



Council of Governors Meeting to be held in public

31 January 2017 10:15-13:00

Holiday Inn Guildford, Egerton Rd, Guildford GU2 7XZ

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction and matters arising					
80/16	10:15	Chair's Introduction	-	-	Peter Dixon (Chair)
81/16	-	Apologies for Absence	-	-	PD
82/16	-	Declarations of Interest	-	-	PD
83/16	-	Minutes from the previous meeting, action log and matters arising	A A1	-	PD
Statutory duties: performance and holding to account					
84/16	10:30	Chief Executive's Report and performance dashboard: <ul style="list-style-type: none"> - Progress against the recovery plan and CQC must dos - Questions from the Council 	B B1	Information and discussion	Geraint Davies (Acting Chief Executive)
85/16	10:55	Board Assurance Committees' escalation reports: <ul style="list-style-type: none"> - Audit Committee 6 Dec - Quality and Patient Safety 8 Dec & 12 Jan - Workforce and Wellbeing 19 Jan - Finance and Investment 23 Jan - Questions from the Council 	C	Information and discussion	All Non-Executive Directors
11:20 Comfort break					
86/16	11:30	Progress against 111 and 999 performance trajectories, including green calls and the contribution of CFRs	D B1	Information and discussion	TBC
87/16	12:00	Quality Account: <ul style="list-style-type: none"> - Overview of achievements 2016-17 - Objectives 2017-18 - Selection of area for audit 2016-17 	E	Information and discussion Decision	Dan Hale (Interim Associate Director Governance)
88/16	12:25	Council of Governors' self-assessment of its effectiveness 2016	F F1	Information and discussion	Brian Rockell (Lead Governor and Public Governor for East Sussex)
Statutory duties: member and public engagement					
89/16	12:40	Membership Development Committee report: <ul style="list-style-type: none"> - Membership and public engagement 	G	Information	Mike Hill (MDC Chair and Public Governor for Surrey)
Committees and reports					
90/16	-	Governor Development Committee report	H	Information	BR
91/16	-	Governor Activities and Queries report	I	Information	BR



General					
92/16	12:50	Any Other Business (AOB)	-	-	PD
93/16	-	Questions from the public	-	Public accountability	PD
94/16	-	Areas to highlight to Non-Executive Directors	-	Assurance	PD
		Date of Next Meeting: 30 March 2017, venue to be confirmed	-	-	PD

Observers who ask questions at this meeting will have their name and a summary of their question and the response included in the minutes of the meeting.

PLEASE NOTE: Meetings of the Council held in public are audio-recorded and published on our website.

13:45-15:45

Afternoon workshop (not open to the public):

Reviewing and sharing views on the developing 5-year strategy for the Trust.

Led by Jayne Phoenix (Associate Director working with the Director of Strategy and Business Development), Governors and NEDs will receive an update on our plans, to enable the Trust to understand and take into account the views of the Council. This session follows an initial session held to review the strategy following the November meeting of the Council, and will build on it.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public

29 November 2016

Present:

Peter Dixon	(PD)	Chair
Charlie Adler	(CA)	Staff-Elected Governor (Operational)
Nigel Cole	(NC)	Staff-Elected Governor (Operational)
Alison Stebbings	(AS)	Staff-Elected Governor (Non-Operational)
Chris Devereux	(CD)	Public Governor, Surrey
Jane Watson	(JW)	Public Governor, Surrey
Mike Hill	(MH)	Public Governor, Surrey
Dr Peter Beaumont	(PB)	Public Governor, Surrey
Jean Gaston-Parry	(JGP)	Public Governor, Brighton and Hove
Peter Gwilliam	(PG)	Public Governor, East Sussex
Brian Rockell	(BR)	Public Governor, East Sussex – Lead Governor
Geoff Lovell	(GL)	Public Governor, West Sussex
James Crawley	(JC)	Public Governor, Kent
Michael Whitcombe	(MW)	Public Governor, Kent
Maggie Fenton	(MF)	Public Governor, Kent
Marguerite Beard-Gould	(MBG)	Public Governor, Kent
Paul Chaplin	(PC)	Public Governor, Medway
Di Roskilly	(DR)	Appointed Governor, Sussex Police
Marian Trendell	(MT)	Appointed Governor, Sussex Partnership NHS FT

In attendance:

Peter Lee	(PL)	Company Secretary
Trevor Willington	(TW)	NED
Lucy Bloem	(LB)	NED
Tim Howe	(TH)	NED and Senior Independent Director
Geraint Davies	(GD)	Acting Chief Executive
Jon Amos	(JA)	Acting

Minutes:

Izzy Allen	(IA)	Assistant Company Secretary
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49. Chair's Introduction

- 49.1. PD welcomed Governors to the meeting.

50. Apologies

- 50.1. Apologies for absence were received from:

Graham Gibbens	(GG)	Appointed Governor, Kent County Council
David Davis	(DD)	Staff-Elected Governor (Operational) – Deputy LG
Dominic Ford	(DF)	Appointed Governor, BSUH
Mike Hewgill	(MHe)	Appointed Governor, East Kent Hospitals NHS FT

51. Declarations of Interest

51.1. There were no declarations of interest.

52. Minutes of the previous meeting

52.1. The minutes were taken as an accurate record.

52.2. The action log was reviewed and updated.

53. Acting CEO's report

53.1. GD highlighted the outcomes of the patient impact review into the Red3 project which had found no harm to patients. This was in the public domain.

53.2. GD updated the Council on where the Trust was in the 999 commissioning process. Three years ago the Trust identified a £7m funding gap. There was now a £40m funding gap. This had been discussed at the Board. The Board supported the Executive in not signing the contract as it stood. It was clear the NHS had to save £22bn by 2020 and therefore Commissioners were stretched. The commissioning round would go to arbitration with NHS England and NHS Improvement. A meeting was planned for mid-December to talk this through.

53.3. 999 and 111 performance was improving and the Trust was now on trajectory to deliver 999 performance. GD thanked the frontline and operations team for their hard work.

53.4. In 111, there continued to be challenges due to a delay in East Kent commissioners' transfer of 111 activity to another service provider. The commissioners may wish SECamb to continue to provide 111 services for East Kent for longer than anticipated: the Board would be asked to make a decision regarding this.

53.5. Clinical standards were not improving as the Trust would like. GD had charged the three clinical Directors with remedial action.

53.6. Sustainability and Transformation Plans were being developed and the key issues for SECamb were that commissioners wanted the Trust to reduce conveyance rates and raise hear and treat rates.

53.7. BR noted that the patient impact review of Red3 should be incorporated in the recovery plan and GD advised that it would be in the next iteration. At the Board meeting GD had briefed on the governance of the recovery plan and was content to circulate the plan to Governors.

ACTION: IA to circulate the Trust recovery plan to Governors

- 53.8. JC asked whether the Trust was having positive conversations with Clinical Commissioning Groups (CCGs). GD advised that the CCGs had recognised there was a structural gap in the Trust's funding. Technically, they had a responsibility to commission 75% R1 and R2 and delivery of 15-minute handovers at hospital. This was unlikely to be possible. Based on current resourcing the Trust would only be able to deliver 60-65% in 8 minutes on R1 and R2 calls.
- 53.9. GD advised that if funding only reached this level, the CCGs would need to be open and honest with the public, including potentially showing performance by locality. PD agreed but advised that the Trust needed to continue to make efficiencies where possible.
- 53.10. MT asked about whether commissioners were looking favourably on funding SECamb to respond to section 136 (mental health calls) within half an hour. Currently funding was provided for response within an hour. GD advised that Emma Wadey (Chief Nurse) had a mental health background and had appointed a Head of Mental Health to address these issues.
- 53.11. DR noted that a Governor had previously asked about Hampshire and their use of private ambulances to respond to section 136 calls. It was not clear whether this was legally allowed and DR was in conversation with James Pavey (Regional Operations Manager).
- 53.12. MW noted the possibility of reputational damage to the Trust based on commissioners' inability to commission the right quality of care. He noted the cycle of giving contracts to the private sector. GD advised that a similar conversation had taken place at the recent Board. He further advised that the Trust had engaged effectively over the transfer of Patient Transport Services to Coperforma, and the look back following service failings had shown the CCG bore responsibility. Commissioners were under a lot of pressure across the country.
- 53.13. PD was clear that the Trust should not expect more money but would be open with the public about the effect on patients.
- 53.14. JGP asked how many CCGs were classed as inadequate in SECamb's patch. Some CCGs had been put into their version of special measures. In Brighton, there were three challenged trusts and the CCG was in deficit. In East Surrey, the CCG was being managed by West Kent CCG. CCGs were trying to balance their books which meant they gave providers less money.
- 53.15. JC noted that the Trust could make savings: he had been privileged to attend a fleet strategy day recently but there had been no-one from Operations in attendance. There was still a disconnect between parts of the organisation which needed to be resolved.
- 53.16. MF noted a staff vacancy rate of 9% and churn of 12%. MF would like assurance that vacancies were being filled. She asked for assurance that the Trust was not recruiting staff from Australia on a short visa. GD advised he believed this was the case but would refer to the Director of HR. AS noted

that she had already asked the Director of HR that question and received assurance that short-term visas were not being used.

- 53.17. TH advised that in terms of recruitment he was content that there was a plan in place to recruit to the funded level by March. He noted that the around 5% use of Private Ambulances and overtime was sensible. Retention was an issue. MF requested assurance that posts had not been reduced. TH advised that this was not the case: it was just that the data about posts had been reconciled.
- 53.18. JC noted that Private Ambulance performance and Community First Responder performance were missing from the performance report.

54. NED escalation reports

- 54.1. TH provided an overview of his reports from the Workforce and Wellbeing Committee (WWC). He advised that he was concerned about:
- 54.2. Retention: but he believed the Executive recognised the problem;
- 54.3. HQ/EOC move to Crawley: he was content that the workforce elements were well-advanced, but the delay in the move was challenging;
- 54.4. Appraisals: another change of process was in train and he felt that the Trust was going around in circles on appraisals to some degree;
- 54.5. Bullying and harassment: Dr Ingrid Prescod had presented to the WWC and there would be a discussion at Board-level; and
- 54.6. Operational units: the HR elements were well-arranged and the changes would be a big enabler in terms of improving the Trust's culture.
- 54.7. NC advised that Ian Ferguson (Interim Director of Operations) had confirmed that the 50% off-road time proposed for Clinical Team Leaders (CTLs) was not guaranteed: this would not therefore solve any problem. TH believed that IF had built in appropriate staffing levels and instructed EOC to this effect. EOC can no longer pull managers onto the road without the agreement of the Operations Director.
- 54.8. LB further noted that CTLs would also need to change mind-set and recognise they needed to manage and not simply respond.
- 54.9. NC noted that he believed there would be less staff following the operational restructure. GD would clarify this was not the case and to communicate with staff.

ACTION: GD to communicate with staff to ensure it was clear that the Operations restructure would not reduce staffing levels

- 54.10. TH felt this would become clear following the second consultation period. He noted that the restructure may not be perfect and if so adjustments would be made.
- 54.11. MW noted that the restructure was really exciting but he was concerned that EOCs were somewhat left behind and there was low morale. GD agreed and advised that the Executive Team had developed a concept

paper to consider how EOC should be restructured to match the Operations restructure. This would come to the Board.

- 54.12. MF was concerned that she was hearing that the organisation was reducing its headcount. GD assured the Council this was not the case, however the restructure might mean staff moving around the patch to meet demand. TW further advised that this was about improving performance and outcomes – not about achieving efficiencies.
- 54.13. GD advised that as part of the strategy refresh, the Trust needed to consider what the Trust was here to do and what was needed to respond to demand. The organisation was not resourced to fund specialist paramedic roles and there was a discussion to be had about whether they would be funded. GD had spoken to six Critical Care Paramedics following the Board to understand their concerns. It was part of a wider conversation about funding. We should also consider the importance of all the other frontline staff.
- 54.14. JC suggested that GD might address a ‘rumour of the week’ in his weekly message.
- 54.15. MW asked about the review of defibrillators. The NEDs advised that they had yet to see something circulated to the Board about this. LB advised that there needed to be a look-back and a look-forward. The look-back needed to be done efficiently.

55. Overview of the Trust’s strategy development, and how it is affected by Sustainability and Transformation Plans and other external agendas

- 55.1. Jon Amos (Acting Director of Strategy and Business Development) joined the meeting. He advised that there would be a workshop on the strategy during the afternoon session.
- 55.2. JA advised that the Trust’s current strategy ran until 2019, however there had been significant change since it was written and the Board had recommended a full review of the strategy.
- 55.3. NHSI had provided a strategy toolkit for Trusts to use. The strategy would be refreshed, not started again from scratch. The refresh would start with the clinical strategy and then move from there to supporting sub-strategies.
- 55.4. One key question was whether the Trust would choose to cease providing PTS or would seek to regain contracts.
- 55.5. The refreshed strategy should focus on getting the basics back in place, with consolidation and continued improvement in year two, moving into innovation, growth, diversification and expansion in years three to five.
- 55.6. The Trust must also produce a 2-year operating plan by the end of December.
- 55.7. The strategy would be influenced by external developments, including: Blue Light Collaboration; STPs; commissioning intentions as well as existing

plans for recovery; CQC action plan; business as usual; and the unified recovery Plan.

- 55.8. JA gave an overview of Sustainability and Transformation Plans (STPs). The latest versions had been submitted nationally on 21 October and were in the public domain. SECAMB was linked to four: Frimley Health, Surrey Heartlands, Sussex and East Surrey, and Kent and Medway.
- 55.9. All STPs sought to address the same set of challenges: financial sustainability; increasing demand; complexity of need; long-term conditions; lack of integration between providers; local pathways development; capacity in acute hospitals and mental health trusts; workforce challenges and some lack of progress in making the most of the digital agenda.
- 55.10. STPs have common themes: Prevention; health and wellbeing; the structure of primary care; out of hospital care; acute care; accident and emergency care and parity of esteem for mental health patients.
- 55.11. STPs will consider financial sustainability across their footprint.
- 55.12. The impact of STPs for SECAMB included: reconfiguration of acute services, urgent and emergency care, primary care, community services and clinical hubs; workforce issues and accessing transformation funds in the coming years.
- 55.13. JC thanked JA for this insightful overview. JA advised that local STP plans were on public-facing websites now if Governors wanted more detail.

56. Are the NEDs comfortable that the Trust has a realistic, effective Recovery Plan?

- 56.1. JA gave an overview of the Trust's Unified Recovery Plan and the programme management office (PMO) behind it.
- 56.2. MBG asked how the PMO would listen to staff – previous staff suggestion schemes had not been effective. JA agreed and advised that the Senior Management Team would review staff suggestions going forward, and were currently reviewing all ideas submitted over the past year. New ideas would come to the PMO which had a Trust-wide view. LB agreed and advised that there were lots of ideas and it was important now that there was a process in place for reviewing ideas. This would also allow prioritisation. LB felt assured that this was in place. LB was more generally concerned about the capacity to deliver but was pleased to see an expert would arrive in January. Her second concern was around behaviours, which would need to be modelled by the Executive. Finally, she was concerned about prioritisation as she did not believe that it would be possible to do everything. More work was needed on this in the new year. PD agreed regarding prioritisation and noted that priorities could easily be skewed by external instructions.
- 56.3. TW agreed. Costings were also important in terms of all types of resources required and ensuring the sustainability of what was delivered.
- 56.4. PB noted that the slides showed a target of 'above national average'. Were these targets the Trust had chosen, and where was SECAMB in

relation to the national average? JA advised that these targets were set internally but were still being debated. LB agreed: she had asked for this to be considered at the January Quality and Patient Safety Committee.

- 56.5. TH agreed with TW and LB. It was important to appoint people substantively into the right positions. The plan was fine but there was too much to do and prioritisation was needed. The Trust was full of starters not finishers: delivery was vital and the NEDs would be seeking to ensure this happened. PD believed that the PMO would aid delivery.

57. Membership Development Committee

- 57.1. MH introduced the paper. He highlighted the meeting which had taken place on the 23 November. The minutes were not yet available, but covered feedback from the Annual Members Meeting, which had been a very successful event with good feedback from attendees.
- 57.2. The MDC had discussed potential plans for the AMM the following year in light of financial restrictions.
- 57.3. Governor elections would be taking place in early Spring.

58. Governor Development Committee

- 58.1. BR reminded Governors that training was planned for Tuesday 14 February on effective questioning and holding to account.
- 58.2. The Council was undertaking a self-assessment. The results would be reviewed at the December GDC to which all were welcome. Self-assessment was important, as was learning from it.

59. Nominations Committee

- 59.1. The revised Terms of Reference were approved.

60. Governor Activities and Queries

- 60.1. BR thanked Governors for the work they did in their communities and outside meetings.

61. Any Other Business

- 61.1. There was no other business.

62. Questions from the Public

- 62.1. Robin Kenworthy (public member and former Governor in Kent) advised that he had been pursuing an initiative in Sussex regarding defibrillators, led by the Mayor of Seaford, and a bill had been in Parliament. He would like SECamb to engage with her and encouraged members and Governors to write to their MPs.
- 62.2. Robin further advised that at the Joint Overview and Scrutiny Committee in East Kent there had been a debate on the revision of the cathlab facilities at William Harvey Hospital and how they were viewed in the

whole of East Kent. There had been disparaging remarks as to the ability of SECAMB to meet and respond to a change of service in that area.

62.3. PD advised that on cathlabs, the implications for SECAMB and patients may be longer journeys and it would be important for SECAMB to be part of those conversations.

62.4. JC advised that the Trust was on board with public access defibrillator (PAD) roll-out citing initiatives that were going on: there was a partnership with Gatwick Airport to put 50 PADs in, and Voluntary Services were pushing CFRs to deliver training and liaise with MPs.

63. Areas to highlight to NEDs

63.1. No additional areas were highlighted save what had come out of the meeting.

63.2. PD thanked Governors and closed the meeting.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST
Trust Council of Governors Action Log 2016-17

Meeting Date	Agenda item	AC ref	Action Point	Owner	Completion Date	Report to:	Status: (C, IP, R)	Comments / Update
28.07.16	19.10	174	Timeline regarding information from the CQC and what was shared when to be sent to the Council	GD	27.09.16	CoG	S	Given the CQC are due to revisit the Trust shortly, it is proposed that the CoG consider inviting them to a meeting following their re-inspection.
28.07.16	19.31	178	GD to communicate with staff regarding not seeing lengthy waits at A&E as business as usual	GD	27.09.16	CoG	IP	The Trust's incident reporting process is being reviewed as part of the Trust's rectification/unified recovery plan. The revised policy is currently out to consultation with staff across the Trust. Once the review is complete, communications to all staff will make clear where incidents should be reported, including in relation to delays at A&E.
27.09.16	37.4	182	IA to provide DD with a response regarding G2 reporting to the Board. DD's concern is that there are a lot of G2 patients and no Board oversight of them because there is no reporting target.	IA/DD	29.11.16	DD	IP	This is being considered as part of a review of the Integrated Performance Report taking place in the next quarter. An update on Green call performance will be provided to the CoG in January 2017.
29.11.16	53.7	186	Send the Trust recovery plan to the CoG	IA	31.01.17	CoG	C	The presentation containing the recovery plan has been sent to the Council.
29.11.16	54.90	187	GD to communicate with staff to ensure it was clear that the Operations restructure would not reduce staffing levels	GD	31.01.17	CoG	C	GD has liaised with Joe Garcia and included this message in his weekly message of 23.12.16

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

CHIEF EXECUTIVE'S REPORT TO THE TRUST BOARD

January 2017

1. Introduction

1.1 This report seeks to provide a summary of the key activities undertaken by the Chief Executive and the local, regional and national issues of note in relation to the Trust.

2. Local issues

2.1 Recruitment to the substantive Chief Executive role

2.1.1 On 4th January 2017, the Trust announced the appointment of Daren Mochrie as the new Chief Executive, following a robust recruitment and selection process.

2.1.2 Daren, a paramedic, is currently Director of Service Delivery for the Scottish Ambulance Service and has worked in the NHS in Scotland since 1988. He has extensive experience of managing ambulance services in both rural and urban settings and was the lead for ambulance provision to the 2014 Commonwealth Games in Glasgow. We have now confirmed that he will start with the Trust on 3rd April 2017.

2.2.3 Geraint Davies will continue as Acting Chief Executive until Daren joins the Trust in April.

2.2 Changes at Director/Senior Management level

2.2.1 On 6th January 2017, it was announced that Dr Rory McCrea had decided to step down from his role as Medical Director, with immediate effect, for personal reasons.

2.2.2 Dr Andy Carson has now joined the Trust as Interim Medical Director. Dr Carson is a practising GP and his substantive position is as Medical Director with West Midlands Ambulance Service.

2.2.3. On 6th January 2017, it was also announced that Professor Andy Newton would be stepping down from his role as Executive Paramedic Director but would remain with the Trust as a Consultant Paramedic.

2.2.4 In early January 2016, Dr Katrina Herren also resigned as a Non-Executive director of the Trust. The recruitment process for a new Non-Executive Director is currently underway.

2.2.5 I also wanted to provide you with an up-date on the recruitment process for a substantive Chairman for the Trust, as Sir Peter Dixon's term of office is due to end shortly. The recruitment and selection process is currently underway, with interviews due to take place at the end of February. We will be able to provide more information in due course.

2.2.6 With regard to further senior management appointments, I am pleased to announce that the Trust has appointed Sarah Songhurst into the new position of Deputy Chief Nurse. Sarah, who started with the Trust on 4th January 2017, is an extremely experienced nurse who will provide valuable support to Emma Wadey.

2.3 Computer Aided Dispatch (CAD) system procurement

2.3.1 On 13th January 2017, it was announced that, following a final presentation day with the short-listed potential suppliers, that involved feedback from 50 members of staff, Cleric Computer Services have been selected to provide the new Computer Aided Dispatch (CAD) system for the Trust.

2.3.2 Cleric are already a major provider of CAD systems to UK ambulance services for 999 and 111.

2.3.3 The project to implement the new CAD system within the Trust is now underway and will run in parallel with the development of the new EOC at Crawley.

2.4 Operational Unit (OU) leadership re-structure

2.4.1 The second period of consultation regarding the OU restructure ended on 12th January 2017.

2.4.2 After considering all possible options and listening to the feedback we have received from staff and their representatives through the consultation process, the Trust has decided to re-phase the transformation of the Make Ready Centre Managers and Scheduling Managers accountability and responsibilities. This part of the project will now be implemented in the second quarter of 2017, to coincide with the HQ move to Crawley.

2.4.3 The rest of re-structure programme is continuing and recruitment is now underway for both the Operations Manager and Operational Team Leader positions, which will close on 30th January 2017.

2.5 Winter period

2.5.1 The Trust experienced a difficult Christmas and New Year period operationally, compounded by higher than expected demand, failures in Out of Hours (OOH) services and pressures in the acute sector, resulting in extremely high levels of hospital handover delays.

2.5.2 In the early hours of 1st January 2017, London Ambulance Service (LAS) experienced a CAD failure, which saw them revert to working on paper and significant numbers of calls being transferred to SECamb, along with other neighbouring Trusts.

2.5.3 Following resolution of the LAS CAD issue, we continued to experience extremely high levels of demand during 1st January 2017, resulting in the

Trust declaring a Business Continuity Incident (BCI) in order to prioritise our response to the most serious patients.

2.5.4 I would like to thank staff across the Trust for their hard work and commitment during what was a very challenging period operationally.

3. Regional Issues

3.1 Contract negotiations

3.1.1 After a considerable and challenging negotiation phase, the two-year contract for 999 services with each of the three counties was signed on 23rd December 2016, in line with the nationally-set timescales.

3.1.2 The Trust agreed with its Commissioners on growth and price for the contract which covers the two-year period between 2017 and 2019.

3.1.3 As part of the process, it has also been agreed that a joint piece of work will be undertaken between January and March 2017 to establish the correct levels of funding which SECamb require from Commissioners in order to run an effective service, taking into consideration the issues that we face on day to day basis such as handover delays, lack of alternative pathways to Emergency Departments and continuing increased demand.

3.2 Financial position

3.2.1 The Trust continues to report a forecast outturn at 31st March 2017 of a £7.1m deficit. This deficit was declared at month 3 following the CQC inspection and the Trust being placed into Special Measures.

3.2.2 The immediate financial measures being put in place by the Trust, including steps being taken to prioritise overtime and reduce the payments made to staff for interrupted meal-breaks, has resulted in some local and national media attention this month.

3.3 Sustainable Transformation Plans (STPs)

3.3.1 We continue to work actively with the four STPs in our region. We have individual meetings booked with each of the STP leads in the near future to ensure that we remain engaged in the most effective way .

4. National Issues

4.1 National Audit Office (NAO) report on ambulance services

4.1.1 The National Audit Office (NAO) report into NHS ambulance services is due to be published in late January 2017.

4.1.2 A summary of the key findings of the report and the potential implications for the broader sector and for SECamb will be reported to a future Trust Board meeting.

4.2 NHS England report 'Allied Health Professions into Action'

4.2.1 On 17th January 2017 NHS England published its report 'Allied Health Professions into Action', designed to inform and inspire the system about how AHPs, including paramedics, can be best utilised to support future health, care and wellbeing service delivery. It offers examples of innovative AHP practice and a framework to develop a plan of delivery.

4.2.2 In discussion with our Commissioners, we will be considering the implications of the report on our future clinical model and associated workforce planning.

5. Recommendation

5.1 The Board is asked to note the contents of this Report.

David Hammond, Director of Finance & Corporate Services

19 January 2017

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

B1 - Integrated Performance Report

Executive Summary

The performance for Red 1, Red 2 and Red 19 were below the national targets; as a reminder, SECamb has not been commissioned to hit these in 2016/17. However, it was also below the revised recovery plan performance trajectory. The main causes of the under-performance against trajectory were the significant loss of resource hours due to hospital handover delays and the compounding impacts of increased activity. Both activity and performance continues to show a slow but steady improvement from the second week of January onwards.

SECamb's delivery against the Clinical Outcome Ambulance Quality Indicator (cAQIs) continues to show variable standards in delivering patient outcomes compared to the national average. Overall, two cAQIs continue to be consistently above the national average (Stroke in 60 minutes and STEMI 150 minutes) and two consistently below the national average (STEMI Care Bundle, Stroke Care Bundle).

A new section focusing on Quality and Patient Safety was added to the IPR in Decembers and nearly all the new KPIs now have data present. This includes additional data on Serious Incidents, Complaints and Safeguarding.

The Trust's financial performance for month 9 was a surplus of £0.1m, which is £0.2 behind forecast and £0.8m behind plan. This takes the Year to Date (YTD) deficit to £6.2m compared to the £0.8m surplus position assumed in the plan. The forecast for the year was revised to £7.1m in June 2016 following a review of the quality and governance issues to be resolved. This forecast position has remained constant since Q1.

The Trust continues to be at level 4 using the new NHSI Use of Resources rating (UOR), which can potentially trigger financial special measures. The adverse drivers of the rating are the variance against the original plan and the volume of agency spend, which breaches the Trust's pro-rated agency cap. A series of actions are taking place to drive improvement in the immediate financial position and also to ensure the Trust is sustainable in the long term. These include internal actions; ongoing directorate level financial reviews are being undertaken by the Turnaround and Finance Directors and the Executive Directors and senior staff have been challenged on delivering the year end forecast position; as well as working with Commissioners and other system partners to ensure SECamb is paid appropriately for the services it provides.

Within our workforce, the vacancy rate for December across the Trust remains below the target rate of 10% with a detailed breakdown shown further in this report. There has been a rise in turnover and vacancy figure, largely as a consequence of 41 leavers in frontline services in December including 22.1 in A&E, 15.2 in EOC and 3.8 in NHS 111 services.

Sickness absence remains constant, with long term absence showing a drop on last year's figures. Appraisal rates and mandatory training both show negative variance from the plan.

It is expected that mandatory training will deliver on target in year but appraisals will be below target for the year (but in line with the CQC action plan).

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1. SECAMB Regulation Statistics

ID	KPI	Value
R1(b)	Use of Resources Metric (Financial Risk Rating)	4 (Red)
R2	Governance Risk Rating	Red
R3	CQC Compliance Status	Trust: Inadequate (Special Measures) 111 service: Requires improvement
R5	IG Toolkit Assessment	Level 2 - Satisfactory
R6	REAP Level	3

2. Workforce

2.1. Workforce Summary

- 2.1.1. The vacancy rate for December across the Trust remains below the target rate of 10%. However, there is significant variation in rates across departments as shown in the table below. The HR Business Partners are working with management teams to develop workforce plans at the individual department/OU level.
- 2.1.2. We have seen a rise in turnover and vacancy figures as a consequence of 41.0 leavers in frontline service in December (A&E: 22.1, EOC: 15.2, 111: 3.8). Further work will be undertaken to understand the reasons behind these moves.
- 2.1.3. Sickness absence remains constant, with long term absence showing a drop on last year's figures.
- 2.1.4. Appraisal rates and mandatory training both show negative variance from the plan. It is expected that mandatory training will deliver on target in year as the activity in the next quarter picks up but appraisals are expected to be below target for in year (but in line with the target committed to in the CQC action plan).

2.2. Workforce Balanced Scorecard

ID	KPI	Current Month (Plan)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Plan)	YTD (Actual)	YTD (Prev. Yr.)
Wf-1A	Short Term Sickness - Rate		2.5%	2.4%		2.5%	
Wf-1B	Long Term Sickness - Rate		2.6%	3.3%		2.6%	
Wf-2	Staff Appraisals	68%	46.7%	57.7%			
Wf-3	Mandatory Training Compliance (All Courses)	91%	77.3%	87.6%			
Wf-4	Total injuries		54	72		550	559
Wf-5	Total physical assaults		20	15		166	145
Wf-6	Vacancies (Total WTE)		324.7			324.7	
Wf-7	Annual Rolling Staff Turnover		16.9%	14.1%			
Wf-8	Reported Bullying & Harassment Cases		0			13	
Wf-9	Cases of Whistle Blowing		0			2	

2.3. Workforce Commentary

2.3.1. The table below shows the current staffing levels across the Trust by department/directorate. Several months of accurate data is giving us a robust picture and greater understanding of movement through the services, as staff progress through grades and between roles.

2.3.2. Human Resources (HR) Business Partners (BPs) are using this information to work with managers to develop robust workforce plans for 17/18 which will provide key information for future recruiting strategies and plans.

2.3.3. An audit into sickness absence reporting will start next month to give assurance that the stability in the figures is real.

2.3.4. The appraisal rate is expected to remain below target through the year. There is a recognition that the current system is not delivering the quantity or quality of appraisals required. A pilot is currently underway in selected areas of the Trust which looks at the use of an online system. Initial feedback is that this is seen as a positive development, which increases staff engagement and clarity of purpose and objectives.

2.3.5. A procurement exercise will be undertaken with the intention of rolling a system out to the Trust in April 2017, with an expectation that the appraisal rate for 2017/18 will be on target for 90% by the end of the year. This is in line with the CQC action plan.

Table 1: Detailed breakdown of Vacancy Rates for December 2016

Directorate	Function	Budget (FTE)	Staff in Post		
			Actuals (FTE)	Vacancies	Vacancy Rate
278 EP3 Chief Executive Officer		31.75	30.05	1.70	5.34%
278 EP3 Director of Finance & Corporate Services		70.40	50.29	20.11	28.56%
278 EP3 Director of Human Resources		49.72	40.42	9.30	18.70%
278 EP3 Director of Quality & Safety		23.82	20.65	3.17	13.29%
278 EP3 Director of Strategy & Business Development		13.43	10.85	2.58	19.19%
278 EP3 Medical Director		34.00	25.60	8.40	24.71%
278 EP3 Paramedic Director		160.94	144.85	16.09	10.00%
278 EP3 Director of Operations	278 EP4 Operations - A&E	2195.30	2012.57	182.72	8.32%
	278 EP4 Operations - EOC	451.80	434.51	17.29	3.83%
	278 EP4 Operations - Fleet & Logistics	107.91	95.69	12.22	11.33%
	278 EP4 Operations - Management	18.00	10.67	7.33	40.74%
	278 EP4 Operations - PTS	132.79	117.10	15.69	11.82%
	278 EP4 Operations - Scheduling	33.60	29.80	3.80	11.31%
	278 EP4 Operations - Urgent Care	145.00	119.66	25.34	17.48%
	278 EP4 Operations - Voluntary Services	6.50	7.50	0.00	0.00%
278 EP3 Director of Operations Total		3090.90	2827.49	263.41	8.52%
Grand Total		3474.96	3150.22	324.74	9.35%

2.4. Workforce Charts

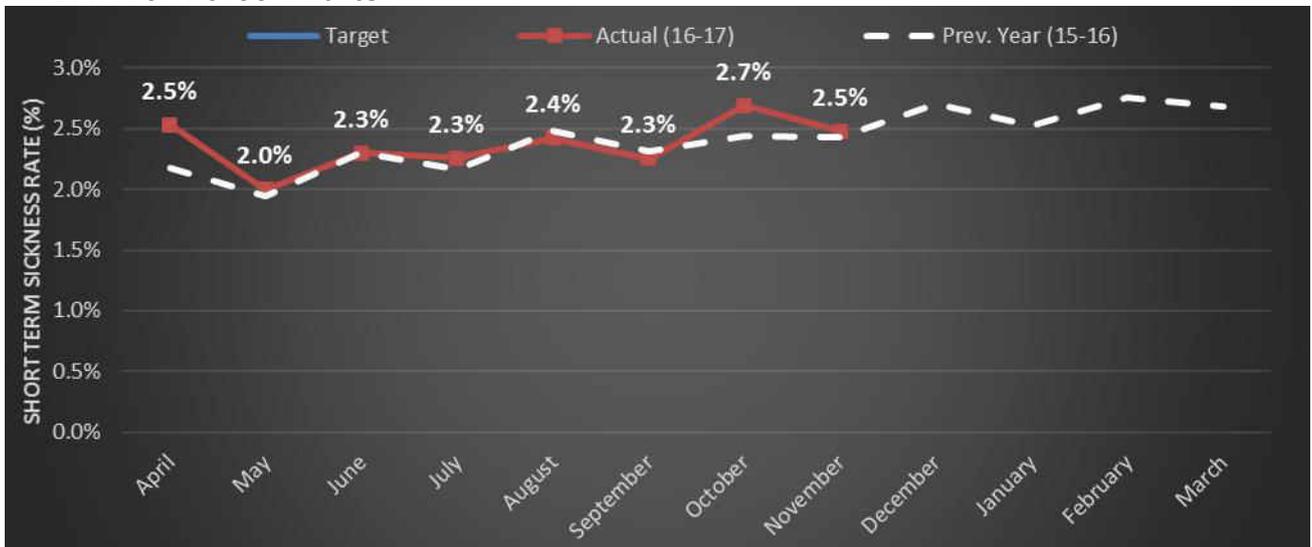


Figure Wf-1A - Short Term Sickness Rate

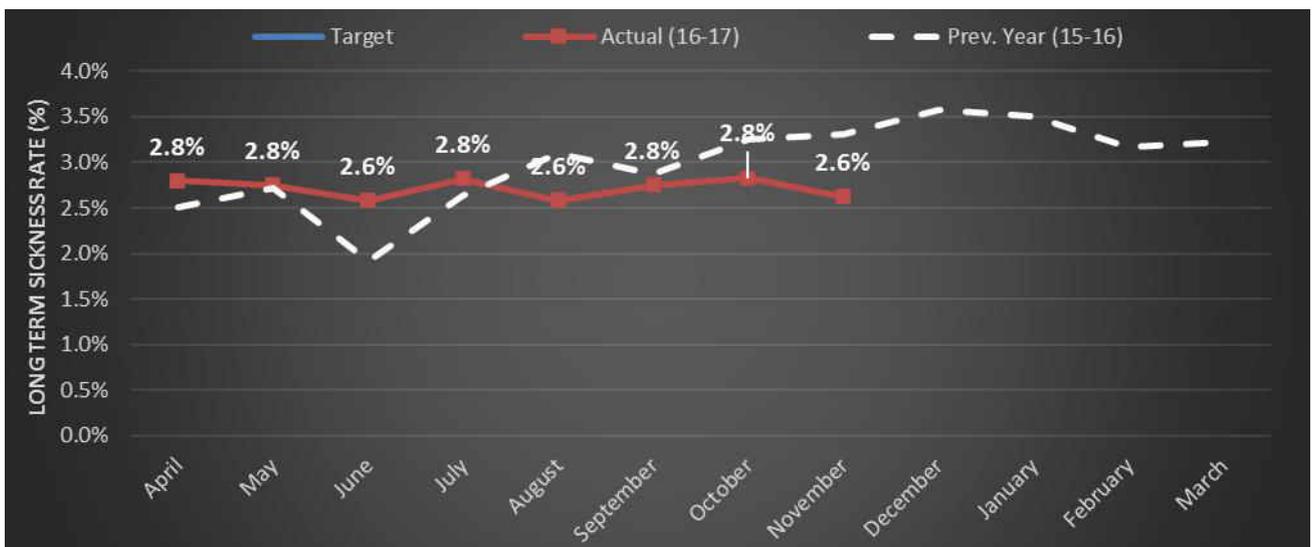


Figure Wf-1B - Long Term Sickness – Rate

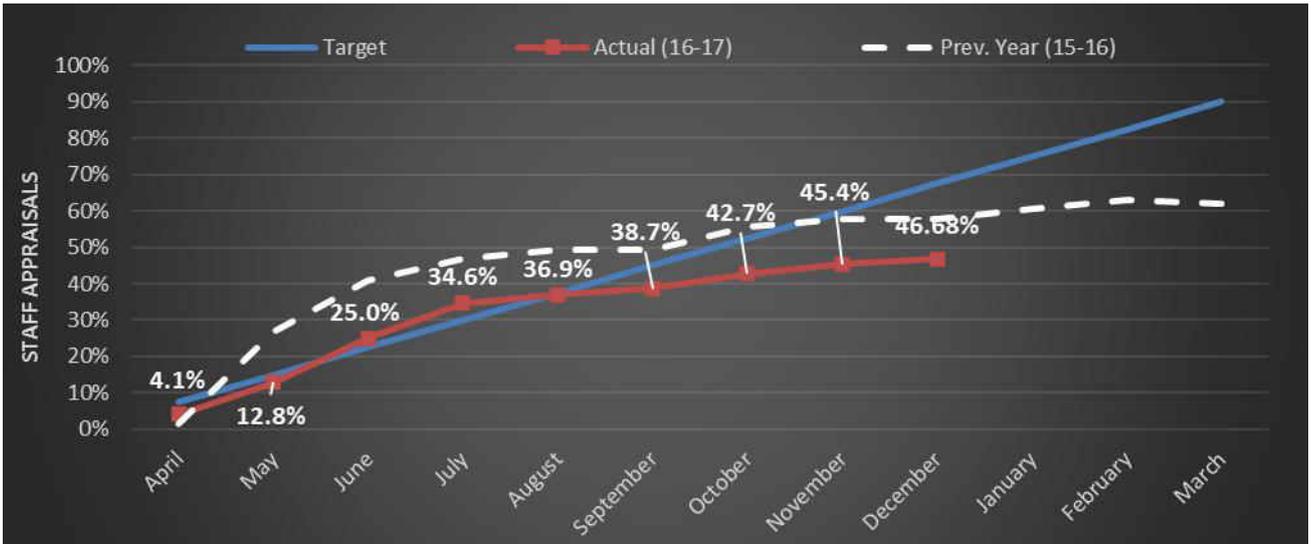


Figure Wf-2 - Staff Appraisals

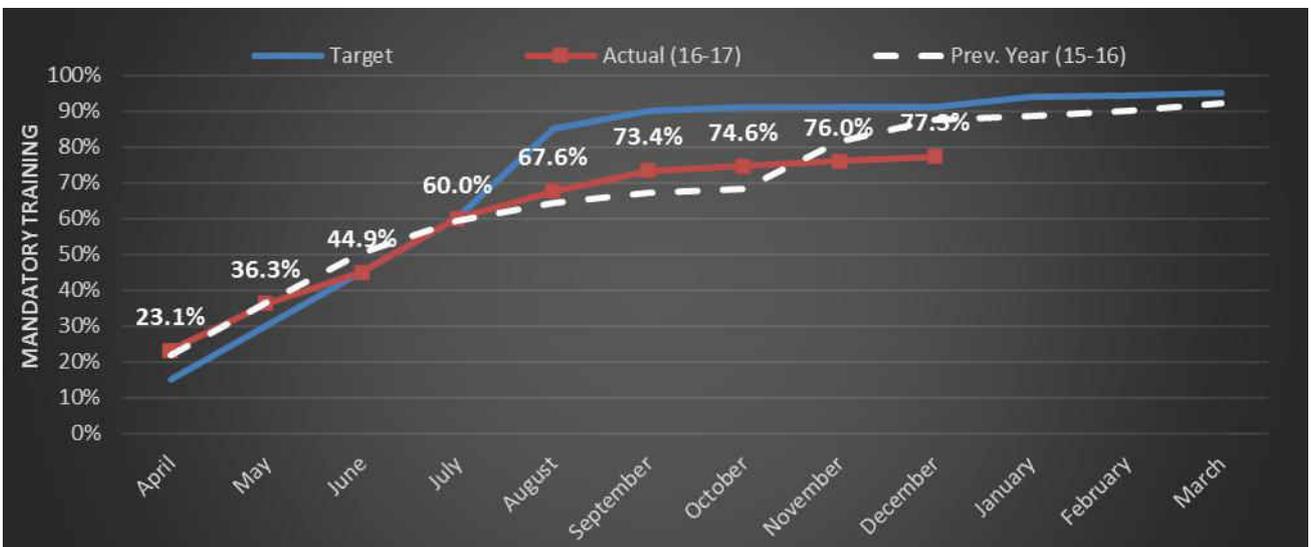


Figure Wf-3 - Mandatory Training Compliance (All Courses)



Figure Wf-4 - Total injuries

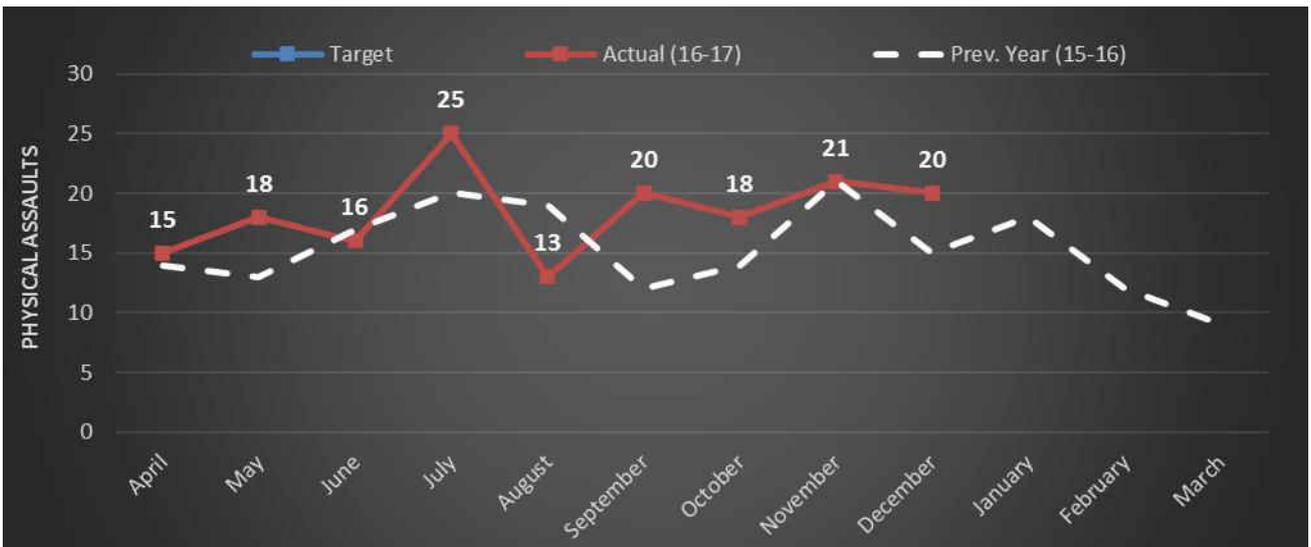


Figure Wf-5 - Total physical assaults.



Figure Wf-6 - Vacancies (Total WTE)

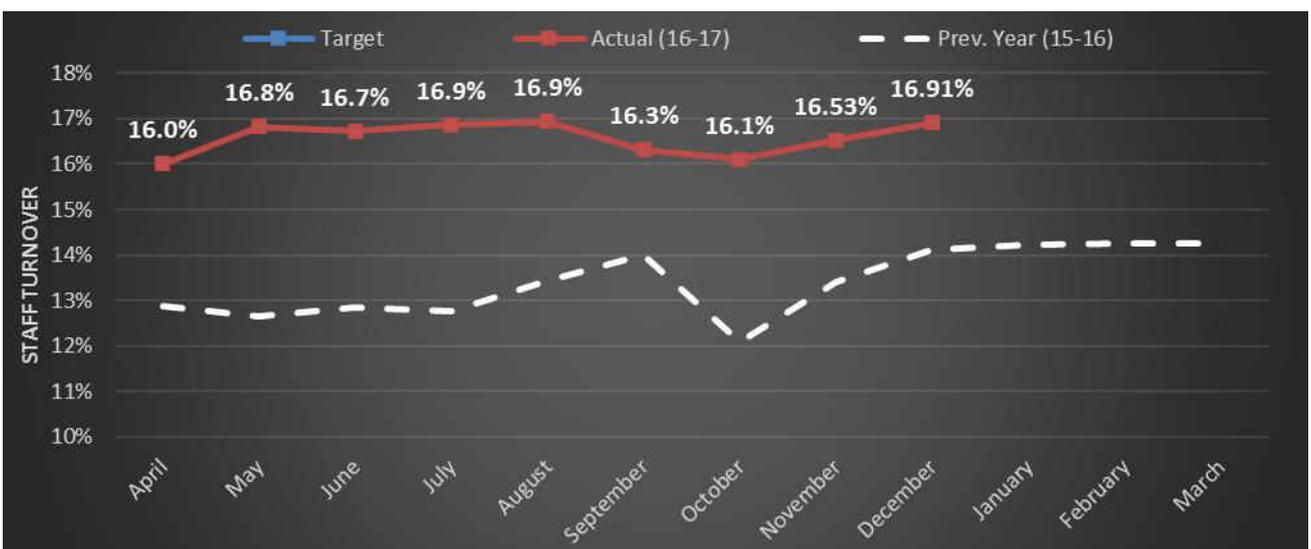


Figure Wf-7 - Annual Rolling Staff Turnover

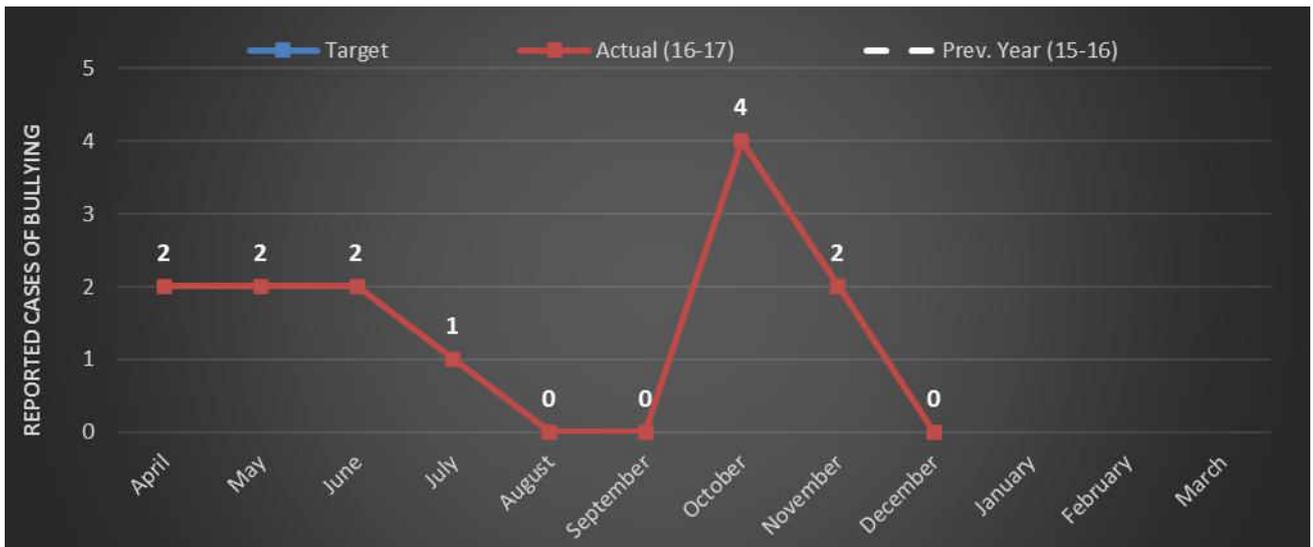


Figure Wf-8 - Reported Bullying & Harassment Cases

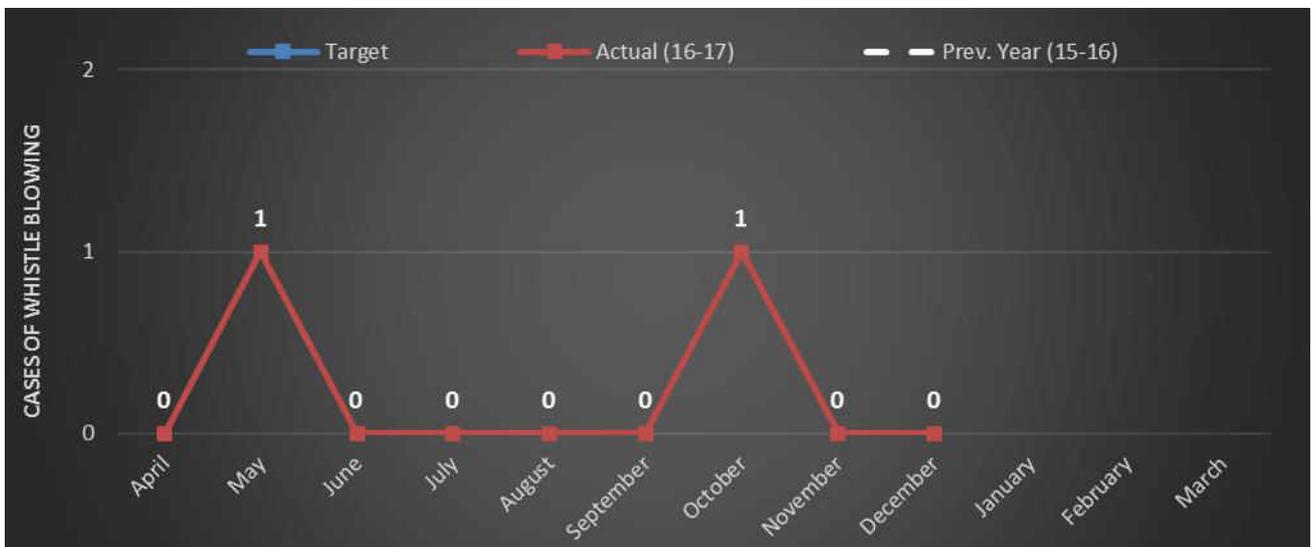


Figure Wf-9 - Cases of Whistle Blowing

3. Operational Performance

3.1. Operational Performance Summary

3.1.1. Performance for Red 1, Red 2 and Red 19 was below the revised trajectory and below the national targets as expected.

3.1.2. On 18th October 2016, SECAMB implemented Nature of Call (NoC) and Dispatch on Disposition (DoD) which aims to improve the ability to respond quickly to the most seriously ill patients. No serious incidents have been reported since go live.

3.2. Operational Performance Commentary

3.2.1. SECAMB's response time performance was well short of the national targets and the Trust did not achieve the new trajectories for Red 1, Red 2 and Red 19 for December. This was primarily due to a significant loss of resource hours through hospital turnaround delays and the compounding impacts of increased activity. Both activity and performance continues to show a slow but steady improvement from the second week of January onwards.

3.2.2. SECAMB has successfully implemented Nature of Call and Dispatch on Disposition as planned on 18th October as part of the national pilot for the Ambulance Response Programme. No serious clinical incidents have been reported since go live.

3.2.3. The 999 Improvement Plan, with the exception of hospital turnaround performance, remains on track. SECAMB has implemented plans to increase contribution from Community First Responders (CFRs). This entails improving technical links with CFRs, new processes in EOC to mobilise CFRs and an extensive engagement campaign with the CFRs themselves. Benefits are being realised in December broadly in line with our plans.

3.2.4. SECAMB has increased its Hear and Treat performance for December.. There is already an encouraging improvement in the Hear and Treat ratios and further recruitment of clinicians continues (we have 31 WTE in post and are aiming for a total of 45 WTE).

3.2.5. SECAMB has been working with both commissioners and acute hospitals to strengthen its hospital handover procedures and reduce delays at hospital. These improvements are built into the improvement trajectories. Hospital delays in December were significantly worse, compared with 5,828 hours in November and compared to a maximum level agreed with commissioners of 3,450. December saw 7,726 lost hours, which was the single biggest impact on our performance trajectory. Hospital turnaround delay is the single factor with the greatest impact on SECAMB performance and one over which we have the least control. A recent instruction from NHSI to increase the prompts to Acute Hospital Directors On-Call for every patient delay over one hour is being developed into a robust Operational Plan to ensure consistency across the region.

- 3.2.6. Demand was circa 5.4% above the plan agreed with commissioners and 9.7% above last year. However, the recovery plan trajectories are based on an assumed 6% increase, so this now exceeds trajectory assumptions.
- 3.2.7. Call answer performance deteriorated as a result of the December activity. SECamb achieved 83.4% in 5 seconds, compared to a trajectory plan of 85%; this was adverse to last year's performance for the same period.
- 3.2.8. SECamb's NHS111 service achieved an "Answered in 60" second performance of 80.8%, based on a call volume of 104,000 calls. This easily exceeded the Recovery Plan monthly target of 72%.
- 3.2.9. In December there was an increased call volume (up 11% year-on-year during the Christmas period). Although the call volume appears lower than the 114,000 calls in December 2015, the NHS111 service for the East Kent area has been fully transferred to the new contractor during December.
- 3.2.10. Clinical performance, at 72.5%, remained above the national average.
- 3.2.11. NHS111 successfully supported the wider health system, as evidenced by the lower ambulance referral rates and A&E referral rates, compared to the national benchmark.
- 3.2.12. NHS111 performance for "Abandoned Calls" was 3.9%, significantly below the Recovery Plan monthly target of 7%.

3.3. Operational Performance Scorecard

ID	KPI	Current Month (Plan*)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Plan*)	YTD (Actual)	YTD (Prev. Yr.)
999-1	Red 1 response <8 min	65%	62.9%	74.5%		64.3%	73.6%
999-2	Red 2 response <8 min	54%	51.6%	71.0%		53.8%	71.4%
999-3	Red 19 Transport <19 min	90%	87.8%	95.4%		89.7%	95.0%
999-4	Activity: Actual vs Commissioned	72563	76641	69268	591018	619732	582751
999-5	Hospital Turn-around Delays (Hrs lost >30 min.)	2799	7726	3864	21168	49564.1	31648.9
999-6	Call Pick up within 5 Seconds	85%	83.4%	92.9%		73.9%	87.2%
999-7	CFR Red 1 Unique Performance Contribution	1.3%	1.9%				
999-8	CFR Red 2 Unique Performance Contribution	1.0%	1.5%				
111-1	Total Number of calls offered		104132	114006		865816	864538
111-2	% answered calls within 60 seconds	75%	80.8%	77.9%	75%	77.2%	85.4%
111-3	% of Abandoned call within 30s of the end of intro message excluding phantom calls (NQR 8)	2.0%	1.4%	1.4%	2.0%	1.3%	1.1%
111-4	Abandoned calls as % of offered after 30 secs	6.0%	3.9%	6.1%	6.0%	4.7%	2.4%
111-5	Combined Clinical KPI (% of Call Back >10mins & % of all 111 calls warm referred to a Clinician)	75%	72.5%	88.4%		74.0%	88.3%
PTS-1	PTS Activity (Surrey)	11337	9511	12063	107563	95874	137428
PTS-2	Arrival - % patients to arrive <= 15 min after appt. time.	95%	87.7%	86.3%	95%	86.4%	83.7%
PTS-3	Departure - % patients collected <= 60 min of planned collection time (Surrey)	95%	86.5%	86.0%	95%	86.2%	84.0%
PTS-4	Discharge - % patients collected <= 120 min of booked time to travel (Surrey)	95%	80.8%	77.3%	95%	79.9%	75.8%

3.4. Operational Performance Charts

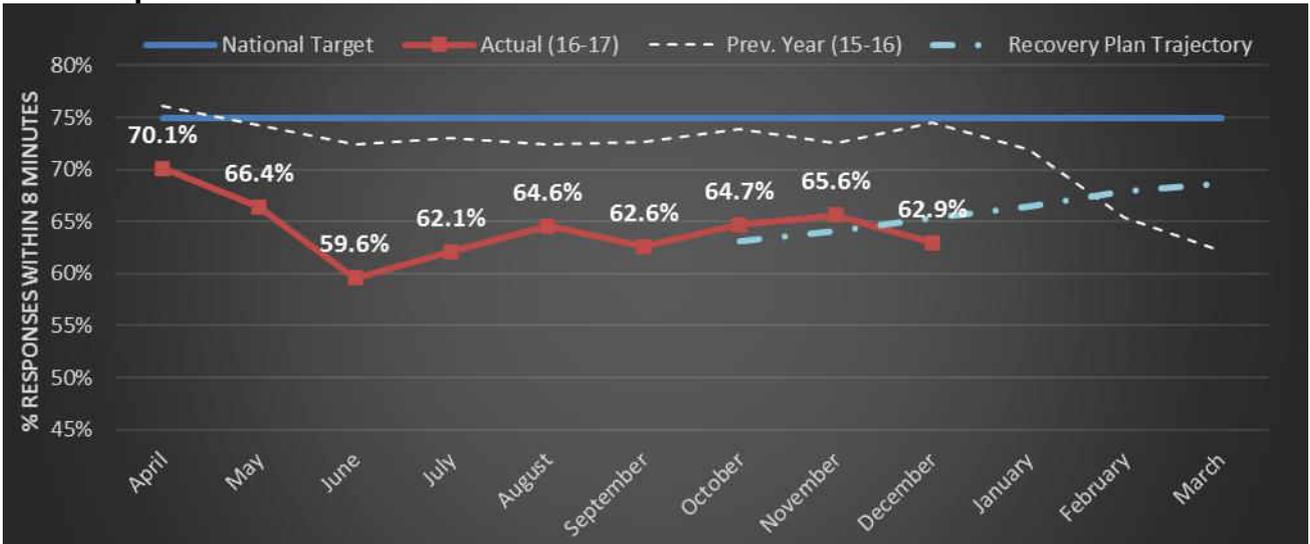


Figure.999-1 - Red 1 response <8 min

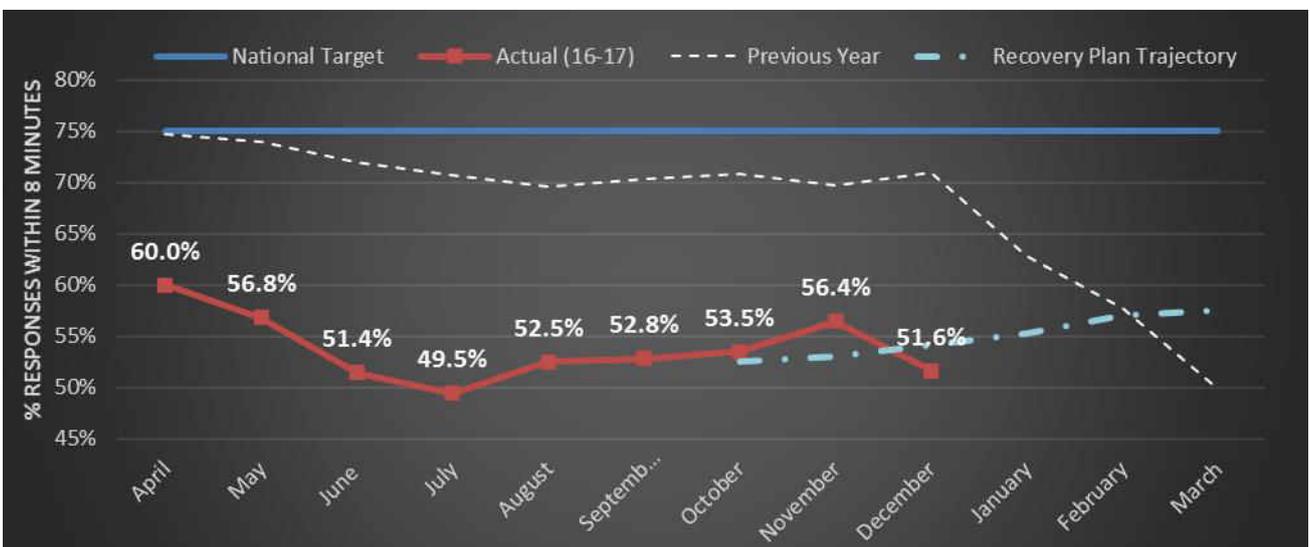


Figure.999-2 - Red 2 response <8 min

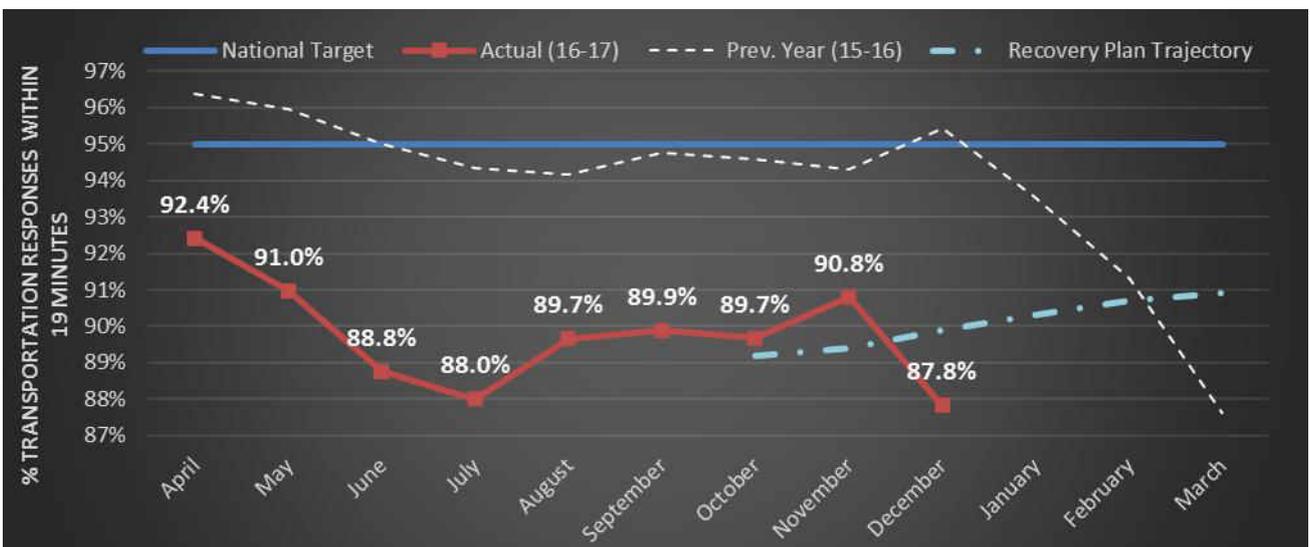


Figure.999-3 - Red 19 Transport <19 min

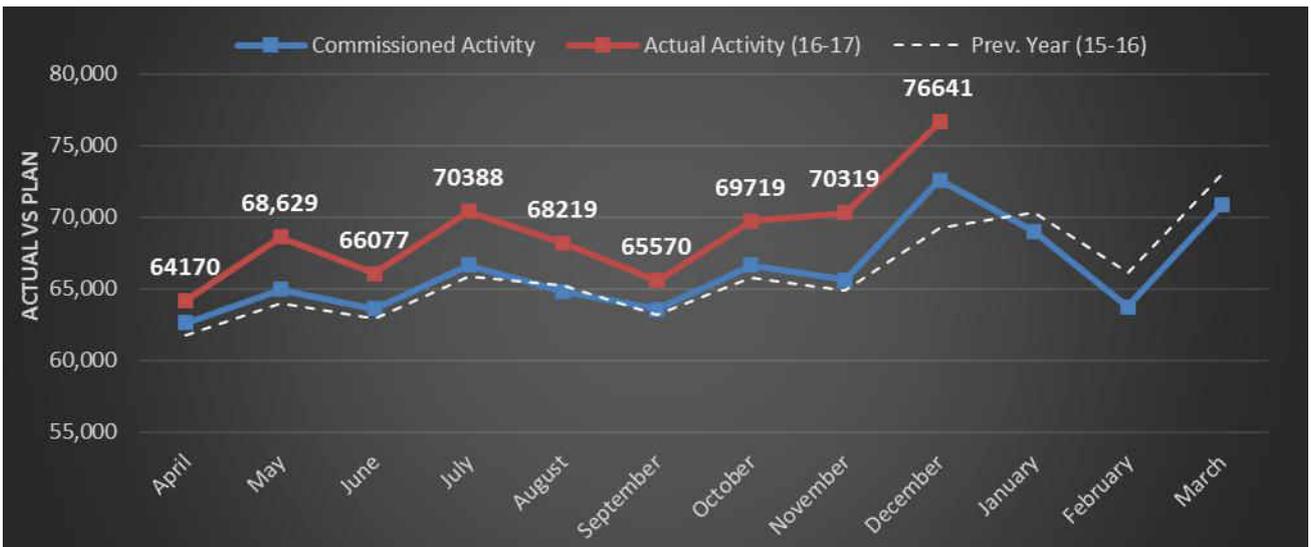


Figure.999-5 - Hospital Turn-around Delays (Hrs lost >30 min.)



Figure.999-6 - Call Pick up within 5 Seconds



Figure.999-7 - CFR Red 1 Unique Performance Contribution

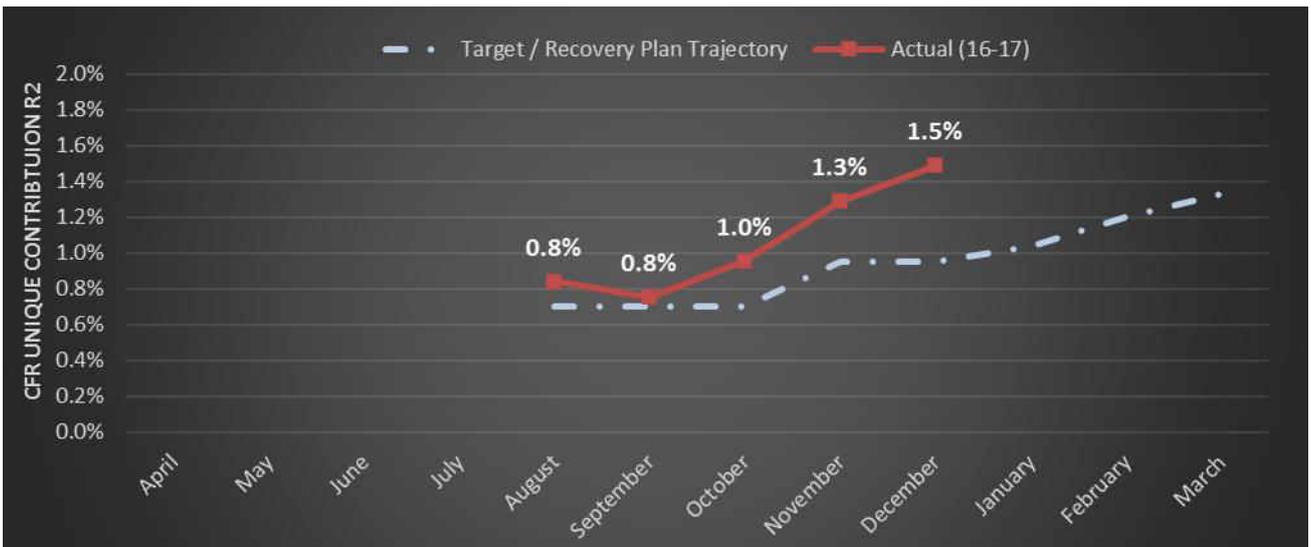


Figure.999-8 - CFR Red 2 Unique Performance Contribution

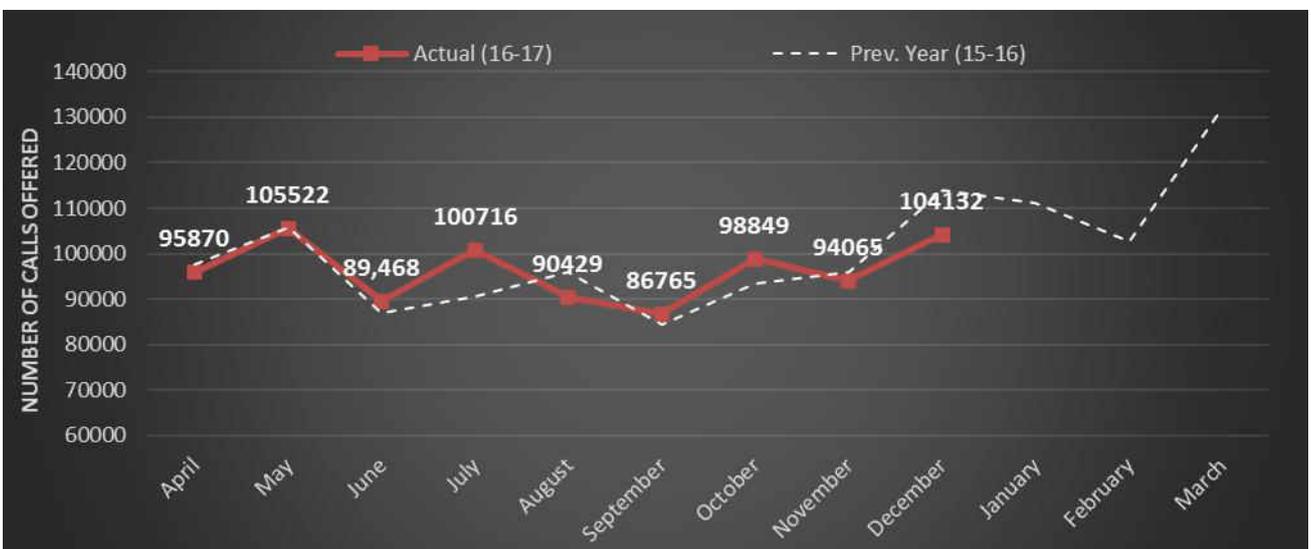


Figure.111-1 - Total Number of calls offered



Figure.111-2 - % answered calls within 60 seconds



Figure.111-3 - % of Abandoned call within 30s of the end of intro message excluding phantom calls (NQR 8)



Figure.111-4 - Abandoned calls as % of offered after 30 secs

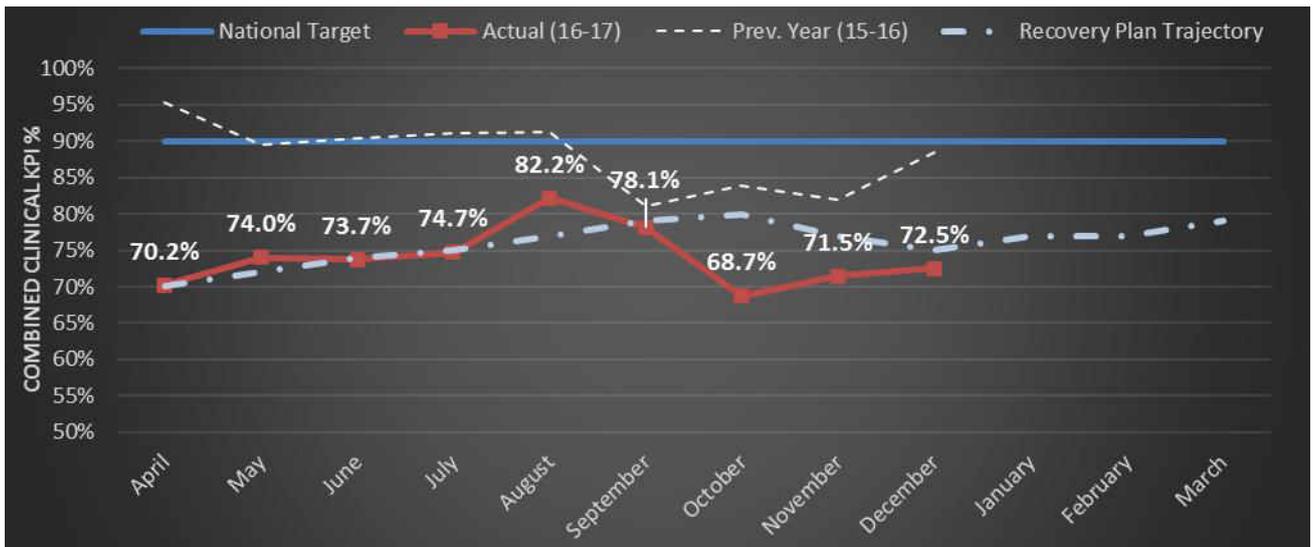


Figure.111-5 - Combined Clinical KPI (% of Call Back >10mins & % of all 111 calls warm referred to a Clinician)



Figure.PTS-1- PTS Activity (Surrey)



Figure.PTS-2 - Arrival - % patients to arrive <= 15 min after appt. time. (Surrey)

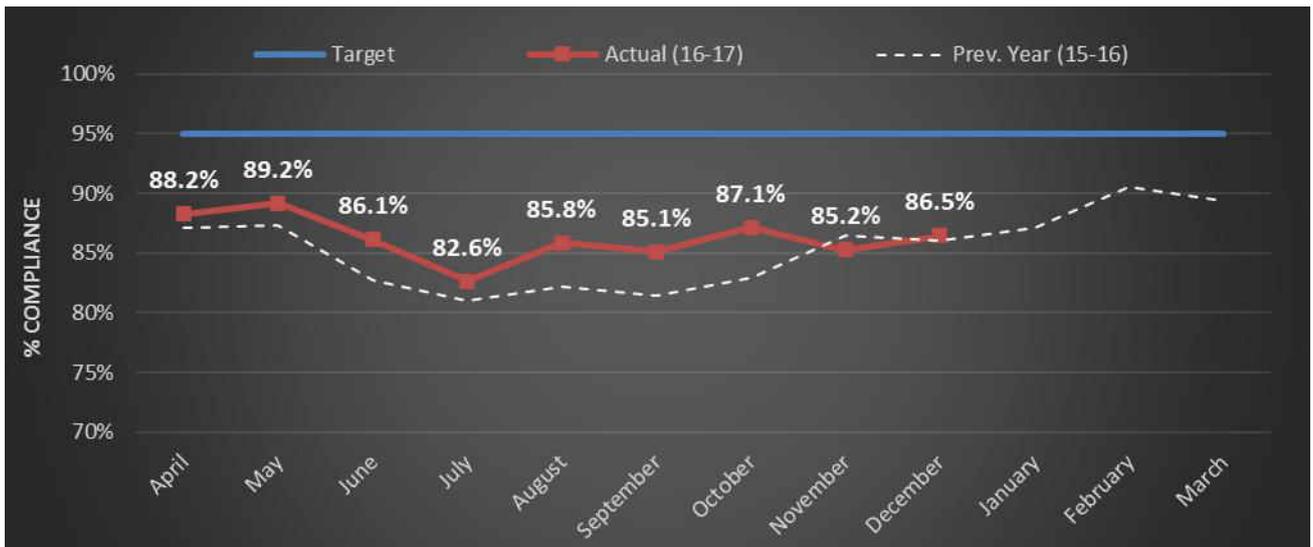


Figure.PTS-3 - Departure - % patients collected <= 60 min of planned collection time (Surrey)

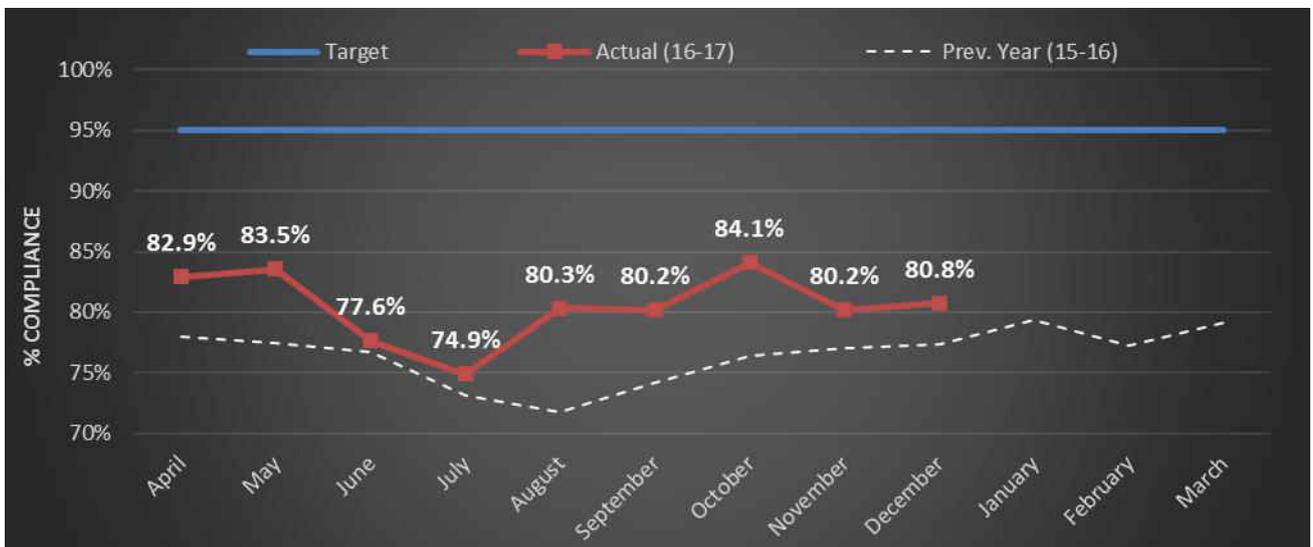


Figure.PTS-4 - Discharge - % patients collected <= 120 min of booked time to travel (Surrey)

4. Clinical Effectiveness

4.1. Clinical Effectiveness Summary

4.1.1. This report describes Trust performance reported against the eight Clinical Outcome Ambulance Quality Indicator (AQIs) to NHS England for Month 5 (August 2016). The data continues to show variable standards in delivering patient outcomes.

4.2. Clinical Effectiveness Commentary

4.2.1. August performance shows some variation in performance against the national averages. Performance trends continue to be relatively consistent.

4.2.2. In August the Trust's performance is better than the national average for three of the eight Clinical Outcome Indicators; Survival to Discharge Utstein (fourth), Stroke 60 (second), STEMI 150 (fifth).

4.2.3. The poorest performance is on Survival to Discharge, Stroke care bundle, STEMI care bundle, ROSC at hospital and ROSC Utstein. Whilst five indicators show a negative variation compared with the national average, compliance with care bundles (STEMI and Stroke) place the Trust in the lower ranked positions across all indicators (ninth, tenth respectively).

4.2.4. ROSC (All) – In August 2016, performance has dipped from the previous two months (June 31.4%; July 31.7%; August 26%), however, August performance is more consistent with performance at the start of the financial year and with the same period last year. Despite this dip the Trust remains in fifth national position as was in July.

4.2.5. ROSC (Utstein) – In August performance took a significant dip from 69% to 48.1% taking the Trust from second to seventh position nationally. However, current performance is more consistent with the same period last year and remains within the national upper and lower control limits (2 standard deviations). It must be noted that performance in the Utstein cohort often experiences great fluctuations; this is due to the small number of incidents that meet the inclusion criteria.

4.2.6. Survival to Discharge (All) – August performance is slightly below the national average at 8.9%, with a 0.5% negative variance. The national standing has dropped from fifth to seventh position.

4.2.7. Survival to Discharge (Utstein) – August figures shows an improvement of 6.2% from the previous month at 34.8%, and is 5.7% above the national average. Performance continues to rise and fall due to the small Utstein cohort size. It should be noted that Trust performance exceeded the national upper control limits (2 standard deviations) in August.

4.2.8. STEMI 150 – Whilst performance has taken a slight dip in August from the previous month (95.2%; 89.9%), the Trust is 4% above the national average and fifth ranked nationally.

4.2.9. STEMI Care Bundle – Performance for this indicator is consistently below the national average, mainly due to poor recording of two pain scores. Whilst performance for August remains below the national average at 72.7% (this is a 6.3% negative variance) it is significantly improved from the previous month's performance.

4.2.10. Stroke 60 – Trust performance is 10.2% above the national average in August, making SECamb the second best performing Trust.

4.2.11. Stroke Care Bundle - In August, performance has declined further from the previous two months (98.2%; 96.5%; 94.2%). The Trust has a 3.2% negative variance compared to the national performance and significantly below the national lower control limits (2 standard deviations).

4.3. Clinical Effectiveness KPI Scorecard

ID	KPI	Current Month (Nat. Av.*)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Nat. Av.*)	YTD (Actual)	YTD (Prev. Yr.)
CE-1	Cardiac arrest - ROSC on arrival at hospital (Utstein)	52.8%	48.1%	50.0%	53.0%	56.6%	45.7%
CE-2	Cardiac arrest - Return of spontaneous circulation on arrival at hospital (All)	27.2%	26.0%	27.6%	29.0%	28.4%	27.0%
CE-3	Cardiac arrest - Survival to discharge - Utstein	29.1%	34.8%	25.0%	27.4%	28.6%	22.5%
CE-4	Cardiac arrest - Survival to discharge - All	9.4%	8.9%	8.6%	8.9%	8.2%	8.5%
CE-5	Acute ST-elevation myocardial infarction - Outcome from STEMI (Care bundle)	79.0%	72.7%	65.6%	79.5%	67.8%	66.8%
CE-6	Acute ST-elevation myocardial infarction - Proportion receiving primary angioplasty within 150 minutes	85.9%	89.9%	100.0%	86.2%	91.7%	94.0%
CE-7	% of FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyperacute stroke unit within 60 minutes	56.6%	66.8%	67.1%	55.0%	68.0%	65.4%
CE-8	% of suspected stroke patients assessed face to face who received an appropriate care bundle	97.4%	94.2%	96.2%	97.7%	96.1%	96.3%

4.4. Clinical Effectiveness Charts

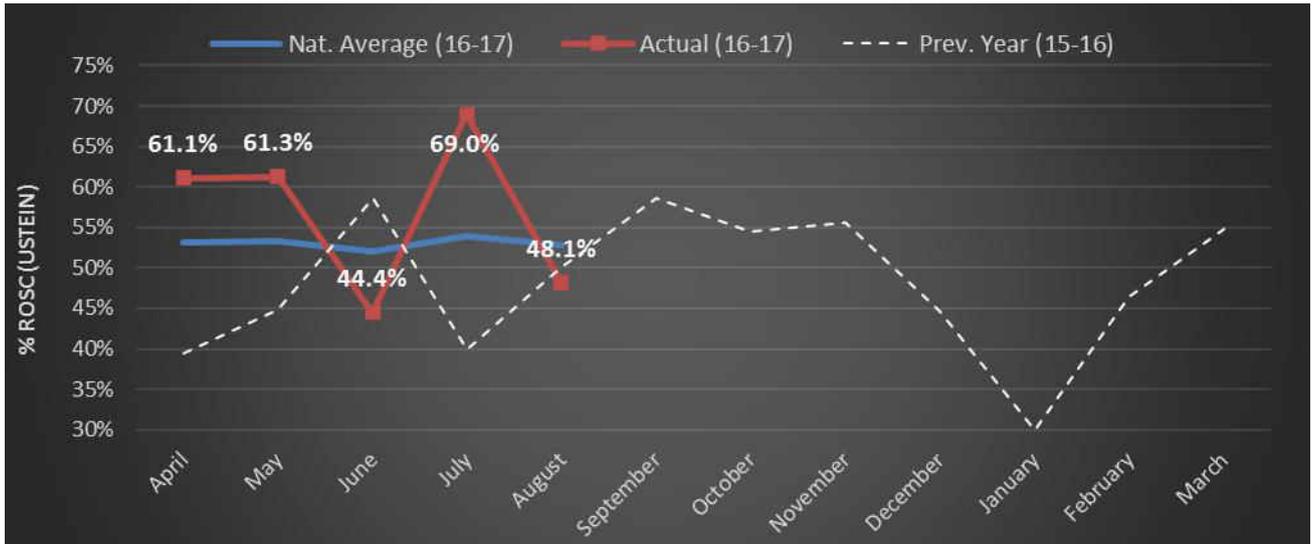


Figure.CE-1 - Cardiac arrest - ROSC on arrival at hospital (Utstein)



Figure.CE-2 - Cardiac arrest - Return of spontaneous circulation on arrival at hospital (All)

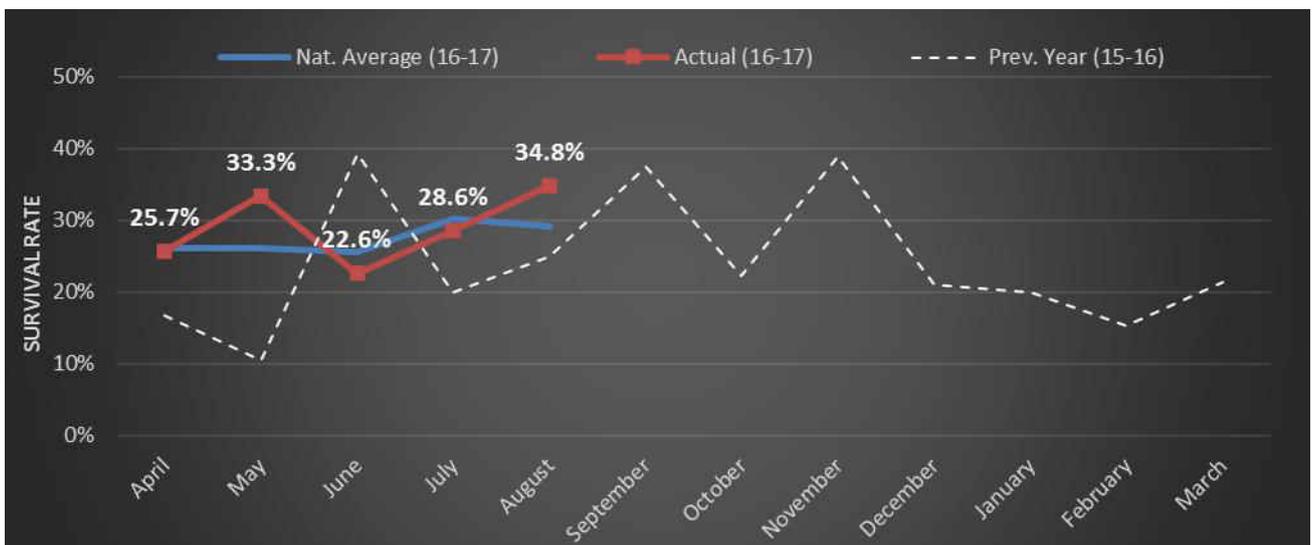


Figure.CE-3 - Cardiac arrest - Survival to discharge - Utstein

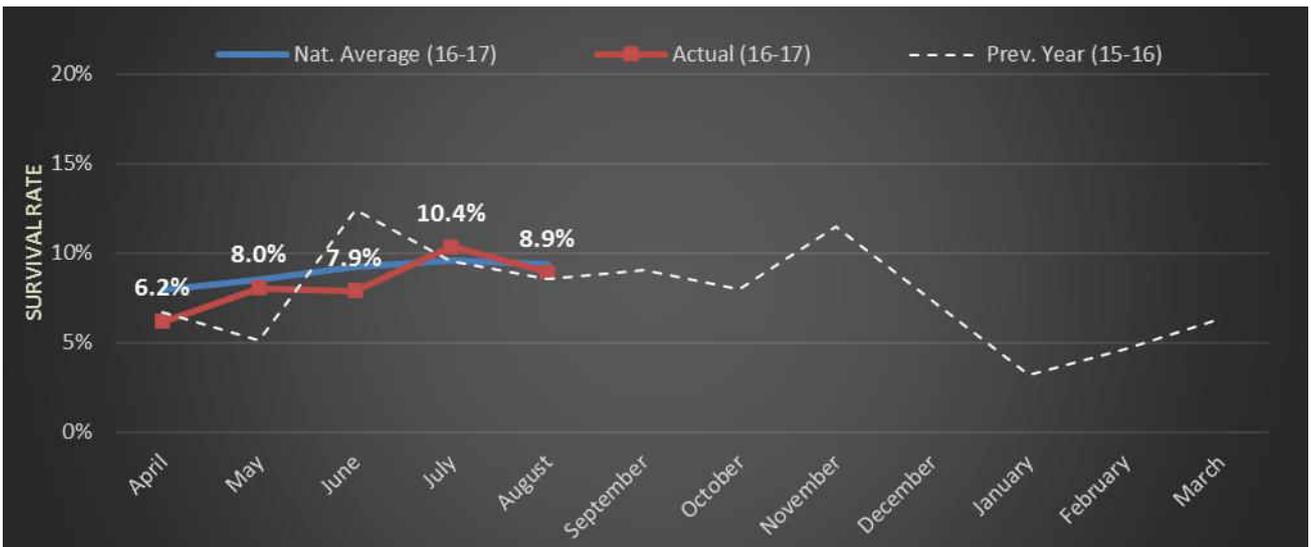


Figure.CE-4 - Cardiac arrest -Survival to discharge – All

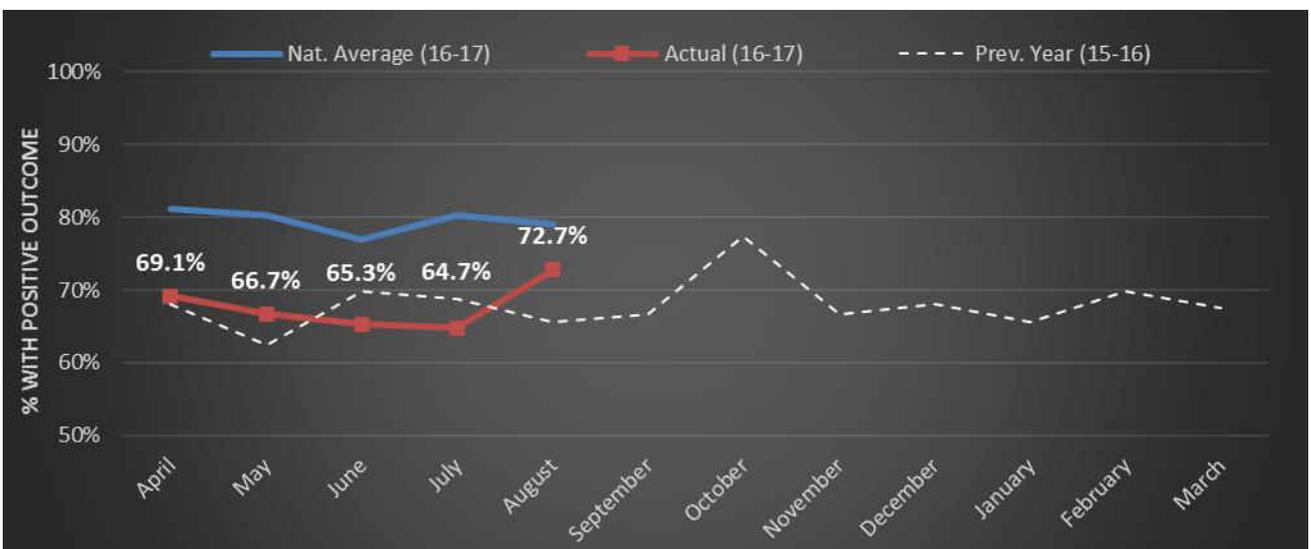


Figure.CE-5 - Acute ST-elevation myocardial infarction - Outcome from STEMI (Care bundle)

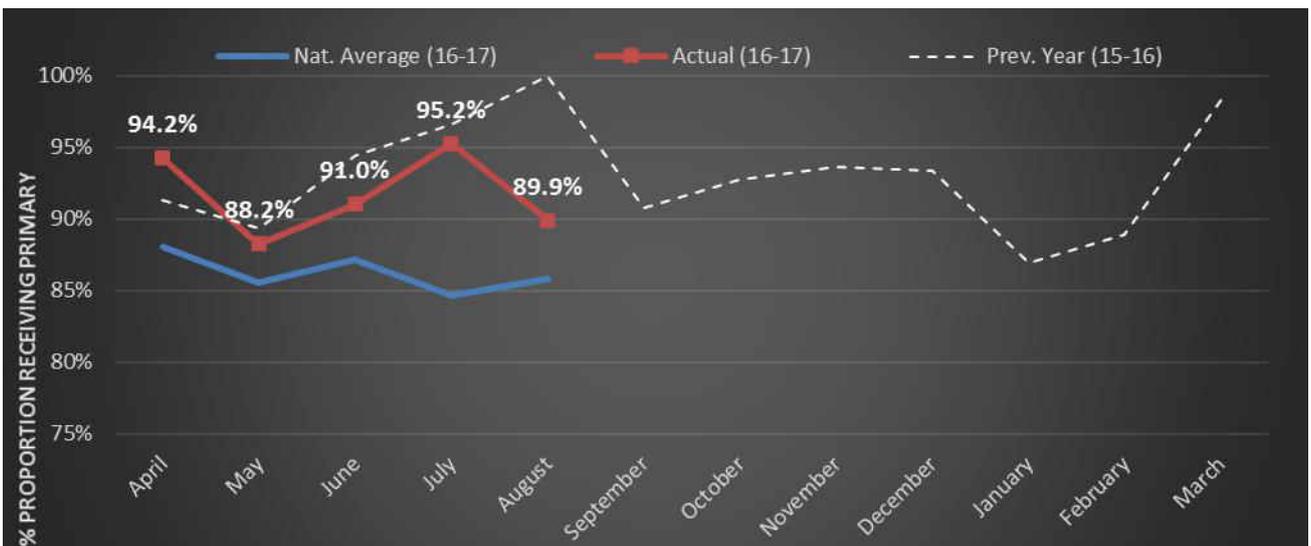


Figure.CE-6 - Acute ST-elevation myocardial infarction - Proportion receiving primary angioplasty within 150 minutes

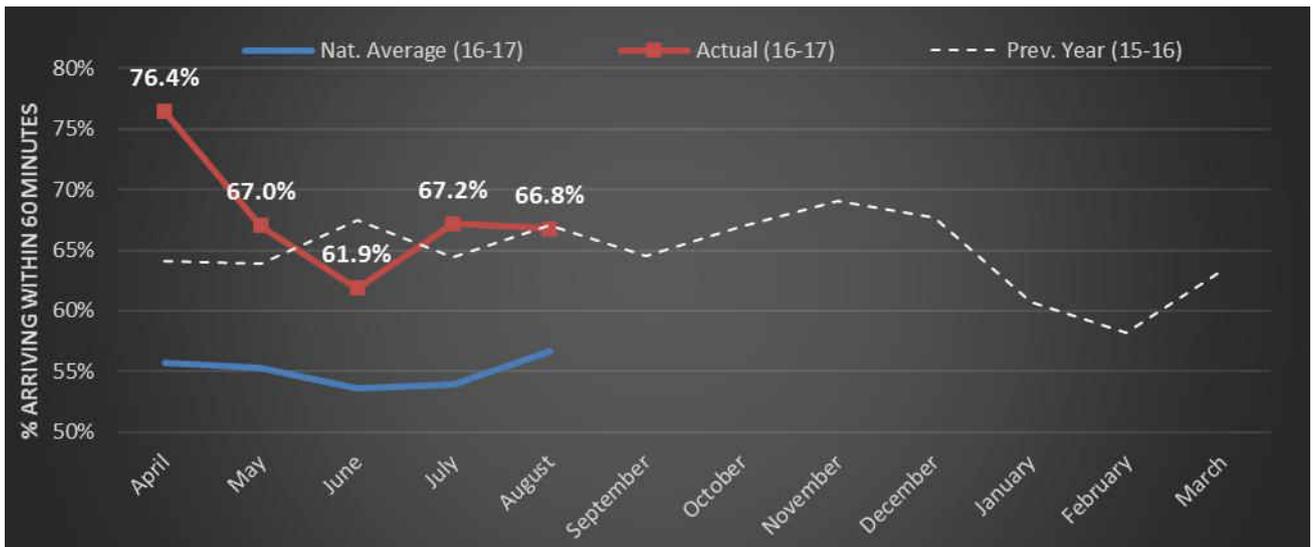


Figure.CE-7 - % of FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyper acute stroke unit within 60 minutes



Figure.CE-8 - % of suspected stroke patients assessed face to face who received an appropriate care bundle

5. Quality & Patient Safety

5.1. Quality & Patient Safety Summary

- 5.1.1. Work is being undertaken with the Datix System to further enhance the ability of the Trust to manage and report against a number of the Quality and Safety KPIs and as such, this section will continue to develop as processes become automated through the system.
- 5.1.2. Overall the number of incidents reported has increased compared to the previous year, whilst the number of Serious Incidents has reduced. This is likely to reflect recent changes made to the process for declaring Serious Incidents, to ensure those declared fully meet the NHS England Serious Incident Framework.
- 5.1.3. The Incident Management and Reporting Policy (including Serious Incidents) is out for consultation, and re-aligns the timeframe for Serious Incident Investigation to the NHS England National Timeframes. As such, the number of Serious Incident reports breaching submission to the CCG Closure panel should be reduced.
- 5.1.4. The Trust continues to make changes to the management of Safeguarding through the Datix System, which will enable more accurate reporting of Safeguarding referrals.
- 5.1.5. The Trust has now returned to reporting against the national standard of 25 days for complaints responses.

5.2. Quality & Patient Safety Commentary

- 5.2.1. There were no Serious Incident Reports due for submission to the CCG Closure Panel during December. Of the seven overdue investigations reported within the previous IPR, three have been submitted. An additional five incidents have breached submission to CCG Closure Panel and, as such, there are currently nine reports in this category.
- 5.2.2. Year to date figures for reporting timeliness (72hrs), remains under development as this is a new KPI.
- 5.2.3. Duty of Candour reporting remains under development, as this is currently a manual process. As part of the enhancement to the Datix System, the process of managing and reporting, Duty of Candour will be automated through the system.
- 5.2.4. As part of the Datix System enhancements, the ability to better manage and report safeguarding incidents raised about staff will become more accurate as a consistent approach is implemented. Enhancements will also enable a further quality metric to be implemented, with regard to the number of rejected referrals made, which will provide an overview of the quality/appropriateness of referrals made.
- 5.2.5. The training figures have been taken from the information shared by Learning and Development, which appears to show that December had four fewer people

trained (overall) in the Trust than in November, however it is not clear what has caused this data anomaly.

5.2.6. The Trust concluded 72% of complaints within timescale, which is a slight deterioration against October and November performance.

5.2.7. Of the 84 complaints due for conclusion, 23 breached the timescale; the reasons for which are as follows:

- 11 x report received late
- 5 x overlooked by the Patient Experience Team (PET)
- 3 x letter unable to be signed in time
- 3 x awaiting information from an internal source
- 1 x complex complaint requiring more time

5.2.8. Of the five complaints overlooked by the PET, three were breached by a temporary member of staff who has now left the Trust. Of the 11 breaches caused by late receipt of investigation reports, eight were informal EOC complaints. These breaches have been caused by a lack of capacity within the EOC Information Team, who are tasked with investigating low-level EOC complaints.

5.2.9. Work is being completed on Datix during January to streamline processes, and work on reviewing and developing the policy and procedure are on-going; once complete, this should reduce the number of breaches.

5.3. Quality & Safety KPI Scorecard

ID	KPI	Current Month (Target)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Target)	YTD (Actual)	YTD (Prev. Yr.)
QS1 a	SI Reporting timeliness (72hrs)	0%	25.0%				
QS1 b	SI Investigation timeliness (60 days)	100%	#N/A	100.0%	100%	64.3%	100.0%
QS1 c	Number of Incidents reported		512	468		4559	3958
QS1 d	Number of Incidents reported that were SI's		2	3		19	21
QS1 e	Duty of Candour Compliance	<i>In Development</i>					
QS2 a	Number of Complaints		114	149		114	149
QS2 b	Complaints reporting timeliness (All Complaints)	95.0%	72.6%	50.0%	95.0%	62.9%	61.8%
QS3 a	Number of Safeguarding Referrals		886	906		7994	7854
QS3 b	Safeguarding Referrals relating to SECAmb staff or services		0	0		3	2
QS3 c	Safeguarding Training Completed (Adult) Level 1		193				
QS3 d	Safeguarding Training Completed (Children) Level 1		195				
QS3 e	Safeguarding Training Completed (Adult) Level 2		2629				
QS3f	Safeguarding Training Completed (Children) Level 2		2642				

5.4. Quality & Safety Charts

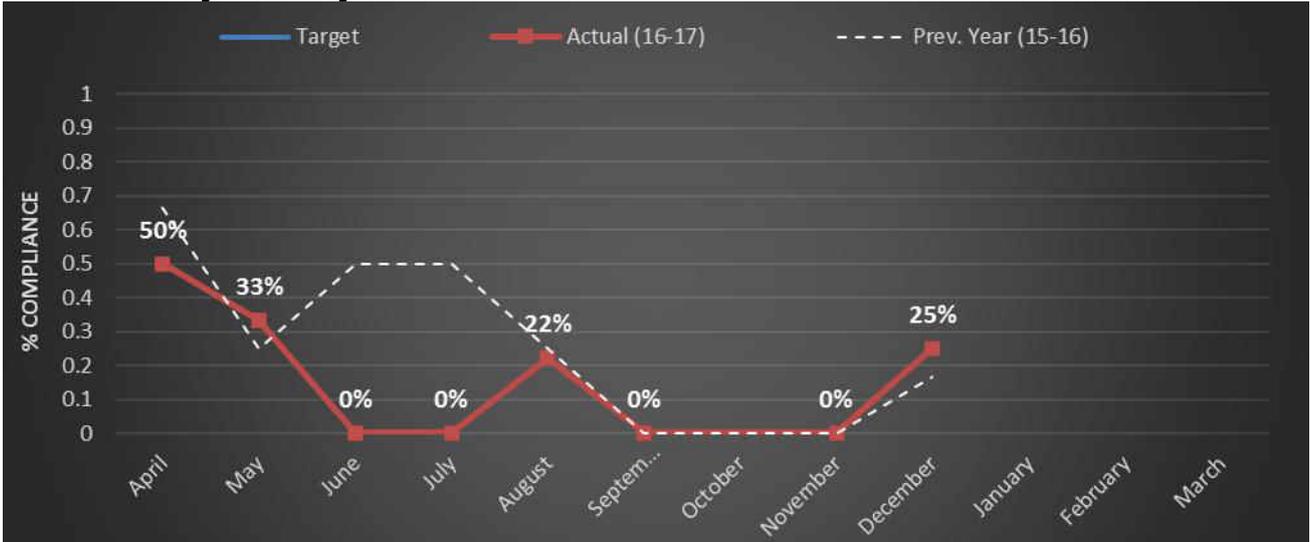


Figure.QS1a - SI Reporting timeliness (72hrs)

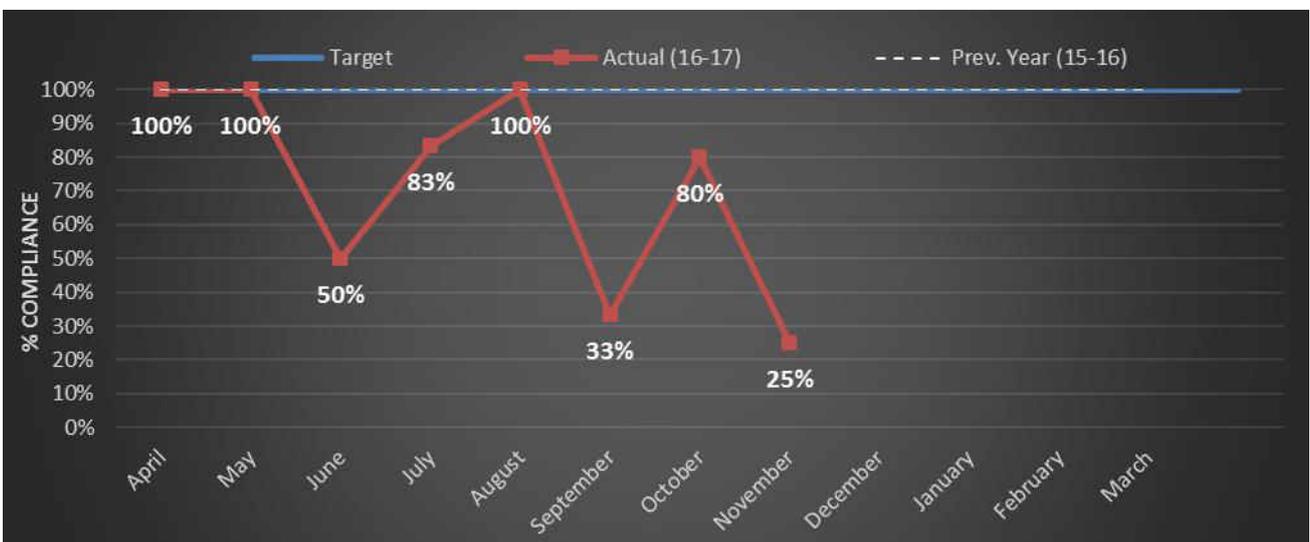


Figure.QS1b - Serious Incident (SI) Investigation timeliness (60 days). Please note that no SI's were due for completion in December 2016 (no data point will be shown)



Figure.QS1c - Number of Incidents reported

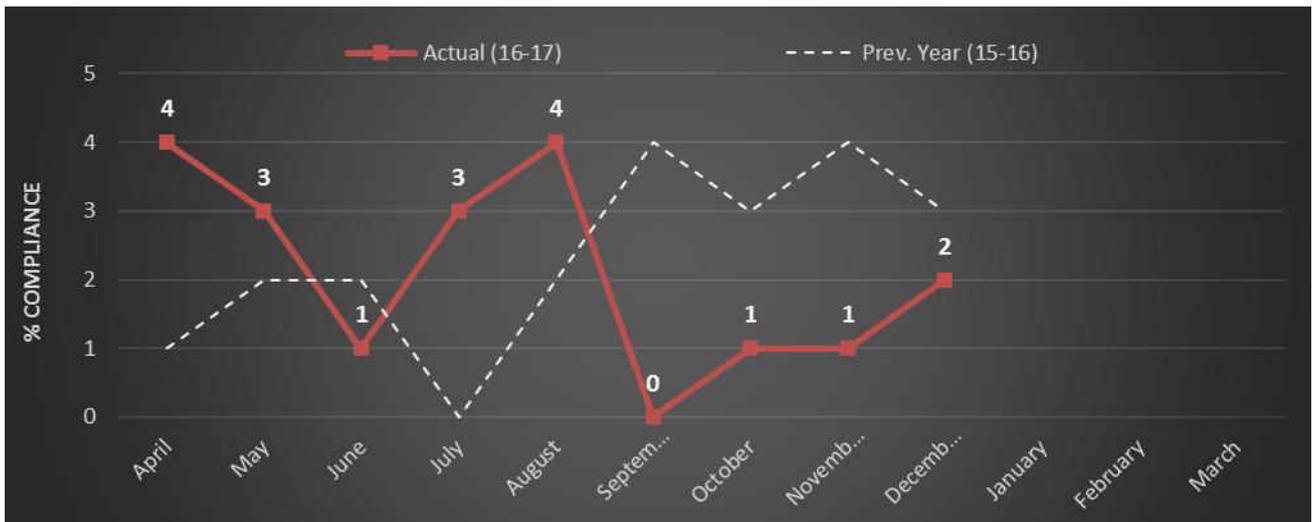


Figure.QS1d - Incidents reported that were SI's

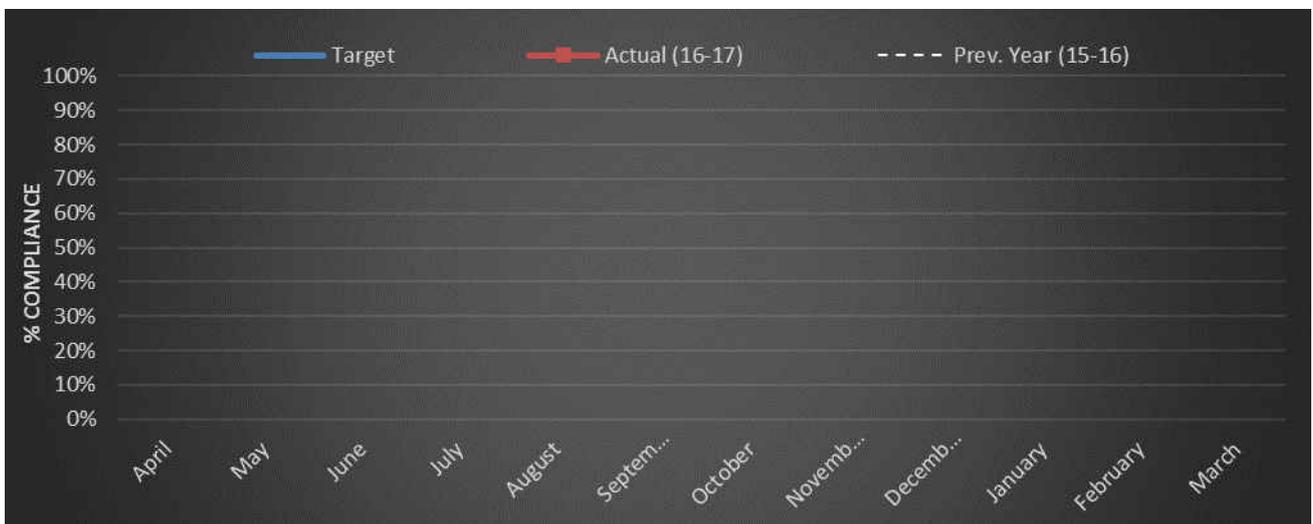


Figure.QS1e - Duty of Candour Compliance – In development



Figure.QS2a - Number of Complaints

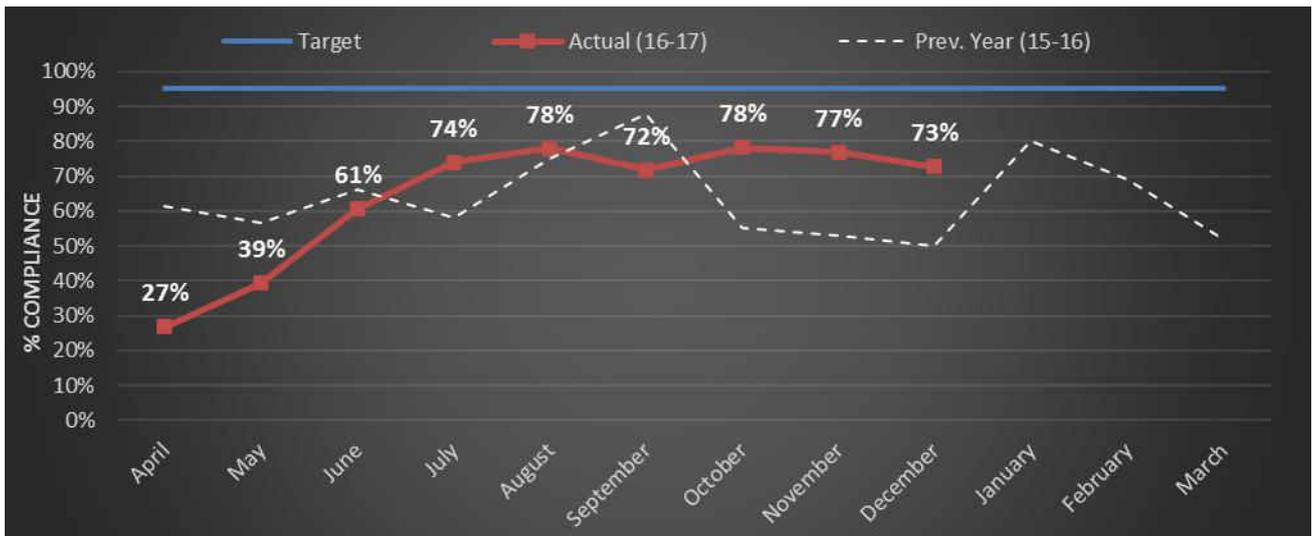


Figure.QS2b - Complaints reporting timeliness (All Complaints)

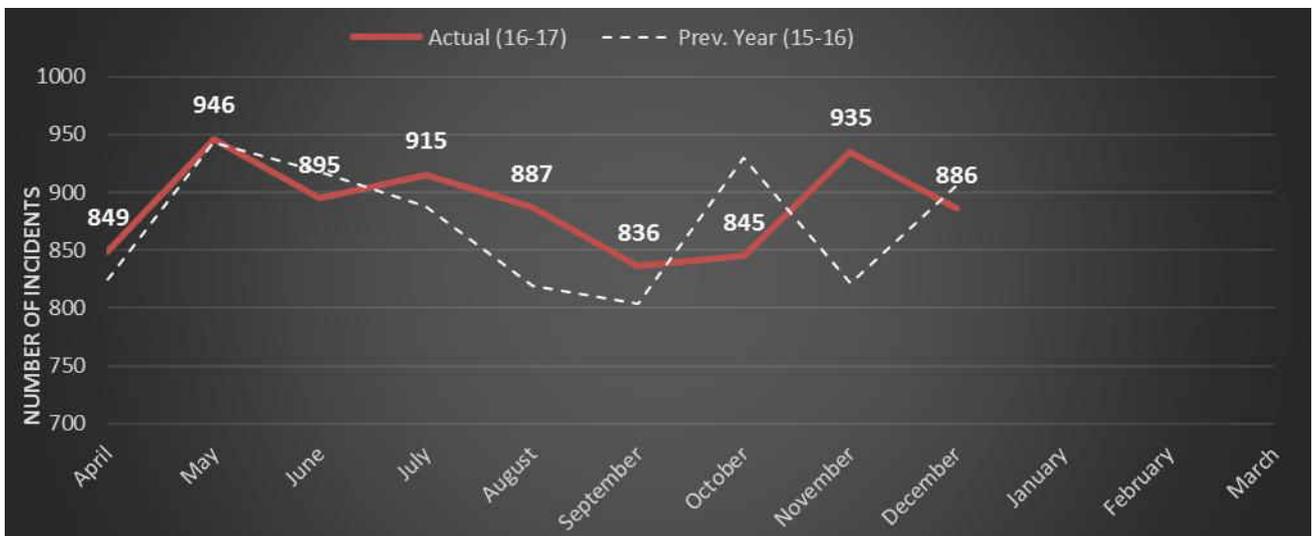


Figure.QS3a - Safeguarding Referrals

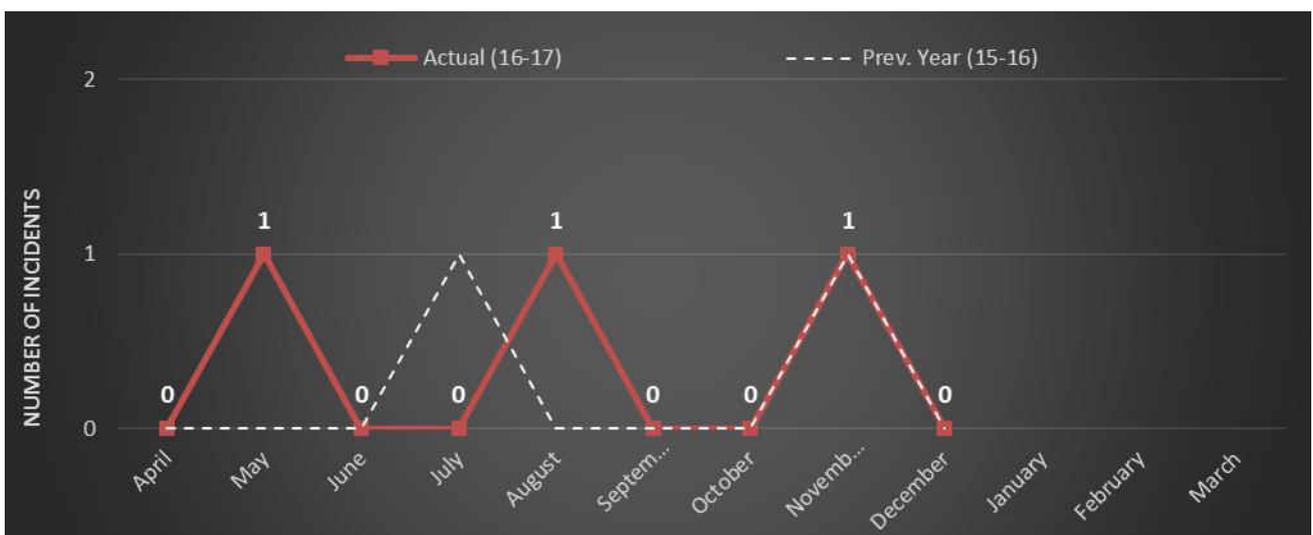


Figure.QS3b - Safeguarding Referrals relating to SECamb staff or services

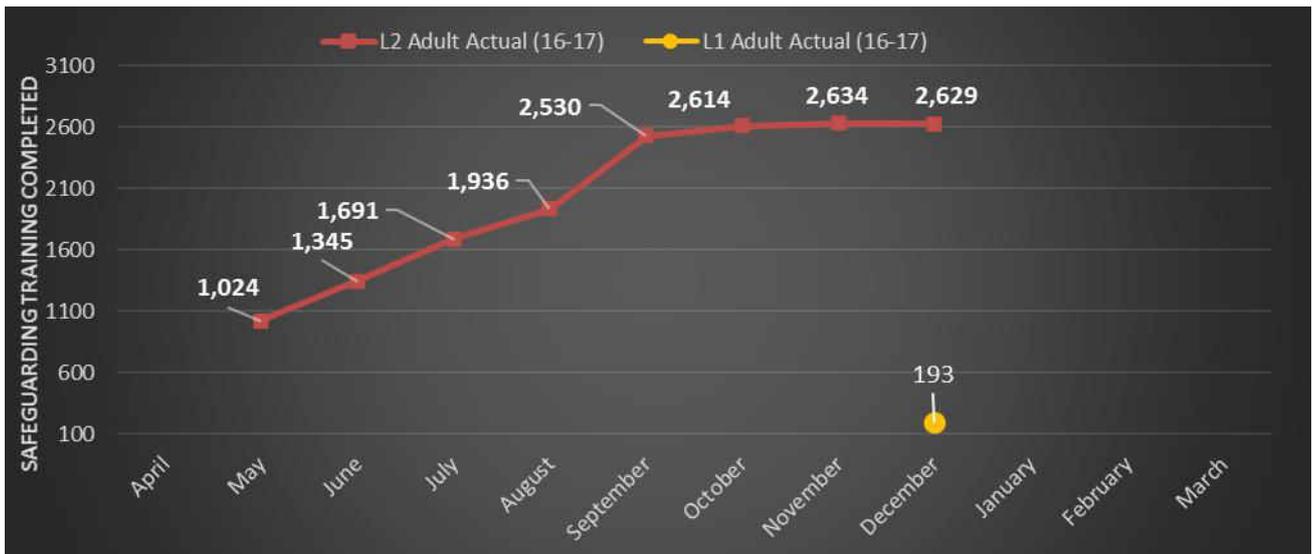


Figure.QS3c and QS3e - Safeguarding Training Completed Adult, Level 1 and 2

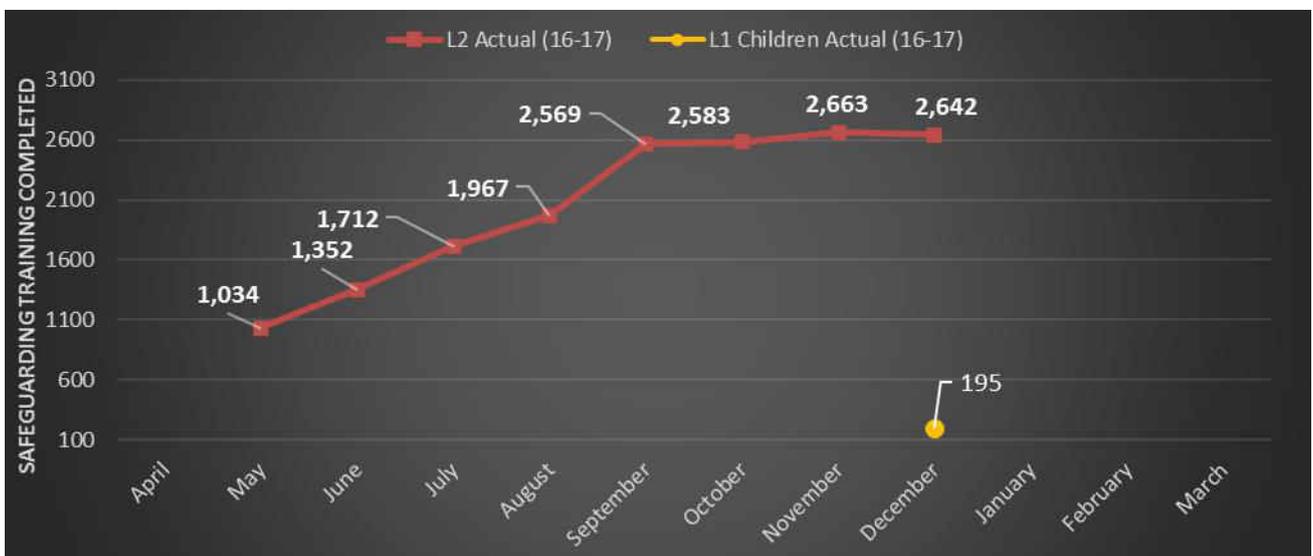


Figure.QS3d and QS3f - Safeguarding Training Completed Children, Level 1 and 2

6. Finance

6.1. Finance Summary

- 6.1.1. The Trust's financial performance for month 9 was a surplus of £0.1m, which is £0.2 behind forecast and £0.8m behind plan. This takes the Year to Date (YTD) deficit to £6.2m compared to the £0.8m surplus position assumed in the plan. The forecast for the year was revised to £7.1m in Q1, mainly due to unforeseen costs of recovery following governance and CQC failings.
- 6.1.2. The Trust remains subject to the risks of unfunded paramedic band 6 re-grading ,together with the knock on impacts to other grades, and to possible withholding penalties from CCGs.
- 6.1.3. The Trust continues to be at level 4 using the new NHSI Use of Resources rating (UOR), which can potentially trigger financial special measures. The adverse drivers of the rating are the variance against the original plan and the volume of agency spend, which breaches the Trust's pro-rated agency cap. The breach in the agency cap is attributable to controls within NHS111 and the additional interim capacity required to support the recovery plan. Both of these areas are being addressed and in particular, NHS111 is looking for a sustainable recruitment approach to reduce reliance on agency workers.
- 6.1.4. On-going directorate level financial reviews led by the Programme Management Office (PMO) and Finance Director have been held and the Executive Directors and senior staff have been challenged on delivering the year end forecast position. There is clear collective ownership of the issues and required actions.
- 6.1.5. The demand in A&E activity continues to track above plan. The activity in December is 2.2% (YTD: 2.4%) up on APR and 4.5% (YTD: 4.4%) above the commissioned level.
- 6.1.6. CIPS of £4.5m have been delivered YTD which is £0.9m behind APR.

6.2. Finance Commentary

- 6.2.1. The YTD adverse deficit variance of £7.0m against the £0.7m surplus in the APR is across all of our service lines.
- 6.2.2. The financial performance in 999 is £6.1m worse than the APR. The key drivers are the price of hours, with cost being higher than planned, as the recruitment is lower than the original workforce plan (resulting in a higher reliance on PAPs).
- 6.2.3. Hospital handover delays continue to affect job cycle time and remain higher than expected with over 7,700 additional hours lost in December compared to circa 5,800 hours in November. This is significantly worse compared to last year (by 89%) which is a reflection of the nationwide pressures on A&E departments. 7,700 hours is equivalent to 320 double crewed ambulance shifts lost in the month.

- 6.2.4. In improving grip and control within EOC, operational management have made changes in the way in which meal breaks are disturbed which will result in a drastic reduction in the number of claims made from early January onwards. The changes are in line with current policy and will not impact on the delivery of quality patient care. The YTD expenditure on meal breaks is currently tracking £1.0m above planned levels which are based on previous years.
- 6.2.5. Fleet is overspent by £0.6m and the vehicle maintenance regime is being adjusted to reduce costs while maintaining safe levels.
- 6.2.6. The performance in PTS remains poor with a YTD deficit of £0.7m which is £0.4m worse than the plan. Activity is 32% below expectations, resulting in a 13% variance on income, which is the main reason for the adverse variance. The reduction in hours to match this lower activity is yet to be realised but is receiving attention.
- 6.2.7. The financial performance in KMSS111 continues to be challenging but improved in December, recording a surplus of £0.1m resulting in a YTD adverse variance to plan of £0.3m. High levels of attrition since January have resulted in over reliance on agency Health and Clinical Advisors at a significant premium to operate the service, along with the associated training costs and effect on planned average handling time. The management in 111 are working collaboratively with HR to address the agency staff issue.
- 6.2.8. Medicines spend continues to be of concern, as do the benefits realisation from investments in MRC and Clinical Education. These innovations help the wider health economy by reducing admissions and conveyance to hospital but are financially unsustainable for SECAMB unless there is appropriate recompense.
- 6.2.9. Further cost pressures include a £1.4m YTD spend on the improvements required following the CQC report.
- 6.2.10. The YTD capital expenditure of £11.7m is £5.6m below the APR mainly because of delays in the vehicle replacement programme.
- 6.2.11. The Trust's YTD cash balance of £6.3m is £4.9m lower than the original plan, this has improved from the last month position due to the in-month surplus. The Trust has secured a working capital facility of £15m from NHSI should it be required.

6.3. Finance Scorecard

ID**	KPI	Current Month (Plan)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Plan)	YTD (Actual)	YTD (Prev. Yr.)
F-1	Income (£'000)	£ 17,333	£ 17,536	£ 18,537	£145,274	£ 146,818	£150,762
F-2	Expenditure (£'000)	£ 16,404	£ 17,446	£ 17,528	£144,433	£ 153,056	£151,693
F-6	Surplus/(Deficit)	£ 929	-£ 90	£ 1,010	£ 841	£ 6,238	-£ 931
ID**	KPI	Current Quarter (Plan)	Current Quarter (Actual)*	Current Quarter (Prev. Yr.)	YTD (Plan)	YTD (Actual)*	YTD (Prev. Yr.)
F-5	CQUIN - Quarterly (£'000)*	£ 716		£ 913	£ 2,686		£ 2,675
ID**	KPI	Current Month (Plan)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Plan)	YTD (Actual)	YTD (Prev. Yr.)
F-3	Capital Expenditure (£'000)	£ 1,153	£ 1,395	£ 2,012	£ 17,353	£ 12,360	£ 13,841
F-7	Cash Position (£'000)	£ 11,190	£ 6,307	£ 18,508	£ 11,190	£ 6,307	£ 18,508
F-4	Cost Improv. Prog. (CIP) (£'000)	£ 677	£ 537	£ 1,149	£ 5,370	£ 5,023	£ 7,282
F-8	Agency Spend (£'000)	£ 339	£ 543	£ 668	£ 3,017	£ 5,041	£ 5,090

6.4. Finance Charts

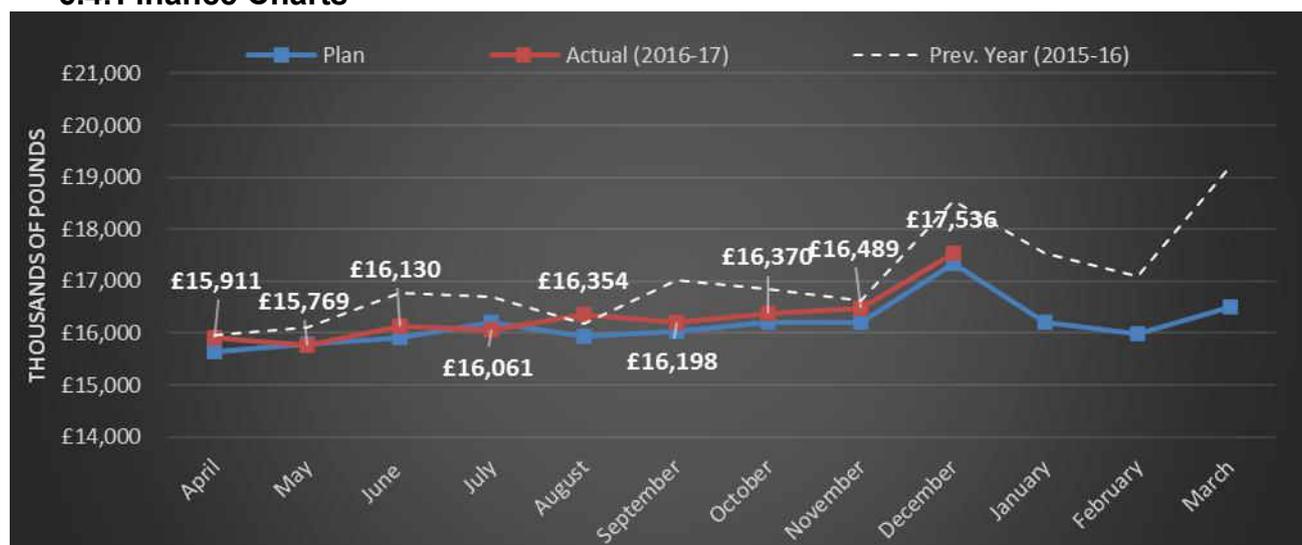


Figure.F-1 - Income (£'000)



Figure.F-2 - Expenditure (£'000)



Figure.F-6 - Surplus/(Deficit) (Year To Date)



Figure.F-5 – CQUIN - Quarterly (£'000)*



Figure.F-8 – Agency Spend (£'000)



Figure.F-3 – Capital Expenditure (£'000)



Figure.F-7 – Cash Position (£'000)



Figure.F-4 - Cost Improv. Prog. (CIP) (£'000)

Integrated Performance Dashboard Balanced Scorecard for the January 2017 Board Meeting

Workforce Commentary :- Data from December 2016 and November 2016

ID	KPI	Current Month (Plan)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Plan)	YTD (Actual)	YTD (Prev. Yr.)
Wf-1A	Short Term Sickness - Rate		2.5%	2.4%		2.5%	
Wf-1B	Long Term Sickness - Rate		2.6%	3.3%		2.6%	
Wf-2	Staff Appraisals	67.5%	46.7%	57.7%			
Wf-3	Mandatory Training Compliance (All Courses)	91.0%	77.3%	87.6%			
Wf-4	Total injuries		54	72		550	559
Wf-5	Total physical assaults		20	15		166	145
Wf-6	Vacancies (Total WTE)		325			324.7	
Wf-7	Annual Rolling Staff Turnover		16.9%	14.1%			
Wf-8	Reported Bullying & Harassment Cases		0			13	
Wf-9	Cases of Whistle Blowing		0			2	

Clinical Effectiveness KPI Scorecard:- Data From August 2016

ID	KPI	Current Month (Nat. Av.*)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Nat. Av.*)	YTD (Actual)	YTD (Prev. Yr.)
CE-1	Cardiac arrest - ROSC on arrival at hospital (Utstein)	52.8%	48.1%	50.0%	53.0%	56.6%	45.7%
CE-2	Cardiac arrest - Return of spontaneous circulation on arrival at hospital (All)	27.2%	26.0%	27.6%	29.0%	28.4%	27.0%
CE-3	Cardiac arrest -Survival to discharge - Utstein	29.1%	34.8%	25.0%	27.4%	28.6%	22.5%
CE-4	Cardiac arrest -Survival to discharge - All	9.4%	8.9%	8.6%	8.9%	8.2%	8.5%
CE-5	Acute ST-elevation myocardial infarction - Outcome from STEMI (Care bundle)	79.0%	72.7%	65.6%	79.5%	67.8%	66.8%
CE-6	Acute ST-elevation myocardial infarction - Proportion receiving primary angioplasty within 150 minutes	85.9%	89.9%	100.0%	86.2%	91.7%	94.0%
CE-7	% of FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyperacute stroke unit within 60 minutes	56.6%	66.8%	67.1%	55.0%	68.0%	65.4%
CE-8	% of suspected stroke patients assessed face to face who received an appropriate care bundle	97.4%	94.2%	96.2%	97.7%	96.1%	96.3%

* The Clinical AQIs (CE-1 to 8) do not have a target, and so are benchmarked against the national average.

Operational Performance Scorecard:- Data From December 2016

ID	KPI	Current Month (Plan*)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Plan*)	YTD (Actual)	YTD (Prev. Yr.)
999-1	Red 1 response <8 min	65.3%	62.9%	74.5%		64.3%	73.6%
999-2	Red 2 response <8 min	54.2%	51.6%	71.0%		53.8%	71.4%
999-3	Red 19 Transport <19 min	89.9%	87.8%	95.4%		89.7%	95.0%
999-4	Activity: Actual vs Commissioned	72563	76641	69268	591018	619732	582751
999-5	Hospital Turn-around Delays (Hrs lost >30 min.)	2799	7726	3864	21168	49564	31649
999-6	Call Pick up within 5 Seconds	85%	83.4%	92.9%		73.9%	87.2%
999-7	CFR Red 1 Unique Performance Contribution	1%	1.9%	0.0%	0	0.0%	0.0%
999-8	CFR Red 2 Unique Performance Contribution	1%	1.5%	0.0%	0%	0.0%	0.0%
111-1	Total Number of calls offered		104132	114006		865816	864538
111-2	% answered calls within 60 seconds	75%	80.8%	77.9%	75.0%	77.2%	85.4%
111-3	% of Abandoned call within 30s of the end of intro message excluding phantom calls (NQR 8)	2.0%	1.4%	1.4%	2.0%	1.3%	1.1%
111-4	Abandoned calls as % of offered after 30 secs	6.0%	3.9%	6.1%	6.0%	4.7%	2.4%
111-5	Combined Clinical KPI (% of Call Back >10mins & % of all 111 calls warm referred to a Clinician)	75%	72.5%	88.4%		74.0%	88.3%
PTS-1	PTS Activity (Surrey)	11337	9511	12063	107563	95874	137428
PTS-2	Arrival - % patients to arrive <= 15 min after appt. time. (Surrey)	95%	87.7%	86.3%	95%	86.4%	83.7%
PTS-3	Departure - % patients collected <= 60 min of planned collection time (Surrey)	95%	86.5%	86.0%	95%	86.2%	84.0%
PTS-4	Discharge - % patients collected <= 120 min of booked time to travel (Surrey)	95%	80.8%	77.3%	95%	79.9%	75.8%

* For the following KPIs, the "Plan" in the table above is the Unified Recovery Plan (URP) target agreed with commissioners. The URP targets and the standard national targets are both shown in the Charts on the following few pages. KPIs affected: 999-1 to 999-3; 999-6; 111-2, 111-4 and 111-5.

Finance Scorecard:- : Data from December 2016

ID**	KPI	Current Month (Plan)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Plan)	YTD (Actual)	YTD (Prev. Yr.)
F-1	Income (£'000)	£17,332.8	£17,536.0	£18,537.3	£145,273.9	£146,818.3	£150,762.2
F-2	Expenditure (£'000)	£16,403.8	£17,446.0	£17,527.8	£144,432.9	£153,056.0	£151,693.0
F-6	Surplus/(Deficit)	£929.0	£-90.0	£1,009.5	£841.0	£6,237.7	£-930.8
ID**	KPI	Current Quarter (Plan)	Current Quarter (Actual)*	Current Quarter (Prev. Yr.)	YTD (Plan)	YTD (Actual)*	YTD (Prev. Yr.)
F-5	CQUIN - Quarterly (£'000)*	£716.0		£913.0	£2,686.0		£2,675.0
ID**	KPI	Current Month (Plan)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Plan)	YTD (Actual)	YTD (Prev. Yr.)
F-3	Capital Expenditure (£'000)	£1,153.0	£1,394.9	£2,012.0	£17,353.0	£12,359.7	£13,841.0
F-7	Cash Position (£'000)	£11,190.0	£6,307.0	£18,508.0	£11,190.0	£6,307.0	£18,508.0
F-4	Cost Improv. Prog. (CIP) (£'000)	£677.0	£537.0	£1,148.7	£5,370.0	£5,023.0	£7,281.8
F-8	Agency Spend (£'000)	£338.6	£543.0	£667.9	£3,017.2	£5,040.7	£5,090.3

* Each Quarter's data will not be available until the completion of the Quarter (e.g. Q1 will be available in July)

** KPI's have been re-ordered (Sep '16) however each KPI's ID has remained the same for consistency (hence the ID ordering is out of sync).

Quality & Safety KPI Scorecard:- Data From December 2016

ID	KPI	Current Month (Target)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Target)	YTD (Actual)	YTD (Prev. Yr.)
QS1a	SI Reporting timeliness (72hrs)	0.0%	25.0%				
QS1b	SI Investigation timeliness (60 days)	100.0%	#N/A	100.0%	100.0%	64.3%	100.0%
QS1c	Number of Incidents reported		512	468		4559	3958
QS1d	Number of Incidents reported that were SIs		2	3		19	21
QS1e	Duty of Candour Compliance	In Development					
QS2a	Number of Complaints		114	149		114	149
QS2b	Complaints reporting timeliness (All Complaints)	95.0%	72.6%	50.0%	95.0%	62.9%	61.8%
QS3a	Number of Safeguarding Referrals		886	906		7994	7854
QS3b	Safeguarding Referrals relating to SECamb staff or services		0	0		3	2
QS3c	Safeguarding Training Completed (Adult) Level 1		193				
QS3d	Safeguarding Training Completed (Children) Level 1		195				
QS3e	Safeguarding Training Completed (Adult) Level 2		2629				
QS3f	Safeguarding Training Completed (Children) Level 2		2642				

SECAMB Regulation Statistics

ID	KPI	Value
R1(b)	Use of Resources Metric (Financial Risk Rating)	4 (Red)
R2	Governance Risk Rating	Red
R3	CQC Compliance Status	Trust: Inadequate (Special Measures) 111 service: Requires improvement
R5	IG Toolkit Assessment	Level 2 - Satisfactory
R6	REAP Level	3

Appendix 2: Notes on Data Supplied in this Report

7.1. Preamble:

- 7.1.1. This Appendix serves to inform the reader of any significant changes to measurement or data provided in the Integrated Performance Dashboard.
- 7.1.2. Two months history are kept for easy reference and to cover when there is a month with no board meeting.

7.2. Executive Summary:

- 7.2.1. No changes of note.

7.3. Workforce Section:

- 7.3.1. Some of the data in the workforce section is one month in arrears.

7.4. Operational Performance Section:

- 7.4.1. No changes of note for the January Board meeting papers however, for the December board papers the following changes were implemented:
 - The "Answered in 60" recovery plan target for November was agreed to be reduced to 75% due to additional East Kent volumes SECAMB handled as a contract extension.
 - The unique contribution to performance due to Community First Responders for Red 1 & 2 performance has been added as a new pair of KPIs. Targets as per Unified Recovery Plan.

7.5. Quality and Outcome Section: Now 'Clinical Effectiveness (Dec 2016)

- 7.5.1. The Clinical Outcome data (now CE-1 to 8) are all reported a number of months in arrears as per the titles of the sections.
- 7.5.2. December Board Changes:
 - Serious Incidents & Complaints metrics have been removed from this section of the report;
 - This section has been renamed 'Clinical Effectiveness' and focuses on the Clinical Outcome AQIs.

7.6. Quality and Patient Safety Section: Added Dec. 2016

- 7.6.1. January Board Changes:
 - Duty of Candour, Number of Safeguarding Referrals, Safeguarding Referrals relating to SECAMB staff or services, and Safeguarding Training have all been added with data.
 - Complaints timeliness (QS2b) now reported with a 25 day due date timeframe (was 30 days).
- 7.6.2. December Board Changes:
 - This is a new section of the report expanding on the existing KPIs for Serious Incidents and Complaints and adding a section on Safeguarding. In Development.

7.7. Finance Section:

- 7.7.1. The Financial Sustainability Risk Rating (FSRR) has been replaced with the "Use of Resources Metric" as of October 2016.
- 7.7.2. December Board Changes:
 - Agency Spend added as a new KPI

SECAMB Board

Escalation report to the Board from the Audit Committee

Date of meeting	6 December 2016
Overview of issues/areas covered at the meeting:	<p>The Committee was unable to gain assurance that appropriate arrangements are in place in key areas, specifically the Board Assurance Framework (BAF), the identification and management of corporate risks and specific functions where weaknesses were found in internal control environments. Internal Audit reports highlighted deficiencies in the design of the control framework for financial reporting and budget setting, and a number of significant deficiencies in both the design of and compliance with the control framework for safeguarding. Internal Audit also identified that reasonable progress had been made in implementing previous audit recommendations relating to Clinical Audit.</p>
Reports not received as per the annual work plan and action required	<p>Board Assurance Framework (BAF) There has not been an effective BAF in place for the past year. Whilst reference is included in this escalation report to the Board, it was considered that this must also be a substantive matter for consideration by the Board. Action: The Company Secretary to present to the Board at its meeting on 26 January 2017 a clear structure and content of a revised BAF, linked to the Trust’s key objectives and Unified Recovery Plan.</p>
Changes to significant risk profile of the trust identified and actions required	<p>The Corporate Risk Register had not been updated for several months in a number of areas, and was assessed as not being fit for purpose. In addition, there was no clear strategy which could be evidenced for the management of risk. Action: The Executive to present to the Board a corporate plan for the management of risk in 2017/18, for adoption by the Board at its meeting on 26 January 2017.</p>
Weaknesses in the design or effectiveness of the system of internal control identified and action required	<p>Actions identified as being required to improve the BAF and Corporate Risk Register are referred to above. Internal Audit identified weaknesses in the design and effectiveness of internal control systems in respect of Financial Reporting and Budget Setting and Safeguarding, which resulted in an audit opinion of only “partial assurance” being given in each case. The recommendations made and actions required to be taken, all of which have been accepted by management, were set out within respective Internal Audit reports with clear dates for implementation.</p>
Any other matters the Committee wishes to escalate to the Board	<p>Internal Audit Reviews undertaken during the year have identified a significant number of specific areas where the design and application of internal control systems are weak, resulting in audit opinions of either “partial assurance” or “no assurance”. Each of these will be referred to in the Head of Internal Audit Opinion at the financial year end. It is imperative that the recommendations made by Internal Audit for improvements in the control environment are implemented in accordance with agreed timescales.</p>

South East Coast Ambulance Service NHS Foundation Trust

SECAMB Board

QPS Escalation report to the Board

Date of meetings	8 th December 2016 & 12 th January 2017
Overview of issues/areas covered at the meeting:	<p>Since the last board meeting in November, the Quality & Patient Safety Committee has met twice and considered the following items:</p> <p><i>Management Response</i></p> <ul style="list-style-type: none"> • Medicines Management & Medical Gases <p><i>Scrutiny Items</i></p> <ul style="list-style-type: none"> • Quality Account Planning • ePCR Roll-out • Patient Care Records • NHSI Diagnostic <p><i>Quality & Safety Reporting</i></p> <ul style="list-style-type: none"> • CQC Must-Do & Should-do Progress update & Exception Reports • Infection Control Annual Report 15/16 • Quality and Patient Safety Report update
Reports <i>not</i> received as per the annual work plan and action required	<p>Patient Care Records – the requested paper for December wasn't received. A verbal update was given and a paper followed in January. The issues identified were lost PCR's, delay in PCR submission, completion of PCR's to appropriate standard & Audit of PCR's by line management prior to submission.</p> <p>NHSI Diagnostic- This was not available as it has not yet been signed off.</p>
Changes to significant risk profile of the trust identified and actions required	<p>Medicines Management- At its meeting in December the committee was not assured that medicines were being appropriately managed in line with Regulation 13 of the Health and Social Care Act for security and storage, and no assurance could be provided that disseminated drugs alerts are read and understood. In addition, other issues were identified that gave cause for concern and the committee asked management to respond to these concerns at the January meeting.</p> <p>At its meeting in January the committee asked that medicines management be escalated as a paper to Board due to the non-compliance with Regulation 13. In particular, the concerns related to security and storage, usage of drugs, and dissemination of drug alerts. The Executive confirmed that it is taking immediate action to –</p> <ul style="list-style-type: none"> • undertake a diagnostic to ensure all issues are identified and a rectification plan • appointing an interim pharmacist ASAP to take immediate action with the assistance of NHSI • Recruitment of full-time pharmacist (offer made)

South East Coast Ambulance Service NHS Foundation Trust

	<p>999 Performance- the committee noted that the performance trajectory was not achieved for R1,R2 or R19 in December. Demand was close to forecast. The primary reason for the negative variation is the record level of <i>45min+</i> handover delays where December was 18% higher than the next highest month and over 60% higher than Dec 14. The committee asked this be escalated urgently to NHSI to help support the trust in discussions with hospitals and that the commitments made at the Quality Summit to support the Trust are honoured. The committee also noted that response ratios are higher than planned and there was an increase in frequent callers in December which also contributed to the negative variance.</p> <p>999 Tail – The exception report for the CQC performance trajectory plan highlighted a risk to patient safety regarding the tail particularly for green calls and the committee asked that this be escalated to the board as this represents a risk for patient safety.</p> <p>Patient Care Records – Concern relating to the robustness of the PCR process including lost PCR’s, delay in PCR submission, completion of PCR’s to appropriate standard & Audit of PCR’s by line management prior to submission. The executive will under-take a multi-disciplinary review of Patient Care Records and report back to QPS.</p>
<p>Weaknesses in the design or effectiveness of the system of internal control identified and action required</p>	<p>Quality Account Planning - An action plan was presented but the committee noted that there was a lack of accountability against allocated tasks & some actions that had been completed were still indicated as “red”. The committee agreed that until these actions were completed it could not be assured that the Quality Account planning process was on track and asked the plan to be re-submitted to the January QPS meeting. It was noted a successful stakeholder event had been held on the 5th December.</p> <p>In January the committee received an updated plan with leads allocated to each action. The committee was assured that we are on track with the development of the Quality Account this year.</p> <p>CQC Must-do and Should-do Progress Update - The committee reviewed the action plan in December for the first time. Feedback was positive but there were some areas identified where the report could be improved in format and concerns raised on the accuracy of progress reported. The committee requested that there should be early discussion on ‘red’ items. The committee asked an overview of the key areas at risk be shared at the Board meeting in December. In January the committee received a further update, focussing on the exception reports relating to the actions ‘at risk’.</p> <p>Medicines Management - see above</p> <p>Patient Care Records – see above</p>
<p>Any other matters the Committee wishes to escalate to the Board</p>	<p>It has been agreed the committee will receive a quarterly Quality and Patient Safety Report this will include a summary of all SI’s raised and action plans relating to these.</p> <p>The committee was assured that the Quality Account is on track for delivery.</p> <p>A review of the ePCR roll-out enabled by the iPad roll-out was discussed and the committee</p>

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were assured that the appropriate policies are in place, ePCR will only be used for non-conveyed patients until the reporting issues have been resolved (end March), IG issues have been addressed and legal advice given, there is capability for adhoc reporting and clinical sign-off has been received. The risks noted were roll-out momentum and also potential impact on job-cycle time as the new technology is embedded.

An issue was raised with regard to 111 out of hour GP's relating to both the closure of the service and issues with the call centre and the impact this had over the Christmas period. It is planned a future paper will be brought to the committee on this topic.

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SECAMB Board

Escalation report to the Board from the Finance & Investment Committee

Date of meeting	23 January 2017
Overview of issues/areas covered at the meeting:	<p>This meeting was the quarterly FIC. It considered the Trust’s financial position including cash; the plan for 17/18; assurance on projects (HQ/EOC move, CAD replacement, EPCR); Fleet diagnostic which highlighted immediate vehicle replacements required.</p> <p>The Committee explored the financial position to the year end 16/17, the assumptions and the impact of the recurrent and non-recurrent elements. The FIC acknowledged the risks in to delivering the FOT of £7.1M deficit and received a presentation on the plans in place to curtail costs in 16/17.</p> <p>Assurance was provided on the cash position which was as expected following an initial draw down against the NHSI facility.</p> <p>The 17/18 plan was discussed and the uncertainty around the funding gap of £26M was raised as a concern although the process around the PID and joint work with Commissioners and NHSI/NHSE was understood.</p> <p>The FIC acknowledged the work undertaken to date on the Fleet deep dive and will continue to monitor the development of the Fleet strategy. The need to procure a number of vehicles within the next month was noted and a business case will follow the Trusts normal governance process.</p>
Reports <i>not</i> received as per the annual work plan and action required	All reports received as requested
Changes to significant risk profile of the trust identified and actions required	<p>Whilst not a significant change to risks previously shared, the draft plans highlighted the size of the gap between the Trust and the CCGs. The plans presented were based on the achievement of hitting constitutional targets which the Committee agreed was the correct approach.</p> <p>The trade-off between funding available from Commissioners and the performance levels at which they chose to commission the Trust was also discussed.</p>
Weaknesses in the design or effectiveness of the system of internal control	None identified at this meeting.

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identified and action required	
Any other matters the Committee wishes to escalate to the Board	N/A



999 URP Performance Trajectory Update

Alex Klumpers

Performance & Information Manager

5th January 2017





Overview

- + This presentation:
 - + Considers the 999-UPR trajectory through the lens of performance measurement with the same methodology used to create Trajectory.
 - + Does not discuss the progress of each project
- + This presentation Answers:
 - + Is SECAMB meeting its Trajectory?
 - + Is the 999-URP suite of projects delivering the expected performance overall?
 - + Is each project delivering the expected performance contribution?



Context:

- + In September 2016 SECAMB completed a review of the projects in the 999-URP to enable a revised performance trajectory to be agreed.
- + The Trajectory was based on:
 - + A consistent Unit Hours Utilisation (UHU) rate of 0.377 for remainder of the year, giving the baseline expected performance.
 - + The expected performance improvements from the 999-URP projects – giving the ‘uplift’.



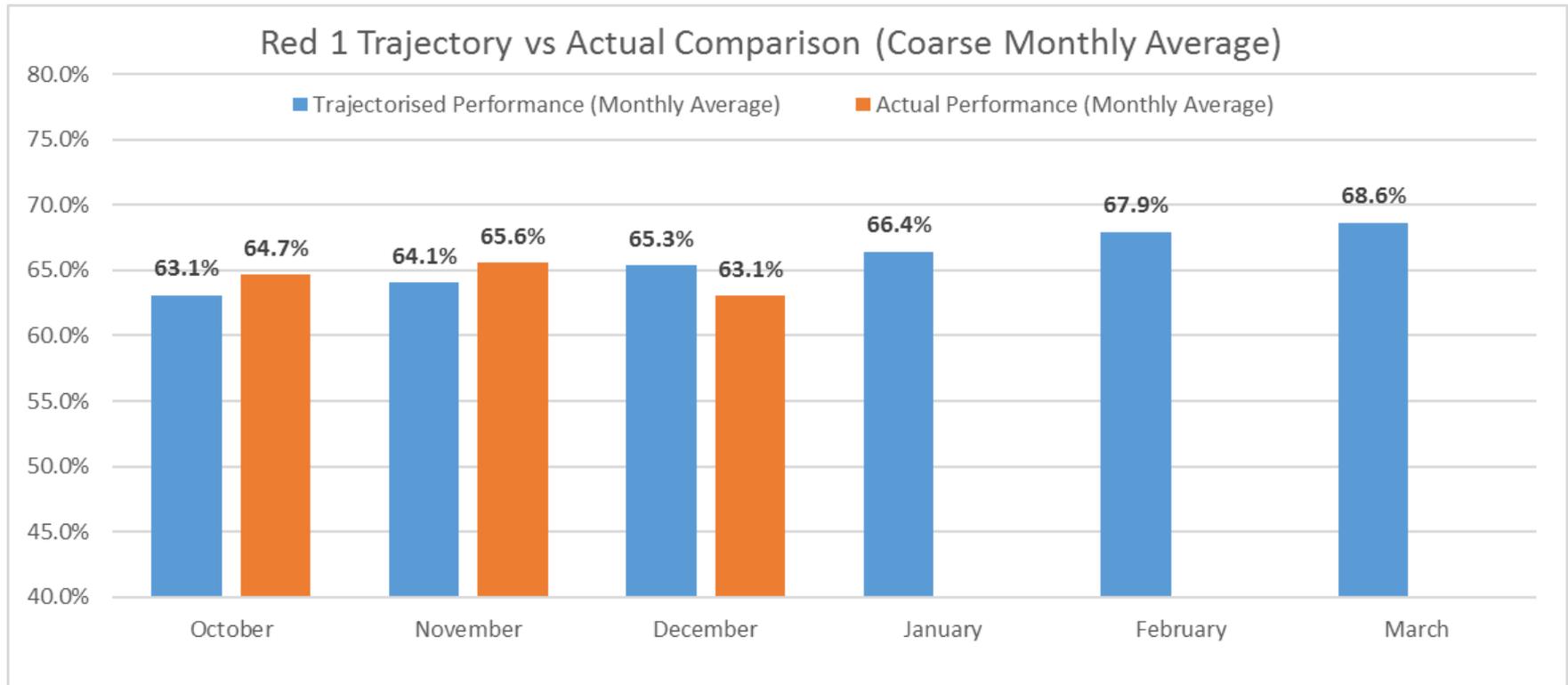
Is SECAmb meeting its Trajectory?

- + December trajectory not achieved for all three KPIs.
- + Please see the charts following this slide for further details



Monthly Performance vs Trajectory

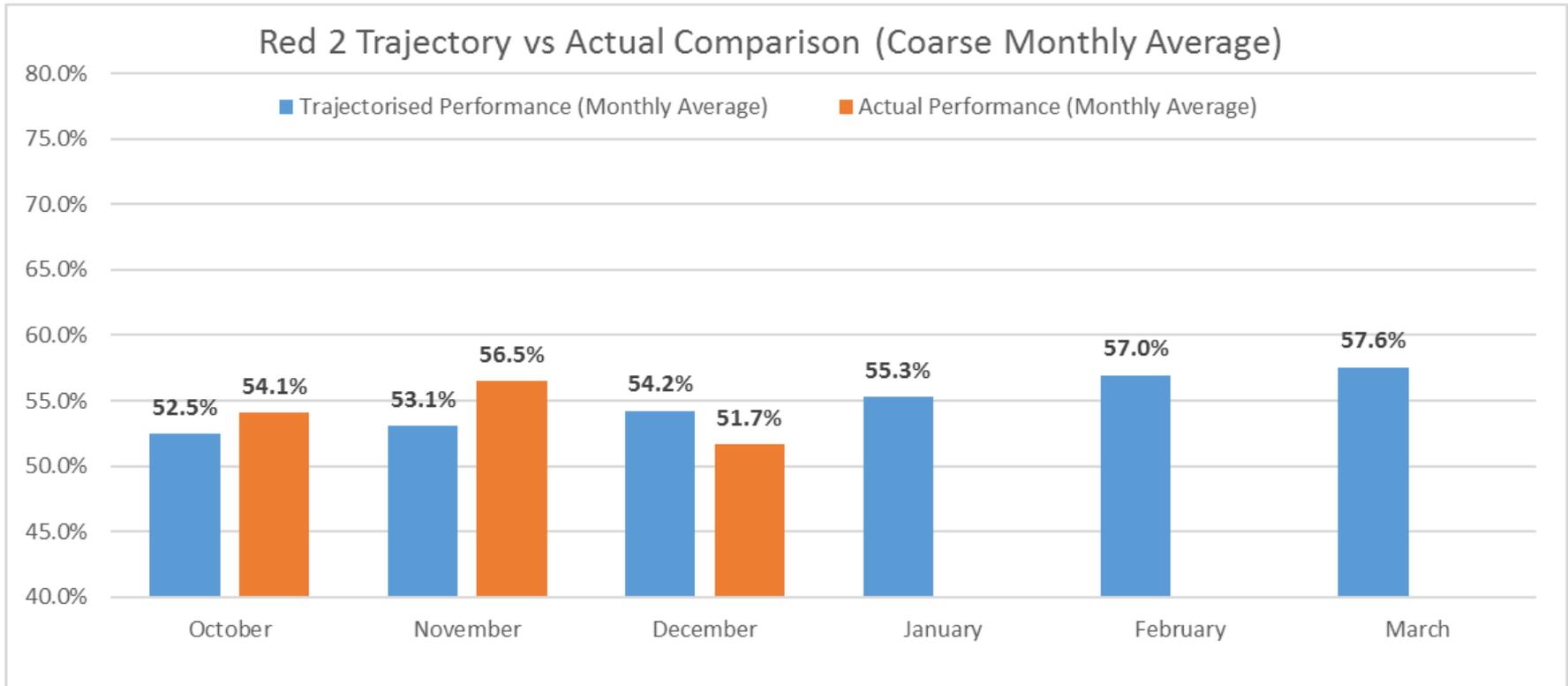
– Red 1





Monthly Performance vs Trajectory

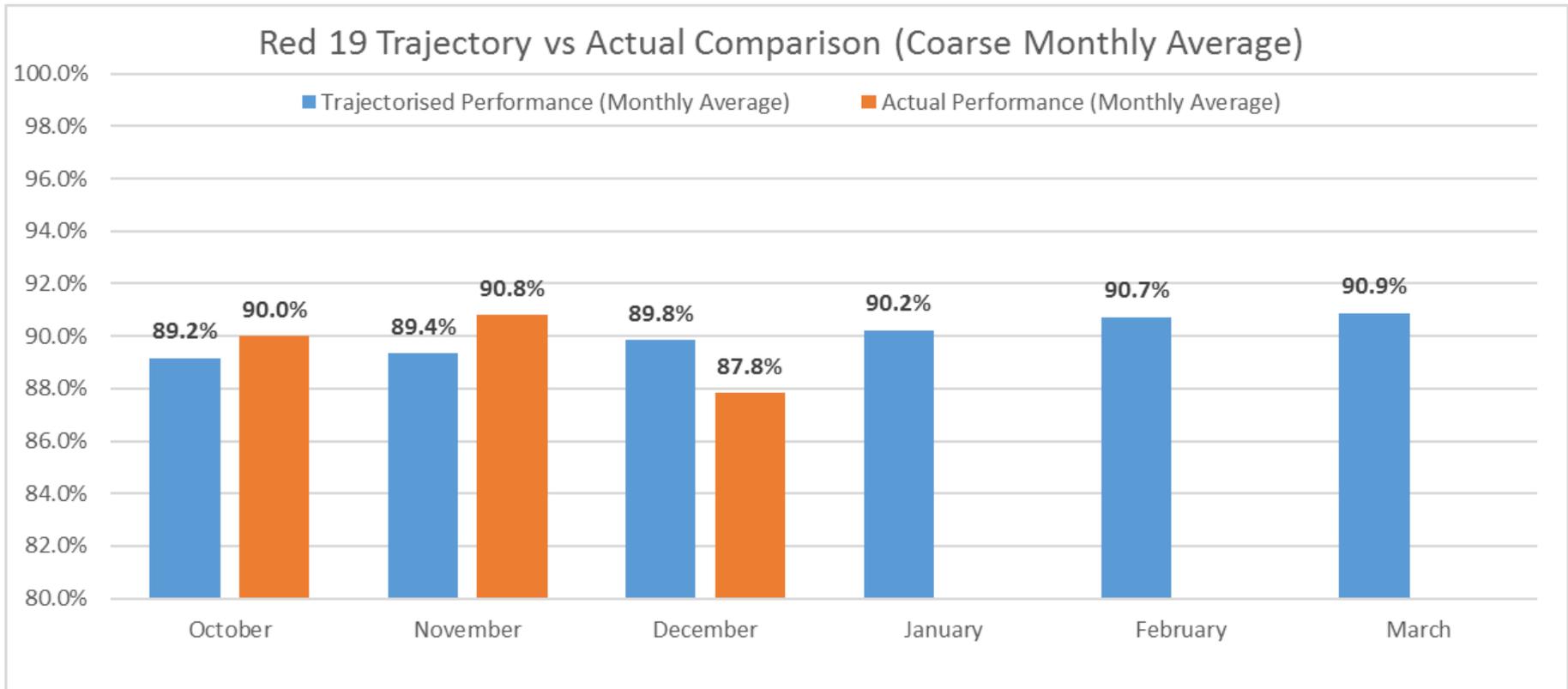
– Red 2





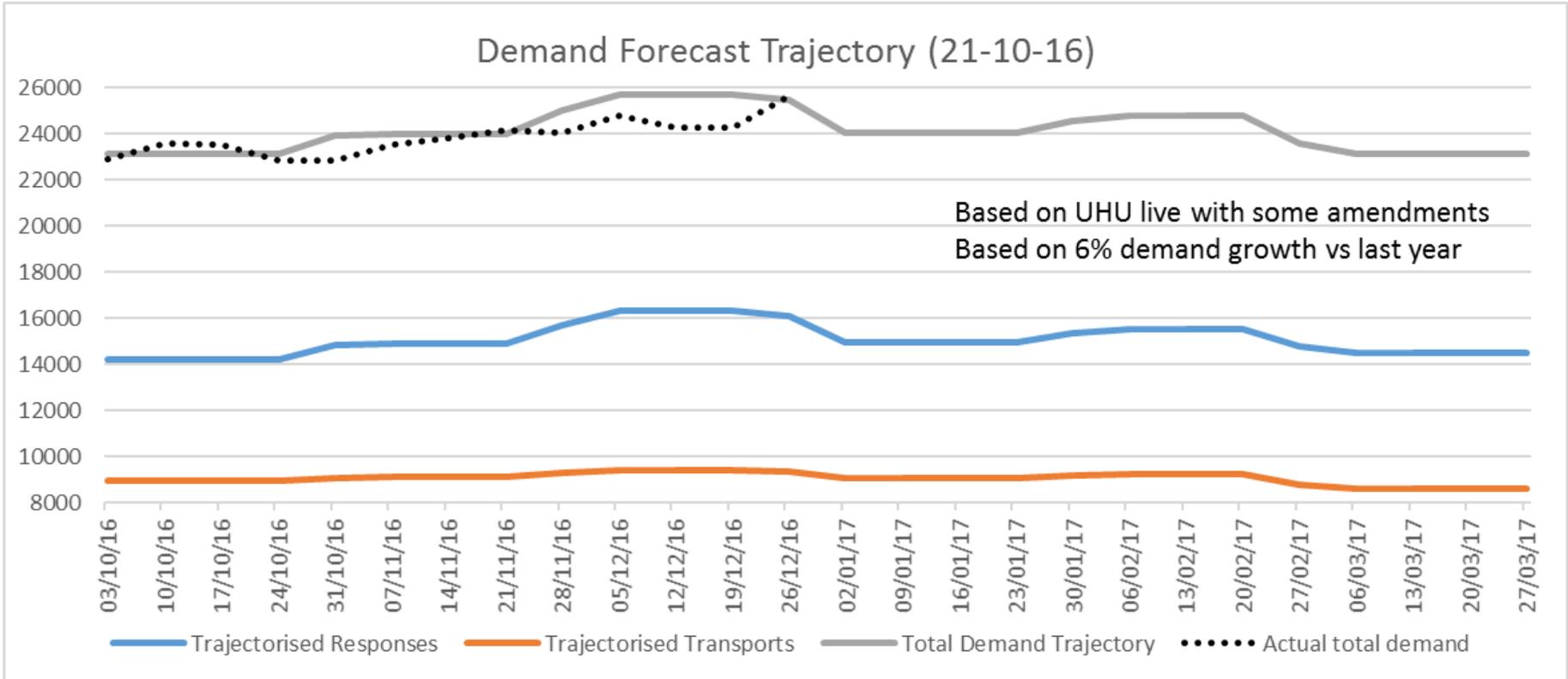
Monthly Performance vs Trajectory

– Red 19 minutes





Expected Demand Profile





Are the 999-URP suite of projects delivering performance overall?

- + Partially: Overall the 999-URP Project contribution is discussed below and illustrated project by project in the table at the end of this presentation:
 - + Red 1 – 2.5% negative to expected, however with the removal of hospital handover delays the remaining projects are just above trajectory overall (+0.3%).
 - + Red 2 – 3.5% negative to expected, however with the removal of hospital handover delays, remaining projects are just above trajectory overall (+0.4%).
 - + Red 19: 2.0% negative to expected, however with the removal of hospital handover delays this was just under the trajectory overall (0.2% negative).



Main Reasons for Positive Variance:

- + CFR and Fire First Responder contributions continue to have a greater impact than expected for some KPIs.
- + Call Answer Performance: This is slightly in advance of the expected trajectory.
- + Hear and Treat Rate: Increased further in December and is ahead of the expected trajectory.
- + Please refer to the table further below for specifics.



Main Reasons for Negative Variance:

Response Ratio Reduction:

- + There continues to be a higher response ratio when compared to May-July Baseline. This is contrary to the reduction predicted to occur post the introduction of Dispatch on Disposition.
- + See following slide for trends.

Frequent Callers Responses:

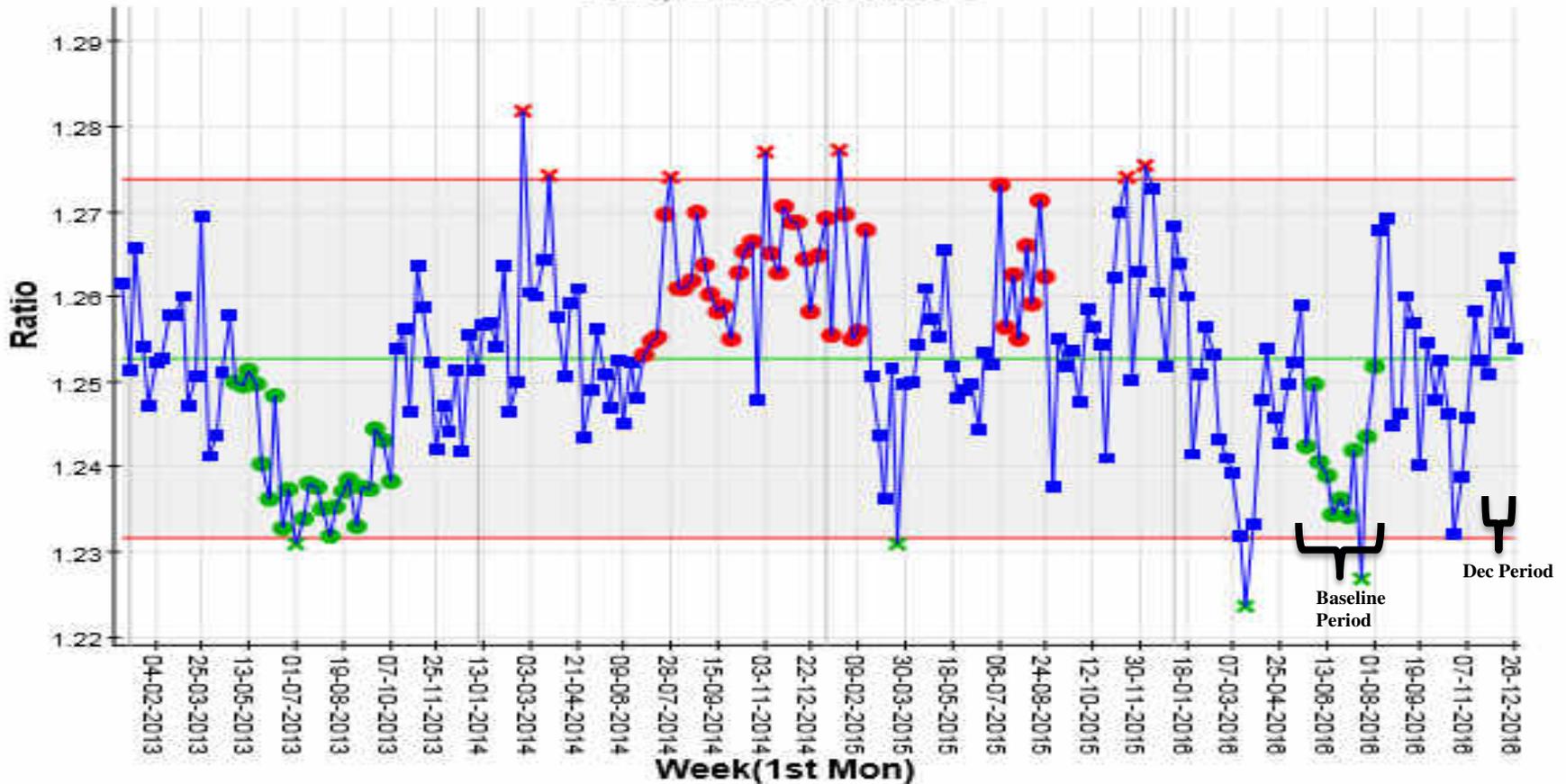
- + There was an increase in frequent caller responses in December.



Response Ratio

Response ratio at scene : Dispatch Desk by EOC * Exclude PAD & CFR : (By Week(1st Mon))

Data Updated: 2017-01-05 09:36:48





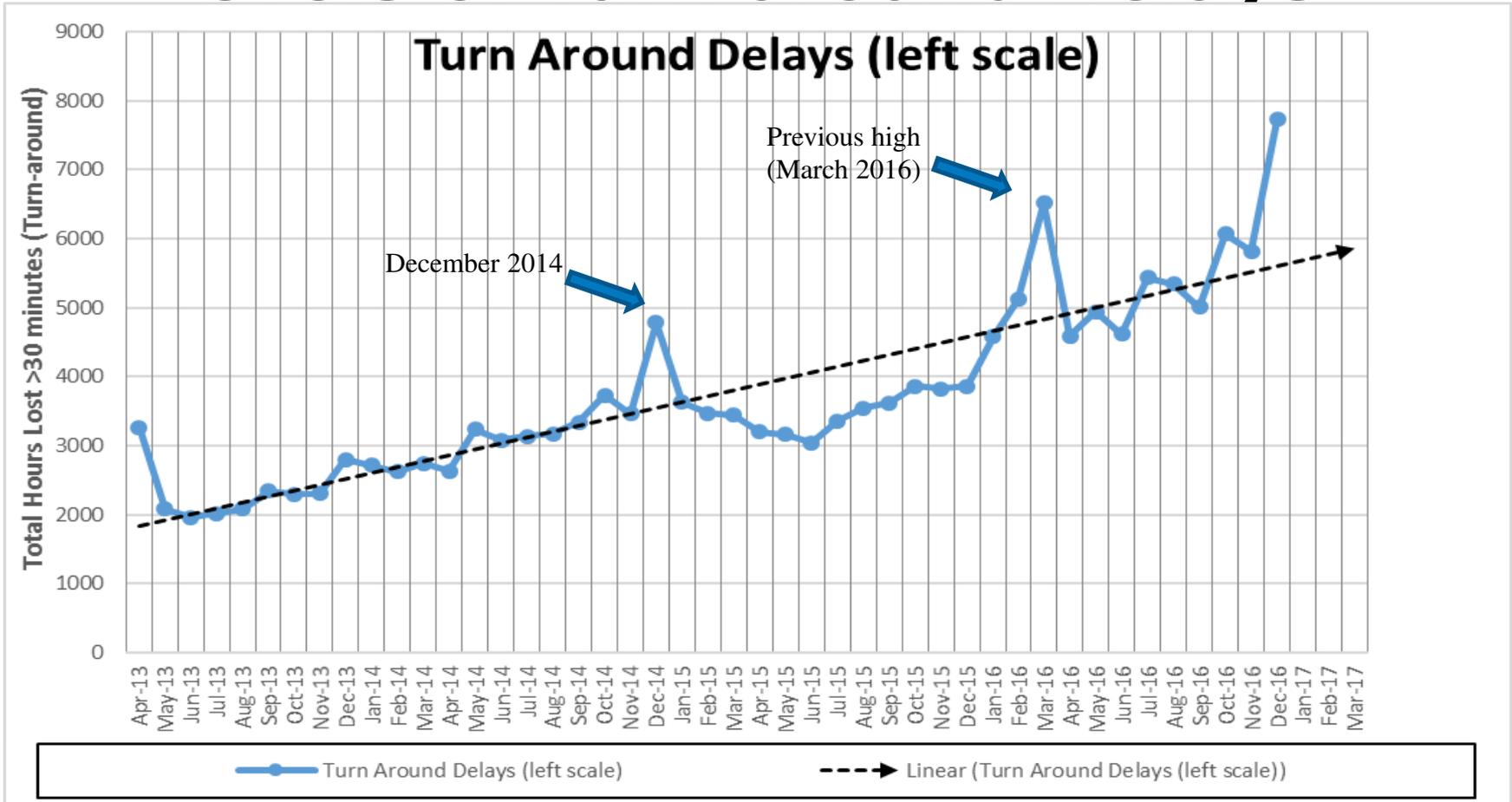
Main Reasons for Negative Variance:

Hospital handovers – Reduction in 45 minute breaches:

- The level of 45+ minute handovers have increased to record levels. Using the easily available turnaround data to illustrate, December was:
 - 18% higher than the next highest month (March '16) and over 60% higher than December 2014.
 - This constitutes an 'out of control condition' SPC wise (over 3 standard deviations variant from the mean).
- Handover delays constitutes the majority of the under-performance against the 999-URP projects expected uplift as can be seen from the table in the last slide.
- Note -The figures in the URP only consider >45minute handovers (not >30 minute handovers etc)



Levels of Turn-around Delays



December 2016 : Full Month Table

Variance vs. Performance Contribution from each 999-URP Project.

Project:	Red 1 Variance	Red 2 Variance	Red 19 Variance	Comments on Current Position vs Trajectory (For Full Month of December position as of the 5th January)
NNN1:- Increasing Performance Contribution of PAPs to 3%	-0.6%	0.0%		Measurement of Red 19 still being investigated and therefore variance set to zero.
NNN4:- Voluntary Services (split below)	1.0%	0.6%	N/A	See below, projects performing at or above expectation.
<i>CFR Workstream</i>	0.5%	0.5%	N/A	<i>Note, Red 19 is not impacted by this project as CFRs are not a transportable response.</i>
<i>Fire First Responder Workstream</i>	0.5%	0.0%	N/A	<i>Note, Red 19 is not impacted by this project as CFRs are not a transportable response.</i>
<i>Defibrillator Workstream</i>	0.0%	0.0%	N/A	<i>Note, Red 19 is not impacted by this project as CFRs are not a transportable response.</i> <i>No impact expected yet for Red 2;</i>
NNN7:- Response ratio reduction	-0.7%	-0.8%	-0.4%	Minor improvements to response ratio expected to date, however actual values show an increasing response ratio which is above the May-July baseline period.
NNN8:- Improved NHS 111 - 999 Interface (NHS111 transfers)	0.1%	0.2%	0.1%	No impact expected yet for this workstream according to the original trajectory. Current transfer rate better than the baseline.
NNN9:- Increase Hear & Treat Activity	0.6%	0.8%	0.3%	
NNN11:- Improve Call Answer (5s Call pick up)	0.3%	0.3%	0.1%	
NNN16:- Hospital turnaround	-2.8%	-3.9%	-1.9%	Moderate impact expected yet for this workstream, however instead, hospital handovers over 45min have significantly increased above baseline (Jan-Aug 2016) - to record levels - and are therefore giving negative performance impact. This only considers the impact of 45+ minute breaches (any increase in 30+ minute handovers will also have a detrimental impact on performance, but are not considered here).
G1 - Frequent Caller Management	-0.5%	-0.6%	-0.3%	Increased activity seen for frequent callers during month of December
TOTAL	-2.5%	-3.5%	-2.0%	
TOTAL (Excluding Hospital Handovers)	0.3%	0.4%	-0.2%	<i>Excludes NNN16</i>



SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

F – CoG self-assessment 2016

1. Overview

- 1.1. It is recommended that Councils of Governors undertake self-assessment of the Council's effectiveness annually. This enables the Council and the Trust to understand:
 - 1.1.1. The Council's view of the effectiveness of the Council as a whole, and
 - 1.1.2. The effectiveness of the processes to support the Council that have been put in place.
- 1.2. The Governor Development Committee (GDC) of the Council has overseen the self-assessment process and conducted a review of the outcomes at its meeting in December 2016.
- 1.3. The GDC focused on significant improvements and deteriorations in comparison with the previous self-assessment, which was undertaken in early 2015, in order to identify themes emerging, particularly in terms of deteriorations.
- 1.4. The GDC did not identify any specific actions which should be taken in response to the views expressed as they would like to hear the views of the Council on the accuracy of the analysis contained here, prior to considering any further action.
- 1.5. There were significant deteriorations in Governors' perceptions of the effectiveness of the Council and its relationship with the Trust in the following areas:
 - 1.5.1. Timeliness and appropriateness of information provided outside of formal meetings;
 - 1.5.2. Interaction with the Trust; and
 - 1.5.3. Relationship with the Chair and chairing style.
- 1.6. Perceived improvements were in:
 - 1.6.1. Running of Council meetings in terms of time for discussion and less domination of discussion by individuals; and
 - 1.6.2. Ability of Governors to communicate members' views to the Trust.
- 1.7. This paper sets out the process followed and contextual considerations noted by the GDC, and seeks to analyse the outcomes following discussion at the GDC.
- 1.8. Governors are asked to review the analysis and refer to the raw data provided as an appendix to this paper. Please note that free text comments are not provided as it was felt preferable to conduct this review in public (as part of the CoG's commitment to public accountability) however the comments are summarised as part of the analysis to ensure the meaning is captured.
- 1.9. The aim of the discussion at the Council meeting is to sense-check the analysis with the Council as a whole, and provide the public and Trust with the outcomes of the self-assessment. Once the Council has had the opportunity for reflection at this meeting, the GDC will consider whether to propose any changes in Council practice or processes as a result.

2. Self-assessment process

- 2.1. The GDC agreed that the self-assessment should follow the same format as the previous one, to enable comparison, namely:
 - 2.1.1. Constituency meetings held with the Chair;

- 2.1.2. Completion of an online survey (anonymous); and
- 2.1.3. Review of all feedback with the GDC prior to sharing with the Council and Trust.
- 2.2. In addition, it was agreed that a survey should also be sent to the Non-Executive Directors and CEO. Unfortunately, due to other pressures, this '360' element of the assessment did not take place.

3. Responses

- 3.1. 17 responses to the survey were received, from a total of 21 Governors currently on the Council. This is a small numerical improvement from 16 during the last self-assessment but a decent improvement proportionally.
- 3.2. Five Governors met with Peter Dixon (Chair) in December, however the meeting did not focus on CoG effectiveness specifically but rather on providing updates on the Trust's improvement trajectory. This paper will therefore focus on the survey outcomes.

4. Contextual considerations

- 4.1. The GDC were clear that the responses received should be put into context. The Trust and therefore Council has had a very difficult year or so, as the Trust has been found in need of improvement in many areas of its operations and management.
- 4.2. The Council has held several frank discussions with the Chair where Governors have noted a change in chairing style and approach, articulated views about the urgent need for improvements in service delivery and leadership, and been clear that information has not always been provided in a timely fashion. These criticisms are clearly reflected in the survey responses.
- 4.3. The GDC wished to note that it was not wholly negative that a majority of Governors had identified these issues, since this suggested Governors were vocal about issues they feel strongly about, which in turn suggests a committed and engaged Council.
- 4.4. It is in this context (i.e. that these issues have already been raised directly with the Trust and the Council has an ongoing dialogue with the Chair about them) that the GDC has not sought to recommend to the Council any specific actions based on the survey outcomes. Rather, the GDC would say that the improvements needed have already been clearly articulated.
- 4.5. It is also important to note that Governors who have been part of the Council in the lead up to Red 3 and the CQC inspection have interrogated their own role in not preventing the issues the Trust is now seeking to rectify. The survey results suggest that the availability of information is a key factor in enabling (or preventing) the Council from being effective.

5. Survey outcomes – analysis of individual questions

- 5.1. *Q1 The Council of Governors has the right mix of talents, expertise and background in the context of its statutory duties and the challenges facing the Trust.* Slight deterioration in the results compared to 2015. There was a free text comment on over-representation of Community First Responders on the Council of Governors, which was echoed in response to one other question as well. The GDC noted that the Trust's Constitution would be reviewed in 2017, and this would include consideration of the appropriateness of the membership constituencies. Any Governor with strong feelings regarding CFR representation would be able to make their points then.

- 5.2. *Q2 Appropriate and relevant background information is made available to Governors to enable us to perform our role.* Strong deterioration from 2015. The GDC noted that the survey had been completed shortly after the information-sharing issues around the CEO appointment, however they felt that the issue was wider than this specific point. The GDC felt that the Trust was generally not forthcoming with information, and that Governors' often received broad and vague answers to queries at Council meetings rather than responses getting to the nub of things.
- 5.3. *Q3 The Council of Governors exercises appropriate standards of independence in dealing with Trust issues.* The results were similar to last year's data with most agreeing.
- 5.4. *Q4 The Council of Governors has appropriate opportunity to input into the Trust's major strategic plans and actions.* Deterioration for reasons similar to those outlined in Q2.
- 5.5. *Q5 There are constructive relations between the members of the Council of Governors.* Similar to last year: the majority agreed.
- 5.6. *Q6 The Council of Governors has the right number of Governors and the correct balance between public, appointed and staff Governors.* Similar to last year, with most either agreeing or taking a neutral stance. The number of CFRs on the Council was highlighted again by the same respondent.
- 5.7. *Q7 Meetings of the Council of Governors focus on relevant issues.* Similar to last year with the majority agreeing.
- 5.8. *Q8 There is sufficient time at meetings for the presentation and full discussion of the issues.* Strong improvement.
- 5.9. *Q9 The quality of papers and presentations to the Council of Governors is appropriate.* Similar to last year with the majority agreeing.
- 5.10. *Q10 The Council of Governors is well chaired and led.* Strong deterioration. The free text responses commented on the Chair's style in meetings rather than leadership of the Council. The GDC noted that the Council had initially been shocked at the change in style from the previous to current Chair, and noted that the Council had not selected and appointed the interim Chair. They were also clear that it took time, under such circumstances, to build a trusting relationship. The GDC felt the Chair's style had now improved, and many Governors had become more accustomed to his bluntness, which was perhaps necessary given the job he was trying to do. However, from the free text comments, a minority of Governors obviously felt strongly that his style was not conducive to a good relationship with the Council.
- 5.11. *Q11 The Council of Governors has open and constructive discussions and deliberations.* Similar to last year with the majority agreeing or selecting neutral.
- 5.12. *Q12 Individuals do not tend to dominate the Council of Governors' meetings.* Slight improvement on last year's data with the majority agreeing or selecting neutral. In 2015, some Governors had felt that it was the then-Chair who tended to dominate meetings.
- 5.13. *Q13 Papers for the Council meetings are provided in a timely manner.* Slight deterioration. The GDC noted this was likely due to the untimely release of papers for the private Council meeting for the CEO appointment, as the survey had been filled out by many during that period. The GDC did not feel that papers for the Council were generally late.
- 5.14. *Q14 Sufficient background information regarding Trust performance etc. is provided between Council meetings.* Significant deterioration compared to the 2015 data. Reasons for the deterioration were as per Q2.

- 5.15. Q15 *The secretarial and administrative arrangements for the Council are appropriate and effective.* This received a positive response in both years.
- 5.16. Q16 *The level of participation in Council meetings by Trust management is appropriate,* Q18 *The Trust encourages and ensures communication between the Council of Governors and executive management,* Q19 *The Trust encourages and ensures communication between the Council of Governors and Non-Executive Directors and* Q20 *There is adequate contact between members of the Board of Directors as a whole and the Council of Governors.* All these questions showed deterioration in the results. Central themes were around participation by management and communication with NEDs and Executives. Responses highlighted that relations with Executives had deteriorated as the Council had less contact with them, however it was recognised that this was intentional at Council meetings, in order to focus the Council on holding NEDs rather than Executives to account. The GDC also felt that Governors perceived that Executives did not value to Council, which coloured responses here.
- 5.17. Q17 *The level of participation in Council meetings by Non- Executive Directors is appropriate.* Slight improvement on 2015, which was welcome given that more NEDs now participated in Council meetings.
- 5.18. Q21 *Overall the Council of Governors is effective in discharging its statutory duties.* Significant deterioration. The free text responses highlighted lack of information, the Trust not following due process, and lack of a clear, shared understanding of what the Council's statutory duties were. The GDC noted that there was a lack of trust in the information provided, which was an understandable reaction to discoveries following Red 3 where many issues identified by Monitor/NHS Improvement and then the CQC were issues that the Council had raised many times. The GDC also felt that some Governors had difficulty in understanding how to discharge their duties effectively.
- 5.19. Q22 *Overall the level and scope of the Governors' involvement with the Trust is "about right".* Deterioration. There were no free text comments but the GDC presume this was for similar reasons as Q21 above.
- 5.20. Q23 *The Trust Board is supportive of the Council and views it as an asset.* Strong deterioration. The GDC identified similar reasons as with Qs16 – 20, with themes around how the Council believes it is perceived by the Board.
- 5.21. Q24 *The Governors at my Trust are good at communicating the views of members and the public to the Trust.* Improvement on 2015.
- 5.22. Q25 *The Council's committees operate effectively and contribute to the work of the Council.* There was improvement on the 2015 results with most agreeing. However, the GDC noted there may have been some confusion around the question as the only free text comment alluded to the Board Committees instead of the Council.
- 5.23. Q26 *Overall, I am clear about my role and responsibilities as a Governor.* Slight deterioration on 2015 but still 13/17 Governors agreed they were clear.
- 5.24. Q27 *I am clear about the priorities for my Trust over the next five years.* Similar response to 2015 with most agreeing.
- 5.25. Q28 *I am confident that as a Governor I am representing the interests of my constituency and the wider public.* Positive responses and similar data to 2015.
- 5.26. Q29 *I am properly informed about the strategic direction of the Trust and* Q30 *I received sufficient information about the activities of the Trust to enable me to perform my role as a Governor in holding the Non-Executive Directors to account.* Deterioration on

2015. The GDC felt this sat under the theme of information sharing as previously discussed.

5.27. Q31 *I would not hesitate to approach the Chairman with a query or issue.* Significant deterioration on 2015 with an increased number of Governors feeling unable to approach the Chair, however more agreed (11) than disagreed (6). No-one was neutral.

5.28. Q32 *Overall the level and scope of my involvement as a Governor with the Trust is "about right".* Significant deterioration compared to last year. The GDC felt that some Governors interpreted the role of the Council differently from others and it seemed there were a vocal minority who felt the Council should have more or different powers. It was felt that these responses were likely also linked to the issues already identified.

6. Skills and experience audit outcomes

6.1. Q33 *Do you bring knowledge or experience of the NHS?* Q34 *Do you have any management skills?*, Q35 *Do you have any professional skills?* Q36 *Do you bring any skills relating to running and participating in meetings?* Q 37 *Do you have anything you wish to contribute to the Trust not mentioned above either in terms of experience, knowledge or skills?* The responses to this questions highlighted the breadth and depth of skills and experience among members of the Council of Governors. The GDC noted the Council's strength in its diversity of experience.

6.2. Q38 *Do you feel your work as a Governor would benefit from training in any of the following?* A majority of Governors were interested in training in effective questioning and making a strong argument. The GDC wishes to remind Governors that this would be covered in the bespoke training for the Council on the 14th February and more Governors are encouraged to attend.

7. Recommendations

7.1. The Council is asked to review this analysis, consider the context, and come to the meeting ready to discuss:

7.1.1. Whether the analysis seems accurate from your perspective; and

7.1.2. Whether you would wish the GDC to consider anything further when thinking about actions that they may wish to propose to secure improvements.

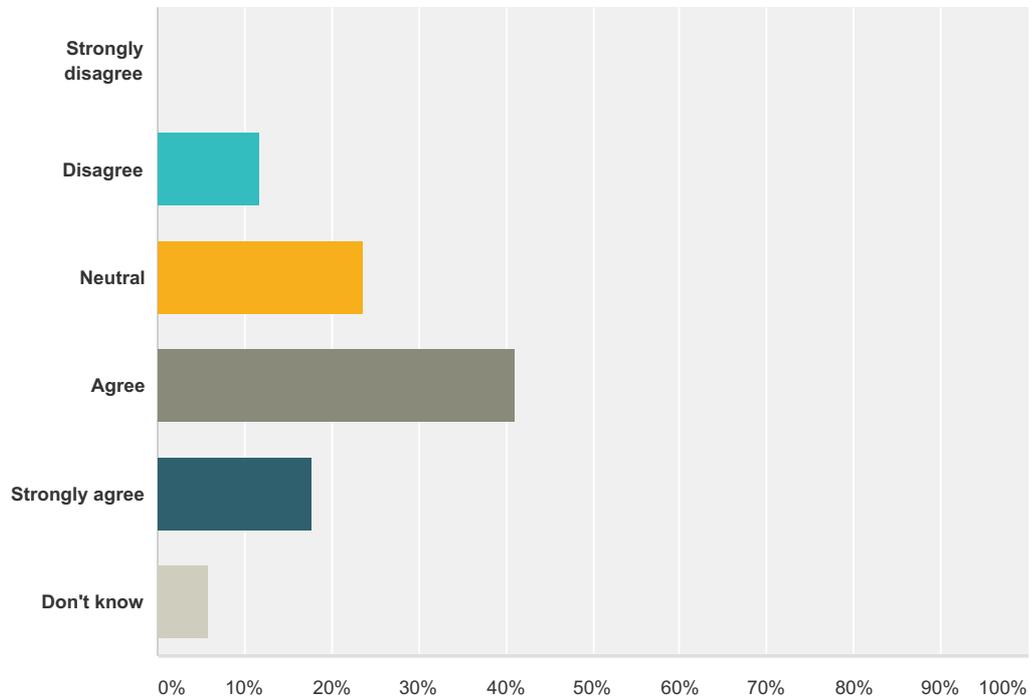
Brian Rockell

Public Governor for East Sussex, Lead Governor and Chair of the GDC

On behalf of the GDC

Q1 The Council of Governors has the right mix of talents, expertise and background in the context of its statutory duties and the challenges facing the Trust

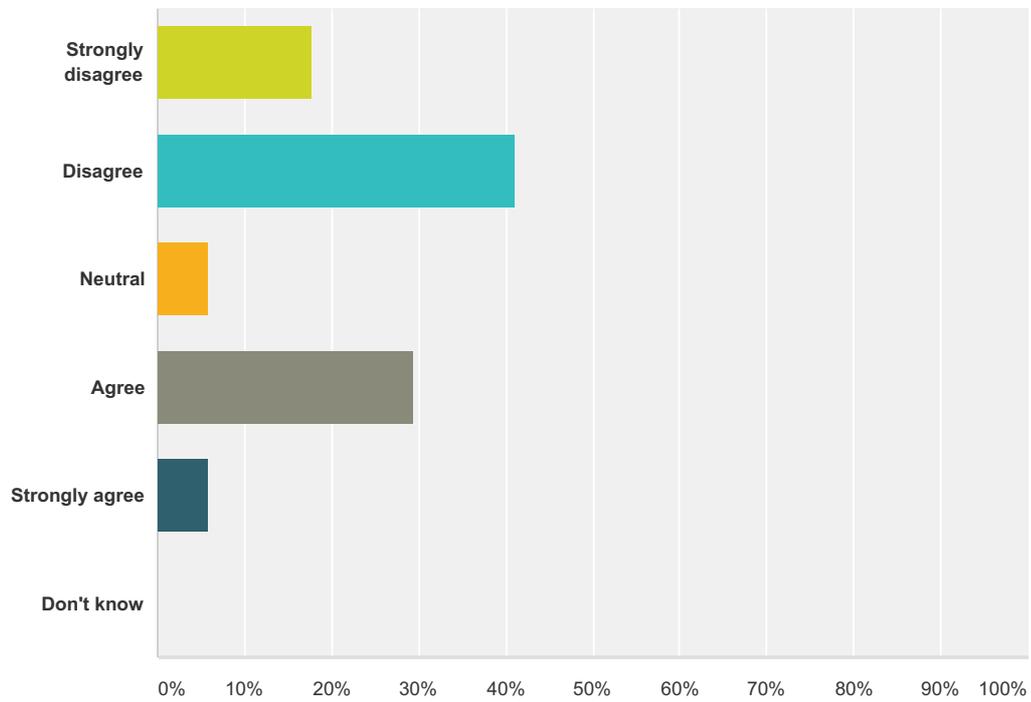
Answered: 17 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	11.76% 2
Neutral	23.53% 4
Agree	41.18% 7
Strongly agree	17.65% 3
Don't know	5.88% 1
Total	17

Q2 Appropriate and relevant background information is made available to Governors to enable us to perform our role

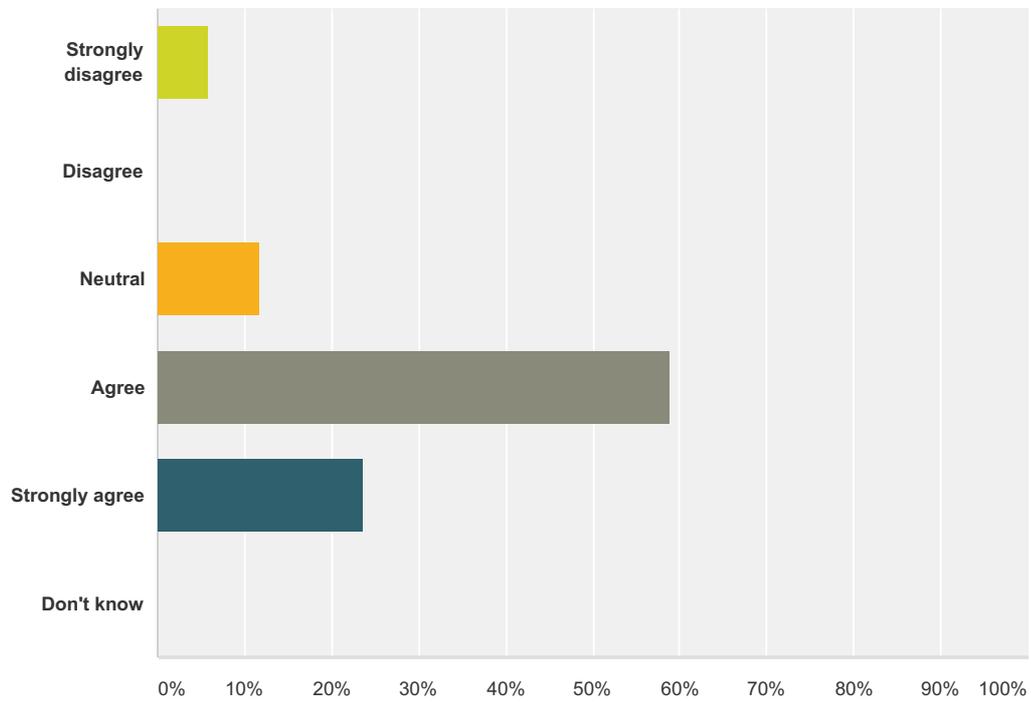
Answered: 17 Skipped: 0



Answer Choices	Responses	
Strongly disagree	17.65%	3
Disagree	41.18%	7
Neutral	5.88%	1
Agree	29.41%	5
Strongly agree	5.88%	1
Don't know	0.00%	0
Total		17

Q3 The Council of Governors exercises appropriate standards of independence in dealing with Trust issues

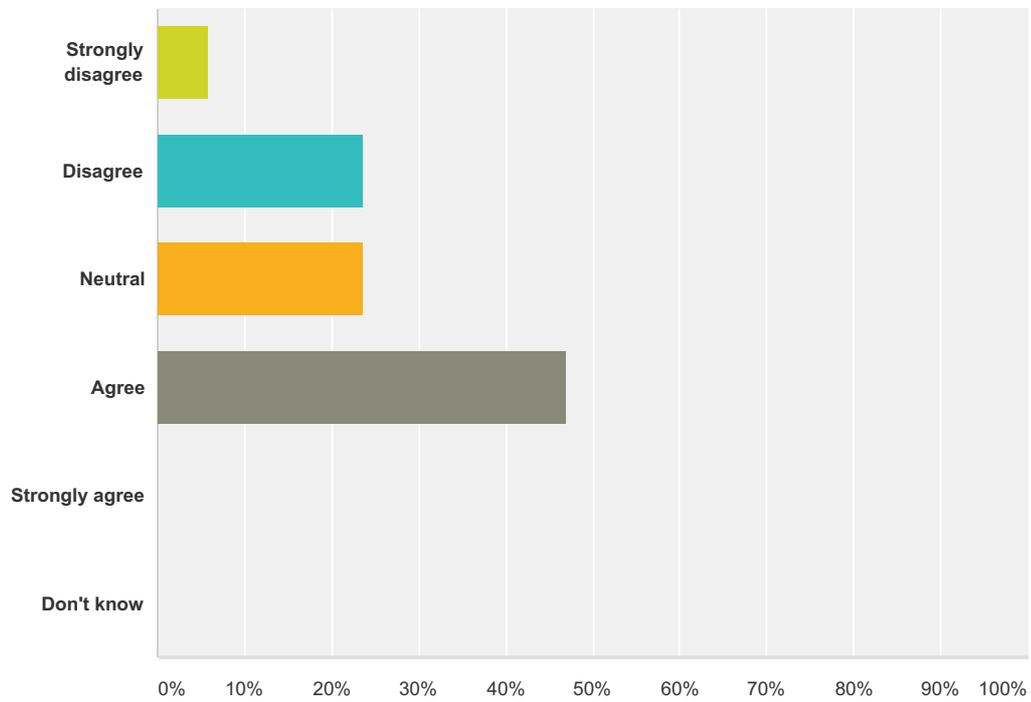
Answered: 17 Skipped: 0



Answer Choices	Responses
Strongly disagree	5.88% 1
Disagree	0.00% 0
Neutral	11.76% 2
Agree	58.82% 10
Strongly agree	23.53% 4
Don't know	0.00% 0
Total	17

Q4 The Council of Governors has appropriate opportunity to input into the Trust's major strategic plans and actions

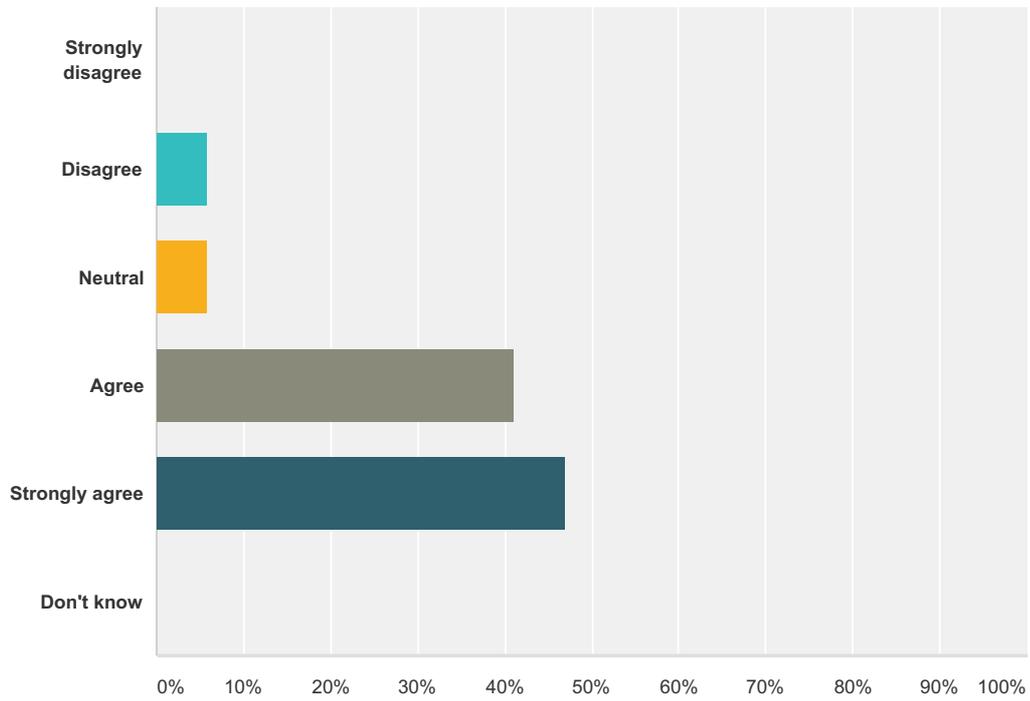
Answered: 17 Skipped: 0



Answer Choices	Responses
Strongly disagree	5.88% 1
Disagree	23.53% 4
Neutral	23.53% 4
Agree	47.06% 8
Strongly agree	0.00% 0
Don't know	0.00% 0
Total	17

Q5 There are constructive relations between the members of the Council of Governors

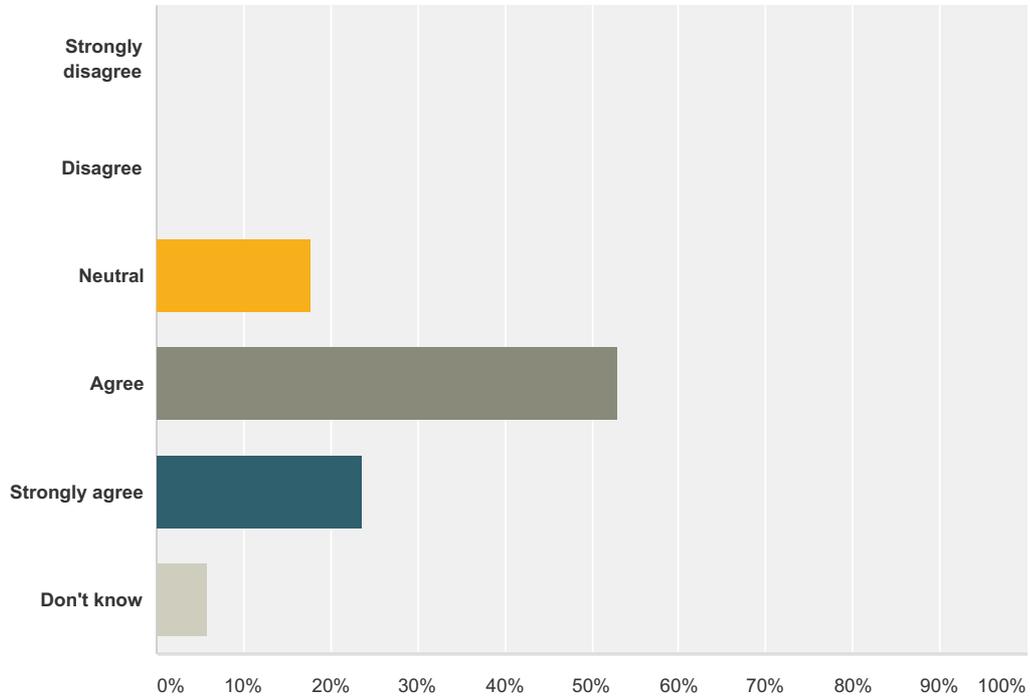
Answered: 17 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	5.88%	1
Neutral	5.88%	1
Agree	41.18%	7
Strongly agree	47.06%	8
Don't know	0.00%	0
Total		17

Q6 The Council of Governors has the right number of Governors and the correct balance between public, appointed and staff Governors

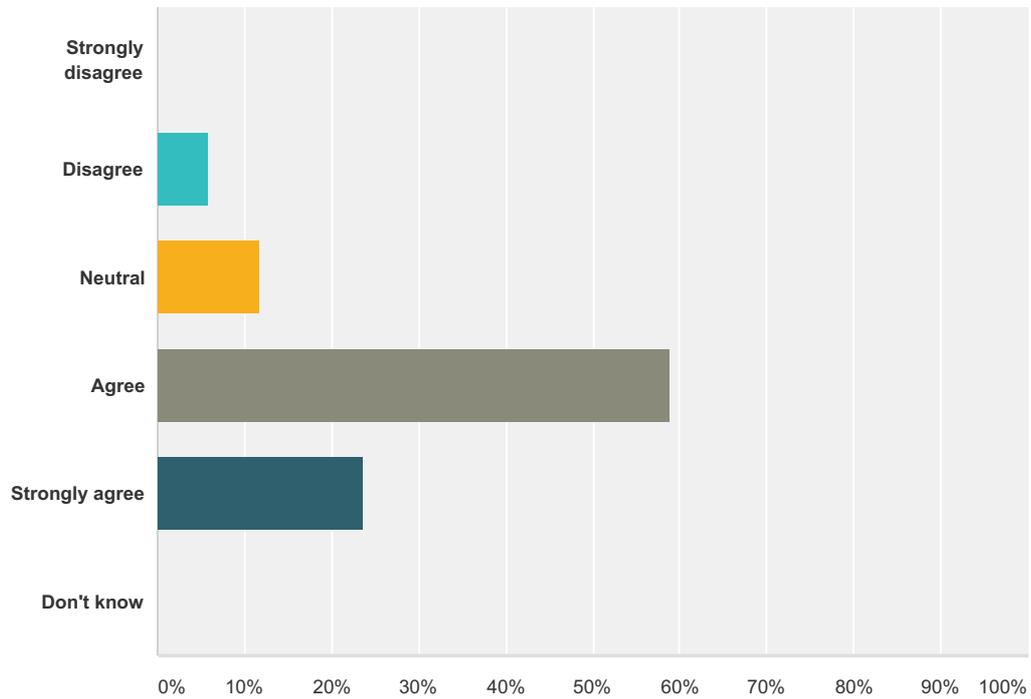
Answered: 17 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neutral	17.65%	3
Agree	52.94%	9
Strongly agree	23.53%	4
Don't know	5.88%	1
Total		17

Q7 Meetings of the Council of Governors focus on relevant issues

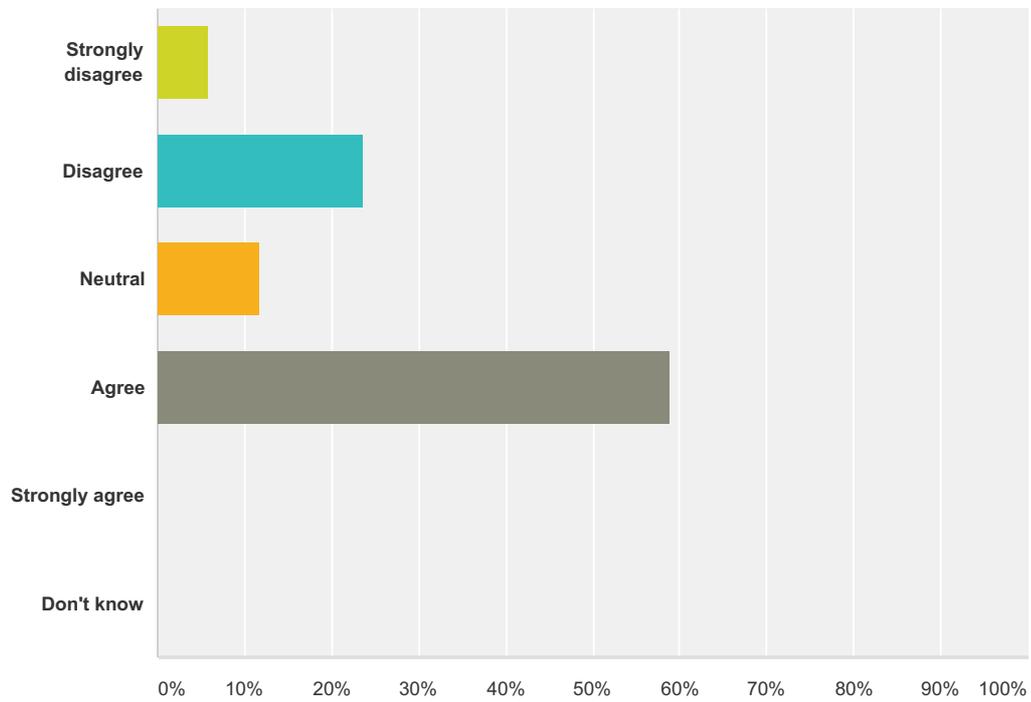
Answered: 17 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	5.88% 1
Neutral	11.76% 2
Agree	58.82% 10
Strongly agree	23.53% 4
Don't know	0.00% 0
Total	17

Q8 There is sufficient time at meetings for the presentation and full discussion of the issues

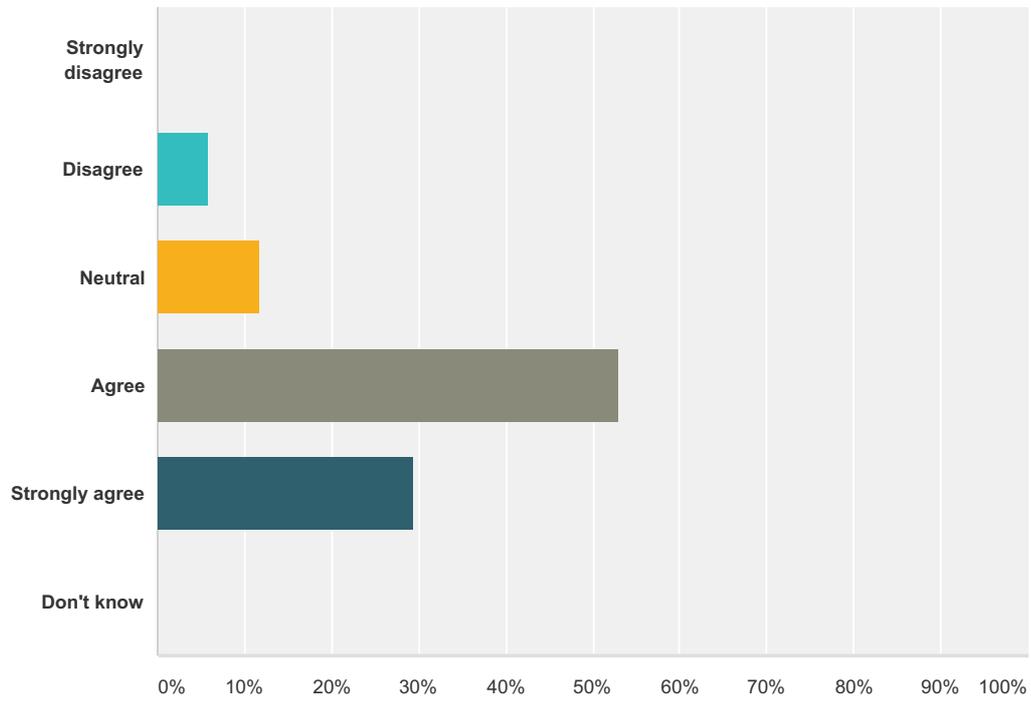
Answered: 17 Skipped: 0



Answer Choices	Responses	
Strongly disagree	5.88%	1
Disagree	23.53%	4
Neutral	11.76%	2
Agree	58.82%	10
Strongly agree	0.00%	0
Don't know	0.00%	0
Total		17

Q9 The quality of papers and presentations to the Council of Governors is appropriate

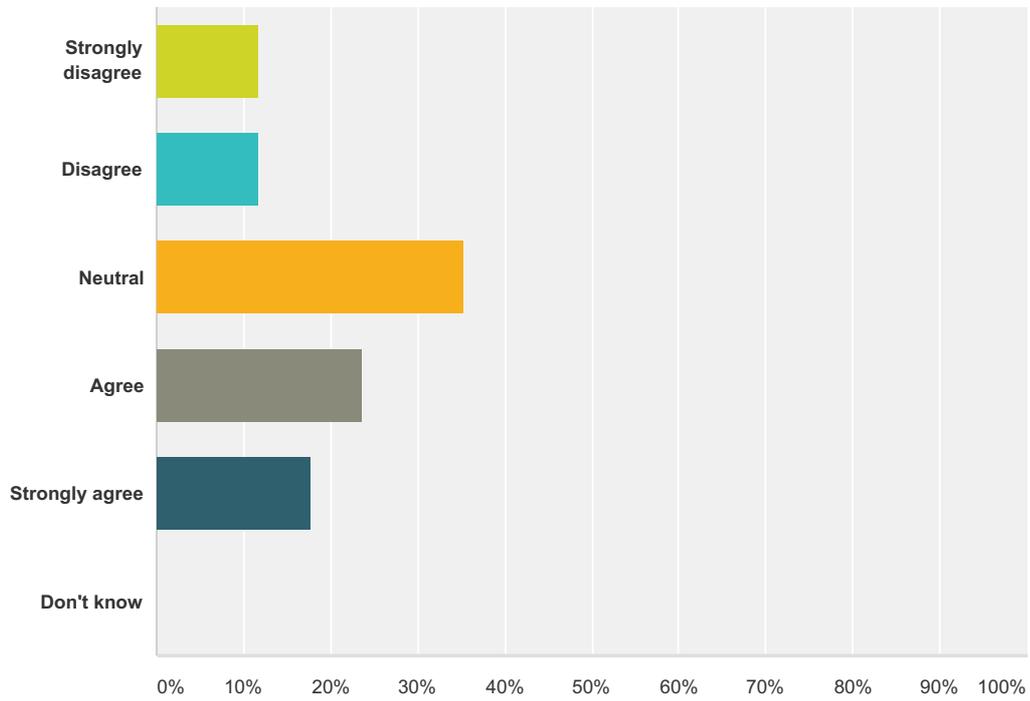
Answered: 17 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	5.88%	1
Neutral	11.76%	2
Agree	52.94%	9
Strongly agree	29.41%	5
Don't know	0.00%	0
Total		17

Q10 The Council of Governors is well chaired and led

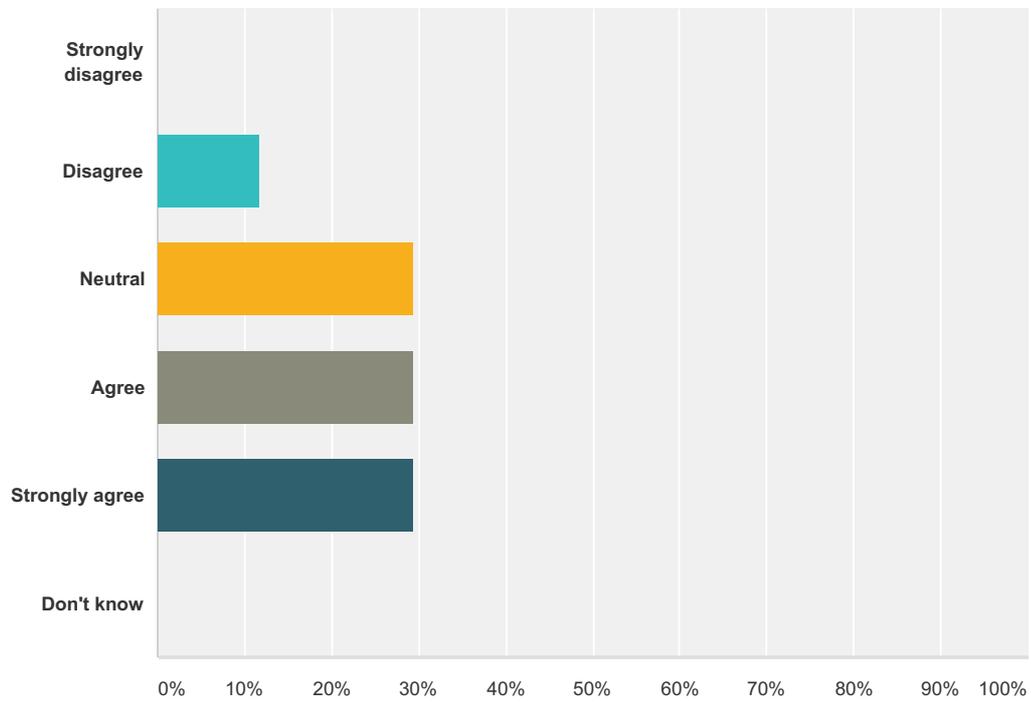
Answered: 17 Skipped: 0



Answer Choices	Responses
Strongly disagree	11.76% 2
Disagree	11.76% 2
Neutral	35.29% 6
Agree	23.53% 4
Strongly agree	17.65% 3
Don't know	0.00% 0
Total	17

Q11 The Council of Governors has open and constructive discussions and deliberations

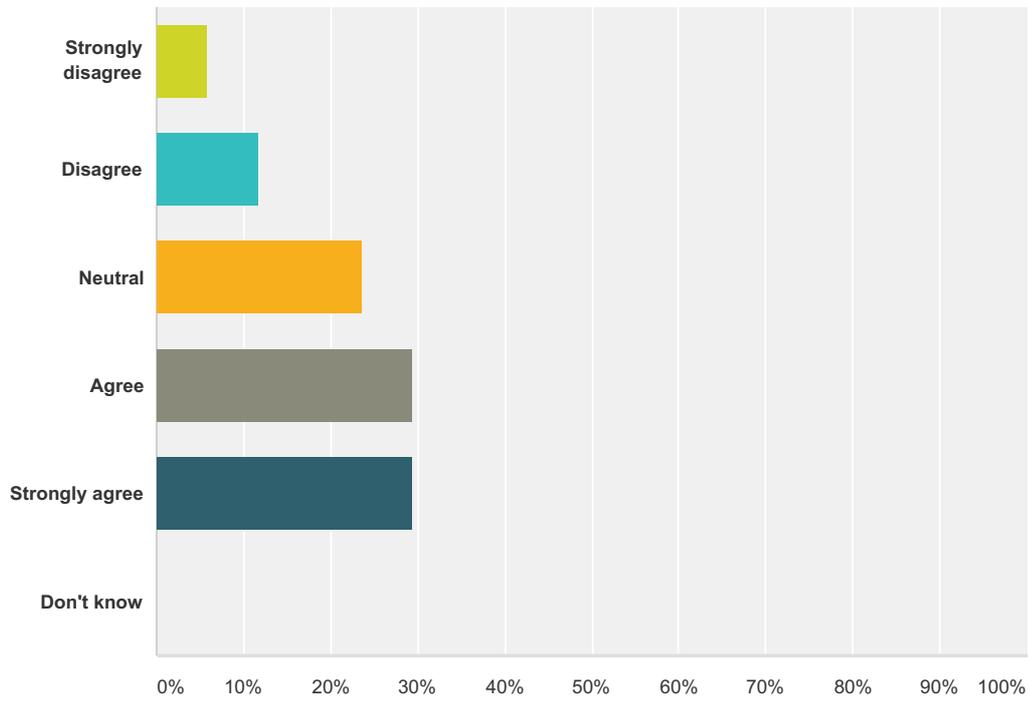
Answered: 17 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	11.76% 2
Neutral	29.41% 5
Agree	29.41% 5
Strongly agree	29.41% 5
Don't know	0.00% 0
Total	17

Q12 Individuals do not tend to dominate the Council of Governors' meetings

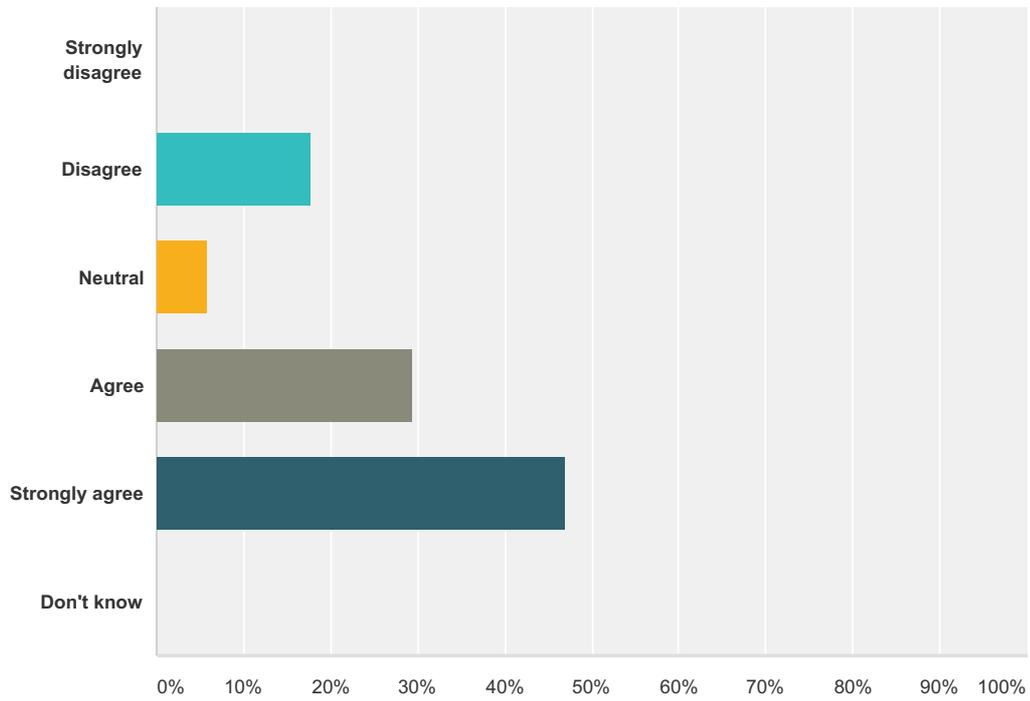
Answered: 17 Skipped: 0



Answer Choices	Responses	
Strongly disagree	5.88%	1
Disagree	11.76%	2
Neutral	23.53%	4
Agree	29.41%	5
Strongly agree	29.41%	5
Don't know	0.00%	0
Total		17

Q13 Papers for the Council meetings are provided in a timely manner

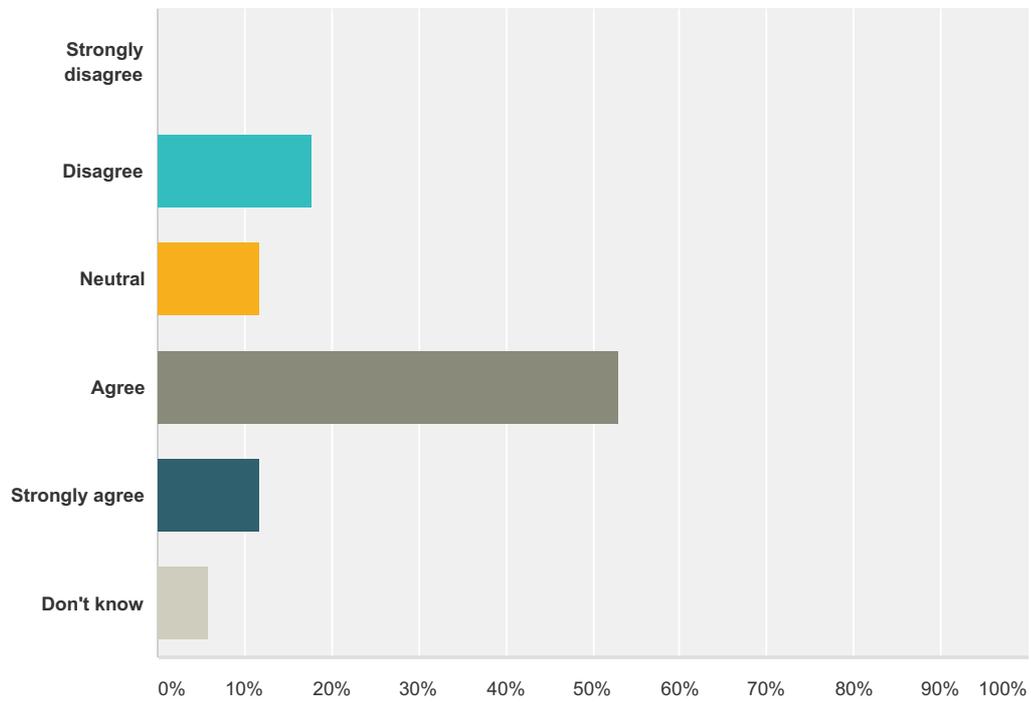
Answered: 17 Skipped: 0



Answer Choices	Responses	Count
Strongly disagree	0.00%	0
Disagree	17.65%	3
Neutral	5.88%	1
Agree	29.41%	5
Strongly agree	47.06%	8
Don't know	0.00%	0
Total		17

Q14 Sufficient background information regarding Trust performance etc. is provided between Council meetings

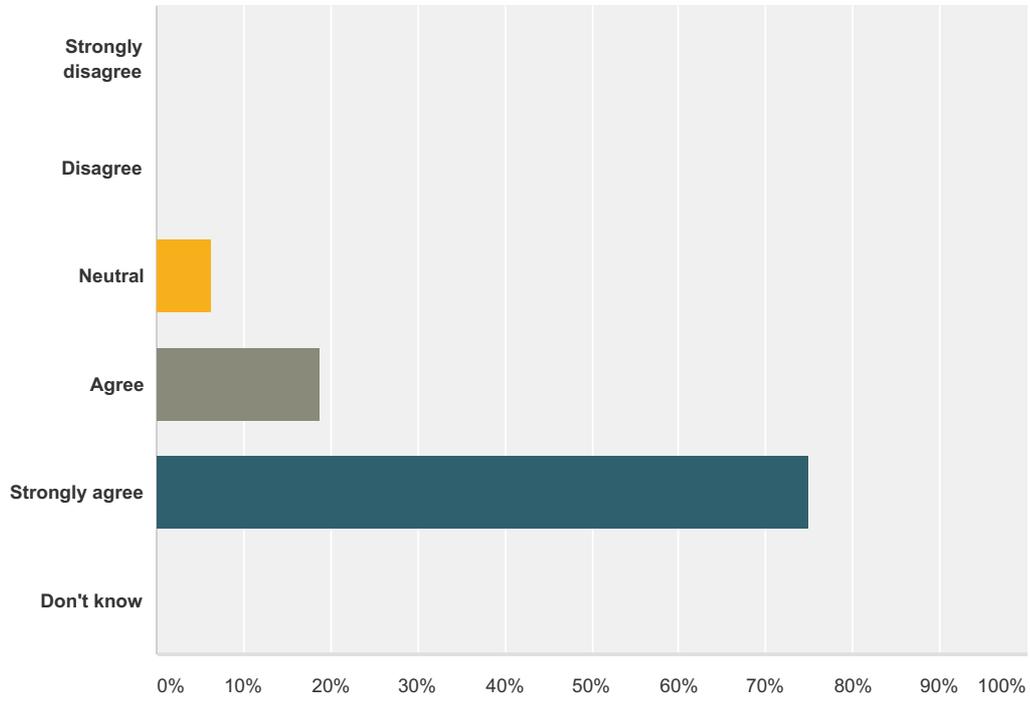
Answered: 17 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	17.65% 3
Neutral	11.76% 2
Agree	52.94% 9
Strongly agree	11.76% 2
Don't know	5.88% 1
Total	17

Q15 The secretarial and administrative arrangements for the Council are appropriate and effective

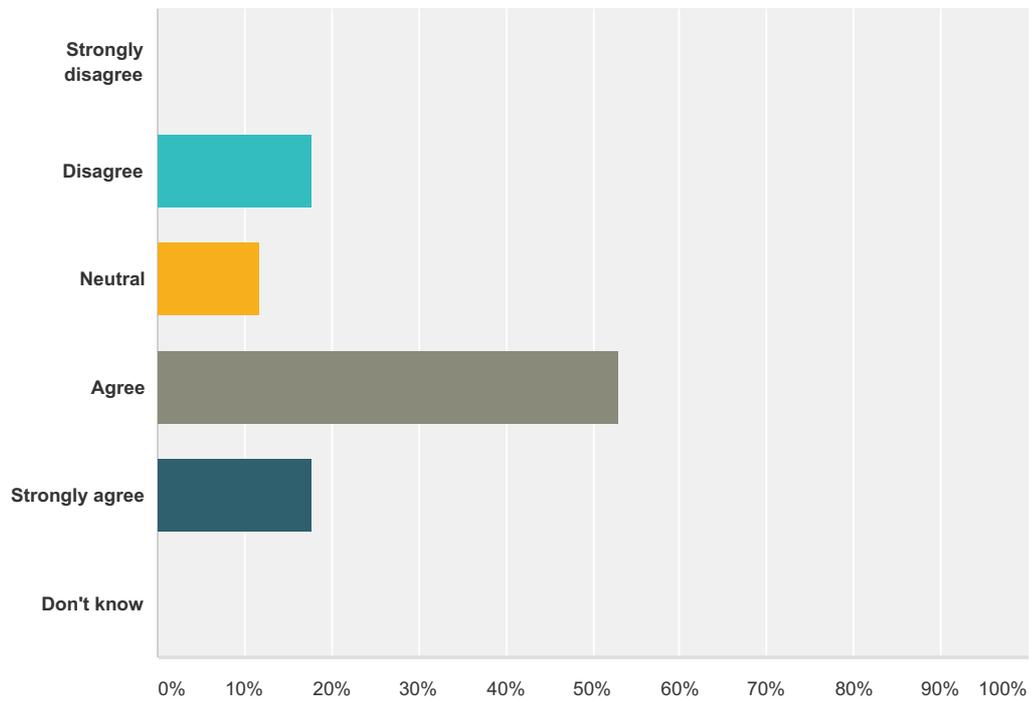
Answered: 16 Skipped: 1



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neutral	6.25% 1
Agree	18.75% 3
Strongly agree	75.00% 12
Don't know	0.00% 0
Total	16

Q16 The level of participation in Council meetings by Trust management is appropriate

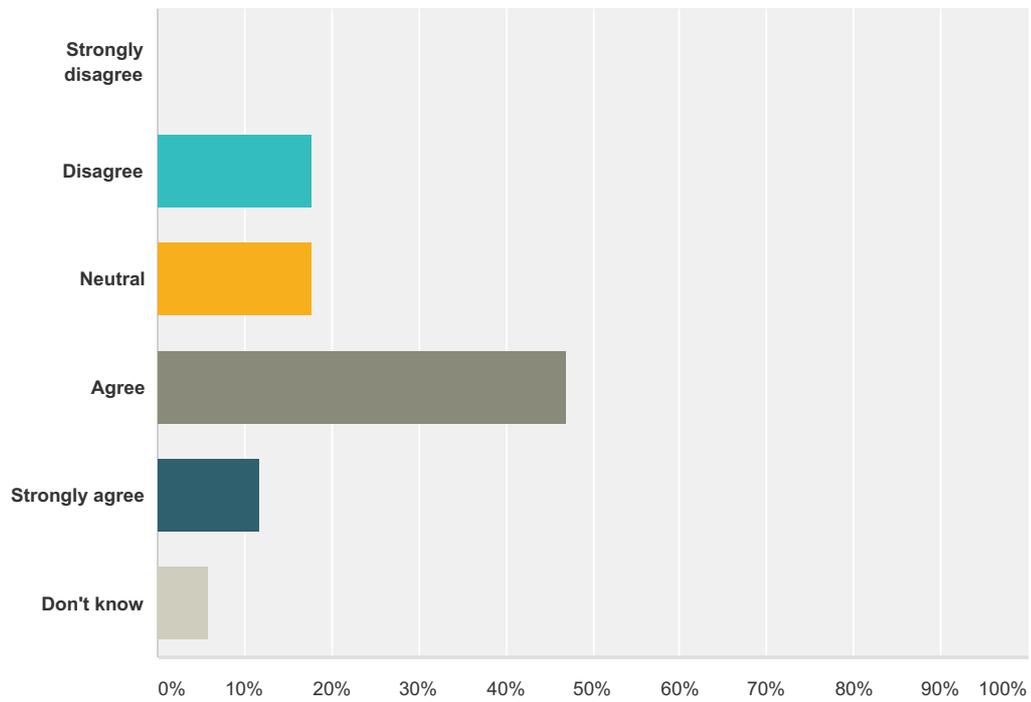
Answered: 17 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	17.65%	3
Neutral	11.76%	2
Agree	52.94%	9
Strongly agree	17.65%	3
Don't know	0.00%	0
Total		17

Q17 The level of participation in Council meetings by Non- Executive Directors is appropriate

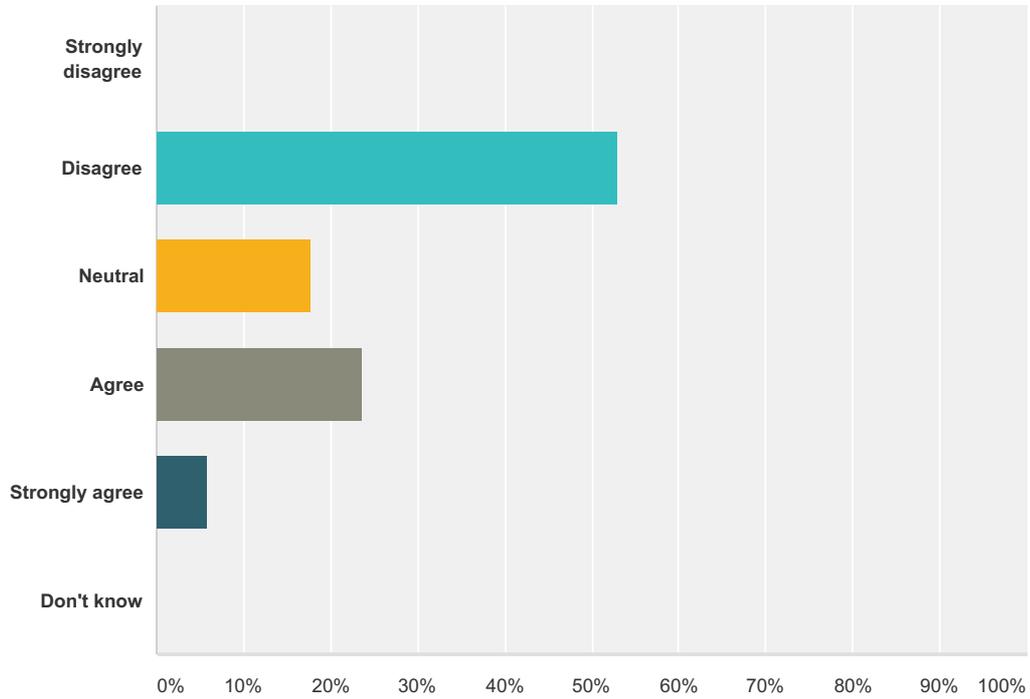
Answered: 17 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	17.65%	3
Neutral	17.65%	3
Agree	47.06%	8
Strongly agree	11.76%	2
Don't know	5.88%	1
Total		17

Q18 The Trust encourages and ensures communication between the Council of Governors and executive management

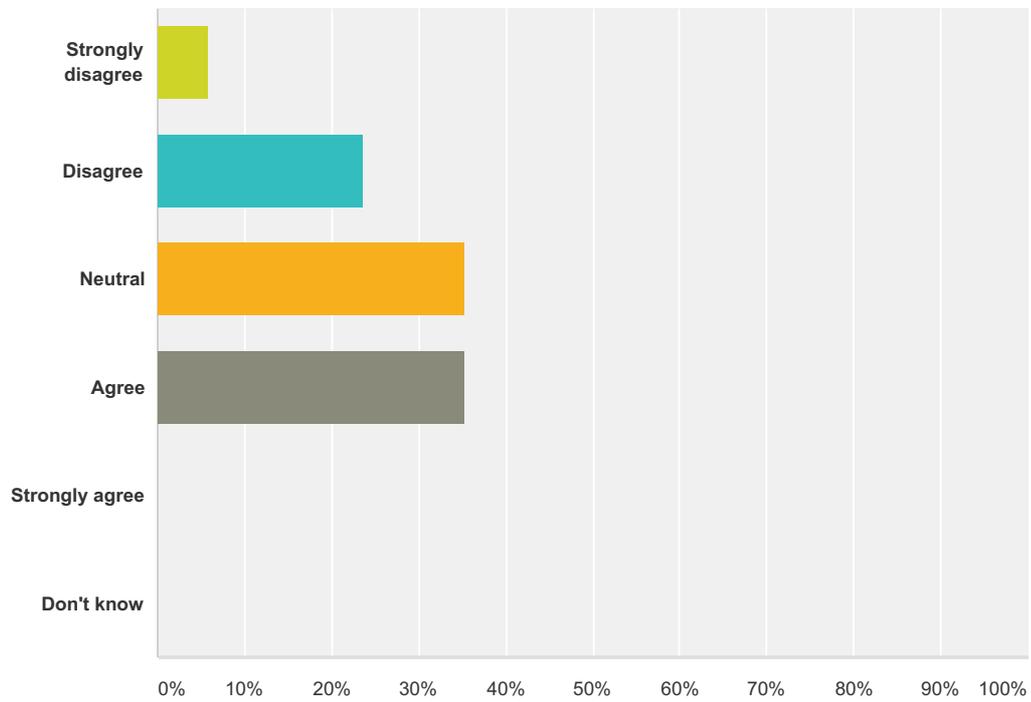
Answered: 17 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	52.94% 9
Neutral	17.65% 3
Agree	23.53% 4
Strongly agree	5.88% 1
Don't know	0.00% 0
Total	17

Q19 The Trust encourages and ensures communication between the Council of Governors and Non-Executive Directors

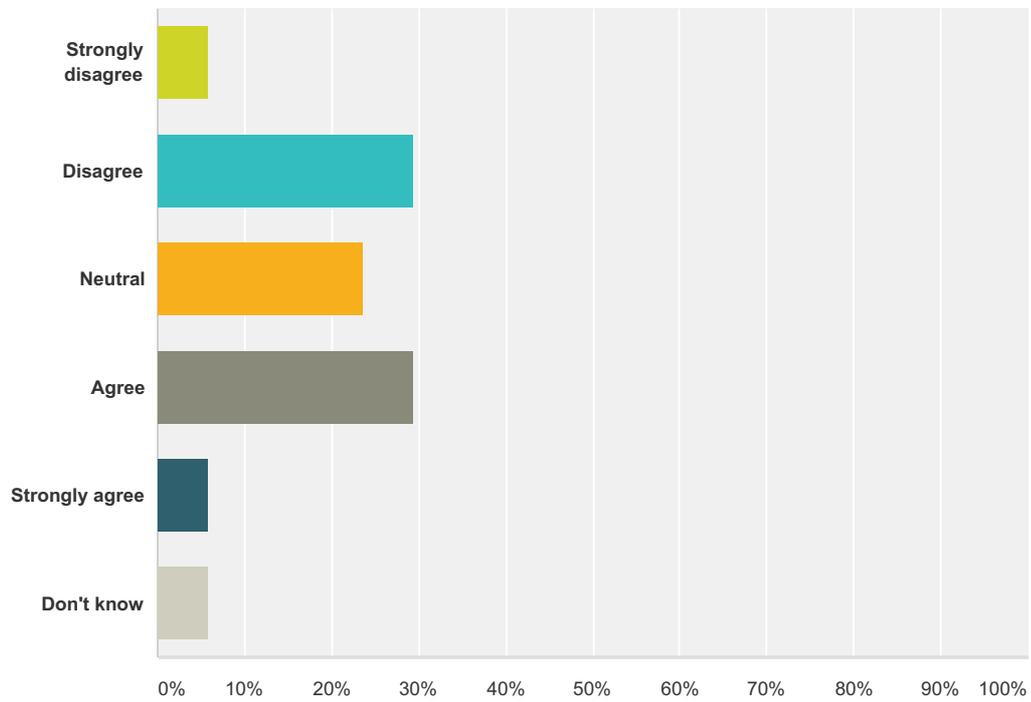
Answered: 17 Skipped: 0



Answer Choices	Responses	
Strongly disagree	5.88%	1
Disagree	23.53%	4
Neutral	35.29%	6
Agree	35.29%	6
Strongly agree	0.00%	0
Don't know	0.00%	0
Total		17

Q20 There is adequate contact between members of the Board of Directors as a whole and the Council of Governors

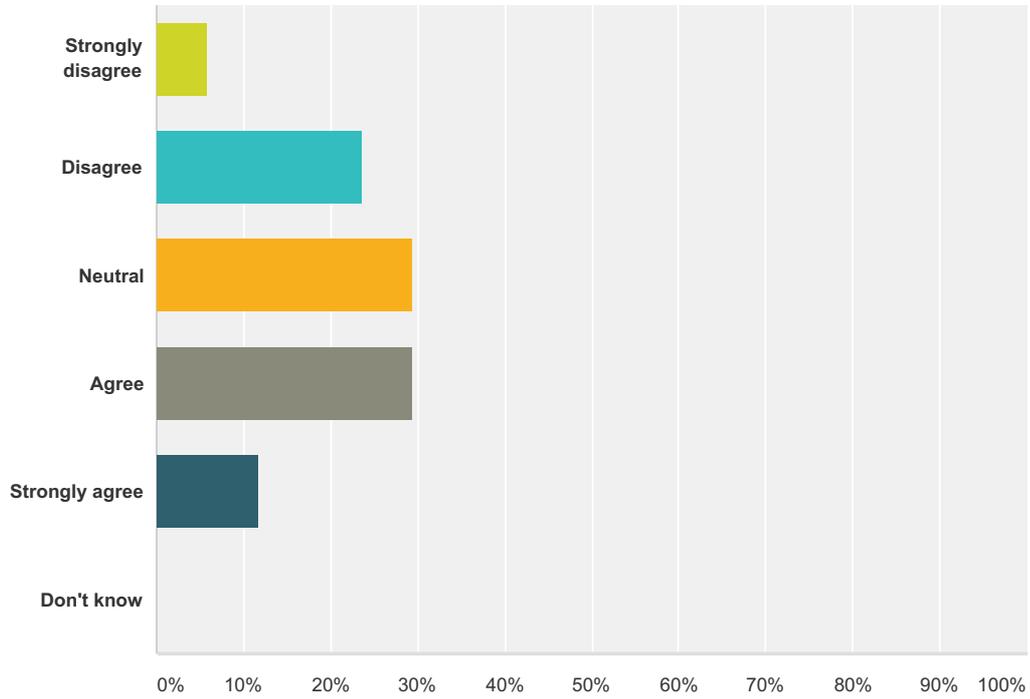
Answered: 17 Skipped: 0



Answer Choices	Responses
Strongly disagree	5.88% 1
Disagree	29.41% 5
Neutral	23.53% 4
Agree	29.41% 5
Strongly agree	5.88% 1
Don't know	5.88% 1
Total	17

Q21 Overall the Council of Governors is effective in discharging its statutory duties

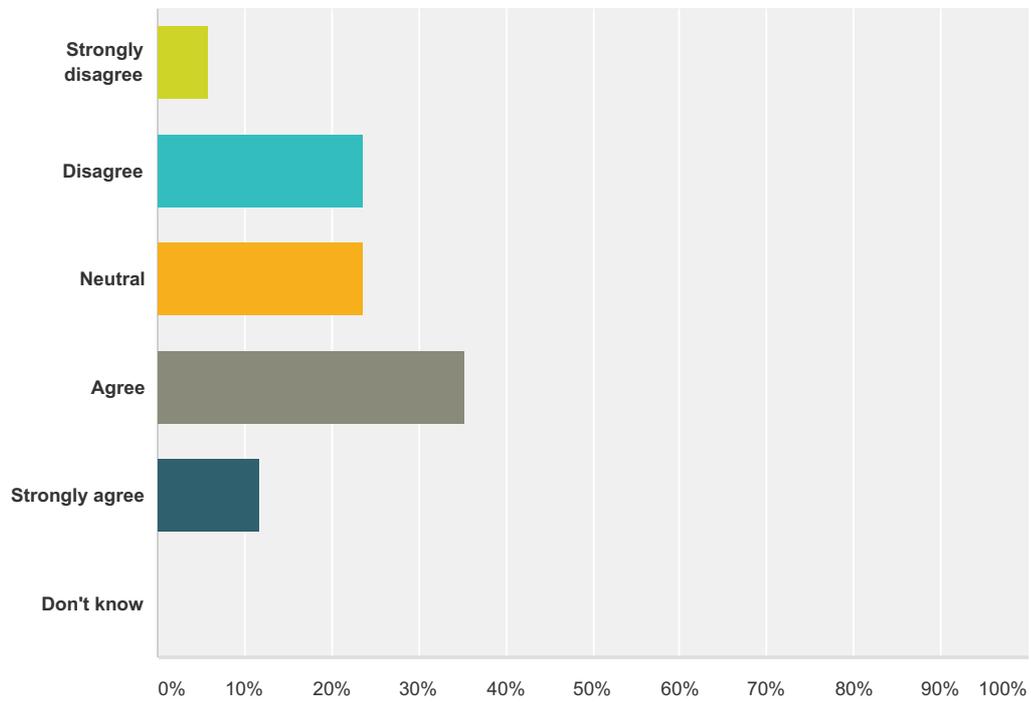
Answered: 17 Skipped: 0



Answer Choices	Responses	
Strongly disagree	5.88%	1
Disagree	23.53%	4
Neutral	29.41%	5
Agree	29.41%	5
Strongly agree	11.76%	2
Don't know	0.00%	0
Total		17

Q22 Overall the level and scope of the Governors' involvement with the Trust is "about right"

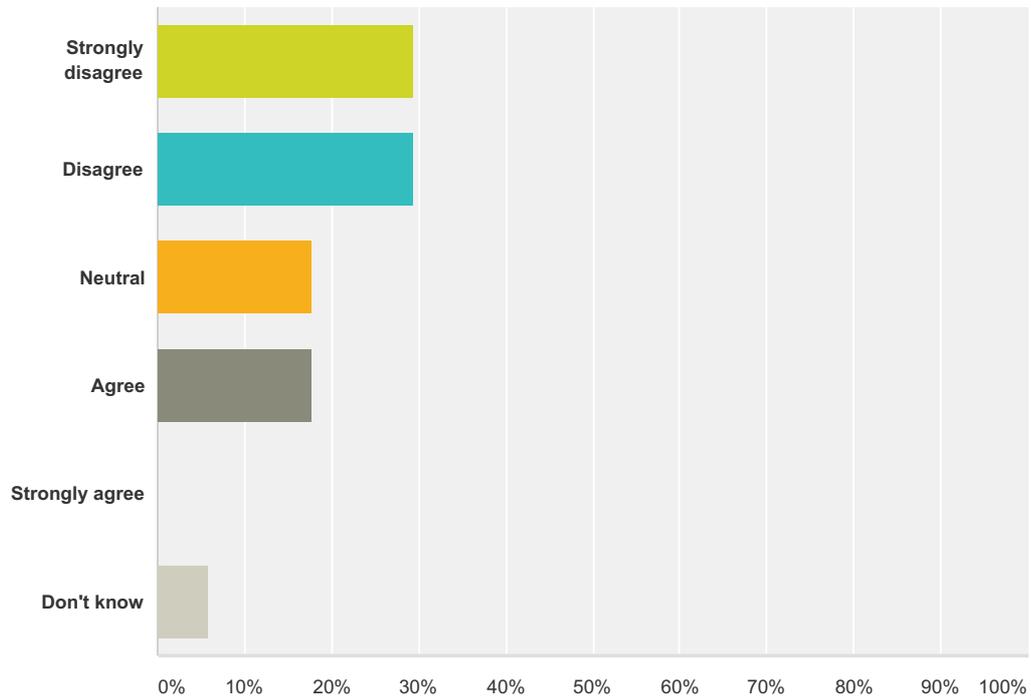
Answered: 17 Skipped: 0



Answer Choices	Responses	
Strongly disagree	5.88%	1
Disagree	23.53%	4
Neutral	23.53%	4
Agree	35.29%	6
Strongly agree	11.76%	2
Don't know	0.00%	0
Total		17

Q23 The Trust Board is supportive of the Council and views it as an asset

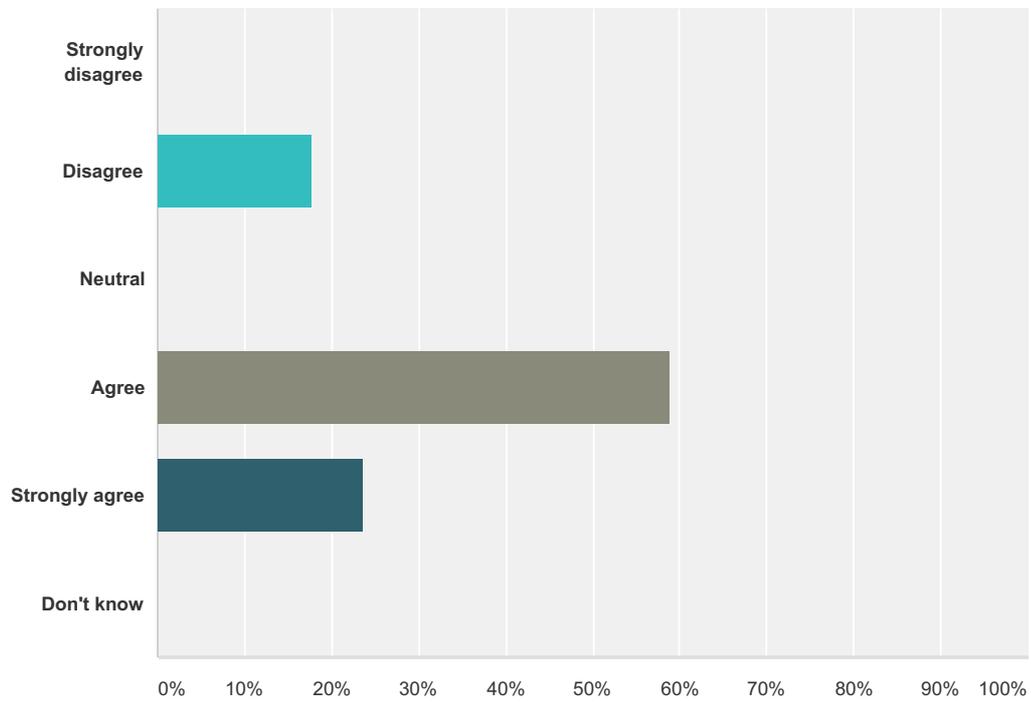
Answered: 17 Skipped: 0



Answer Choices	Responses	Count
Strongly disagree	29.41%	5
Disagree	29.41%	5
Neutral	17.65%	3
Agree	17.65%	3
Strongly agree	0.00%	0
Don't know	5.88%	1
Total		17

Q24 The Governors at my Trust are good at communicating the views of members and the public to the Trust

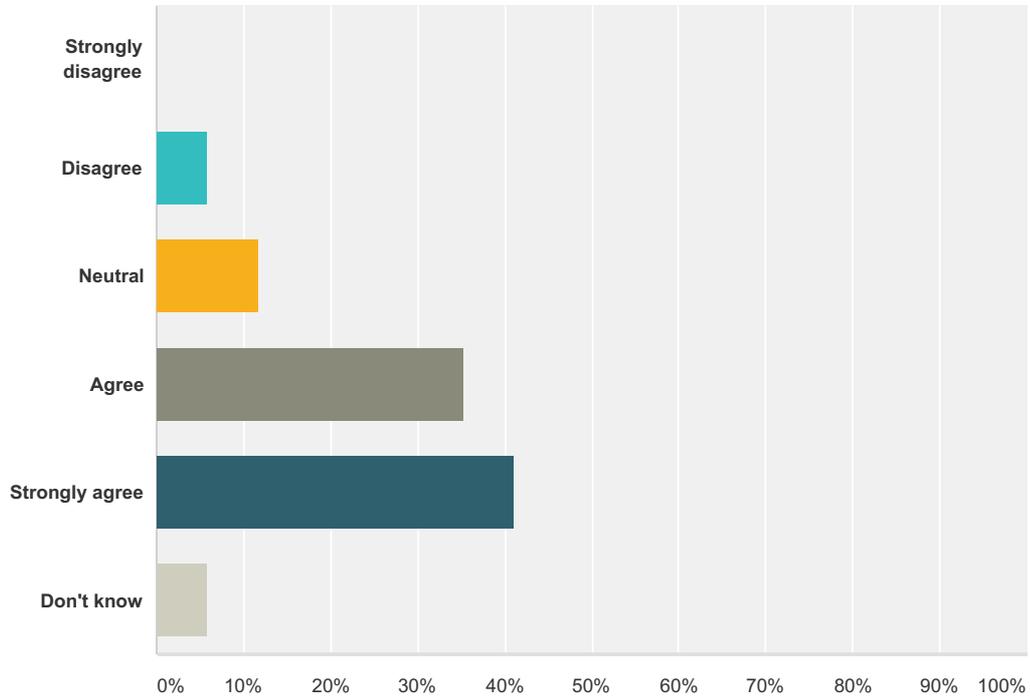
Answered: 17 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	17.65%	3
Neutral	0.00%	0
Agree	58.82%	10
Strongly agree	23.53%	4
Don't know	0.00%	0
Total		17

Q25 The Council's committees operate effectively and contribute to the work of the Council

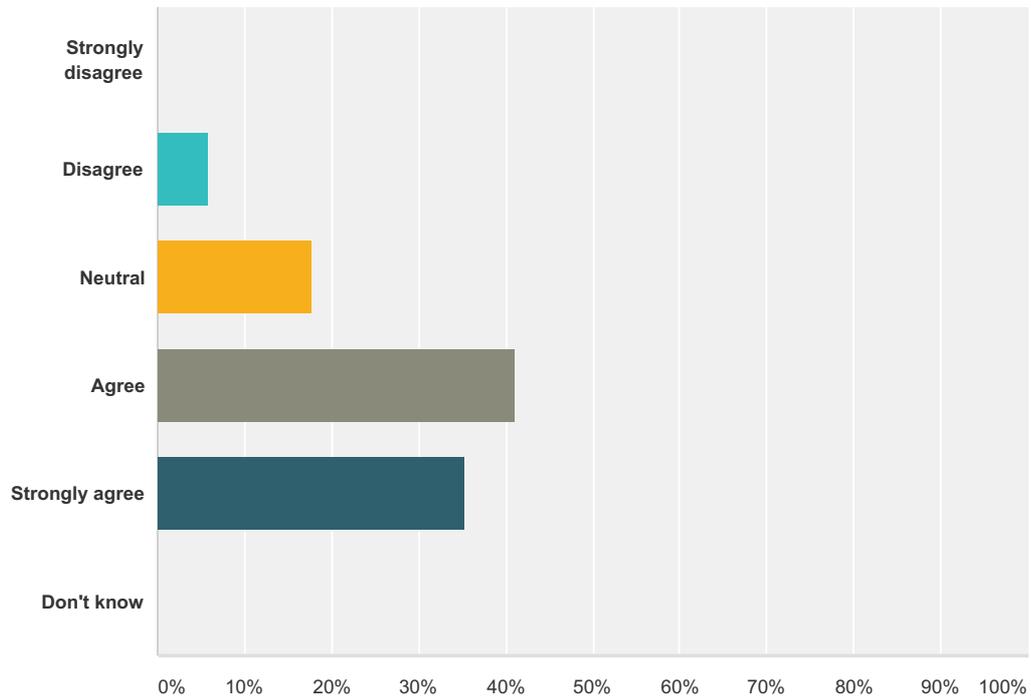
Answered: 17 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	5.88% 1
Neutral	11.76% 2
Agree	35.29% 6
Strongly agree	41.18% 7
Don't know	5.88% 1
Total	17

Q26 Overall, I am clear about my role and responsibilities as a Governor

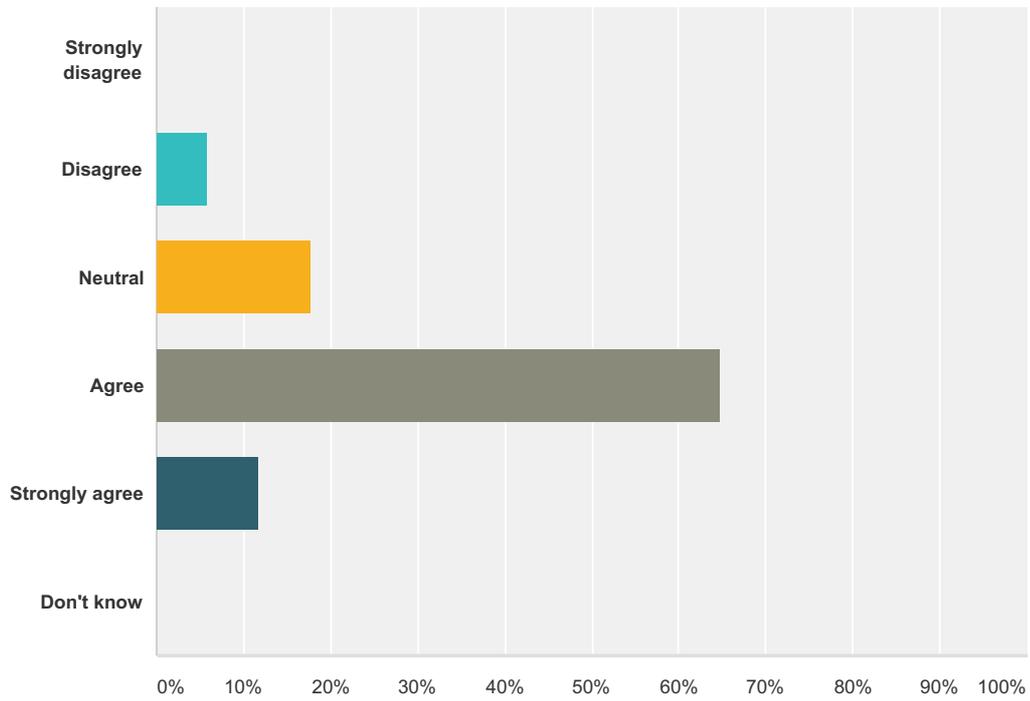
Answered: 17 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	5.88%	1
Neutral	17.65%	3
Agree	41.18%	7
Strongly agree	35.29%	6
Don't know	0.00%	0
Total		17

Q27 I am clear about the priorities for my Trust over the next five years

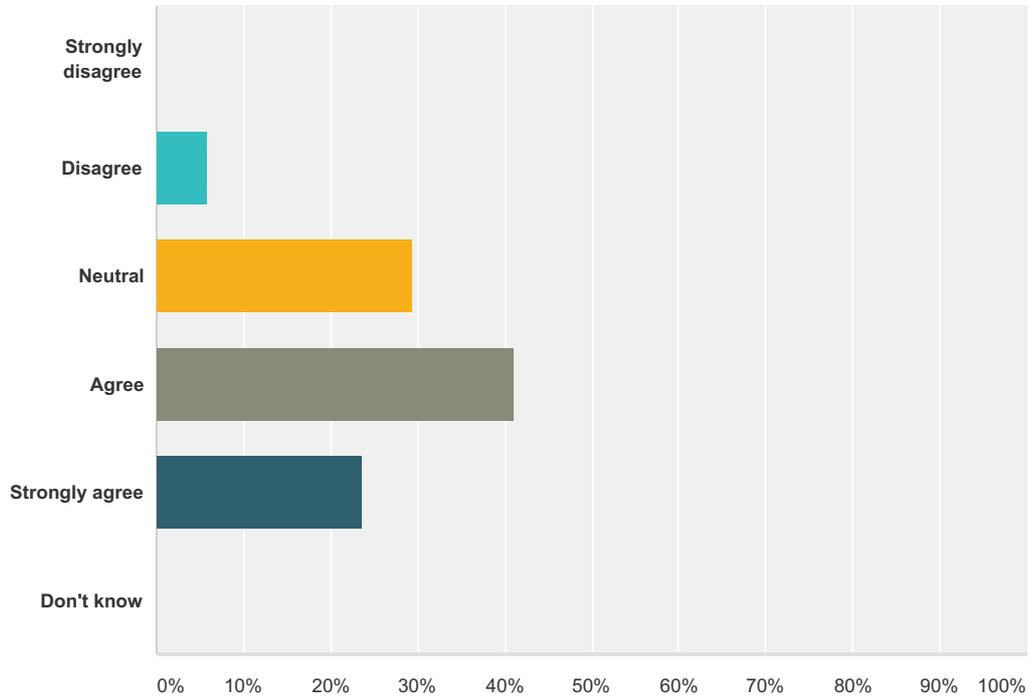
Answered: 17 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	5.88% 1
Neutral	17.65% 3
Agree	64.71% 11
Strongly agree	11.76% 2
Don't know	0.00% 0
Total	17

Q28 I am confident that as a Governor I am representing the interests of my constituency and the wider public

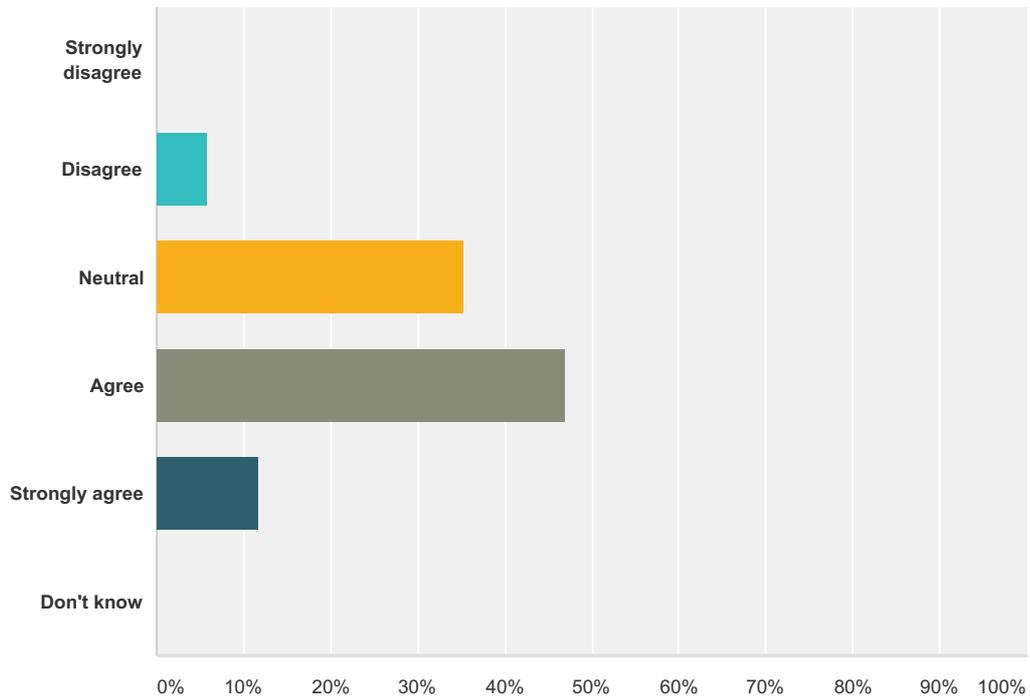
Answered: 17 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	5.88% 1
Neutral	29.41% 5
Agree	41.18% 7
Strongly agree	23.53% 4
Don't know	0.00% 0
Total	17

Q29 I am properly informed about the strategic direction of the Trust

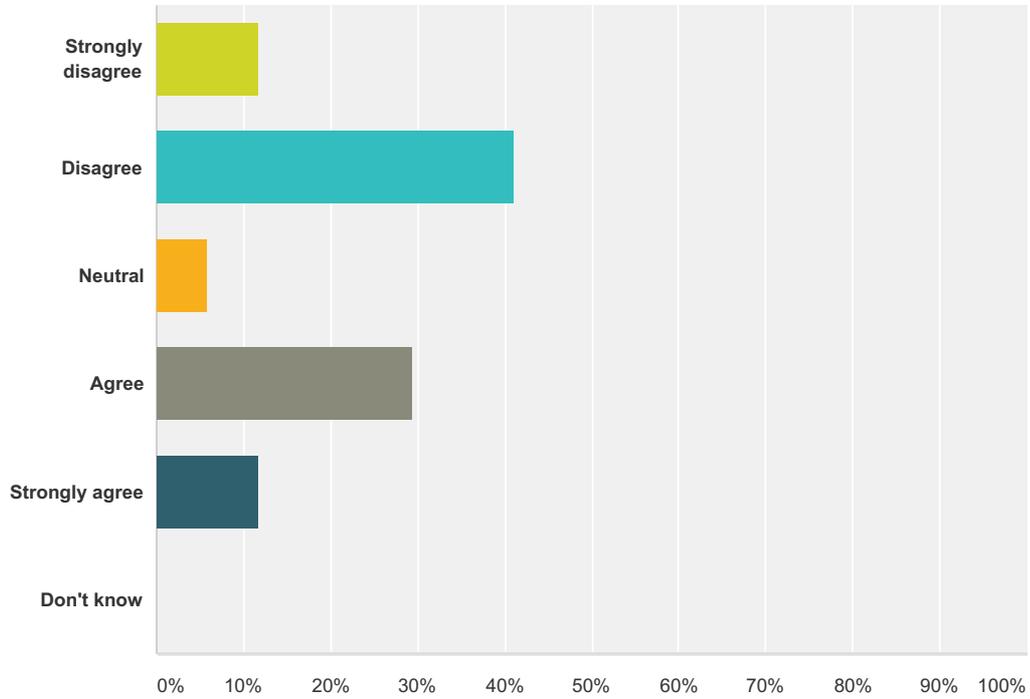
Answered: 17 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	5.88%	1
Neutral	35.29%	6
Agree	47.06%	8
Strongly agree	11.76%	2
Don't know	0.00%	0
Total		17

Q30 I received sufficient information about the activities of the Trust to enable me to perform my role as a Governor in holding the Non-Executive Directors to account

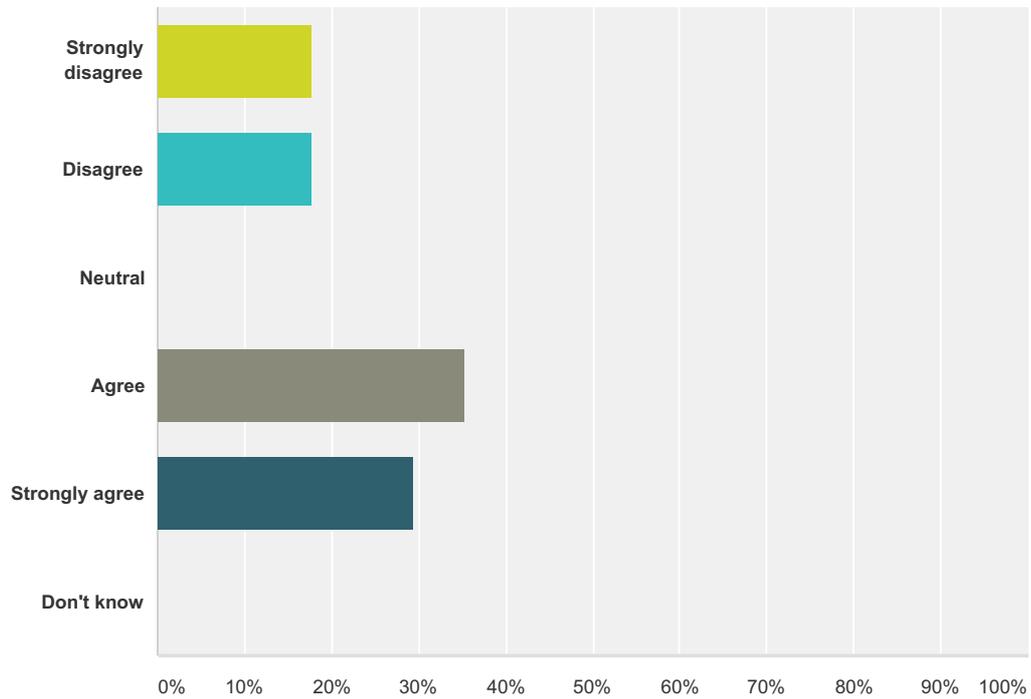
Answered: 17 Skipped: 0



Answer Choices	Responses	
Strongly disagree	11.76%	2
Disagree	41.18%	7
Neutral	5.88%	1
Agree	29.41%	5
Strongly agree	11.76%	2
Don't know	0.00%	0
Total		17

Q31 I would not hesitate to approach the Chairman with a query or issue

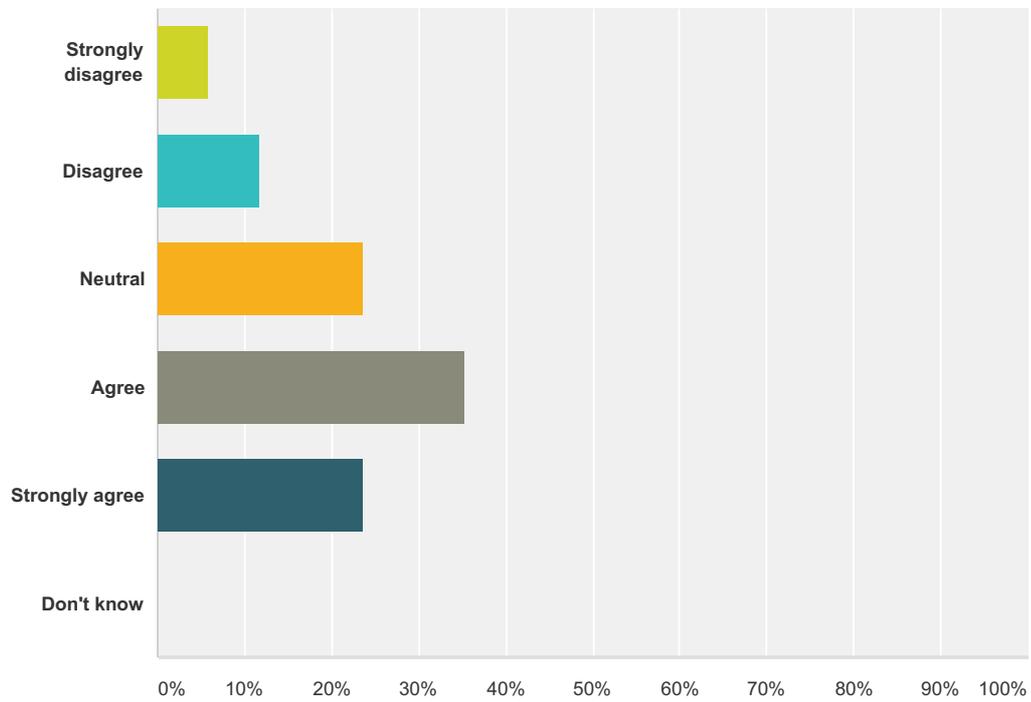
Answered: 17 Skipped: 0



Answer Choices	Responses	Count
Strongly disagree	17.65%	3
Disagree	17.65%	3
Neutral	0.00%	0
Agree	35.29%	6
Strongly agree	29.41%	5
Don't know	0.00%	0
Total		17

Q32 Overall the level and scope of my involvement as a Governor with the Trust is “about right”.

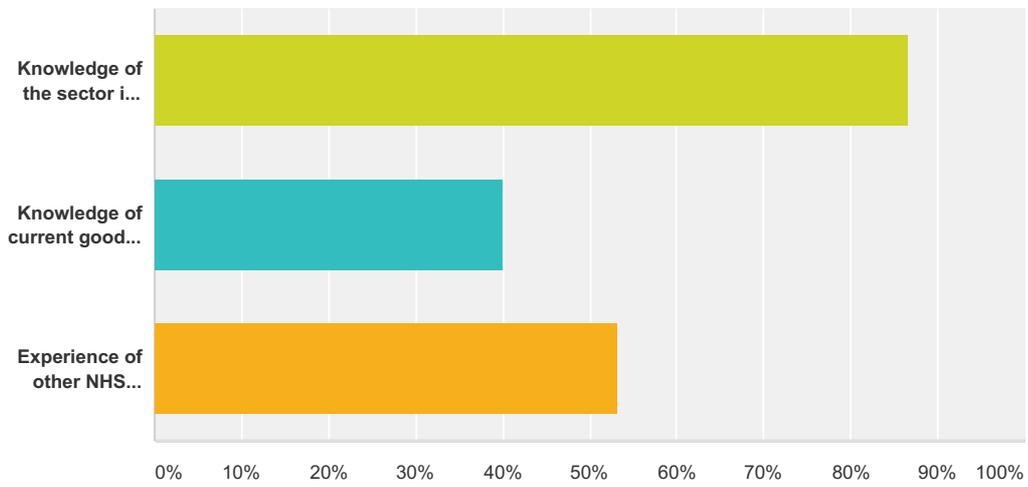
Answered: 17 Skipped: 0



Answer Choices	Responses
Strongly disagree	5.88% 1
Disagree	11.76% 2
Neutral	23.53% 4
Agree	35.29% 6
Strongly agree	23.53% 4
Don't know	0.00% 0
Total	17

Q33 Do you bring knowledge or experience of the NHS? Please tick all that apply or leave blank if none

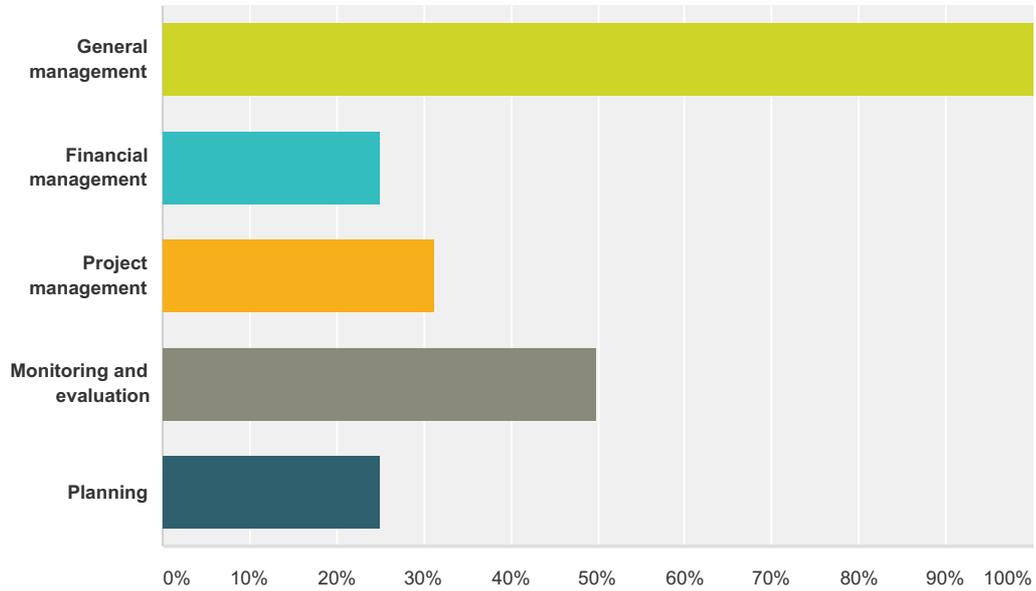
Answered: 15 Skipped: 2



Answer Choices	Responses
Knowledge of the sector in general	86.67% 13
Knowledge of current good practice for health providers	40.00% 6
Experience of other NHS organisations (as a volunteer or staff member)	53.33% 8
Total Respondents: 15	

Q34 Do you have any management skills? Please tick all that apply or leave blank if none

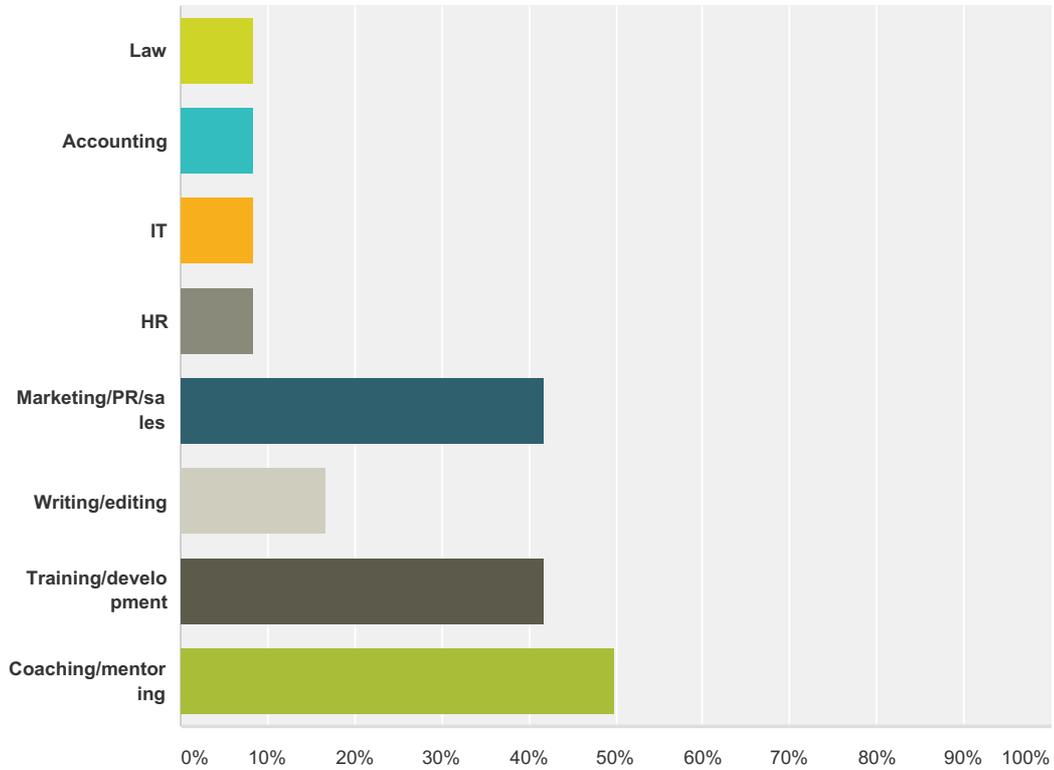
Answered: 16 Skipped: 1



Answer Choices	Responses	Count
General management	100.00%	16
Financial management	25.00%	4
Project management	31.25%	5
Monitoring and evaluation	50.00%	8
Planning	25.00%	4
Total Respondents: 16		

Q35 Do you have any professional skills? Please tick all that apply or leave blank if none

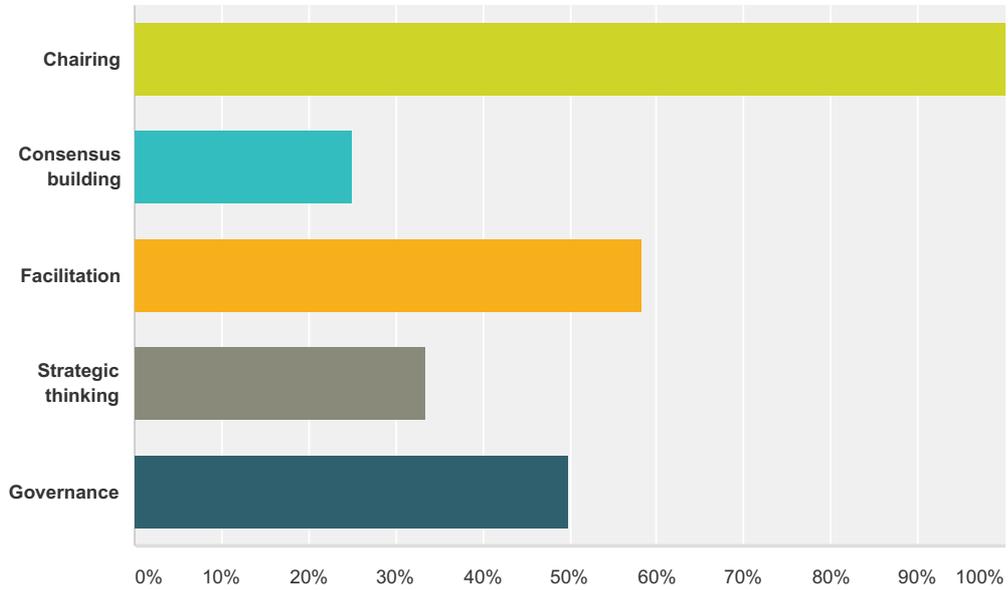
Answered: 12 Skipped: 5



Answer Choices	Responses
Law	8.33% 1
Accounting	8.33% 1
IT	8.33% 1
HR	8.33% 1
Marketing/PR/sales	41.67% 5
Writing/editing	16.67% 2
Training/development	41.67% 5
Coaching/mentoring	50.00% 6
Total Respondents: 12	

**Q36 Do you bring any skills relating to running and participating in meetings?
Please tick all that apply or leave blank if none**

Answered: 12 Skipped: 5



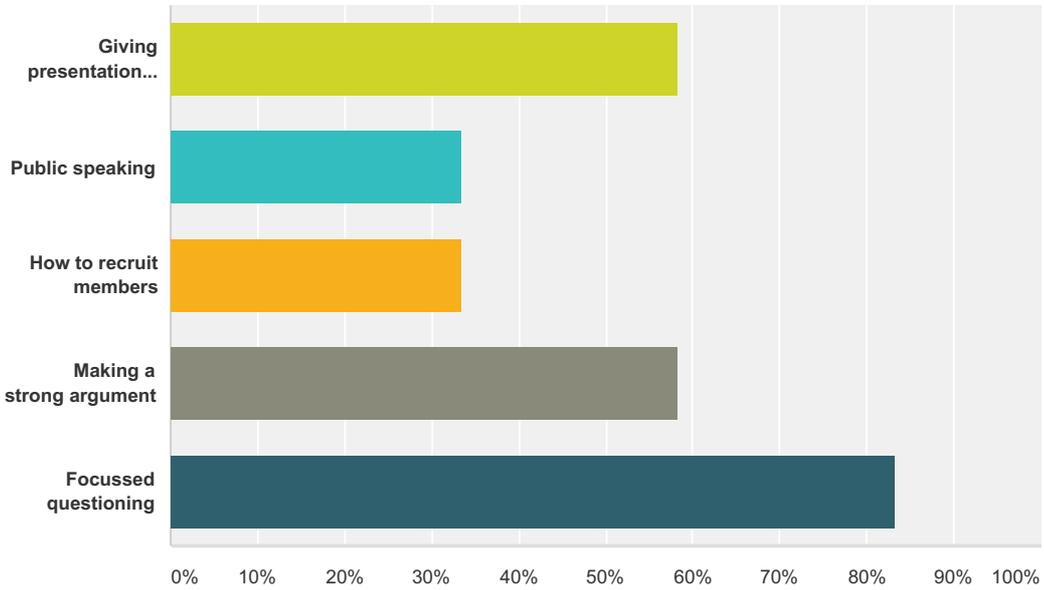
Answer Choices	Responses
Chairing	100.00% 12
Consensus building	25.00% 3
Facilitation	58.33% 7
Strategic thinking	33.33% 4
Governance	50.00% 6
Total Respondents: 12	

Q37 Do you have anything you wish to contribute to the Trust not mentioned above either in terms of experience, knowledge or skills?

Answered: 4 Skipped: 13

Q38 Do you feel your work as a Governor would benefit from training in any of the following. Please select all that apply, add your own or leave blank.

Answered: 12 Skipped: 5



Answer Choices	Responses
Giving presentations (using PowerPoint)	58.33% 7
Public speaking	33.33% 4
How to recruit members	33.33% 4
Making a strong argument	58.33% 7
Focussed questioning	83.33% 10
Total Respondents: 12	

**Q39 And finally, is there anything else that
you would like to tell us?**

Answered: 4 Skipped: 13

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

G – Membership Development Committee Report

1. Introduction

1.1. The Membership Development Committee 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 duties of the MDC are to:

- Advise on and develop strategies for recruiting and retaining members to ensure Trust membership is made up of a good cross-section of the population;
- Plan and deliver the Trust's Annual Members Meeting;
- Advise on and develop strategies for effective membership involvement and communications;
- To contribute to the realisation of the Trust's vision to put the patient at the heart of everything we do.

1.2. The MDC meets three times a year. All Governors are entitled to join the Committee, since it is an area of interest to all Governors.

1.3. The Membership Development Committee (MDC) met on the 23 November 2016. The minutes of this meeting (Appendix 1) and a meeting summary are detailed in the membership update below. The MDC next meets on 02 February 2017.

1.4. This paper comes to every Council meeting and covers:

- Discussion at and recommendations from the most recent MDC meeting (if one has taken place since the previous Council meeting),
- Reports on membership engagement at the Inclusion Hub Advisory Group (public FT members) and Staff Engagement Forum (staff FT members),
- Reports on other public and membership engagement and involvement,
- A summary of our current public membership numbers and geographical representation to inform Public Governors' membership recruitment,
- Anything else relevant to the Council regarding membership and engagement.

1.5. The MDC wishes Governors to form a view on recommendations coming from the Committee so there is ownership and understanding from the wider Council. Governors are asked to bring their views on the recommendations to the Council meeting.

2. Membership Update and MDC meeting summary

2.1. The current (11.01.17) public membership stands as follows, by constituency:

Public constituency	No. of members	% of eligible population
Brighton & Hove	526	0.19
East Sussex	1812	0.35
Kent	3118	0.23
Medway	639	0.25
Surrey	2392	0.19
West Sussex	1626	0.20
TOTAL PUBLIC	10,113	0.22%

2.2. The Trust has a total of 13,853 members, of which 10,113 are public members and 3740 staff members.

2.3. The MDC last met on the 23rd November 2016 and the minutes are included as Appendix 1. At this meeting the MDC discussed preparing for Governor Elections and reviewed the Governor Handbook. Recommendations for edits to the handbook were carried out and the revised handbook was shared on the Electoral Reform Services election website for SECamb. A link to this site was shared with members either by post or email at the beginning of January alongside a letter to encourage staff and public members to stand (or re-stand) in the elections. Successful local constituency meetings were held for members interested in standing in the elections in West Sussex, East Sussex, Surrey and Kent. Thanks to those Governors who gave their time to attend these meetings and share their experience of the role.

2.4. The MDC also reviewed the 2016 Annual Members Meeting feedback. In summary, 86% of attendees found the AMM “Very interesting” with 14% finding it “Somewhat interesting”. There were also positive scores for the exhibition area with 75% finding it ‘Very interesting’. Members who attended the Council and Board meetings all noted them to be ‘Very interesting’. There was not one rating of “Not at all interesting” for any part of the event. The majority of responses (77%) scored the AMM content as good, although 23% noted the presentations as ‘Average’. This proves a hard area to make improvements as some presentations are often not received until on the day despite advance warning of them being required and a deadline. There was not one rating of “Poor” for any aspect of the event.

2.5. The MDC considered a proposal to hold a streamlined event in 2017 given the Trust’s current financial standing. It was proposed that the Council meeting would be held prior to the AMM, but that the Board meeting would take place on a separate day. NEDs and Executives would of course be

invited to attend the AMM as per usual. MDC noted interest in focussing on staff perspective and asking staff to speak, rather than holding the traditional exhibition on areas of work. The MDC felt it would be useful to hear from staff on their different roles and responsibilities. By not including staff stands and local organisation stands this will enable a smaller venue space to be sourced to keep the costs down. Timings would be reviewed to avoid the need to provide lunch for all attendees. The AMM is scheduled to take place on the 28th September 2017 in Kent.

3. Membership recruitment and engagement

3.1. The Trust has a healthy membership of just over 10,000 public members.

The MDC had agreed that it was more important to support an engaged, representative membership than to seek to increase membership numbers greatly. The proposed 2017 membership recruitment and engagement plans will be discussed at the February MDC meeting and a summary will be shared in the next MDC report to the Council.

3.2. The membership newsletter 'Your Call' was sent to members in December.

December's issue included an update on the regulatory action and outcomes from the CQC report, Governor Elections where members were encouraged to stand or re-stand as the case may be, alongside the usual mix of SECAMB news stories and the annual membership survey. Results of the membership survey will be reviewed at the February meeting of the MDC.

3.3. In early January an email or letter (dependent on data available on each member record) was sent to members in constituencies where there is an election due to take place. The aim was to encourage members to put themselves forward for nomination to stand (or re-stand) for election.

Additional promotion by the membership office took place through a Twitter campaign, bulletin articles and extra member emails to staff and public members. At the time of writing we have received 36 nominations for the 9 vacancies on the Council of Governors.

4. Staff Engagement Forum (formally Foundation Council) report

4.1. The Staff Engagement Forum (SEF) is the Trust's staff forum, which meets quarterly. It consists of a cross-section of staff members with different roles and from different parts of the Trust and enables the Trust to gather views and test ideas. The Staff-Elected Governors are permanent members of the SEF and it also provides them with a forum to hear the views of their members and share their learning from the SEF. The acting Chief Executive is also a permanent member.

4.2. The SEF held an extraordinary meeting on the 21st November. The meeting focussed on the development of a staff engagement strategy for the recovery

plan in the morning, and a focus group on developing the messaging around the impact of the Task Cycle Time project (reviewing the amount of time staff spend on scene) for Operational staff in the afternoon. The minutes of this meeting are currently unavailable. They will be included in the next MDC report to the CoG.

- 4.3. The SEF's next meeting will take place on the 13th February 2017 and the minutes of this meeting will come to the Council as part of this report in due course.

5. Inclusion Hub Advisory Group report

- 5.1. Since the last report the Inclusion Hub Advisory Group of public members met on 13th October 2016. Marguerite Beard-Gould and Chris Devereux are the representatives from the Council at IHAG meetings.

- 5.2. Agenda items included:

- Acting CEO Geraint Davies' overview of the Care Quality Commission report outcomes and the Unified Recovery Plan which includes the action and improvements the Trust needs to take before the next CQC visit.
- 'Student to Paramedic' – the reality. IHAG members heard from a Paramedic who had previously presented to the IHAG when they were studying to become one.
- IHAG members heard from Andy Collen on the task cycle project in relation to improved patient care.

- 5.3. The full minutes of the October meeting are included as Appendix 2.

- 5.4. IHAG members noted the following was to be included in their highlight report to the Inclusion Working Group:

- The requirement for more effective communication between the senior management team and Board to the wider staff, along with better engagement with the public, as appropriate on projects that are coming out of the Unified Recovery Plan.

- The lack of progress in the development of a Patient Experience Strategy.

- 5.5. A joint IHAG and Governor event took place on the 14th December 2016. The purpose was to thank members of the Council and IHAG for all their hard work and contributions throughout the year. Attendees had the opportunity to hear from Caroline Beardall – Director of Organisational Effectiveness at NHS Improvement (NHSI) on the work of NHSI and how they support Trusts to improve. Governors found her slides on how to seek assurance helpful and also gained insight into the broad array of organisations and people NHSI work with and support.

5.6. All Governors are reminded that they are welcome to attend meetings of the IHAG from time to time, in order to hear the views of and work alongside a diverse group of public FT members. Please advise Asmina Chowdury (Asmina.IChowdury@secamb.nhs.uk) if you plan to attend so she can check availability of spaces.

5.7. The minutes of the IHAG meeting on 25th January 2017 will be included in the Council's next MDC report. The next IHAG meeting takes place on the 12th April 2017.

6. Recommendations

6.1. The Council of Governors is asked to:

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

Mike Hill, Public Governor for Surrey & N.E. Hants & MDC Chair

Appendix 1

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

Membership Development Committee

23 November 2016 – 10.30 – 14:00

Present:

Mike Hill (MH) Public Governor, Surrey/NE Hants (Chair)

Katie Spendiff (KS) Membership Coordinator

Marguerite Beard-Gould (MBG) Public Governor, Kent

Chris Devereux (CD) Public Governor, Surrey/NE Hants

Charlie Adler (CA) Staff Governor, Operational

Nigel Coles (NC) Staff Governor, Operational

Izzy Allen (IA) Assistant Company Secretary, and Secretariat

23. Welcome

23.1. MH welcomed members to the meeting, and particularly Alison Stebbings at her first meeting.

24. Apologies

24.1. Apologies were received from:

Maggie Fenton (MF) Public Governor, Kent

Jean Gaston-Parry (JGP) Public Governor, Brighton and Hove

Brian Rockell (BR) Public Governor, East Sussex and Lead Governor

Jane Watson (JW) Public Governor, Surrey/NE Hants

Alison Stebbings (AS) Staff Governor, Non-Operational

25. Declarations of interest

25.1. There were no declarations of interest.

26. Minutes, matters arising and action log

26.1. The minutes of the previous meeting were taken as an accurate record.

26.2. The action log was reviewed and updated.

27. Membership update

27.1. KS reminded members about the joint IHAG/CoG Christmas lunch in December.

27.2. KS updated members on the Staff Engagement Forum's most recent meeting, which had covered:

27.2.1. CQC inspection outcomes;

27.2.2. Communications and engagement with staff around the Trust's Unified Recovery Plan; and

27.2.3. Reviewing work being undertaken on job cycle times to identify how cycle times can be improved.

27.3. In relation to job cycle times, MBG noted that completing patient records was an endless task for frontline staff. CA advised that at present the iPad version of the Patient Clinical Record was slowing his work down rather than speeding it up. The MDC discussed the level of assessment patients needed.

27.4. MH noted that he had previously offered to support SECamb with security advice but he had not been taken up on it.

27.5. CA noted that the 'Bright Ideas' system for submitting staff suggestions was a good idea, but it needed more communication so that staff were aware of it. IA and KS advised that the Trust's Programme Management Office had committed to reviewing all existing staff suggestions received so far through Bright Ideas and previous schemes, with a view to incorporating good ideas into Trust plans and then moving forward with re-advertising Bright Ideas. The MDC were hopeful that the PMO would manage the scheme effectively.

28. Annual Members Meeting review

- 28.1. KS advised that the feedback received following the event from the evaluation had been very good.
- 28.2. The timings had worked well for attendees, however it was a long day for Council and Board members.
- 28.3. The MDC suggested in future having people on hand to help troubleshoot any issues on the day.
- 28.4. KS advised that her survey of stallholders had returned very positive results.
- 28.5. The MDC thanked KS for all her hard work project managing the organisation of the day.
- 28.6. MBG noted that the sound issues on the day were dreadful and that this should be fed back to the PA company.
- 28.7. The stage set up had made it hard for people to get up and down from the stage, which would need thought if a stage was used in the future.
- 28.8. The MDC discussed the 2017 AMM. Given the Trust's financial pressures, it was suggested that the AMM be streamlined in 2017, and that the Board should be held on one day and the Council and AMM on a subsequent day. The MDC were content to consider a more minimalist approach for 2017.
- 28.9. KS suggested that it might work well to facilitate a focus on enabling the public to hear from staff about their different clinical roles and responsibilities. MBG agreed that the public would find it useful to understand more about clinical roles.
- 28.10. The difficulties finding internal venues were discussed, and CA advised that Chertsey Station now had a large room that might be used for meetings.
- 28.11. MH asked whether the new HQ would have suitable meeting room space and parking. IA and KS advised that this was the reported intention.

29. Preparing for Governor elections and updating the Governor Handbook

- 29.1. IA advised that constituency meetings were being held for prospective Governors in each area. She reminded members that Governors were invited to come and meet prospective governors and share their personal experiences of the role.
- 29.2. CA suggested that staff governors might wish to do a video to promote being an Operational Staff Governor more widely to staff.
- 29.3. KS noted that posters were normally produced with staff contact details and that the station-based whiteboards might also be used to do promotion work internally.
- 29.4. The Governor Handbook was reviewed and suggestions received about improvements that could be made, bearing in mind that the changes would be made internally without reference to the original designer, so would need to be achievable by KS and IA.

- 29.5. IA and KS had highlighted the areas that needed updating due to changes within the Trust over the year. The MDC was asked whether any further changes were felt necessary. Members suggested:
- 29.5.1. The photos be update; and
- 29.5.2. The glossary be removed as it was out of date.
- 29.6. Otherwise the Handbook was felt to be fit for purpose and still comprehensive and relevant.

30. Any other business

- 30.1. There was no other business.

31. Review of Meeting Effectiveness

- 31.1. Members reviewed the effectiveness of the meeting, which was agreed to have been effective. MH thanked members and closed the meeting.

The next meeting will be held on 2 February at 10:30 at Banstead HQ

Appendix 2

South East Coast Ambulance Service NHS Foundation Trust

Inclusion Hub Advisory Group (IHAG)

Notes of a meeting held on 13th October 2016
At Stanhill Court Hotel, Charlwood, Surrey: 09:30 to 16:00 hours

Attendees:

Angela Rayner	(AR)	Izzy Allen	(IA)	Ollie Walsh	(OW)
Ann Wilson	(AW)	Jim Reece	(JR)	Paula Dooley	(PD)
Carlos Santander	(CS)	Karen Mann	(KM)	Penny Blackbourn	(PB)
Chris Devereux	(CD)	Leslie Bulman	(LBU)	Terry Steeples	(TS)
David Atkins	(DA)	Marguerite Beard-Gould	(MBG)	Stephen Merriman	(SM)
Hilda Brazil	(HB)	Mo Reece	(MR)		

Presenters & Guests:

Andy Collen	(AC)	Jane Watson	(JW)
Alison Stebbings	(AS)	Joe Ifill-Hosier	(JI)
Geraint Davies	(GD)	Josie Gray	(JG)

Secretariat:

Asmina Islam Chowdhury (AIC)

Apologies:

Ann Osler	(AO)	Lucy Bloem	(LB)	Maxine Bullen	(MB)
John Rivers	(JRi)	Marguerite Beard-Gould	(MBG)	Sarah Pickard	(SP)
Katie Spendiff	(KS)	Mark Kelner	(MK)	Simon Hughes / Deirdre O'Halloran	(SH/DO)

- **Welcome and introductions**

- AR welcomed everyone to the meeting and round table introductions were made. AR thanked Staff-elected Governor Alison Stebbings (AS), Public Governor, Jane Watson (JW) and Foundation Trust member, Joe Ifill-Hosier (JI) for coming to observe the meeting.
- AR tabled apologies as given above, and advised members that the format of the meeting had been adapted to reflect diary commitments of some of the presenters.

- **Chief Executives Officer's (CEO) update – Geraint Davies (GD)**

- GD thanked the IHAG members for inviting him to come and at the meeting and stressed the importance of understanding the implications of the CQC inspection outcomes and the improvements that were required. GD gave an overview of the CQO report, and advised that the CQC addressed five key areas which they rated individually and then gave the Trust an overall rating. The Trust had been rated **Inadequate** overall, with **Inadequate** for Safe and Well-led, **Requires improvement** for Effective, and Responsive and **Good** for Caring.
- GD noted the following timescales which had now been set for the Trust to make improvements within;
 - 28 days from Quality Summit (28th September 2016) required to produce an action plan
 - six months from Quality Summit, CQC inspection will take place to show trajectory of the key actions only.
 - 12 months after this we will be required to come out of special measures, and will have a full CQC inspection. GD noted that if we did not achieve this, NHS Improvement (NHSI) could potentially place the Trust into administration.
- GD outlined some of the key challenges that the Trust would have to address in order to address the issues highlighted within the CQC report, these included;
 - review of Trust policies, and process so that they are fit for purpose and able to support the organisation to move forward, by supporting staff in

- Improved retention of staff, with staff reporting the Trust is a place they want to work.
- Members and GD discussed the culture of the organisation in some detail, highlighting that staff need to be able to highlight issues without fear of reprisal, and that this was an opportunity to engage with and empower staff. The IHAG asked how they as a group could contribute to the Trust recovery and GD expressed his desire to work with all stakeholders going forward.
- GD noted the positive feedback, from Alan Thorne, Head of CQC inspections, regarding AR's work in Equality & Diversity and Patient engagement (below). He also noted that it was important to remember the good work that the Trust was doing, and that staff had been marked as Good in the Caring domain of the CQC inspection and that the work of colleagues both during and after the Shoreham air disaster was an example of when the "Trust gets it right".

"Equality was exceptionally well managed and is for sharing across organisations."

- Members thanked GD for his update on the CQC report, and GD invited questions.
- The group discussed the Trust retention issues at length and GD covered the following;
 - Changes brought into the 111 recruitment process, including training and mentoring, resulting in improved retention rates and improved performance placing them back on trajectory to meet performance in this area.
 - National challenges in paramedic recruitment due to competition and high vacancy rates in all Trusts. SECamb currently has around 200-300 paramedic vacancies.
 - Competition from other areas of the NHS who are offering paramedics far higher rates of pay to work in acute and primary care.
- In addition, GD advised that the Trust sees a 5% year on year increase in activity, with commissioning increasing at roughly 1.5%. This as a result means that the Trust is only commissioned to meet 60-65% of category A performance within 8 minutes, but is set a national target of 75%, which is also placing additional pressure and stress on staff. GD noted that the Trust has a budget of £200,000,000 and that for the first ever would be entering deficit this year of £7,100,000 to help drive the improvements.
- GD noted that it was hoped that the introduction of a national pilot known as the Ambulance Response Program (ARP) would help the Trust to improve current performance. A planned go live date is set for 18th October, and the program will see Emergency Operations Centres (EOC) dispatch on disposition unless a patient is identified as not breathing at the start of the call. As a result, EOC's will have an additional 4 minutes before allocation. This should also allow for more appropriate allocation based on a practitioner's skill set. AR thanked GD

for coming to the meeting and for taking the time to answer the groups questions.

- **Minutes of the previous meeting**

- The notes of the meeting held on 13th July 2016 were reviewed for accuracy. AR proposed that the minutes of the last meeting be taken as an accurate record, with the following amendments;
 - Second record of JR in attendance list to be changed to MR
 - Rephrasing of 7.1 to say that the Trust board were “challenged around collegiate decision making”
- LB seconded and the agreement was carried.

- **Matters arising & IHAG Action Log Review**

- Action 188.3 – Patient Experience: AR updated that LH had advised this was being taken forward by the Interim Director of Quality and Safety who would be establishing a patient experience group to help drive the development of the strategy, action carried forward.
- Action 195.1 – Visit to Gatwick MRC: AIC advised that a date for tour of Gatwick MRC had been set and an invite would be circulated with the next update, action carried forward.
- Action 198.3 – Draft meeting Etiquette: IA advised she would discuss and raise with the new Company Secretary, action carried forward.
- Action 199.2 - Known patient subgroup meeting: AIC advised that Kieran Campbell had asked for his thanks to be passed to the group for the feedback which had been shared with him. AIC would share the plan for next steps once advised. Action carried forward.
- Action 200.1- Visit to new HQ & EOC: IA/ KM advised that new HQ was unlikely to be ready in time for a January 2017 visit. AIC to follow up with John Flower. Action carried forward.
- Action 201.2 – IHAG recruitment: AR advised that this was ongoing. AIC provided updated that there had been very little response to enquiries for BME members to join the group. Action carried forward.
- Action 202.3 – IHAG webpage update: AIC advised that this was ongoing, with updates received from PB and KM.
- It was **agreed** to close all other actions which had been noted as completed in the Action Log since the last meeting: 179, 189.1, 193.2, 197.1, 198.1, 198.2, 199.1, 199.3, 201.1, 202.1, and 202.2.
- It was **agreed** that the IHAG would produce a highlight report after each quarterly meeting, to be taken to the Inclusion working Group (IWG). It is

envisaged that this will highlight the priorities of the IHAG to the IWG, which can then also be shared with Governors.

Action: AIC to circulate highlight report at the end of the meeting to IA and AR

Date: Ongoing

- **Review of activities undertaken by members**
 - Members updated the group on the activities since the last meeting and these included: Attendance at History Marking meetings; Clinical Risk Sub-Group, Known Patient Sub-group; Annual Members Meeting, where the inclusion stand had proved very popular; Sussex Patient Transport Service Patient Forum and Foundation Council. AR thanked members for their continued support by attending such a wide range of events and contributing into groups across the Trust.
 - AR also advised that the Trust Diversity Champions had a very successful first year at Brighton TransPride, where they had engaged with the public in signing up new Foundation Trust members, carrying out health checks and teaching CPR. The group looked forward to building on this next year.
 - SECamb had also hosted the first national Ambulance LGBT Network conference in Brighton where there had been a strong focus on Trans awareness and mental health in the LGBT community. The conference had been attended by 87 people and SECamb had offered to host the event again for 2017. This was followed by SECamb's largest participation at Brighton and Hove Pride, with over 150 members of staff, family and friends taking part in the parade.
 - KM also thanked JRi for his involvement in the ePCR video, which had been well received. Link to the video is provided below;
<https://vimeo.com/181473354>
- **Staff Engagement Forum (SEF) update**
 - KM advised that she would be taking up her role as the Chair of the renamed Staff Engagement Forum (formerly known as the Foundation Council) at their next meeting on the 17th October. IA will be taking up the position of deputy chair, and KM thanked DA for his contribution as Chair for the preceding 18 months.
 - KM provided an update from the FC meeting held in July, noting that it was a good meeting, with a frank and honest update in the aftermath of the CQC inspection. Members received updates on both the new HQ & EOC design from John Flower and a Workforce update from Steve Graham. Members had

also reviewed the Terms of reference for the group along with membership criteria and identified a need for a wider geographical spread.

- KM advised that at the next meeting the SEF would be hearing from the CEO again on the impact of the CQC report, along with items on infection control, Pain management and an update on the move to Crawley HQ.
- **Update on the role of a new paramedic in SECamb – Josie Gray (JG)**
- The IHAG welcomed back JG, who had previously attended the group two years before as a student paramedic, and provided a breakdown of course structure. The group noted her new role as Clinical Team Leader (CTL) and congratulated her both on her qualification as a paramedic and her promotion.
- JG provided the group with an overview of the transition process between student and qualified paramedic and noted that it was better received by those students who were not already familiar with SECamb processes, and was useful in reducing the gap between student and qualified Paramedic, with the 150 hours of preceptorship with a qualified member of staff seen as the most beneficial aspect.
- JG held an open session with members including the following topics;
 - The History Marking Sub-Group had noticed an increase in requests for marking addresses for untoward incidents from new paramedics, and asked JG about her experience? JG advised that she understood the stress callers were under at the time of their emergency, however there were instances where staff felt intimidated by a situation, especially knowing that calls for back up were unlikely to be met immediately due to increasing activity levels.
 - Whether she continued to enjoy her role in SECamb;
 - What were her long term career aspirations within the Trust;
 - Operational staff understanding of other roles within the Trust outside of the operations directorate
- Members asked about the process regarding the appointment to Clinical Team Leader and were concerned regarding the lack of training and preparation offered to those taking on a management role for the first time. It was agreed that this would be raised with the Head of learning and Development, Steve Singer.

Action: AR to raise the lack of training process to support new first line managers with Head of Learning and Development

Date: November 2016

- JG received questions on how the CQC report had impacted operational staff and she noted that they were pleased that their care had been recognised as good, but the perception was that for operational staff it was business as usual whilst the leadership resolved the issues raised. The group noted that this identified a disconnect in messaging.
- Members also discussed the following; understanding of equality & diversity and the need to engage with minority groups; the value of Fire Service co-responding schemes; and what staff opinion was regarding the operational restructure.
- Members thanked JG for taking the time to attend and invited her to remain for the rest of the meeting.
- **Task cycle time in relation to improved patient care– Consultant Paramedic and Head of Clinical Development - Andy Collen (AC)**
 - AC outlined to the group that following that the CQC report a number of work streams were in place to look at improving patient safety, and clinical pathways and the Task Cycle Time (TCT) was one of these with an added benefit of possible improvements in staff welfare.
 - AC advised that the project took the approach of looking at each incident as an allocated block of time from start to finish. However, changes in the way we work had meant that we were now spending longer and longer on scene and as a result were technically “borrowing” time from the next incident to complete the first with a knock on effect throughout the day. AC advised that the TCT project looked at improvements that can be made in the way that staff work which will allow each incident to be completed within a shorter timeframe, therefore allowing staff to have time within the working day to receive meal breaks.
 - The group discussed the reasons for increased job cycle times, which include; Staff concerns regarding possible non-compliance with established processes; increased skill levels of graduates leading to longer investigations and exploration of alternative pathways; increases in activity resulting in longer on scene times waiting for a conveying resource; and lack of social care resources. The members also discussed the loss of time in moving between stand-by cover points for ambulances and how the TCT project would need to be supported by changes in the way we dispatch.
 - AC addressed concerns that the project could lead to cutting of corners, or staff feeling pressurised to complete a job within a set time frame, however AC advised that it was process that needed to be changed rather than the level of care, this would possibly include staff carrying out assessments in the back of an ambulance and discharging from it, if the patient does not require conveyance, as well as removing the requirement to complete two sets of observation for every patient.
 - The group noted that the project could be seen as a way of making staff attend an increased number of patients within their shift, AC confirmed that the project

was driven by a need for improved staff welfare, and that with reductions in job cycle times staff would be better able to cope with the demands of activity. This in turn would help drive improvements in patient care. IHAG members noted that the messaging to staff was key. To help them understand this, and it was recommended and agreed that AC should attend the SEF to engage with staff.

Action: AIC to invite AC to present on TCT project at SEF

Date: November 2016

- AC also advised that the Trust were looking at developing a Community Guardians Scheme to help support those patients who required more time on scene due their levels of social isolation and would be looking at bidding for funding from the Cabinet Office to support this.
- The TCT pilot will be running from Tangmere in the first instance, and AC will be looking at the both the data and messaging in order to ensure that this was tested before looking towards a wider rollout, a copy of AC's presentation can be found below;



TCT IHAG - Oct16 - AC v0.02.pdf

- **Open session, horizon scanning and future agenda items**

- The IHAG discussed the results of the Trust's Workforce Race Equality Standard (WRES) for 2015/16, it's subsequent action and how this would be monitored by the IWG to ensure delivery and improvements. AR advised that the action plan circulated was only a top line action and action leads would be required to submit a more detailed plan to ensure delivery by 31st March. Copies of the documents can be found below, along with a link to the full WRES results on the Trust webpage;

http://www.secamb.nhs.uk/about_us/inclusion_equality_diversity/wres.aspx



08a WRES Results 2016 overview.pdf



08b Workforce Race Equality Standard Results summary.pdf

- Due to IT issues it was agreed that AIC would circulate the survivors video, latest patient story which had been shared at the last meeting of the Trust board to all members after the meeting. Links to both can be found below;

http://www.secamb.nhs.uk/about_us/board_meeting_dates_and_papers/meeting_-_patient_experiences.aspx

http://www.secamb.nhs.uk/about_us/our_successes_-_survivors_2016.aspx

The IHAG were advised that they were always welcome to attend any Trust Board meeting, dates and locations of which can be found via the link below; http://www.secamb.nhs.uk/about_us/board_meeting_dates_and_papers.aspx

- AR advised that at the last Gypsy and Traveller Community Team (GTCT) meeting, we were pleased to be able to share the exciting news that our proposal to place defibrillators on some Traveller sites is now a step closer. We have identified seven sites across Kent, Surrey and Sussex and work is underway on developing an implementation plan. We will be asking for support of both the GTCT members and Diversity Champions for their help in engaging with the community and delivering training as part of the implementation process.
- LB advised that new sustainability plans in the Kent area were looking at changes to pathways, including access to GP services. LB to follow up and check SECamb are part of the discussions.

Action: LB to follow up and check whether SECamb are part of the consultation on the new local sustainability plans.

Date: December 2016

- PB advised that in her role as a patient representative on the Sussex Patient Transport Service Patient Forum, she had been asked to provide patient stories on the impact of the move to Coperforma.
- AR advised that following this year's success at Trans Pride we had been approached by a member of staff who was working on developing an in house Trans Awareness video, who had invited PD to be involved.
- DA advised that following a successful pilot of the street triage programme in Crawley, the local CCG have funded a Mental Health nurse to continue the project in the Horsham/ Crawley area.
- The group discussed and agreed the following to be reported in their highlight report to the IWG:
 1. The requirement for more effective communication between the Senior management team and Board to the wider staff, along with better engagement with the public, as appropriate on projects that are coming out of the URP.
 2. The lack of progress in the development of a Patient Experience Strategy.

3. The group welcomed GD's commitment to moving forward and the sharing of best practice, noting that this is already highlighted within the Trust Inclusion strategy, which the Board have signed up to.

- **Meeting effectiveness**

- Members felt that it had been a good meeting with a realistic agenda.

- **AOB**

- None raised.

- **Date of next meeting**

- The next meeting will be held on **25th January 2017**, 09:30 to 16:00 hours.



SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

H – Governor Development Committee

1. Introduction

1.1. The GDC met on 19 December 2016. The full minutes are provided for the Council.

1.2. The GDC meeting focused on: feedback from the previous Council meeting; reviewing Council effectiveness self-assessment data and discussing interpretation and analysis; and setting the agenda for the next Council meeting. The full minutes are included in the Council pack and Governors are encouraged to read them.

2. Feedback from the previous CoG

2.1. The GDC noted that it would be useful for Governors to use the final part of the formal Council agenda, where the Council is asked about items to escalate to the NEDs, to prioritise any issues they have raised during the meeting to enable clear reporting back to the NEDs.

3. CoG self-assessment

3.1. The GDC received the outcomes of the survey Governors had completed, and discussed the key areas where improvements or deteriorations, compared to the previous year, had occurred.

3.2. A separate paper to the Council with the outcomes and interpretation is on the Council meeting agenda.

4. CoG training

4.1. The GDC were keen to encourage as many Governors as possible to attend the holding to account and effective questioning training being held on 14 February.

5. Agenda setting

5.1. Members reviewed a number of items which included items mandated by the Council Agenda Framework, from the Council Action Log, and other timely items. A draft agenda was agreed.

5.2. Members had concerns about whether progress was being made against the Trust's Recovery Plan, its 999 and 111 performance improvement trajectories, and also wished to see evidence of improvement in the utilisation of CFRs, as a proxy for evidence of the Trust doing what it said it was doing.

5.3. In addition, the Council needed to review the CoG's self-assessment and receive a report on the Quality Account, including selecting an area of the Account to audit.

5.4. The afternoon session would be further work on the developing 5-year strategy, which would be more interactive than the November session.

6. Recommendations:

6.1. The Council is asked to note this report.

Brian Rockell, Lead Governor (On behalf of the GDC)

South East Coast Ambulance Service NHS Foundation Trust

Minutes of the Governor Development Committee

Banstead HQ – 19th December 2016

Present:

Brian Rockell (BR) Lead Governor & Public Governor for East Sussex

Marguerite Beard-Gould (MBG) Public Governor for Kent

Izzy Allen (IA) Assistant Company Secretary

Alison Stebbings (AS) Staff Elected Governor – Non Ops

Mike Hill (MH) Public Governor for Surrey and NE Hants

Jane Watson (JW) Public Governor for Surrey and NE Hants

Jean Gaston-Parry (JGP) Public Governor for Brighton

Apologies: Maggie Fenton.

Minute taker: Katie Spendiff

1. Welcome, matters arising, minutes and action log

- 1.1. BR welcomed members to the meeting. He gave a brief overview of the agenda and highlighted the key piece of work to be done at the meeting: the review of the Council self-assessment data. BR encouraged the GDC to provide comments on a general assessment of the data as oppose to strong individual views on specific free text comments.
- 1.2. JGP and BR extended thanks for the high level of support the Council continues to receive from IA and KS. The GDC agreed.
- 1.3. JGP noted an issue around public questions to the Board not being detailed on the Board agendas and responses captured in the minutes. IA noted that the previous Company Secretary had preferred for public questions to be taken after the formal Board meeting, since members of the public were not Board members. However, she advised that Sir Peter Dixon was content to have questions from the public as part of the formal agenda and minuted, but taken following the conclusion of other business. The GDC queried if questions from the public and answers were currently included in Board minutes. IA advised she would follow up on this.
- 1.4. The minutes of the last meeting were reviewed and taken as an accurate record of the meeting.
- 1.5. The action log was reviewed as follows:
- 1.6. Action 86 'IA to circulate Board Committee dates for Council members to observe at' IA noted that the audit committee chair changes had caused some delay in finalising the dates. IA noted that dates to observe would likely be from the next financial year onwards.
- 1.7. Action 90 'Circulate agenda for NHS provider training on effective questioning and working with NEDs'. IA noted the draft agenda had been circulated and the date (14 Feb 2017) and venue (Holiday Inn Gatwick) were now confirmed. BR noted there were still places available for the training as only 5 Governors had come forward so far. BR noted value in

attending, advising the course would strengthen Governors' knowledge of the role and improve the effectiveness of the Council. BR encouraged Council members to attend this bespoke training opportunity for Governors.

- 1.8. Action 94 'Follow up item from mental health presentation to the CoG in September to be advised of to GDC'. IA advised that the Audit Committee scrutinised this in its December meeting. There were some actions recommended due to the outcomes of the audit which had not been undertaken: a call taker survey had been done in 111 but not 999. This and call taker training in mental health awareness would be taken forward by the new Mental Health Nurse Consultant, due to start 1 February 2017. Good progress and practice was in evidence in 111 from which 999 could learn. IA advised that responsibility for mental health had moved from Andy Newton's Directorate to Emma Wadey's in the Directorate Restructures.
- 1.9. Action 97 'Council assessment survey to be sent to NEDs, Chairman, Chief Executive and members of the Councils support team'. IA advised that due to time constraints the self-assessment had not been sent to NEDs. IA noted the questionnaire would need to be re-written for this to happen and was unsure it would be able to be sent out and processed in time for the paper on the subject at the January CoG. The GDC agreed it was content to review just the Council data summary at the January meeting and not to pursue the data from the other areas mentioned.
- 1.10. Action 98 – 'Local constituency meetings for members interested in standing for election in upcoming Governor Elections'. IA noted there had been interest in the sessions provided from staff and public members that had come to the sessions as advertised. Successful sessions were held in East Sussex, Surrey, Kent and West Sussex. IA thanked Governors who attended to help facilitate the information sessions. BR noted that often members still apply without having come to an information session. BR noted his intention to re-stand for the vacancy in East Sussex. JW noted that when she first started as a Governor she found it difficult to ascertain which individual NEDs had which areas of focus and who was who. JW suggested a simple paragraph on who each NED is, accompanied by a photo to be part of the induction literature JW suggested that an introduction session with all the NEDs for new Governors could work well. IA noted that it could take place before or after a Board meeting and be incorporated as part of the induction.

ACTION:

IA to check if public questions and answers are included in Board minutes and advise GDC.

2. Discussion of feedback from the previous Council meeting

- 2.1. The agenda of the previous Council meeting was provided for reference. IA noted the last item on the agenda was now an escalation report on areas to highlight to the NEDs. This was a piece of work that had come from a GDC meeting with the aim of helping Governors to effectively seek assurance from the NEDs and keep a track of the Council's key areas of focus. IA noted that at the last meeting items had not been raised to be included in the report. IA noted it would be helpful if all Governors could note items that they felt should be included in the report throughout the meeting so they could be brought to the attention of the Chair at the meeting during the agenda item. IA noted the need for Governors to solely focus on the items deemed crucial for escalation to the NEDs. The GDC noted this request.

- 2.2. The GDC requested an update on the appointment of the new Chief Executive. IA noted there was no update at present. The GDC noted concern over the length of time it was taking to finalise the appointment.
- 2.3. AS noted she would be interested in hearing more on the utilisation of Community First Responders (CFRs), including examples of how they have contributed to performance figures. IA noted it would be a good question to ask at a Board meeting. BR noted that performance figures used to be reported on for CFRs within the performance report. AS asked if reporting figures could be included. IA noted that a question to the Board may suffice as NEDs would in turn seek assurance on the performance and data to be included in the reports may be a way to provide this assurance.
- 2.4. JW noted that Governors had historically not received evidence to support the answers they were given to questions raised. BR noted that Council members only sought top line data to support any answers provided. JW asked if a survey could be issued to CFRs to source the information required. BR noted a survey had previously been issued but the results weren't publicly shared. BR reinforced that the appropriate action would be to ask a question to the NEDs at a Board meeting.
- 2.5. BR noted that the overview of the Trust's strategy development presentation fell short of his expectation and information needs. BR noted he would have liked to have heard how the Council could help in the development of the strategy and how the Council could further support it. IA noted that Jayne Phoenix (Associate Director of Strategy and Business Development) who presented on the matter at the afternoon session would be available for more interactive sessions to work on engaging the Council in the production of the strategy.

3. **Agenda items for the Council meeting of 31 January 2017**

- 3.1. BR suggested this item be carried out prior to the self-assessment item to ensure it was covered in time. IA gave an overview of the suggested agenda items as follows.
- 3.2. Item 1 CoG self-assessment feedback. IA asked the GDC if this should be covered in a part 2 private Council meeting given the sensitivity around some of the free text answers or if Governors wished for this to be part of the formal meeting agenda. IA proposed that for it to be a part of the formal meeting conducted in public she could summarise discussion and free text comments alongside providing the graphs of the responses. IA noted it may be a more appropriate way to discuss the item in public as a publicly accountable organisation and the GDC agreed. BR noted that the Chair could invite general comment on the results and not encourage the repetition of individuals' strong views that may have been given as part of the survey. It was noted that the Part 2 meeting would be used for the recommendation to appoint a new NED by the Nominations Committee (suggested item no.2).
- 3.3. Item 3 Quality Account priorities and audit. To enable the CoG to understand the Trust's quality improvement priorities for 2017-18 and to select the quality area for audit – IA noted this was an agenda framework item. The GDC agreed this should therefore be included.
- 3.4. Items 3, 4, 5 – NHS 111 and performance in the Trust's 999 service, alongside the new HQ and EOC have all come up in previous meetings as areas of interest for Governors. IA noted the possibility of combining these items under an agenda item on 'Improvement' as these items were on the Trust's recovery plan. The GDC showed interest in seeing progress on the various work streams in the recovery plan. The GDC showed interest in

seeing progress made on the Care Quality Commission's list of 'must dos' and 'should dos' perhaps in a simple traffic light style rating. The GDC noted it would be keen to hear if the NEDs are assured that work is moving forward as planned. BR noted that he would like to hear more about how 111 calls are triaged to 999 Emergency Operation Centre's, seeking information and assurance around the current process and governance that is in place.

- 3.5. Item 6 'Development of the Trust's strategy' would form the afternoon session.
- 3.6. IA noted that at the Governor and Inclusion Hub Christmas meeting, Caroline Beardall, Director of Organisational Effectiveness at NHS Improvement, had presented a useful slide on questions that Governors may wish to ask of the Trust in terms of seeking assurance around the work being carried out as part of the recovery plan. IA noted she would circulate a copy of the questions on the slide to the GDC as they may find it useful. IA noted the full presentation had already been shared with the Council for information.
- 3.7. MBG noted she sought assurance on the volume of projects the Trust was currently working on as at one stage it was detailed as being over 120 individual projects. MBG noted she sought information on how this had been addressed and reduced. IA advised this sat under the Project Management Office (PMO). IA noted she would follow up with the PMO and it could be included in the improvement agenda item.

ACTION: IA to circulate Governor assurance questions slide from NHSI presentation to GDC.

ACTION: IA to follow up with the PMO about management of the Trust's project list.

4. Review of the Council of Governors self-assessment response data

- 4.1. IA noted that 2015 and 2016's self – assessment data had been circulated to the GDC for review and comparison. IA highlighted questions where the data showed serious deterioration or improvement for discussion. IA sought views on collective responses.
- 4.2. *Q1 The Council of Governors has the right mix of talents, expertise and background in the context of its statutory duties and the challenges facing the Trust.* IA noted a slight deterioration in the results. There was a free text comment on overrepresentation of Community First Responders on the Council of Governors. The GDC agreed this was an area that could be looked at as part of a review of the Trust's Constitution which was planned for 2017 and in which Governors would be involved.
- 4.3. *Q2 Appropriate and relevant background information is made available to Governors to enable us to perform our role.* IA noted Governors' answers showed a strong deterioration around provision of background information. The timing of when the survey was issued should be considered: IA assumed that information sharing around the CQC and CEO appointment may have been reflected in the results. JGP noted frustration around Executives sharing the right information in a timely fashion. JW noted the need to receive information before it appears in the press. MBG noted that when the Council asked questions, the response was often quite broad without getting to the nub of things She felt it could be considered positive that collectively Governors had noticed the deterioration and felt able to raise it as an issue.
- 4.4. *Q3 The Council of Governors exercises appropriate standards of independence in dealing with Trust issues.* The results were similar to last year's data with most agreeing.
- 4.5. *Q4 The Council of Governors has appropriate opportunity to input into the Trust's major strategic plans and actions.* IA noted deterioration in the results and noted similar issues as

those identified in Q2. MBG noted that often questions were answered in frustration, so context should be considered. IA noted the need to identify key themes for improvements.

- 4.6. *Q5 There are constructive relations between the members of the Council of Governors.* Similar to last year where the majority agreed.
- 4.7. *Q6 The Council of Governors has the right number of Governors and the correct balance between public, appointed and staff Governors.* The data results were similar to last year with most either agreeing or taking a neutral stance. IA noted that the volume of CFRs on the Council had been highlighted again.
- 4.8. *Q7 Meetings of the Council of Governors focus on relevant issues.* Similar to last year with the majority agreeing.
- 4.9. *Q8 There is sufficient time at meetings for the presentation and full discussion of the issues.* IA noted strong positive improvement in this year's responses.
- 4.10. *Q9 The quality of papers and presentations to the Council of Governors is appropriate.* Similar to last year with the majority agreeing.
- 4.11. *Q10 The Council of Governors is well chaired and led.* IA noted deterioration in the results. IA noted that the tone of some of the free text comments were challenging. IA questioned the appropriateness of the data being available in the public domain if the full results were shared with the Council in public. IA noted that the commentary on the Chair's style (which appeared to be an issue for the Council) could be highlighted in a direct but appropriate summary of the free text comments. MBG noted that the shock of the difference in style between the previous and current Chair could be seen in the free text. MBG felt that the current Chair had got the style of chairing the Council wrong at the beginning, but had since improved. BR noted the time needed to build a trusting relationship between the Council and its Chair.
- 4.12. *Q11 The Council of Governors has open and constructive discussions and deliberations.* Similar to last year with the majority agreeing or selecting neutral. Themes from Q10 would be considered.
- 4.13. *Q12 Individuals do not tend to dominate the Council of Governors' meetings.* Slight improvement on last year's data with the majority agreeing or selecting neutral. Last year the data noted that it was the then-Chair who tended to dominate meetings.
- 4.14. *Q13 Papers for the Council meetings are provided in a timely manner.* There had been a bit of deterioration in responses to this question. The GDC noted this could be construed as a "vent" against the untimely release of papers for the private Council meeting for the CE appointment as the survey had been filled in the same day.
- 4.15. *Q14 Sufficient background information regarding Trust performance etc. is provided between Council meetings.* Significant deterioration compared to the 2015 data.
- 4.16. *Q15 The secretarial and administrative arrangements for the Council are appropriate and effective.* This continued to receive a positive response.
- 4.17. *Q16 The level of participation in Council meetings by Trust management is appropriate, Q18 The Trust encourages and ensures communication between the Council of Governors and executive management, Q19 The Trust encourages and ensures communication between the Council of Governors and Non-Executive Directors and Q20 There is adequate contact between members of the Board of Directors as a whole and the Council of Governors.* All these questions showed deterioration in the results. Central themes were around participation by management and communication with NEDs and Executives. IA summarised that responses highlighted that relations with Executives had

deteriorated as the Council had less contact with them, with the focus having been on NEDs' attendance at Council meetings, with the exclusion of the Exec to allow the Council to seek assurance impartially. IA questioned if this was an accurate reflection or if it was more around a perceived attitude that the Execs did not fully appreciate the role of the Council. JW noted her personal opinion that it was more in line with the attitude from Executives towards the Council.

- 4.18. Q17 *The level of participation in Council meetings by Non- Executive Directors is appropriate.* IA noted slight improvement on last year's data.
- 4.19. Q21 *Overall the Council of Governors is effective in discharging its statutory duties.* IA noted significant deterioration. BR noted that the change could be aligned to the Council's perception of the quality and timeliness of information received and lack of trust in the information provided as detailed in the free text comments. BR noted that some Governors had difficulty in understanding how to discharge their duties effectively.
- 4.20. Q22 *Overall the level and scope of the Governors' involvement with the Trust is "about right".* Deterioration on last year's results.
- 4.21. Q23 *The Trust Board is supportive of the Council and views it as an asset.* Similar responses to Q16 – 20. Themes around how the Council believes it is perceived by the Executive.
- 4.22. Q24 *The Governors at my Trust are good at communicating the views of members and the public to the Trust.* The data showed improvement on last year, which showed Governors believed they had an understanding of how to do this.
- 4.23. Q25 *The Council's committees operate effectively and contribute to the work of the Council.* There was improvement on the results last year with most agreeing. It was noted there may have been some confusion around the question as one of the free text comments alluded to the Board Committees instead of the Council.
- 4.24. Q26 *Overall, I am clear about my role and responsibilities as a Governor.* IA noted deterioration in the result however most still agreed.
- 4.25. Q27 *I am clear about the priorities for my Trust over the next five years.* IA noted a similar response to last year with most agreeing.
- 4.26. Q28 *I am confident that as a Governor I am representing the interests of my constituency and the wider public.* IA noted positive responses and similar data to the year before.
- 4.27. Q29 *I am properly informed about the strategic direction of the Trust and Q30 I received sufficient information about the activities of the Trust to enable me to perform my role as a Governor in holding the Non-Executive Directors to account.* IA noted deterioration in responses and felt this sat under the theme of information sharing as previously discussed.
- 4.28. Q31 *I would not hesitate to approach the Chairman with a query or issue.* Significant deterioration on last year's results with increased number of Governors feeling unable to approach the Chair, however more agreed than disagreed.
- 4.29. Q32 *Overall the level and scope of my involvement as a Governor with the Trust is "about right".* Significant deterioration compared to last year. BR noted the way in which some Governors interpreted the role of the Council differently.
- 4.30. Q33 *Do you bring knowledge or experience of the NHS?*, Q34 *Do you have any management skills?*, Q35 *Do you have any professional skills?* Q36 *Do you bring any skills relating to running and participating in meetings?* Q 37 *Do you have anything you wish to*

contribute to the Trust not mentioned above either in terms of experience, knowledge or skills? IA noted these questions offered a good opportunity to highlight the broad selection of skills the Trust's Governors have and bring to the Council.

- 4.31. Q38 *Do you feel your work as a Governor would benefit from training in any of the following?* IA noted that 10 people had ticked they were interested in effective questioning/making a strong argument training. IA reminded the GDC that this would be covered in the bespoke Governor training for the Council on the 14th Feb by NHS Providers if they wished to sign up for it.
- 4.32. IA summarised the key themes of the survey as follows and asked for the GDC's views.
- 4.33. Key themes: style of chair, clarity about the role of the Governor, timeliness and quality of information and communication, and working on developing a culture of respect. GDC agreed this captured the key themes from the survey.
- 4.34. BR noted that given the difficult year, the Council had done a remarkable job and made a huge contribution in a very difficult climate. The GDC noted the same of the NEDs.

ACTION:

IA to prepare summary paper on the results of the survey for discussion at the Council meeting in January.

5. Any other business

- 5.1. JGP queried if the frequency of Governors' attendance at meetings was logged. IA noted she had previously always tracked attendance and would aim to catch up to ensure Governors were meeting their statutory requirements.
- 5.2. JW gave a summary of the Governors' recent meeting with the Chair as part of the self-assessment process. JW noted that Maggie Fenton had circulated a note on the meeting to the Council, Chairman and support team. JW noted key themes that came up as follows:
- 5.2.1. Not all Governors' had the opportunity to speak at Council meetings. JW noted that unfortunately there had been no discussion on solutions to this which she felt was disappointing.
- 5.2.2. Safeguarding issues were discussed alongside the move to Crawley.
- 5.2.3. The appointment of a new Chief Executive and Chair.
- 5.2.4. The CQC returning to the Trust in March.
- 5.3. JW noted the Chair had been amenable. MH noted the style of the meeting was quite unstructured but had been interesting. BR noted the meeting had been congenial and useful.
- 5.4. BR extended his personal thanks to the GDC for all their hard work and commitment throughout the year, and to the wider CoG. BR also thanked Governors for their personal support to him throughout the year. On behalf of the GDC, JGP extended thanks to BR for all his hard work and support to the Council throughout the year as well.

6. Review of meeting effectiveness

- 6.1. Members agreed the meeting had been effective.

The next GDC meeting is on the 28th February 2017 in the Surrey Boardroom at Banstead HQ.

Signed:

Date:

Brian Rockell (Chair of the GDC)

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

I – Governor Activities and Queries

1. Governor activities

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

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

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 please remember to update the online form after participating in any such activity:

www.surveymonkey.com/s/governorfeedback

16.11.16	Participated in selection day for the CEO position – represented the Council on a focus group	Peter Gwilliam, Jean Gaston-Parry, Charlie Adler, Marguerite Beard-Gould, Brian Rockell and Alison Stebbings
Regular meetings	CFR Project Board and Voluntary Services Strategy Group	James Crawley

2. Governor Enquiries and Information Requests

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

A number of comments and thoughts regarding CCP and PP training and deployment	Forwarded to the Chair and CEO for their information re Governors' views
A number of enquiries regarding the meal break policy	Formal query sent to Joe Garcia, Lucy Bloem and Emma Wadey for response
Query regarding local media coverage of Trust 'loan' and request to update the whole Council	Response sent 23.01.17 with Finance and Investment Committee escalation report to the November Board which outlined why SECamb was requesting an

	overdraft facility from NHSI. The Trust has not accessed this facility at the time of writing.
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3. Recommendations

3.1. The Council is asked to note this report.

3.2. 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.

Izzy Allen
Assistant Company Secretary