults currently with Nacro Education Centre to gain certificates which will help with employability opportunities. SECAmb provided one of the stalls to share more about the organisation and employment opportunities within.

Megan and I were able to talk through role opportunities within SECAmb, education and apprenticeship opportunities with Megan talking through her career path and I explained about other corporate opportunities and NHS benefits once you join the organisation. There were several interested students who were unaware of the Medway MRC and realising there were job opportunities local to them in which they could build a career.

It was an enjoyable experience of being able to inform and educate young people and students on the wider opportunities which SECAmb can offer.

I express my thanks to Megan today for her wonderful company and insight into her career path.

#### 21<sup>st</sup> March 2024 – Graduation Celebration Ceremony Crown Plaza Crawley – Linda Caine

Wonderful event to celebrate those who have furthered their training and education to support the objectives of SECAmb and the people it serves. Exceptional people also recognised for the extra contribution and challenges faced during learning. Great to see education provider partnerships also at the event, presenting and giving recognition to the staff members who have undertaken various levels of training.

#### 12th April 2024 – Observer Shift with Ambulance Crew @ Medway– Linda Caine

Arrived at the MRC and was met by helpful staff member Alex Wilson who gave a guided tour of the new build while waiting observer kit and crew members.

Ambulance Crew members were Lisa Mason & Lauren Judge (Paramedic & Emergency Care Support Worker). Both friendly individuals who were keen to ensure I received the full experience of being out with a crew on an ambulance.

We attended 6 call outs during the shift with a varying level of need, but all with a transfer to Medway Hospital. During these visits I witnessed exceptional communication between the two crew members, almost telepathic to the next requirement/action concerning the patient. There was great team work at each attendance and a sharing of tasks.

During one attendance I witnessed an aggressive family member who became exceptionally emotional when understanding that there was a need to convey her elderly parent to hospital. At

this stage the paramedic spend time explaining why there was a need to convey the patient and was able to calm the situation to the benefit of the patient.

There was clearly a need for community support which appeared to be lacking towards meeting this patients needs.

What I also observed from the crew was how they sought out a patient already conveyed to hospital earlier in the day, to briefly ensure all was well as this patient was effectively end of life. You can see the appreciation from emotional family members that the care provided went beyond the transfer to hospital.

From my observations, discussions and feedback from patients and relatives I note the following: - There was a constant 'battery low' alarm which happens when the vehicle is not charged after a shift. The vehicle we used had been utilised during a night shift and therefore had little or no time to be 'charged' before being assigned to the day shift crew. The alarm was constantly intermittent during journeys.

- There was an issue for the crew in logging onto the MDT (Mobile Data Terminal) system on the Fiat vehicle. It was difficult to log into the system, causing delays to logging on which did not help the crew when processing information.

- A patient who was being transferred, and had a broken shoulder, complaint of the suspension and lack of comfortableness on the Fiat vehicle. Not the most pleasant of journeys when already in pain.

- Upon questioning, it is clear that Paramedic level training deals with Cat1 & 2 expected level of calls and aims to prepare paramedic trainees at this level, but what was clear from this shift is that there is a variety of primary care level support to patients for which the paramedics are not specifically trained on. This area needs some focus is this level of support is to be provided to patients.

It was helpful to see the crew members on a valuable break for lunch, for which they are suitably organised with food and drink for the day as there is a level of uncertainty to the demands of the shift. Being back at base and interacting with other crew team members was really helpful for sharing information and telephone numbers to help contact services to support patients. I note that this kind of communication is ad-hoc and would be helpful to have centrally shared/available for all staff dealing with patient needs at this level.

I extend my thanks to all team members who made me feel very welcome and interested in the public governor role but also enthusiastic to see the work that they undertake on a day to day basis. They are clearly very proud of the work they undertake and the difference they make.

#### 19th April 2024 - Shadow Shift @ EOC Medway - Linda Caine

It was a privilege to have attended a visit to observe the new EOC at Medway Make Ready Centre, share time with a range of staff members and aim to understand and appreciate better their roles and how they support the patients and organisation.

Medway Make Ready Centre has combined 111 and 999 services into one build which is staffed by an exceptional quality and array of staff, who are so professional, committed, and knowledgeable.

I would highly recommend Governors and others undertake the observation shift to appreciate SECAmbs role in the community. This is an experience which should not be overlooked.

#### EOC 999s: The Personnel

I was met at the Medway MRC by *Joe Downes, EOCM* for the 999 team who gave a detailed tour of the 999 team based on one level of the MRC and who sits with other colleagues such as the dispatch team, clinical safety team and mental health services. It was clear that having integration of different services within one floor space encouraged colleagues to appreciate extended roles and support to patients.

I spent time with *Jacquie Hartley, Clinical Safety Navigator,* who explained how the team work from a patient tracker list to undertake call-backs to patients and guide them to the most appropriate service. I observed frustration towards disparity of services across the South East for patients, with pathways and processes working well within Sussex and Surrey areas of the South East, however such improvement opportunities could be shared elsewhere, such as within Kent & Medway.

With the Safety team being at the forefront of experiencing improvement projects, having support and an outlet within SECAmb to present such improvements to areas across the remainder of the South East for consideration would be helpful. It was not clear whether the team felt empowered to request for such actions to be pursued with commissioner colleagues via the senior management/executives.

I then had the opportunity to spend time with the *Mental health nurse, Christine Hinchliffe*. Christine has a long standing working history in Mental Health and is a real asset to the organisation, along with other Mental Health colleagues. It was interesting to hear that most of the team occupy part time roles, so an element of flexible working opportunities, which was appreciated by team members. We discussed concerns with regards to the level of support and signposting SECAmb can offer to patients; the lack of direct access to services by emergency teams to help support patietns. There is a single point of access clinician and a patient focussed helpline, which the Mental Health team are asked to direct their calls to, which results in long delays on 'hold' as a queuing system is in place, and this offers no means of direct help to the patient.

I observed the Mental Health nursing team returning calls to patients and listening to them but are frustratingly powerless to do more. With a significant number of patients being 'regular' callers, their needs are clearly not being met. To support the Mental Health nursing team with supporting patients effectively there needs to be support from ICB and commissioning colleagues on what the process looks like via the emergency team to access on behalf of patients.

I was then introduced to *Hayley Bates, Emergency Medical Advisor of 999 calls*. Hayley is a relatively new member of staff being 7 months in post, so it was interesting to capture her thoughts on the organisation and whether she feels supported within her role. I was fortunate to listen into the calls Hayley responded to, dealing with challenging situations, along with a telephone connection issue, but she worked through these exceptionally well, calling on team support during a particularly challenging situation. Hayley shared that she felt greatly supported by her Team Lead when needing to escalate calls/request support and receives support from other staff members. Hayley was also due to mentor another staff member during her shift which she clearly felt confident and capable to do. We discussed, development opportunities within the organisation, with Hayley confirming she has had discussions with her direct line management, to understand future opportunities as she sees herself being with the organisation for some time, which was great to hear.

The 999 team also share floor space with the *Resource Dispatch Team*, where I spent a short period of time with *Jo*, who dispatches ambulances for the West Kent region. Jo came straight into the role from working externally within a completely different role, but feels she had good training and mentoring including feeling supported by the Dispatch Team leader (DTL).

One of the challenges highlighted upon review of the colour coded ambulance list was the private ambulance (PAP) crews and assignment of jobs to these crews due to technical issues. There needs to be reassurance that the technology is not impacting on individuals being able to undertake their role, and although a workaround was in place, this was additional pressure to already managing the dispatch of ambulances.

#### NHS111: The Personnel

I was escorted by Joe, to the NHS111 team floor where I was introduced to *Adam Lilley, Duty Contact Centre Manager*, who has been with the organisation for 6 years and has seen the change in services coming together at Medway MRC. He sees this as a really positive move where staff feel valued and able to better undertake their roles. A culture shift is certainly being felt by bringing all services together, making it feel more cohesive for employees.

I was placed with *Alison Middleton, Paediatric Nurse*, who processes calls directed from 111 team members, for a call back on minor paediatric health issues. I witnessed clinical experts effectively offering an advice and guidance service for patients and their child. What became clear is where a simple home remedy being required and not a UEC service, but observations were as if parents were not applying common sense for minor issues which are not of an emergency nature. We discussed how the development and focus of the organisational strategy may help to appreciate where services should be managed / directed to.

I then sat with *Elaine Erwin, Health Advisor* and listened into 111 calls. Elaine showed confidence and excellent communications skills when dealing with callers. Having previously worked at the Ashford site, Elaine has been happy with the relocation to Medway, enjoying her role and the benefits of an integrated office setting with multiple services on one floor and within one building.

I appreciate the time given by all personnel, especially those who provided strong answers to my questions which helped gain a better insight and understanding to how staff feel about the organisation and the work environment.

#### Facilities

Medway MRC provides a lovely setting, light and airy with a quietness and calm feeling within each office floor. The new location offers a great atmosphere for team members who expressed that the new building/location is so much better for health and wellbeing.

I noted several notice board with ongoing activity/performance as well as key notices/messages for employees. Staff members have the opportunity for breaks within a nicer setting with modern facilities and in addition there are adequate training and education rooms, quiet rooms and individual offices on each level of the building.

The entry to all doors on site was gained via appropriate ID badges, and with external fencing around the building requiring security badges to gain access. So certainly, no security issues on this site.

There are a couple of small things that would help the 'call' staff to manage the wires and attachments which are knotted across some of the desks, by adding hooks over the partitions between desks. This way wires can be put out of the way without damage, along with headsets when not in use. There were connection issues at times with headsets which could be due to faulty connections on the wires, again with a little care this could minimise any faulty equipment.

I noted during a 'break' period that crew members were actively discussing services and sharing alternative contact telephone numbers they had been provided with by external service providers.

A Directory of Service containing and updated with helpful contacts and telephone numbers to support services in directing patients to the correct service/place to meet their needs would be of benefit, particularly for Mental Health services and social care related issues for crews who are called out to a patient.

#### Morale

I was really keen to hear from staff, post staff survey and after relocation into the new building. In general, those employees I did speak with felt that they are valued in their role, they are heard and listened to and have conversations with their line management on development opportunities. Conversations with differing level of management take place, but in some cases staff who were keen to see and engage more with the executive team members.

It was interesting to hear how previously it had felt a little 'us and them' between 111 and 999 staff, but now, in the new location it feels more cohesive and joined up as part of a wider team. This provides an opportunity for staff to engage with teams across floors, be it discussing work related matters, or opportunities for role development or consideration of other roles.

#### Conclusion

This was a beneficial opportunity to get up close and personal with a vital element of the ambulance service. The organisation should be proud of the professionalism and politeness of staff who have really felt a shift in the organisation culture and of feeling appreciated by colleagues and management. With minor issues highlighted from this visit, staff will continue to feel seen and heard and provided with the support to undertake their valued roles.

#### 22<sup>nd</sup> May 2024 – QAV – Kirsty Booth

A good visit that showed dedication to our patients despite the ongoing estate issues.

#### Jodie Simper Corporate Governance and Membership Manager