South East Coast Ambulance Service NHS
NHS Foundation Trust

Council of Governors Meeting to be held in public

27 July 2017 10:30-13:00

Crawley HQ, Nexus House, 4 Gatwick Road, Crawley RH10 9BG

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction and matters arising					
23/17	10:30	Chair's Introduction	**-**	-	Richard Foster (Chair)
24/17	-	Apologies for Absence	**-**	-	RF
25/17	-	Declarations of Interest	**-**	-	RF
26/17	-	Minutes from the previous meeting, action log and matters arising	**A** **A1**	-	RF
Statutory duties: performance and holding to account					
27/17	10:45	Chief Executive's Report: - Integrated Performance Report - Update on recent thefts and insurance position - Questions from the Council	**B** **B1**	Information and discussion	Daren Mochrie (CEO)
28/17	11:05	My vision for SECAmb	**-**	Information and discussion	Daren Mochrie (CEO)
29/17	11:35	Board Assurance Committees' escalation reports: - Finance and Investment Committee 5 June - Quality and Patient Safety Committee 19 June - Audit Committee 21 June - Finance and Investment Committee 18 July - Quality and Patient Safety Committee 20 July - Questions from the Council	 **C1** **C2** **C3** **C4** **C5**	Information and discussion	All Non-Executive Directors present
12:00 Comfort break					
30/17	12:10	Medicines management – ensuring the best possible care for our patients	**D**	Information and discussion	Fionna Moore – Medical Director
Statutory duties: member and public engagement					
31/17	12:40	Membership Development Committee report: - Membership and public engagement	**E**	Information	Mike Hill (MDC Chair and Public Governor for Surrey)
Committees and reports					
32/17	-	Governor Development Committee report: - Including feedback on observation	**F** **F1**	Information	James Crawley (Lead Governor and Public Governor

		of the Audit Committee			Kent)
33/17	-	Governor Activities and Queries report	**G**	Information	JC
General					
34/17	-	Any Other Business (AOB)	**-**	-	RF
35/17	-	Questions from the public	**-**	Public accountability	RF
36/17	-	Areas to highlight to Non-Executive Directors	**-**	Assurance	RF
		Date of Next Meeting: 28 September 2017, Ditton Community Centre, Kent.	**-**	-	RF

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.

13:45-14:30

Afternoon conversation (not open to the public):

13:45 Council meeting venues
An opportunity for those Governors who are interested to discuss views in relation to meeting locations and venues for Council meetings.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 2 June 2017

Present:

Richard Foster	(RF)	Chair
Charlie Adler	(CA)	Staff-Elected Governor (Operational)
Nigel Coles	(NC)	Staff-Elected Governor (Operational)
Nick Harrison	(NH)	Staff-Elected Governor (Operational)
Alison Stebbings	(AS)	Staff-Elected Governor (Non-Operational)
Mike Hill	(MH)	Public Governor, Surrey & N.E Hants
Felicity Dennis	(FD)	Public Governor, Surrey & N.E Hants
Gary Lavan	(GL)	Public Governor, Surrey & N.E Hants
Jean Gaston-Parry	(JGP)	Public Governor, Brighton and Hove
Stuart Dane	(SD)	Public Governor, Medway
Brian Rockell	(BR)	Public Governor, East Sussex – Lead Governor
Peter Gwilliam	(PG)	Public Governor, East Sussex
James Crawley	(JC)	Public Governor, Kent
Marguerite Beard-Gould	(MBG)	Public Governor, Kent
Dr Terry Collingwood	(TC)	Public Governor, Kent
Marian Trendell	(MT)	Appointed Governor, Sussex Partnership NHS FT
Dom Ford	(DF)	Appointed Governor - Brighton & Sussex University Hospitals

In attendance:

Tim Howe	(TH)	Non-Executive Director and Senior Independent Director
Daren Mochrie	(DM)	Chief Executive
Peter Lee	(PL)	Company Secretary
Sue Skelton	(SS)	Associate Director of Operations (for item 14/17)

Minutes:

Izzy Allen	(IA)	Assistant Company Secretary

Apologies

Di Roskilly	(DR)	Appointed Governor from Sussex Police
Matt Alsbury-Morris	(MAB)	Public Governor, West Sussex
Graham Gibbens	(GG)	Appointed Governor, Kent County Council
Dr Peter Beaumont	(PB)	Public Governor, Surrey
David Escudier	(DE)	Public Governor, Kent

Declarations of interest

There were no declarations of interest that had not previously been recorded.

8. Chair's introduction

8.1. RF welcomed members to the meeting.

8.2. RF reflected on his recent first Board meeting. The Care Quality Commission (CQC) meeting had been discussed, and headline feedback had been provided to the Board and then today to the Council.
8.3. Key issues for the Board had included the lack of money across the system. The Trust was in deficit and had challenging plans to live within its means during the next 12 months.
8.4. There had also been discussions about improving the quality, timeliness and clinical value of the Trust's interventions, all of which improvements required money. There was a tension there.
8.5. BR reminded Governors of how useful it was to observe each Board meeting and noted that the Board pack had been particularly detailed and the meeting effective. He felt the new Chair had summarised the discussions well.

9. Minutes & Action Log

9.1. The minutes were agreed as an accurate record.
9.2. The action log was reviewed.
9.3. TH advised that he would cover action 196 during the afternoon session.

10. Chief Executive's Report and performance dashboard

10.1. DM advised that things had been very busy since he had joined the Trust.
10.2. The CQC inspection had taken place. He thanked staff, Council and staffside colleagues who had participated. The Trust had received positive feedback about green shoots of recovery. The CQC had highlighted some less positive areas but none the Trust was not already aware. A draft report would be released to the Trust in a month or two. The final report would be shared with stakeholders.
10.3. DM was pleased that the Trust had begun to move to the new HQ and EOC. Lewes EOC had now closed and the staff had transferred to Crawley along with the new Computer Aided Despatch (CAD) system. This had gone smoothly.
10.4. Banstead staff would be moving in between now and the end of September.
10.5. Executive Director portfolios had been agreed so there was more clarity in the Trust. Executives had had their annual appraisals, had their objectives agreed, and recruitment for substantive posts had begun.
10.6. The Medical Director post was not being advertised yet, as Fionna Moore would be with the Trust for just under a year and SECAmb was still benefiting from her experience.
10.7. The Manchester bombing had meant that the Trust checked contingency arrangements for a critical level incident and the command team had ensured it was up to speed. DM had written and offered the condolences of the Trust to the ambulance service that covered Manchester.
10.8. The recent cyber-attack had not affected the Trust. DM thanked the ICT team for the robustness of our systems and for making sure lessons were learned going forward.

10.9. GL was pleased to hear the new CAD system was in place. He believed one of the reasons for selecting the new CAD was to use a less bespoke system which was likely to be more robust. GL advised that he would like to see the Trust consider the risks around changes to IT systems going forward to ensure robustness and change systems. DM advised that the new Command and Control system CLERIC was used by a number of trusts in the UK and the lead was very experienced. There was a weekly meeting to ensure this was on track. DM wanted to undertake an architectural review of the whole of EOC infrastructure.

10.10. TH advised that the CAD was an area where NEDs had been concerned for some time. NEDs now felt that a strategy was emerging but a couple of NEDs continued to be very focused in this area.

10.11. DM was also reviewing business continuity arrangements given the change from three to two EOCs. The EOCs should be mirror images of each other for resilience and Coxheath's environment needed to be improved.

10.12. NH asked what would be happening with Coxheath longer term. DM sought an options appraisal.

10.13. JC noted that the CQC had identified an issue around the recording of 999 calls. DM advised that the CQC had identified a different issue in their previous inspection. DM had already identified that voice recording quality and accessibility was not good enough prior to the inspection starting. IT and the Director of Finance were working on improvements in telephony.

10.14. RF advised that the new HQ was a first-class building and was keen for Governors to come and have a look. The call centre in particular was state of the art.

11. Board Assurance Committees' escalation reports

11.1. The Board Assurance reports were taken as read.

11.2. TH advised that he would discuss the Workforce and Wellbeing Committee (WWC) report in the afternoon.

11.3. On Finance and Investment Committee (FIC), RF noted that the Trust had a plan to roll out the rest of its iPads.

11.4. MH asked whether the electronic Patient Clinical Records (ePCRs) were secure. DM believed that the iPhone Operating System was robust and TH advised that the NEDs had asked the same question: the iPads were secure as they were new.

11.5. JC noted that there was a figure missing from the second bullet point: RF advised that the number would be circulated [see 11.11 below].

11.6. NH advised that he had experienced lots of issues with iPad software which resulted in iPad downtime. He would like assurance that this would not continue as staff were becoming more reliant on it. DM asked whether the issue was with the background software or iPad software. NH advised that some updates seemed to prevent people logging in or functioning correctly. DM would follow up and find out about this.

ACTION: DM to follow up regarding issues with iPad downtime, as raised by NH.

11.7. MT noted that often NHS systems did not talk to each other. Was the PCR handover speeded up by using iPads? DM advised that the record should be sent directly to Emergency Departments (EDs). EDs needed to work with the Trust to enable that to happen.

11.8. TH noted that hospitals had different systems. In those where the ePCR was compatible, it speeded things up. TH advised that commissioners kept asking for additions which had caused interface problems. The problems should have ceased. NH advised that the problems continued.

11.9. SD noted that paperwork could be sent to the hospital but no paperwork could be left with patients. Private ambulance providers, including St John Ambulance which SD worked for, needed to write out paperwork by hand before transporting a patient: this would have a detrimental impact on the providers.

ACTION: DM to look into how ePCR and lack of patient paperwork was affecting private ambulance providers

11.10. JC advised the broader issue was that a Community First Responder could give drugs to a patient (e.g. aspirin) and their name could not be recorded on the ePCR. He was aware that the Trust was going to introduce a software fix but this was an urgent problem and an interim solution might be needed.

11.11. PL advised that £650,000 was the number missing from the FIC report.

11.12. On the Quality and Patient Safety Committee (QPS) escalation report, there were no questions. TH advised that patient care records and call recording were both under scrutiny at the QPS.

11.13. TH advised that the NEDs had not been content with the Trust's Quality Report nor with Grant Thornton the auditors during the process to agree the Trust's annual submission: a retender process for external auditors was due in any case.

12. Understanding 999 performance

12.1. SS gave an overview of 999 performance. Her slides would be circulated to the Council.

12.2. On the breakdown by Clinical Commissioning Group (CCG), MT noted that Red1 and Red2 performance in Lewes was concerning and asked why this area was such an outlier.

12.3. SS advised that in Lewes it is likely there was a lower number of calls and responses, meaning that failing to reach a small number of patients in the allotted time had a big statistical impact.

12.4. SS noted how the CFR teams and the use of zone cars could improve performance. This approach had seen performance in Guildford improve from 38% to 50%: this was why it was important to understand the detail of performance in different locations.

12.5. BR noted that the A19 target was for a transport response, whereas R1-2 might be a CFR or single responder response. SS advised that the

Trust used to have 60% ambulances and 40% cars however were now moving to a 70%/30% ambulance-car ratio to ensure that the Trust was able to transport those in need as soon as possible.

12.6. GL advised that it would be useful to show the volume against the percentages when reporting by CCG to understand the variances. SS agreed, and advised about the system status plan. This would be reviewed this year to see if it was fit for purpose.

ACTION: Source volume figures along with performance by CCG.

12.7. FD asked what analysis was done to understand the impact on patients who were not seen in the target time. SS advised that the Trust looked closely at 'the tail' – those callers waiting longest – to understand whether there was any harm to the patient. This report went to the Board. SS advised that this data was considered by her own team every two weeks to ensure there was learning.

12.8. FD noted that stroke care in Surrey was a real concern. SS advised that the Ambulance Response Programme (ARP) would change the Red 2 response target. This was due to go live later this year. SS advised that it would be useful to update the Council on the impact of ARP.

12.9. MH noted that Surrey Downs CCG wasn't listed: SS advised that it must have been included within North West Surrey. This information could be provided.

ACTION: Provide performance data for Surrey Downs CCG to Mike Hill

12.10. TC asked whether the common risk with healthcare targets, where once a patient is outside a target they continue to slip further down the priority list, was a risk in SECAmb's systems. SS advised that it was not. The priority remained the Red 1 patient at all times, even if the response passed the 8-minute target. If not attended within 8 minutes, patients were called back by a clinician to provide support to the patient/those on scene until the vehicle arrived. The same was true of calls for HealthCare Professionals (HCP).

12.11. NH noted that the system status management system needed to be regularly updated to enable effective prioritisation of resources, for example due to demographic changes.

12.12. SS advised that the system status plans for each of the 14 despatch desks were updated every quarter to take into account changes such as new housing estates or changes in the availability of NHS services.

12.13. TH advised that it was important for NEDs that the SECAmb Team were meeting and beating the trajectory which had been agreed with Commissioners, based on the funding available.

12.14. FD asked about the feedback the Trust received about patients who were seen by the Trust but not transported to hospital, for example directed to another pathway. SS advised that the Trust did not currently receive feedback from GPs, but would note any repeat callers and follow-up to check why they had needed to call back.

12.15. NC asked about the new operational unit changes being implemented to allow frontline managers 50% of their time off the road to support their teams. SS advised that this was going well with the exception of a few weeks due to planned annual leave. NC advised that the gaps had not always been filled to allow the time off. SS advised that the majority of weeks were covered.

12.16. JC asked whether the Trust had reverted to using Critical Care Paramedics and Paramedic Practitioners to plug rota gaps. SS advised that CCPs were only being deployed to R1 and R2 calls. PPs were being deployed by specialised hubs to ensure they were targeted to the right patients and able to use their skills.

12.17. DM noted that demand continued to outstrip resource availability so the Trust needed to make a choice. SECAmb could go back to the old way of doing things, that is, chase response targets that are not clinically sound by putting specialist Paramedics back into normal rotas and putting frontline leaders back on the road. Alternatively, SECAmb could take a more strategic approach, for example doing more to develop its employees thereby improving capacity longer-term. There was a balance to maintain. The introduction of the ambulance response programme would help. From a clinical perspective, evidence showed that probably only 5% of calls needed an 8-minute response. This meant, for example, that the Trust should re-evaluate the type of vehicles it needed.

12.18. In addition, Deloittes were evaluating SECAmb's structural gap in terms of resources (funding versus demand). SECAmb would continue to work with Commissioners to solve this: it could likely only be addressed through a health system-wide response. For example, a reduction in handover delays or 111 Emergency Department dispositions, and improved local pathways. Continuous improvement was being delivered: performance had improved. DM thought the Board and employees seemed to feel the balance was improving.

12.19. NH advised that reducing handover delays was critical but he knew how difficult this issue was. He was concerned that Scheduling [the Trust's team which allocated frontline resources] were template-based and could not respond to the way demand changes depending on day of week and the time of day. For example, there was more conveyancing to hospital on a Monday morning following a weekend of lack of alternative health services. SS advised that Scheduling would be reviewed to enable more local involvement and local management judgement rather than being centrally managed. Rotas also needed to be changed and this was recognised.

12.20. DM advised that he would also be considering the different ways demand modelling could be done; he felt that the Trust was in a good place to help more patients via hear and treat and see and treat. The Trust already had the appropriate skills.

12.21. DM noted that there were not many ambulance trusts that had SECAmb's number of CCPs and PPs. It was important to make sure the governance and use of these resources helped to meet all health system

needs, and enabled specialists to use their skills in the right way, in line with the strategy.

12.22. NH noted that the ability to develop into specialist posts also aided recruitment.

12.23. TH advised that it had taken a long time to build up a skill base but now SECAmb was ahead. JC agreed and reminded the Trust that tasking specialist clinicians to routine calls would mean specialists left the Trust.

12.24. NC asked whether, now Paramedics were on Band 6, the Trust would seek to increase the skills-base of Paramedics. SS advised that there was the possibility of a 'Paramedic Plus' model, with additional training and skills. DM noted that it was about defining a model for the entire workforce and volunteers.

12.25. NC advised that there were a lot of Emergency Care Support Workers who would like more skills but not to become a Paramedic. SS agreed: the Associate Practitioner role was of great interest to people and should be developed.

12.26. RF thanked SS and closed the discussion.

13. Membership Development Committee (MDC) report:

13.1. MH drew Governors' attention to the two 'Your Call' public events held in West Sussex and in Surrey, which had received very positive feedback from attendees. He also drew Governors' attention to the Annual Members' Meeting to be held on 28 September.

13.2. MH noted that the minutes of the latest Staff Engagement Forum meeting were still not available. IA explained that the Trust had employed two Staff Engagement Advisers who would be managing the SEF going forward and were busy looking at all areas of staff engagement. The minutes of the previous meeting appeared to have been lost in the handover. It was to be welcomed that there were now posts focussing on staff engagement and the SEF would be back up and running shortly.

13.3. FD advised that the Patient Experience Group was meeting on 2 June, which clashed with the Council meeting so she was unable to attend, however FD had discussed patient experience in the Trust with the Patient Experience Lead and would be the Council's representative on the group, with GL as deputy.

13.4. MH noted that there was a paper included with feedback from the Governor Focus Conference run by NHS Providers, which had been very interesting.

13.5. MH reminded Governors that the MDC met three times per year and all Governors were welcome to attend. The next MDC was 20th November in Crawley.

14. Governor Development Committee (GDC) report:

14.1. BR noted that the GDC fulfilled an important role considering Council agendas and Governors' needs. Everyone was welcome. The next GDC was on 27th June in Crawley.

14.2. Governor observation of Board Committees had restarted and there was a report from the Workforce and Wellbeing Committee observation attached.

14.3. TH added that the Governors had noted that there was only one Executive at the WWC: this had been noted by the NEDs and was a result of the changes in Executive Team. In future there would be more Executive attendance.

14.4. The minutes mentioned a presentation from Lucy Bloem. IA would ask LB if her presentation could be shared [this was not a 'presentation' in PowerPoint but a verbal overview].

15. Governor Activities and Queries report:

15.1. BR encouraged Governors to provide details of their activities on the Survey Monkey link to enable them to be reported at meetings. BR also noted the range and volume of questions coming in. RF praised the variety of activities and thanked Governors for their work.

16. Lead Governor/Deputy Lead Governor elections

16.1. IA reminded Governors that they had candidate statements in front of them however could use this opportunity to ask questions if they wished. JC asked whether CA would have time to commit to the Deputy role. CA advised that he had sufficient time.

16.2. All Governors were able to vote as was the Chair. The Company Secretary counted the votes and declared the following:

16.3. James Crawley was elected as Lead Governor

16.4. Charlie Adler was elected as Deputy Lead Governor

16.5. The Chair thanked all candidates and particular BR for his previous long service as Lead Governor and for his great and valuable contribution to the running and wellbeing of the Trust.

17. Nominations Committee:

17.1. IA advised that MH had been the only nominee for the position and the Council had been advised prior to the meeting. She thanked MH for volunteering for the role.

18. Any Other Business

18.1. PG advised that three charities had advised the Trust of Public Access Defibrillator sites but received no response from the Trust to acknowledge their contact. PG had also contacted the person responsible with no luck, who was obviously busy, but an automated response might be set up to acknowledge receipt.

18.2. RF advised that the Chair would write to the charities concerned and ensure the system was in working order.

ACTION: RF to write to the charities who had advised of PAD sites and check that the PAD reporting system was in working order

18.3. CA suggested that, since the Trust had 3000 employees out in the region, they could also be identifying PAD sites. For staff, the process was not clear either: he had experienced a similar lack of response when identifying PAD sites.

18.4. JC advised there was a systematised failing in this area of Voluntary Services. It was hard to get the Computer Aided Despatch system updated with information. In his view the Gatwick defibrillator project had been shambolic.

18.5. NH advised that some Make Ready Centres had defibrillators on site that were not working.

18.6. NC asked about Operational Team Leaders at non-Make Ready centres, some of whom have been told they are unable to have a work car.

18.7. PG advised that he was concerned about access to Trust property. Was the HQ safe, were these premises safe? Council and Board meetings were now being held on Trust property, and security arrangements should be scrutinised. RF agreed that we should make sure that our arrangements for challenging people were up to date. On having meetings in Trust properties, it was cheaper but we needed to be mindful of the security implications.

18.8. AS advised that there were internal logistics issues regarding defibrillators and PAD sites too. JC advised that SECAmb owned some of the PAD sites and there should be a central log to enable systematic identification of those going out of date.

18.9. MH noted that he had 25 years of security experience and wondered why Governors could not have their own access cards.

19. Questions from the public

19.1. Nigel Sweet advised that he had been a Governor for five years and was now seconded to union work. He wanted to say thank you to Brian Rockell for his magnificent contribution to the Council as Lead Governor.

19.2. Nigel wished to stress the importance of the post of Associate Practitioner becoming a permanent role. This would provide opportunities for a lot of staff and help the trust respond to patients while additional Paramedics were being recruited.

19.3. Frank Northcott (public member) noted that Community First Responders' contribution was included within response time figures: was the contribution of qualified first aiders (appointed persons) in workplaces also counted? Could these persons be registered with Control to enable them to help?

19.4. DM advised that appointed persons could not be included unless they were deployed to the call by the Trust.

19.5. Jill Walker (ex-Inclusion Hub Advisory Group member) asked about public involvement in the history-marking group: changes were being made to management groups which had public involvement without the public representatives always being advised.

19.6. DM advised that he would look into this and respond outside the meeting.

ACTION: DM to investigate changes to management groups with public involvement and respond to Jill Walker

20. Areas to highlight to Non-Executive Directors

20.1. This part of the agenda was not covered.

20.2. RF thanked Governors and closed the meeting.

Signed:

Date:

Richard Foster (Chair)

Status Key Code: C- Complete, IP - In progress, S - Superseded

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	19.31	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.
30.03.17	99.14	191	Circulate information about which areas of the Trust were failing to carry out appraisals to the Council. Trust to review information to highlight areas where staff were struggling to carry out appraisals.	SG	02.06.17	CoG	IP	Data received from HR analyst and shared with the Council by email. Partial information provided as yet. IA will be meeting with the new HR data analyst to discuss collection of data.
30.03.17	99.15	192	Trust to share any update about the closure of Kent and Canterbury hospital with the Council	DH	02.06.17	CoG	C	The information is sensitive and situation in flux. An update was provided in Part Two session.
02.06.17	13.6	197	DM to follow up regarding issues with iPad downtime, as raised by NH	DM	27.07.17	CoG	C	An update to the software was released at the end of June which should have resolved some issues and we are using feedback from staff to agree details of the subsequent update with Kainos the software provider. If there are still issues please can specific feedback be sent to Izzy and I can pass it to Jon Amos and team
02.06.17	13.9	198	DM to look into how ePCR and lack of patient paperwork was affecting private ambulance providers	DM	27.07.17	CoG	IP	IA following up - email sent to Stuart Dane requesting further details
02.06.17	14.6	199	Source volume/activity figures along with performance by CCG.	IA	27.07.17	CoG	IP	IA following up - email sent again to Clair Landimore to request data
02.06.17	14.9	200	Provide performance data for Surrey Downs CCG to Mike Hill	IA	27.07.17	MH	C	The data provided at the Council meeting missed several CCGs due to a formatting issue. Full list since circulated to the Council by email.
02.06.17	20.2	201	RF to write to the charities who had advised of PAD sites (to thank them) and check that the PAD reporting system was in working order	RF	27.07.17	CoG	IP	Peter Gwilliam has kindly provided details of the 3 organisations. The Trust is reviewing its ability to log new PAD sites and there is a backlog of PAD sites we have been notified of. Once reduced, RF will write to the 3 organisations. Izzy will ask for further assurance around the PAD identification and CAD update process in time for the September Council meeting.
02.06.17	21.6	202	DM to look into changes to management groups which had public involvement	DM	27.07.17	CoG	C	Reminder email sent to the Medical Director and the Chief Nurse to ask them to remind their teams to involve and communicate with public representatives where management groups were being disbanded or changed. Reminder also shared at the Inclusion Working Group.
02.06.17	N/A	N/A	Circulate Ingrid Prescod's report on bullying and harrassment to the Council	TH	27.07.17	CoG	C	The confidential report has been circulated to the Council.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

CHIEF EXECUTIVE'S REPORT

July 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 Executive Team

2.1.1 Recruitment to the substantive posts of Director of Operations, Director of HR, Director of Nursing & Quality and Director of Strategy & Business Development is now underway. Interviews are taking place during late July and early August 2017.

2.2 New Computer Aided Dispatch (CAD) system

2.2.1 The first stage of the 'go live' of the Trust's new CAD system took place in the early hours of 6th July 2017, when the Emergency Operations Centre (EOC) at Coxheath (East) moved successfully onto the new Cleric system.

2.2.2 I am pleased to say that the move happened safely, with no interruption to service provision. This is down to a great deal of hard work in terms of planning and training during recent months.

2.2.3 The team are now working hard planning for the next phase of the CAD roll-out, which will see the West EOC at Crawley also move onto the new Cleric CAD. This successful took place on 18th July 2017.

2.2.4 The final stage will see the remaining staff based at Banstead move into the West EOC; this will take place in September 2017.

2.3 Operational Performance

2.3.1 The Executive Team are continuing to closely monitor 999 performance following the down-turn that has been seen during recent weeks. A number of factors are thought to have contributed to this, including the recent hot weather and the go-live of the new CAD. The team are continuing to drive forwards improvements in our own operational efficiencies, including job cycle time and response ratio, although it is disappointing to see that hospital turnaround times across the Trust are not improving; this obviously has an impact on patient safety, as well as placing additional pressure on our EOC and road staff.

2.3.2 The lack of progress in addressing the identified gap in funding and the impact this has on response time performance, the quality of care we are able to provide and on our patients and staff remains a serious concern for myself and the Board.

2.4 Success at enei Awards

2.4.1 On 11th July 2017, SECAmb was been awarded the 'Gold Standard' for the fourth year running at the Employers Network for Equality & Inclusion (enei) awards, held in London. SECAmb was recognised alongside big national companies like Santander and Zurich Insurance.

2.4.2 The awards acknowledge and celebrate those organisations who are committed to good practice in equality and diversity, above and beyond legal compliance and who utilise innovative approaches that will inspire other employers.

2.4.3 I would like to thank the Trust's Inclusion Manager Angela Rayner for her on-going hard work in this area and everyone who is involved in our work around equality, diversity and inclusion for the benefit of both staff and patients.

3. Regional issues

3.1 Changes to provision of services at the Kent & Canterbury Hospital

3.1.1 The Trust is continuing to work hard to support the changes made on 19th June 2017 to the provision of services at the Kent & Canterbury Hospital, which saw acute in-patient medical services move to the William Harvey Hospital (WHH) at Ashford and the Queen Elizabeth The Queen Mother Hospital (QEQM) at Margate

3.1.2 SECAmb is continuing to provide additional support in East Kent in order to help the system safely manage the implications of the changes at the Kent and Canterbury Hospital. This is being reviewed on a regular basis with partners and CCGs.

3.2 Sustainability and Transformation Partnership (STP) up-date - Kent

3.2.1 The Trust has received notification of the intention to formally consult on the future configuration of acute stroke services across Kent and Medway, emergency services in East Kent and elective orthopaedic care in East Kent.

3.2.2 The Trust continues to work with and support all STP areas to design their models of care and will provide updates and recommendations to the board as these plans progress and as options are formally consulted upon.

4. National issues

4.1 Ambulance Response Programme (ARP)

4.1.1 On 13th July 2017, NHS England announced that the Ambulance Response Programme (ARP) will be rolled out to all English ambulance Trusts over coming months.

4.1.2 The final roll-out of ARP to all Trusts follows the programme being piloted by firstly three, and then a further two ambulance Trusts during the past 18 months. The results from these pilots have been analysed by the University of Sheffield and used to influence the final design of the programme.

4.1.3 The changes outlined focus on making sure that the best, most appropriate response is provided for each patient, first time and are designed to change the rules on performance standards, so that they are met by doing the right thing for the patient rather than trying to 'stop the clock'.

4.1.4 The new standards will feature four categories of call:

- Category one is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes
- Category two is for emergency calls. These will be responded to in an average time of 18 minutes
- Category three is for urgent calls where patients may be treated in their own home. These types of calls will be responded to at least nine out of 10 times within 120 minutes
- Category four is for less urgent calls where patients may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

4.1.5 Results and experience from the ambulance trusts who have been part of the pilot have shown that ARP necessitates a different operational model than many Trusts have adopted since the introduction of 'call connect'. One key area is a change in the ratio of ambulances to cars - with the introduction of far more ambulances than cars.

4.1.6 We have started to plan for the local implementation of ARP, which will take place after the final stages of the roll-out of the new CAD.

5. Recommendation

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

Daren Mochrie QAM, Chief Executive

19th July 2017

B1 - Integrated Performance Report

Executive Summary

Workforce vacancies have been reviewed to understand the split by directorate, highlighting a variance between operational vacancies (11%) and other directorates (25%). This is as a result of challenges to recruiting to some corporate and specialist vacancies and ongoing restructures in a number of directorates. Following the move to the new Actus software some appraisal and objective metrics now being reported.

The Trust's 999 response time performance was under the national targets and the revised trajectory agreed with commissioners for June. The Trust saw impacts of a challenging month for call answer performance as a result of CAD training and the impact of the heatwave, whilst the impact of hospital handover delays continues to be high across the region.

KMSS 111 also saw a challenging month for call answer, in line with national NHS111 performance. Despite this clinical performance was maintained at 10% above the national performance.

The Trust continues to review data quality for our clinical outcome indicators. February data shows improvements for stroke and STEMI arrival at hospital times and for survival to discharge as compared to January.

Incident reporting has increased by 1.7% (586 incidents). The backlog has reduced from 1600 to 1535 in June. Serious Incident reporting was 7 Serious Incidents declared (increase of 1 since May). None of the 7 incidents were reported to commissioners within 72 hours. This is due to a constraint with the allocation of a lead investigator which has traditionally set with the Professional Standards Team. The Trust has now trained over 20 additional investigators so we anticipate this will improve as these individuals become investigators. The volume of Serious Incident investigations completed within the 60-day timescale has also decreased from 60% to 12.5%.

Level 2 Safeguarding Children Training compliance reached 21.3% against an expected trajectory of 25% and Safeguarding Adults 21.1% against a trajectory of 25%.

The number of complaints received this month was 102, compared to 79 in May. The top three complaints subjects remain as previously reported 1) patient care, 2) concerns about staff attitude/conduct, and 3) timeliness of response. All three areas have seen an increase; patient care complaints have increased by 46%; timeliness by 12%; and concerns about staff by 83%.

51.7% of complaints due for response within June were responded to within timescale.

The Trust incurred a deficit of £0.6m in the month, which was on plan. This includes the structural gap which is still being negotiated with the Commissioners. In the year to date the deficit is £2.0m, which was on plan. The forecast for the full year is unchanged from the plan, a deficit of £1.0m.

1. SECAMB Regulation Statistics

ID	KPI	Value
R1(b)	Use of Resources Metric (Financial Risk Rating)	3
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 Balanced Scorecard

Workforce Commentary :- Data from Jun 2017

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		**2.2%**	2.3%		**2.2%**	2.3%
Wf-1B	Long Term Sickness - Rate		**2.5%**	2.6%		**2.5%**	2.6%
Wf-2A	Staff Appraisals	22.5%	**4.7%**	25.0%	90.0%	**4.7%**	25.0%
Wf-2B	Objectives and Career Conversations		**13.0%**			**13.0%**	
Wf-3	Mandatory Training Compliance (All Courses)	45.0%	**38.6%**	50.4%	45.0%	**38.6%**	50.4%
Wf-4	Total injuries		**59**	51		**181**	171
Wf-5	Total physical assaults		Data unavailable	16		Data unavailable	49
Wf-6	Vacancies (Total WTE)		**433**	374		Not Relevant	Not Relevant
Wf-7	Annual Rolling Staff Turnover		**17.9%**	16.7%		17.9%	16.7%
Wf-8	Reported Bullying & Harassment Cases		**0**	2		**2**	6
Wf-9	Cases of Whistle Blowing		**0**	0		**0**	1

2.2. Workforce Commentary

2.2.1. Vacancies for this month have risen slightly again to give an overall vacancy rate of 12.37%. This is composed of an 11.12% vacancy rate in Operations and a 25% vacancy rate across other directorates.

2.2.2. Within Corporate services there is a 12.95 wte (51%) rate due to the difficulty in recruiting to posts and 35.64 wte (46%) vacancy rate whilst two directorates going through restructure and posts are held.

2.2.3. The activity in the recruitment team continues to map the gaps in the operational team and are on track to deliver the required recruits during this year.

2.2.4. Once the corporate restructures are complete recruitment into those vacancies will be targeted.

2.2.5. The overall vacancy number has increased slightly which has driven a slight increase in the turnover rate.

2.2.6. The roll out of the online appraisal system, Actus, continues with 95% of the workforce live on the system. However, the introduction of the system has complicated our ability to report on completion rates:

a. We will report on appraisals completed in the previous 12 months, (currently 38%)
b. Objective/career conversations for year going forward currently 13%

2.2.7. The new year for mandatory training has commenced and a new process for recording training has been introduced. We will continue to review the most accurate way of reflecting statutory and mandatory training.

2.2.8. The diagnostic review of Bullying and Harassment is on track to deliver a report by July.

2.2.9. The Friends and Family Test has been re designed and re launched as a quarterly Pulse Survey, covering the key themes of the staff survey, as well as the FFT questions. The first survey has now closed with over 600 responses and a response rate of 19%, compared with the 200 received in total for the Q4 FFT survey. An analysis of the data is underway and will be reported to staff.

2.2.10. The move of HQ staff to Nexus House is now complete. The Banstead EOC staff are on track to move in September 2017.

2.3. Workforce Charts

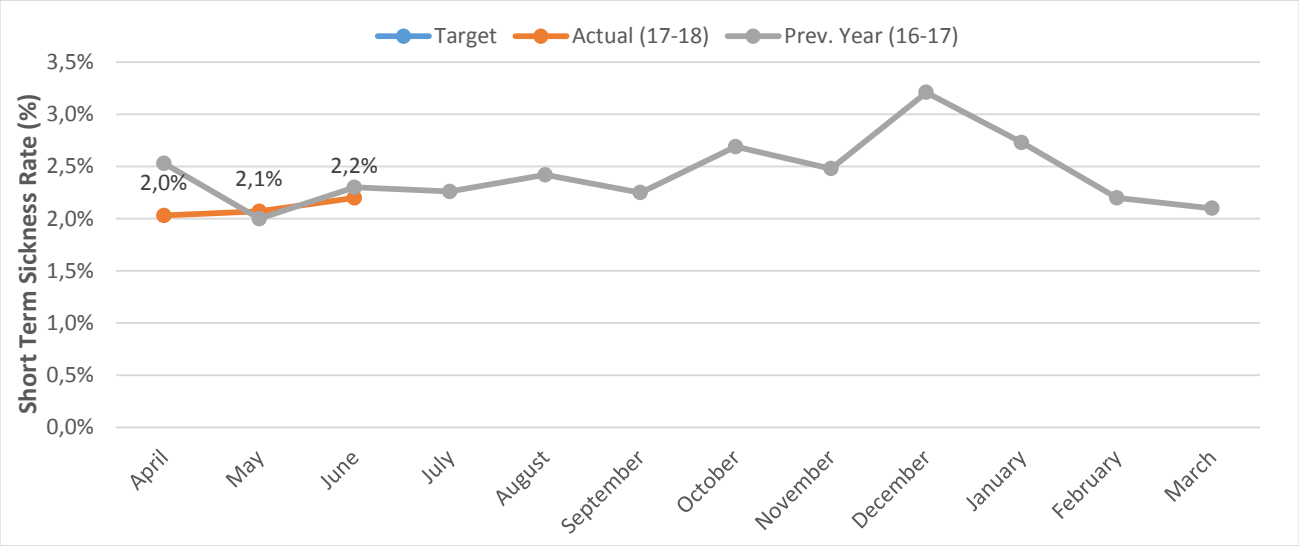


Figure Wf-1A - Short Term Sickness Rate

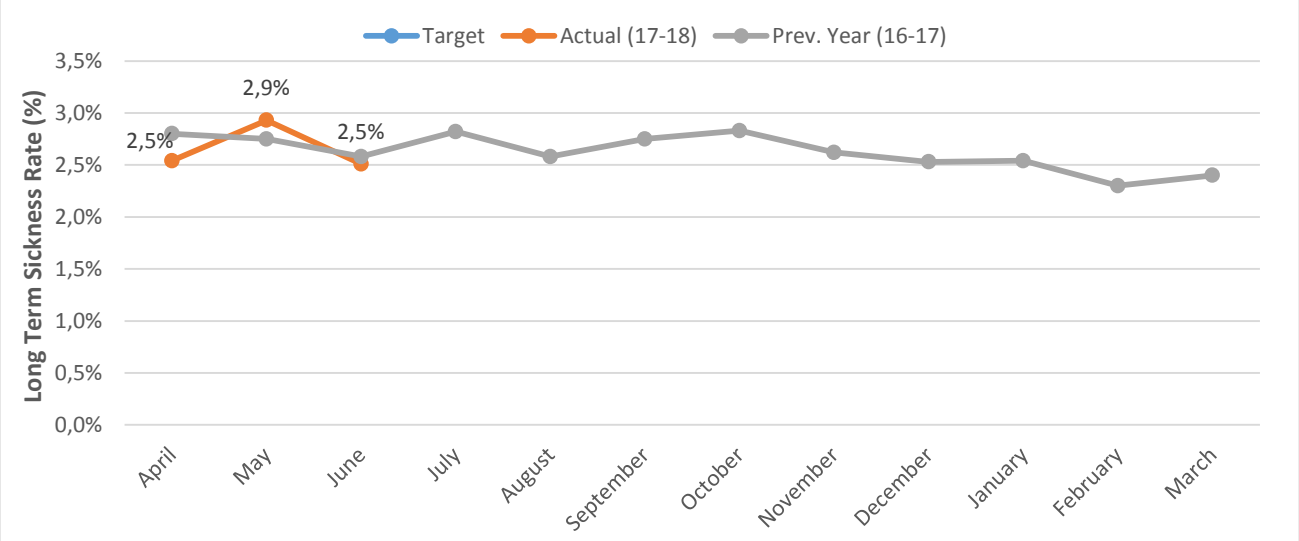


Figure Wf-1B - Long Term Sickness – Rate

Unavailable
Figure Wf-2 - Staff Appraisals

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

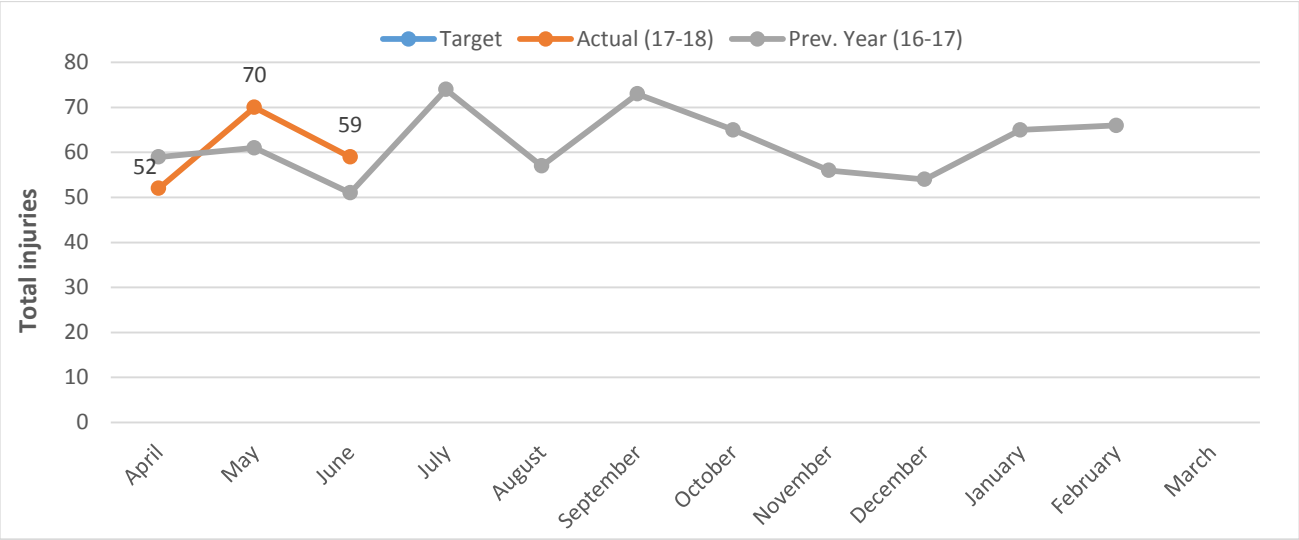


Figure Wf-4 - Total injuries.

Unavailable

Figure Wf-5 - Total physical assaults.

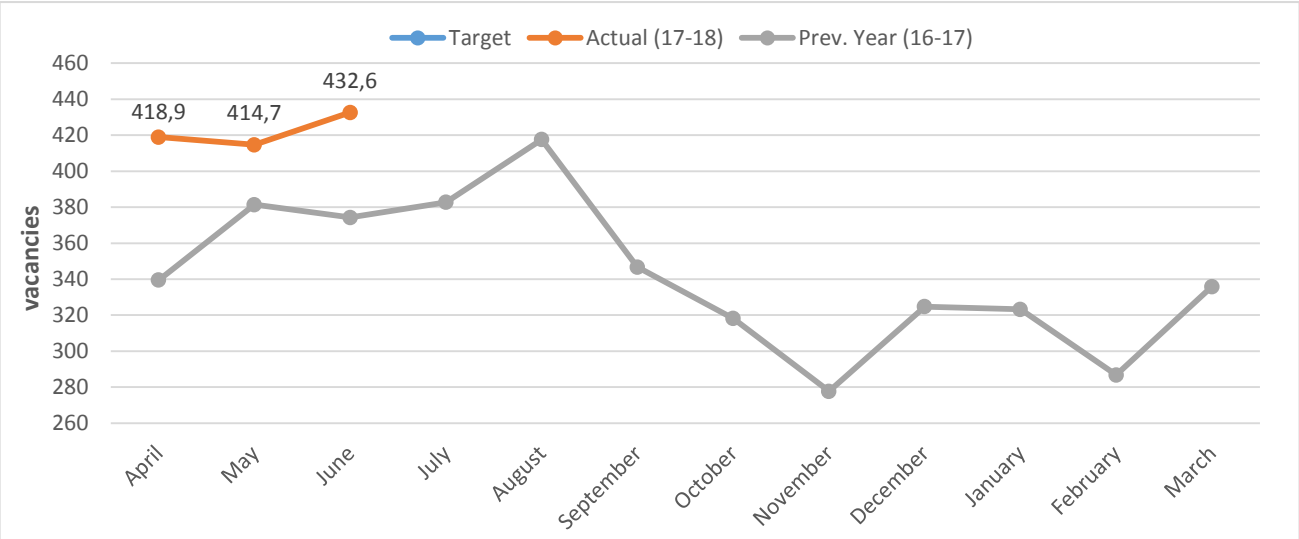


Figure Wf-6 - Vacancies (Total WTE)

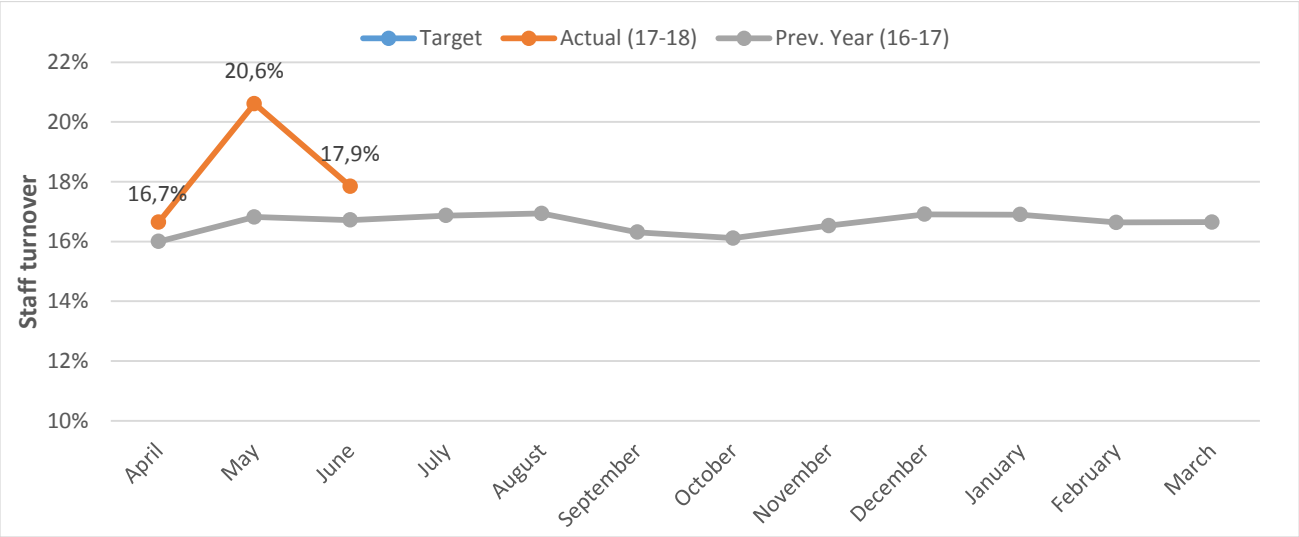


Figure Wf-7 - Annual Rolling Staff Turnover

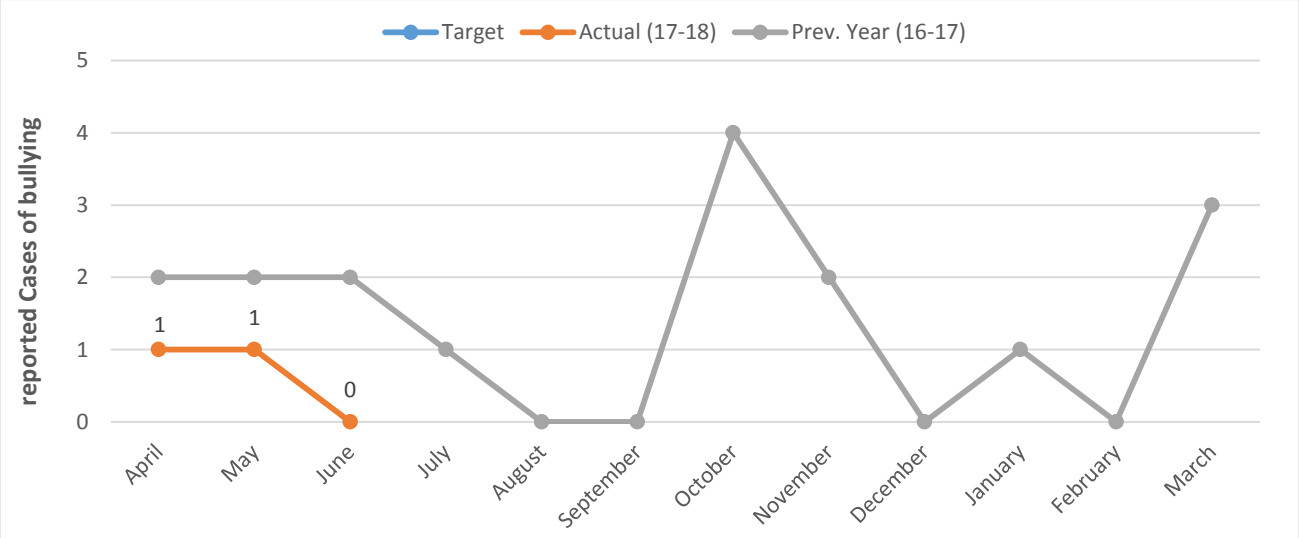


Figure Wf-8 - Reported Bullying & Harassment Cases

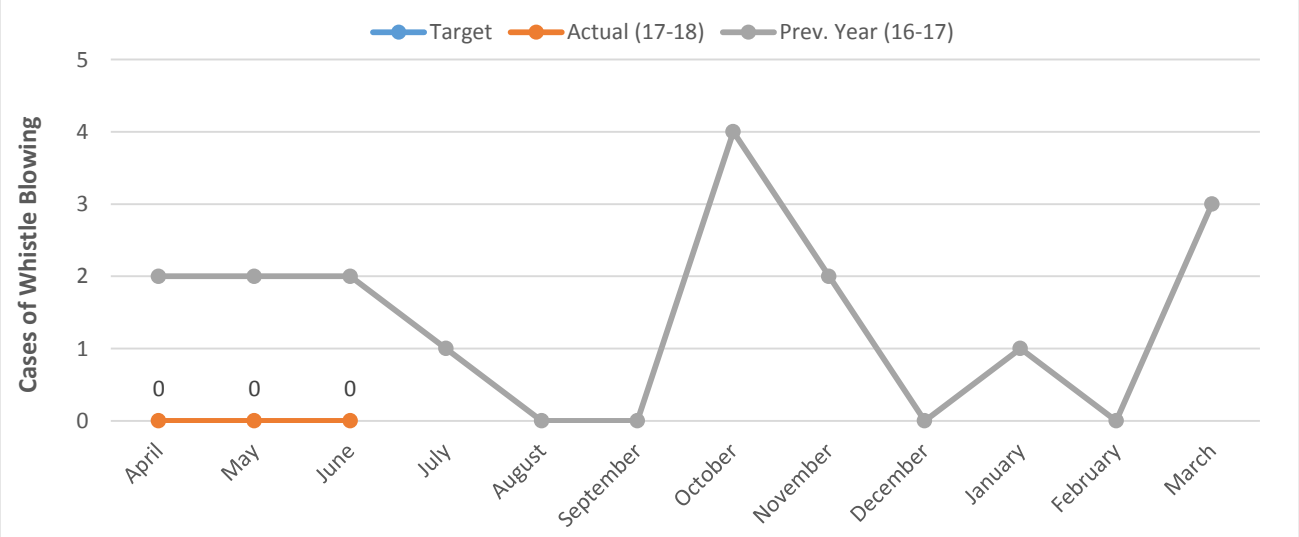


Figure Wf-9 - Cases of Whistle Blowing

3. Operational Performance

3.1. Operational Performance Summary

3.1.1. SECAmb's 999 response time performance was under the national targets and SECAmb did not achieve the level of performance that was above the new trajectories for Red 1, Red 2 and Red 19 for June agreed with the SECAmb commissioners for Quarter 1 of 2017.

3.1.2. The 999 Improvement Plan initiatives, with the exception of the Hospital Turnaround performance and fire co-responders remains on track to delivering beyond the incremental elements set within the recovery plan trajectories. Hospital delays in June still remain high although these are now back in line when compared with April level of delays and still well over double the maximum level agreed with commissioners. SECAmb has been working with both commissioners and acute hospitals to strengthen its hospital handover procedures and reduce delays at hospital.

3.1.3. Demand was circa 0.85% below the agreed plan with commissioners for the month and above last year's YTD position for the same month. SECAmb has had a difficult month with its call answer performance in June, the key challenge being the need to abstract staff on two sites at once to prepare for the new Command & Control Computer Aided Dispatch (CAD) platform delivery that commences in July. There is no reduction in the workforce numbers and this is considered to be a transitory resourcing pressure until the CAD is fully deployed at the beginning of September. However, on 5 July the team successfully implemented the new Cleric CAD into Coxheath EOC and the only remaining issues are around reporting of data.

3.1.4. KMSS 111 Expectations for June 2017 were for the onset of three months of relatively low "summer" volumes. This proved to be true for most of June, with the significant exception of week commencing 19th June which saw a heatwave across the south for the entire week, affecting call volumes and profiles, returning an "Answered in 60" Service Level Agreement (SLA) KPI of 88.42% in June.

3.2. Operational Performance Scorecard

Operational Performance Scorecard:- Data From June 2017

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	67.90%	**63.9%**	59.6%		**67.6%**	65.3%
999-2	Red 2 response <8 min	52.00%	**46.4%**	51.4%		**51.6%**	56.1%
999-3	Red 19 Transport <19 min	88.40%	**86.0%**	88.8%		**88.9%**	90.7%
999-4	Activity: Actual vs Commissioned	68640	**68068**	66037	206464	**202713**	198691
999-5	Hospital Turn-around Delays (Hrs lost >30 min.)	1963	**4807**	4618	7313	**15183**	14156.4
999-6	Call Pick up within 5 Seconds	90.1%	**72.0%**	62.9%		**80.1%**	68.0%
999-7	CFR Red 1 Unique Performance Contribution	Not available	1.5%	Not available		**1.5%**	Not available
999-8	CFR Red 2 Unique Performance Contribution	Not available	1.2%	Not available		**1.2%**	Not available
111-1	Total Number of calls offered		**78212**	89468		**269576**	290860
111-2	% answered calls within 60 seconds	95%	**88.4%**	76.3%	95.0%	**92.0%**	67.8%
111-4	Abandoned calls as % of offered after 30 secs	8.0%	**1.2%**	5.1%	8.0%	**0.9%**	**7.6%**
111-5	Combined Clinical KPI (% of Call Back >10mins & % of all 111 calls warm referred to a Clinician)	74%	**73.0%**	73.7%		**75.9%**	**72.7%**

** For the following KPI's, 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.*

3.3. Operational Performance Commentary

3.3.1. The Red 1 position was less than the level achieved for May and below the target which has been re-set by commissioners for the Quarter 1 period. The reduction in Red 2 performance in June compared to May was again below the anticipated trajectory position given the increase in activity, with this being circa 1200 incidents more than May. Although both Red 1 and Red 2 performance were lower in June, there were a higher number of calls received but a reduced number of responses due to slightly increased Hear and Treat and See and Treat activity. This was as a result in the spike in temperature from 19 June which saw an activity increase on some days of 22% and the Trust at DMP Level 4. Hospital Turnaround delays have also been the factor that has had a material impact on this performance position, although this has not worsened in June, the level of delays are still well over double the maximum level agreed with commissioners.

3.3.2. Demand was circa 0.85% below the plan agreed with commissioners for the month and still circa 180 incidents above last year's MTD position.

3.3.3. SECAmb has successfully implemented Nature of Call and Dispatch on Disposition. No serious clinical incidents have been reported since go live, we have improved to circa 60% plus of Red 1's are being identified during this manual Nature of Call process, compared to the national assumption of 75%, whilst not realising the national assumption this is still in line with other Ambulance Services performance, we anticipate an improvement on this position with the introduction of the new Cleric CAD platform.

3.3.4. The Trust has implemented plans to increase contribution from community first responders (CFRs). This entails improving technical links with CFRs, new processes in EOC to mobilise the CFRs and an extensive engagement campaign with the CFRs themselves. However, although benefits are being realised, in June we saw a reduction in performance against the planned trajectory for this group of responders.

3.3.5. SECAmb's Hear and Treat performance has improved for June and has been above the trajectory over recent weeks (at 7.8% compared to 6% in May) mainly due to weather related activity.

3.3.6. Call answer performance has fallen significantly compared to that of last month due to the June increase in activity and the additional abstraction necessary to prepare for the deployment of the new CAD platform from July to September. SECAmb achieved 72% in 5 seconds compared to a revised trajectory plan of 90.1%.

3.3.7. 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 June were slightly improved compared with the hours lost in May, but still remain over double the maximum level agreed with commissioners. June saw 4807 lost hours which was one of the biggest impacts on our performance trajectory for June. Hospital Turnaround delays are the single most external factor which impacts SECAmb performance and we have least control of. A recent instruction from NHSI to increase the prompts to Acute Hospital Directors On-Call for every patient delay over 1 hour is being developed into a robust Operational Plan to ensure consistency across the region, some significant improvements have taken place in some acute Trust's but the changes are not consistent.

3.3.8. Monthly performance of KMSS 111 failed to match the preceding month, although remaining broadly in line with national performance.

3.3.9. In a month containing eight weekend days, KMSS 111 received 78212 calls. The "Calls Answered in 60" performance was 88.42%, compared to the national 89.09%. The Abandonment rate of 1.16% was significantly below the national average for the month. Combined Clinical performance of 72.97% continued to out-perform the national clinical measure, by 10 percentage points in June.

3.3.10. The Ambulance referral rate increased to 11.20% in June due to a sustained level of high-acuity cases. The long-term trends point to a downward trajectory in Ambulance referral volumes, supported by the continuation of validation of Green ambulance dispositions. Conversely the validation process has the effect of increasing Emergency Department referral volumes, although the KMSS 111 June ED referral rate of 8.42% remained slightly below the national rate of 8.46%.

3.3.11. The week commencing 19th June saw a heatwave across the south of the country, with peak daytime temperatures in excess of 30°, and (just as significantly) night time temperatures failing to fall below 20°. Due to a combination of symptomatic factors and changed behaviours, that week saw an increase in call volumes of 13% compared to the preceding week. This was compounded by call profiles diverging from our long-established demand distribution curve. Average Handling Times also increased significantly. Managers met regularly throughout the week to address the exceptional demand, and also to support the wider health economy (e.g. SECAmb escalated to DMP Level 4 on 21st / 22nd June). Ultimately the sustained period of high volumes proved stretching, so the service activated the Front End Message at selected periods during 22nd – 25th June, in line with on-call commissioner approval and our Escalation procedures. Our operational performance for the week of 77% compared reasonably with the national 80% for that week. The service has subsequently reviewed its planning procedures to be more pro-active in anticipating volume spikes driven by hot weather.

3.3.12. At a strategic level the service is proceeding with the Joint Commissioner-Provider "Clinical Development Pilots. Meetings took place during June on a plenary and bi-lateral basis. The Mandates and Quality Impact Assessments for the pilots are being finalised, with the expectation that pilot activities will commence during 2017 Q2 – Q3.

3.4. Operational Performance Charts

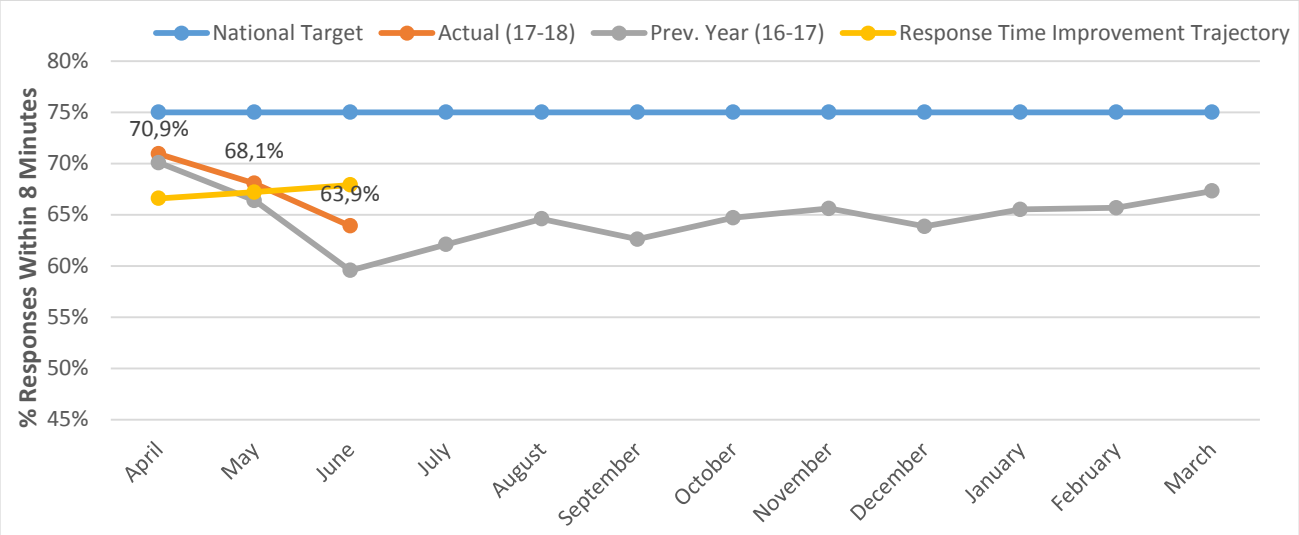


Figure.999-1 - Red 1 response <8 min

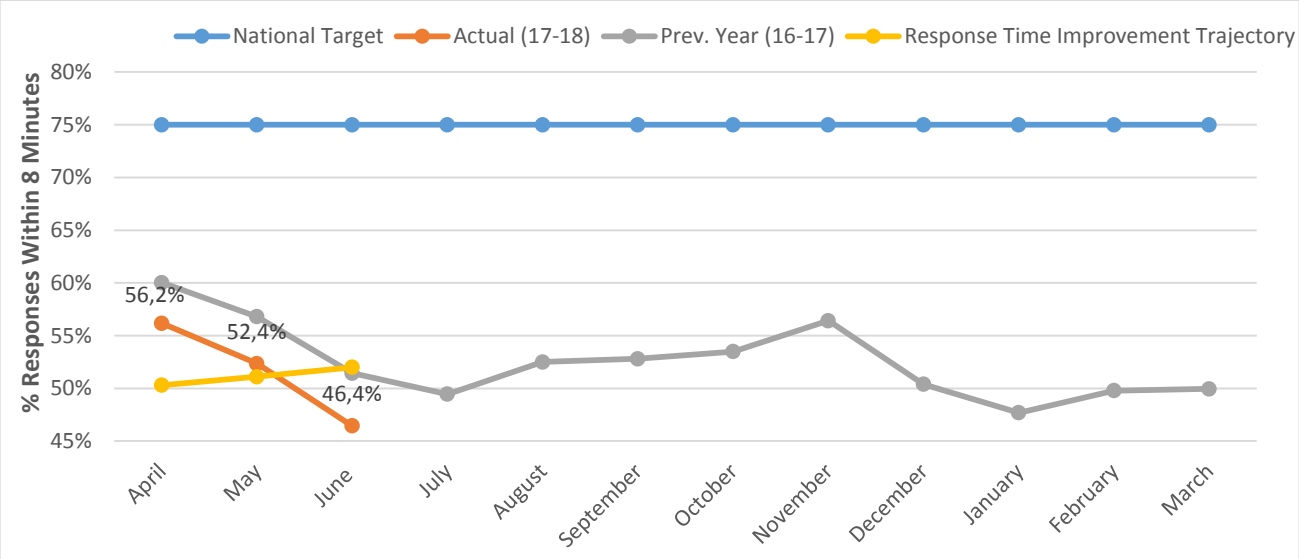


Figure.999-2 - Red 2 response <8 min

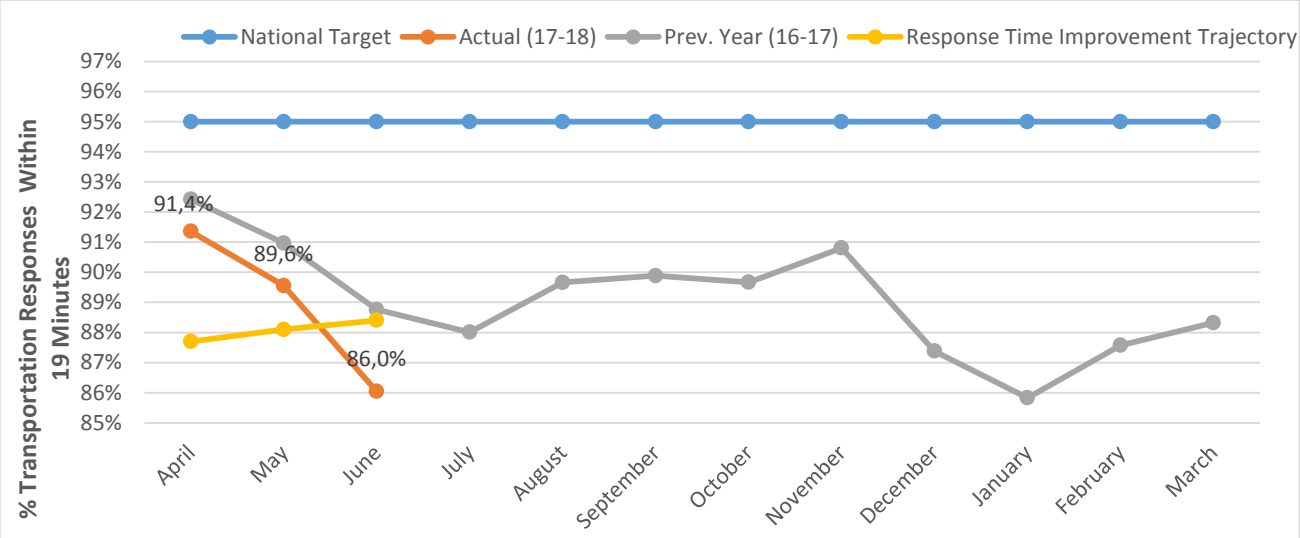


Figure.999-3 - Red 19 Transport <19 min

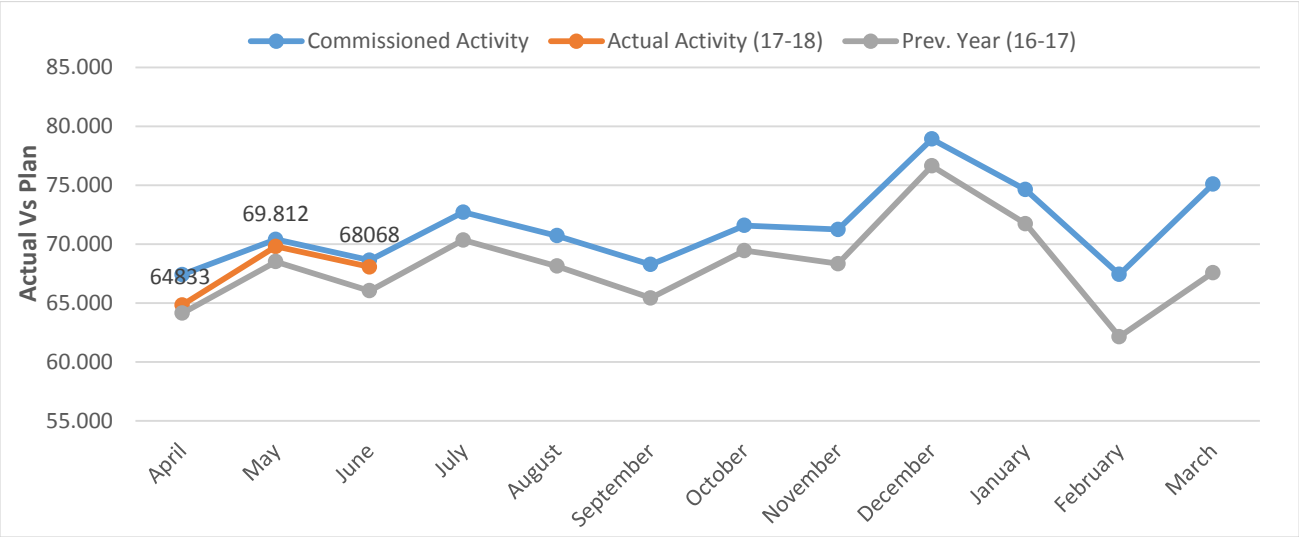


Figure.999-4 - Activity: Actual vs Commissioned

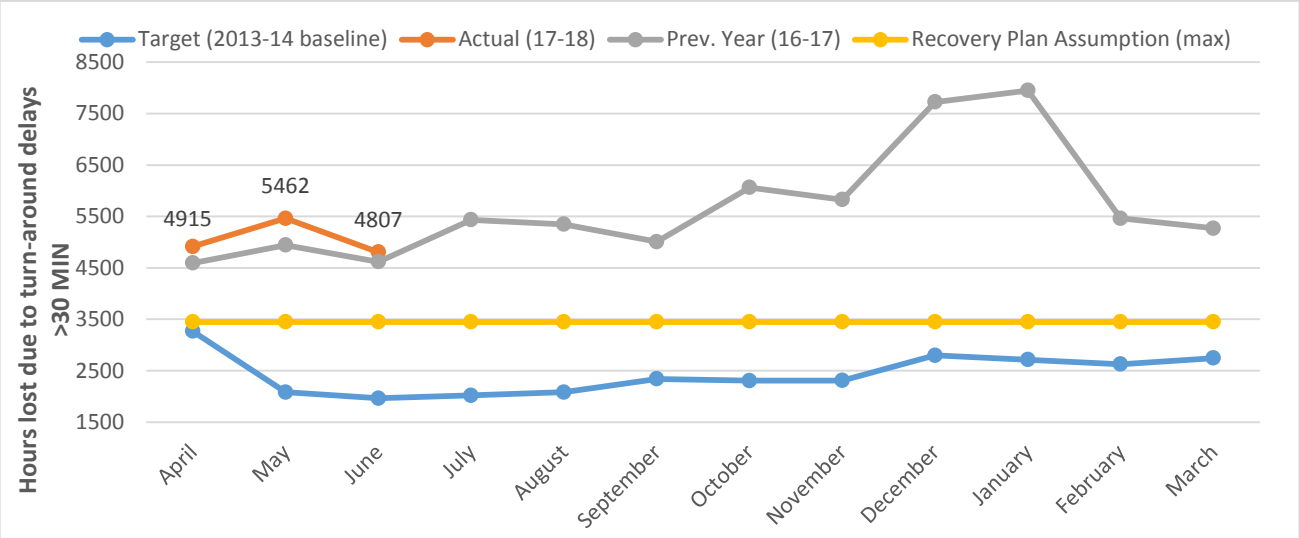


Figure.999-5 - Hospital Turn-around Delays (Hrs lost >30 min.)

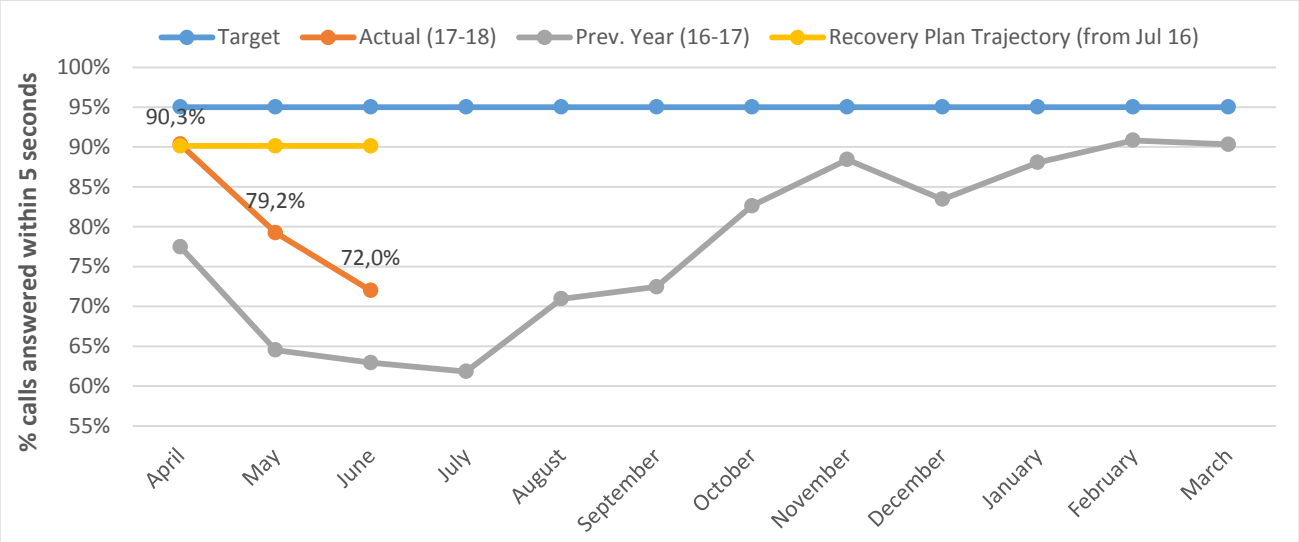


Figure.999-6 - Call Pick up within 5 Seconds

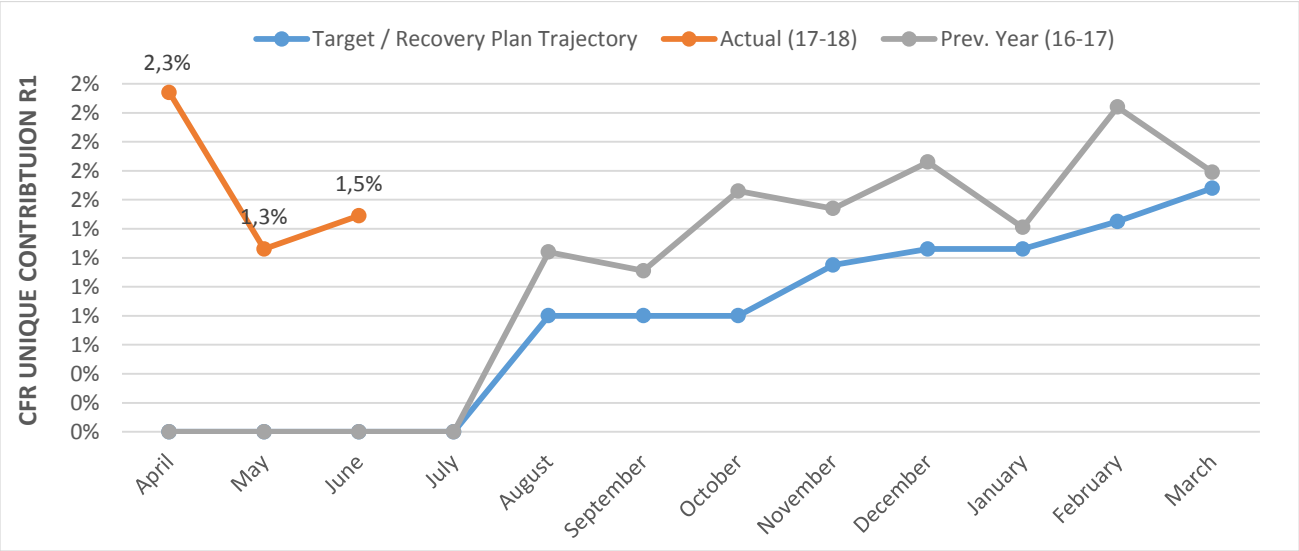


Figure.999-7 - CFR Red 1 Unique Performance Contribution

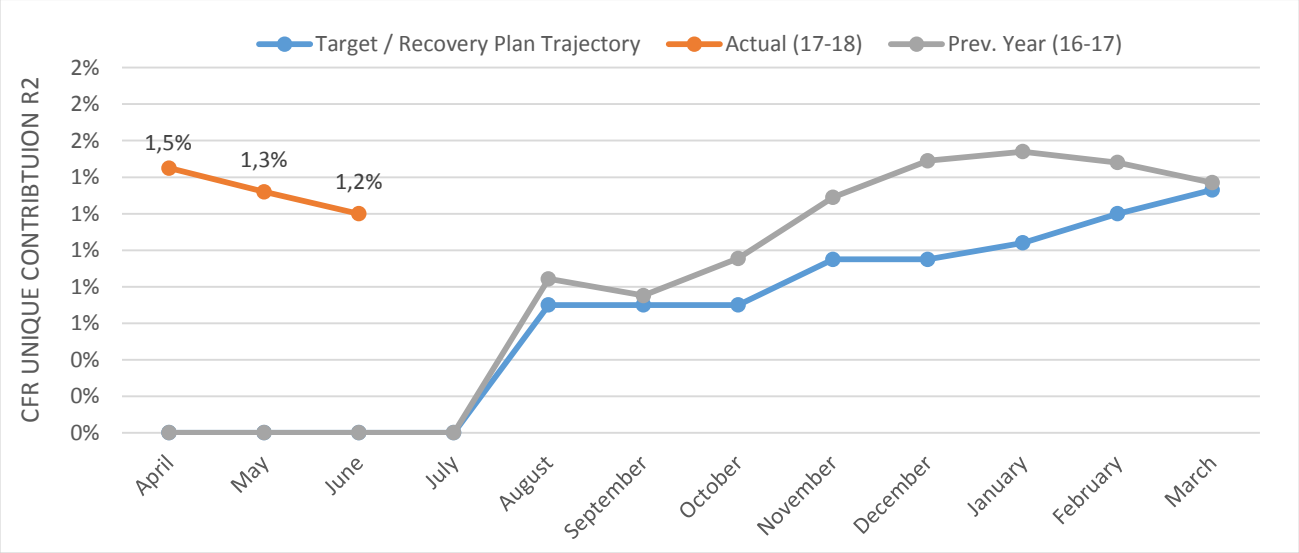


Figure.999-8 - CFR Red 2 Unique Performance Contribution

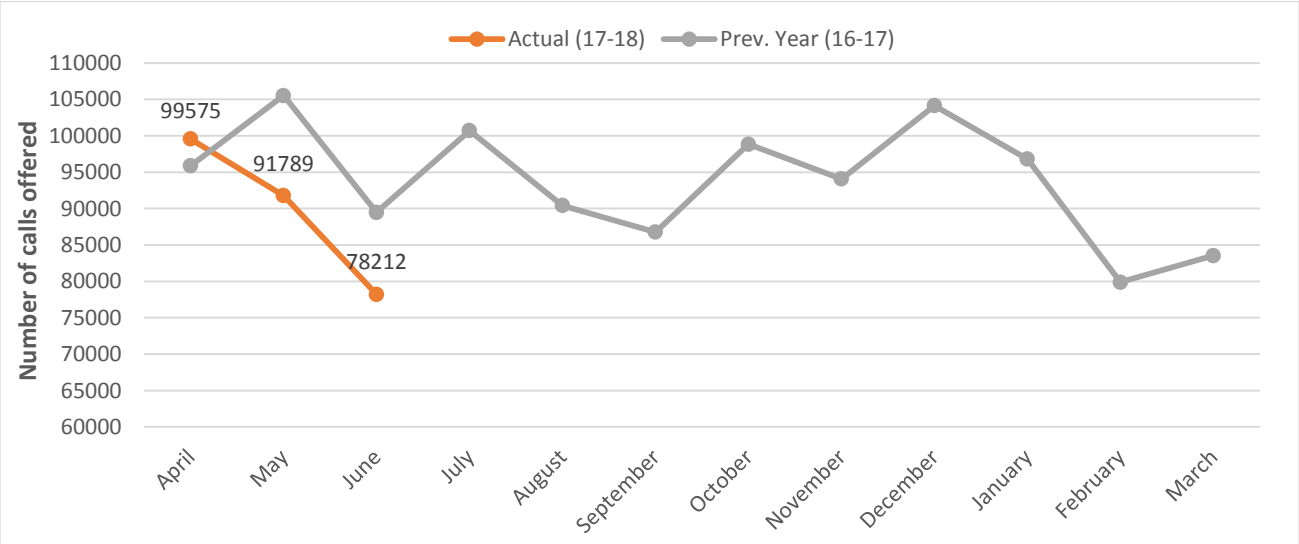


Figure.111-1 - Total Number of calls offered

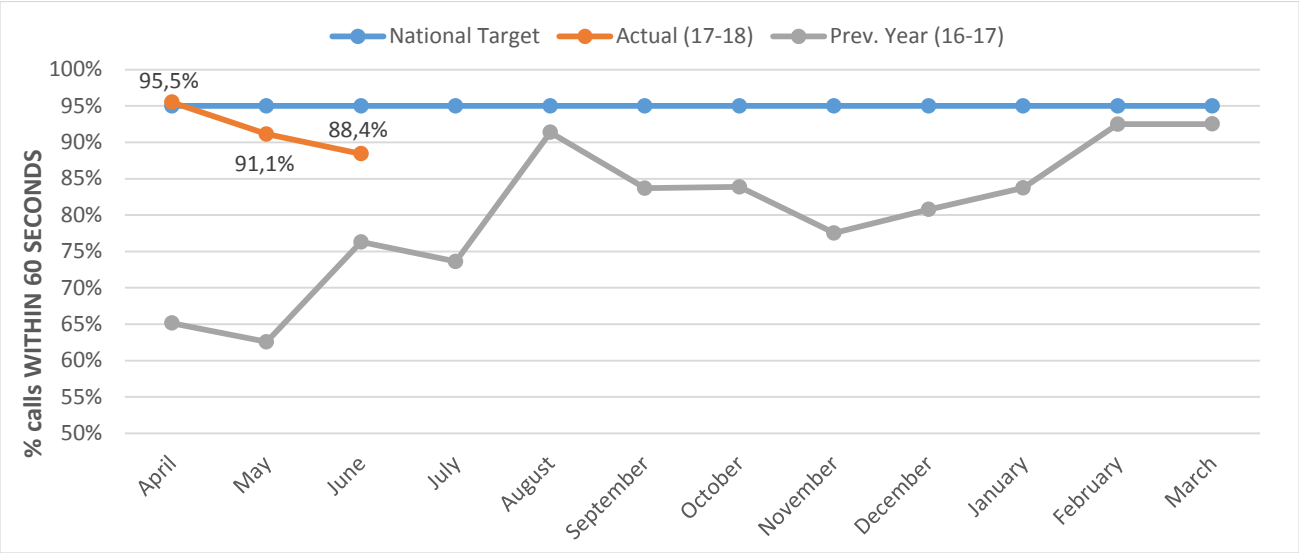


Figure.111-2 - % answered calls within 60 seconds

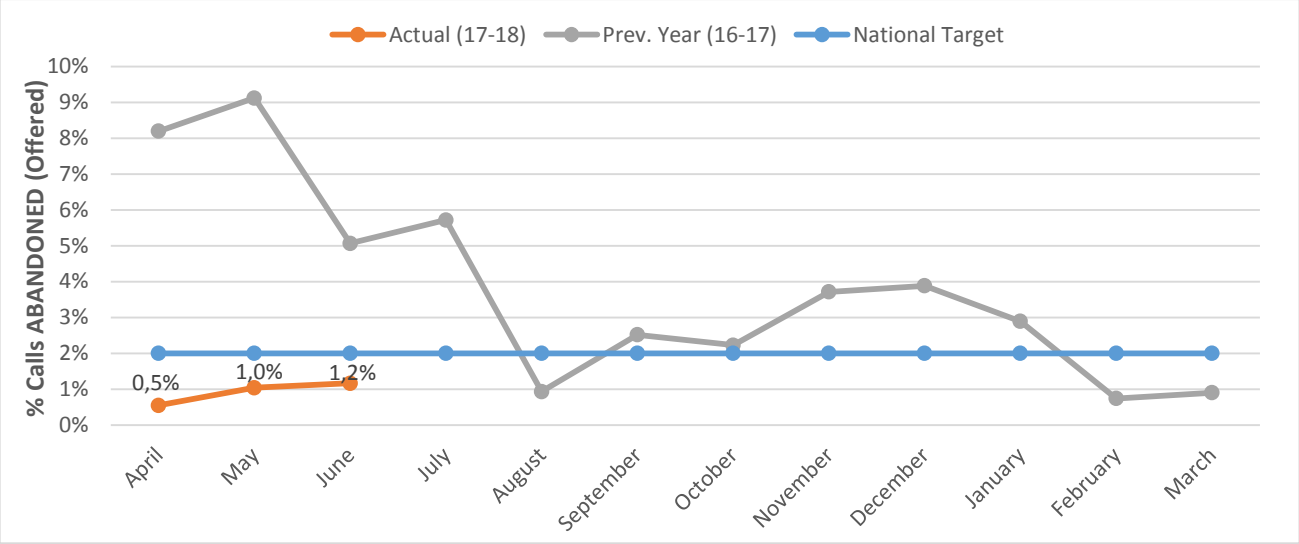


Figure.111-4 - Abandoned calls as % of offered after 30 secs

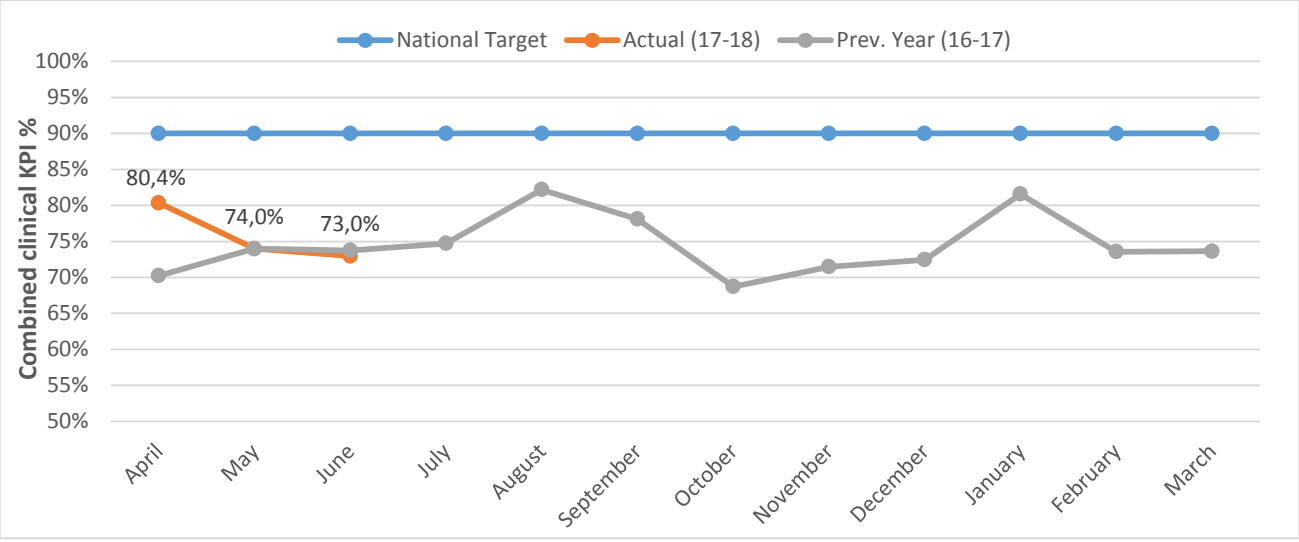


Figure.111-5 - Combined Clinical KPI (% of Call Back >10mins & % of all 111 calls warm referred to a Clinician)

4. Clinical Effectiveness

4.1. Clinical Effectiveness Summary

4.1.1. This report demonstrates the Trust's performance against the eight Ambulance Clinical Quality Indicator (ACQIs) reported to NHS England for Month 11 (February 2017). The data continues to show variable achievements in delivering patient outcomes in relation to the AQIs.

4.2. Clinical Effectiveness KPI Scorecard

Clinical Effectiveness KPI Scorecard:- Data From February 2017

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)	52.1%	**43.3%**	46.4%	51.2%	**51.4%**	46.8%
CE-2	Cardiac arrest - Return of spontaneous circulation on arrival at hospital (All)	28.3%	**28.3%**	21.7%	28.3%	**27.8%**	26.2%
CE-3	Cardiac arrest -Survival to discharge - Utstein	24.9%	**20.7%**	15.4%	26.0%	**21.4%**	23.3%
CE-4	Cardiac arrest -Survival to discharge - All	7.6%	**4.0%**	4.6%	8.1%	**6.1%**	7.7%
CE-5	Acute ST-elevation myocardial infarction - Outcome from STEMI (Care bundle)	80.5%	**68.4%**	69.8%	79.6%	**67.4%**	68.1%
CE-6	Acute ST-elevation myocardial infarction - Proportion receiving primary angioplasty within 150 minutes	85.4%	**86.9%**	88.9%	85.5%	**89.5%**	92.1%
CE-7	% of FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyperacute stroke unit within 60 minutes	53.2%	**64.5%**	58.2%	53.6%	**64.3%**	64.9%
CE-8	% of suspected stroke patients assessed face to face who received an appropriate care bundle	97.9%	**97.3%**	96.1%	97.6%	**95.9%**	96.5%

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

4.3. Clinical Effectiveness

4.3.1. The data above shows the Trust's clinical performance for the month of February 2017. These are the most up to date figures which have been submitted to the Department of Health (DH).

4.3.2. Out of the eight ACQI the data demonstrates for four of the indicators the Trust is below the national average for February 2017.

4.3.3. Compared to the previous month (January 2017), the Trust has seen a 10% increase in survival to discharge, Utstein and a 0.6% increase in all patients who survive to discharge post cardiac arrest.

4.3.4. In February 2017 the Trust's performance for Acute ST-elevation myocardial infarction who received primary angioplasty within 150 minutes has increased by 9% when compared to January 2017. We have also seen an improvement of 4.5% in the ACQI for FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyper acute stroke unit within 60 minutes and a 3% increase in suspected stroke patients assessed face to face who received an appropriate care bundle

4.3.5. The Clinical Audit team (CAT) continue to ensure that all data submitted and published by the DH is accurate, this is achieved by the Clinical Audit Coordinators utilising the revised procedure for adherence to the national technical guidance for ACQI reporting. The outcome of this revalidation of previous submissions using the revised procedure may result in changes to the Trust's data but will ensure all national guidance has been matched.

4.3.6. To improve the accuracy of the ROSC and patient outcome data submitted collaborative working between the health records and clinical audit teams continues. This work includes matching and reviewing of incidents to patient clinical records and defibrillation downloads.

4.3.7. It has been identified that the Trust currently only reports data for those patients who survive a cardiac arrest. The Trust should be reporting patient outcomes of individuals both surviving cardiac arrest and unsuccessful resuscitation. Therefore, the data currently submitted is inaccurate and does not reflect patient outcomes.

4.4. Clinical Effectiveness Charts

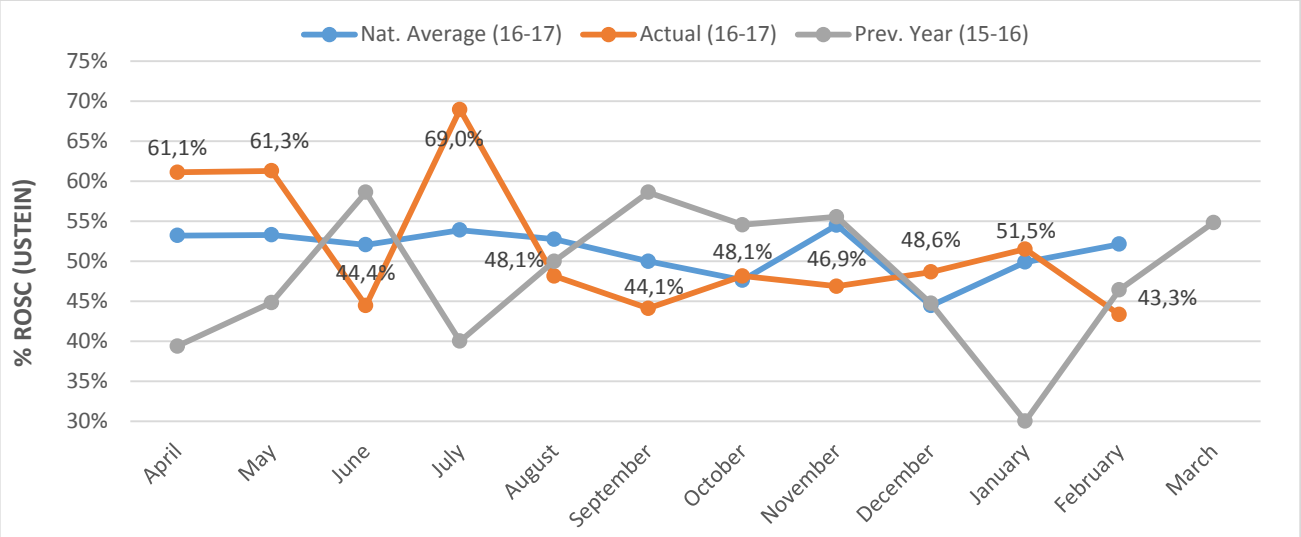


Figure.CE-1 - Cardiac arrest - ROSC on arrival at hospital (Utstein)

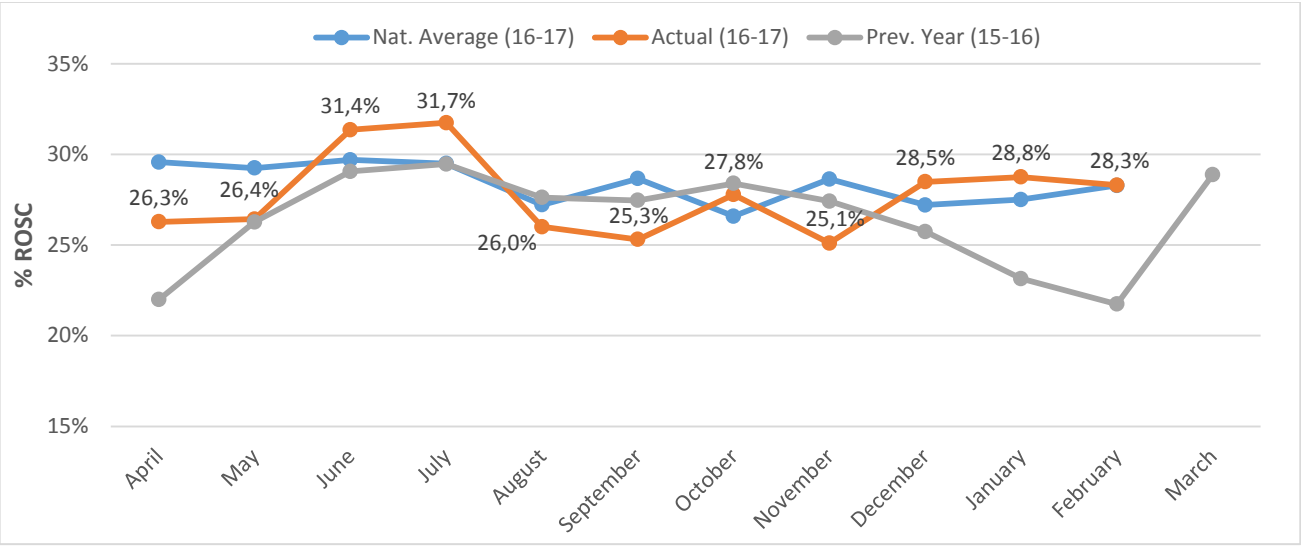


Figure.CE-2 - Cardiac arrest - Return of spontaneous circulation on arrival at hospital (All)

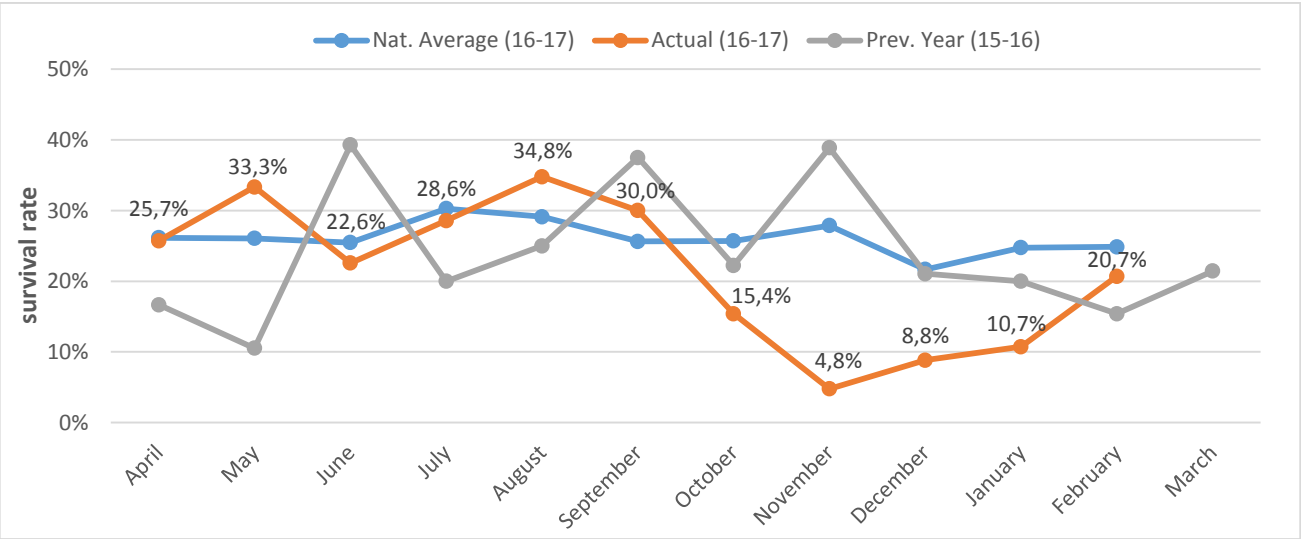


Figure.CE-3 - Cardiac arrest -Survival to discharge - Utstein

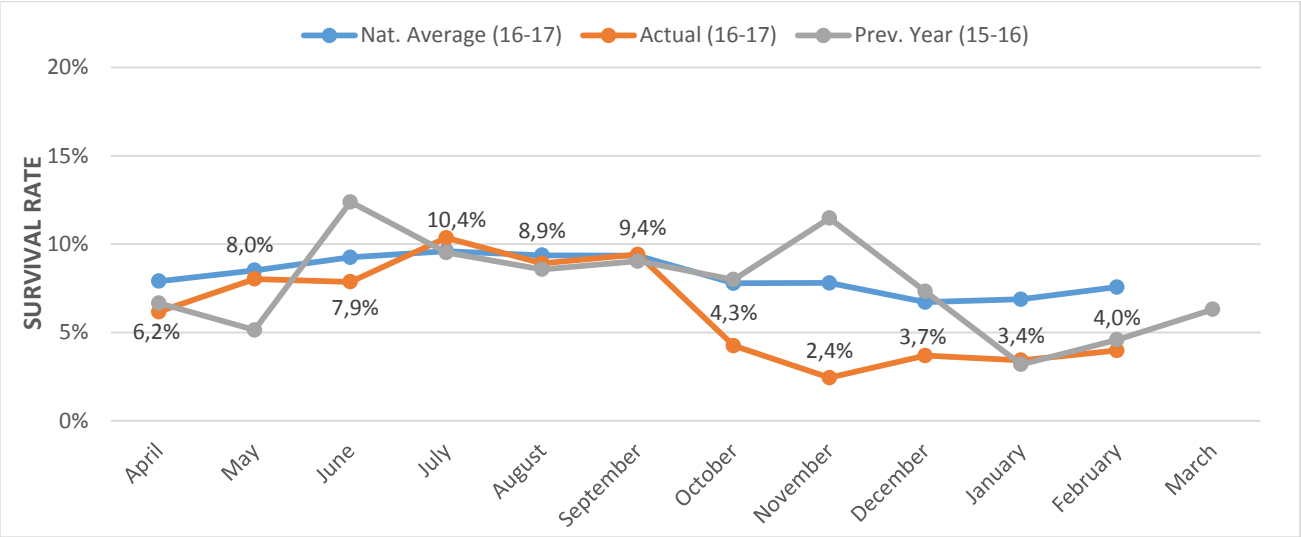


Figure.CE-4 - Cardiac arrest -Survival to discharge – All

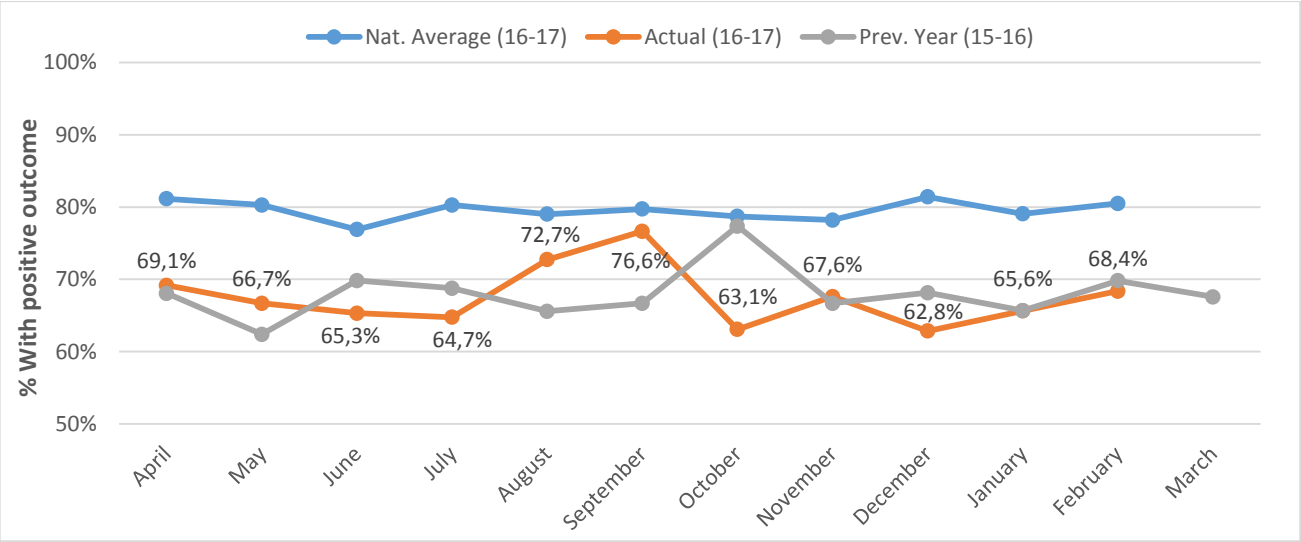


Figure.CE-5 - Acute ST-elevation myocardial infarction - Outcome from STEMI (Care bundle)

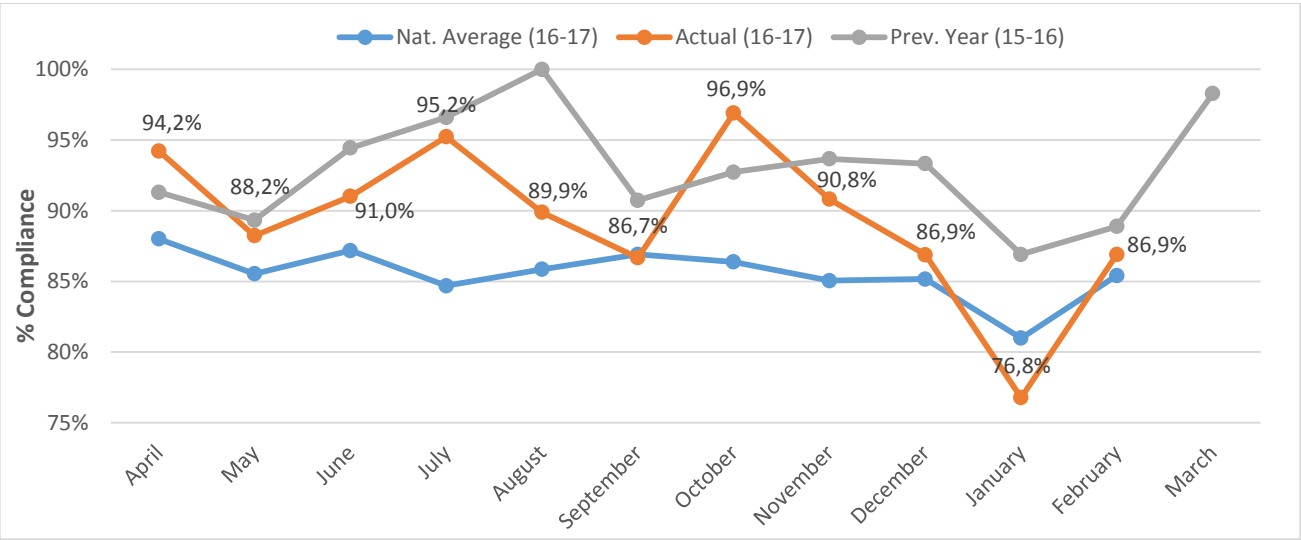


Figure.CE-6 - Acute ST-elevation myocardial infarction - Proportion receiving primary angioplasty within 150 minutes

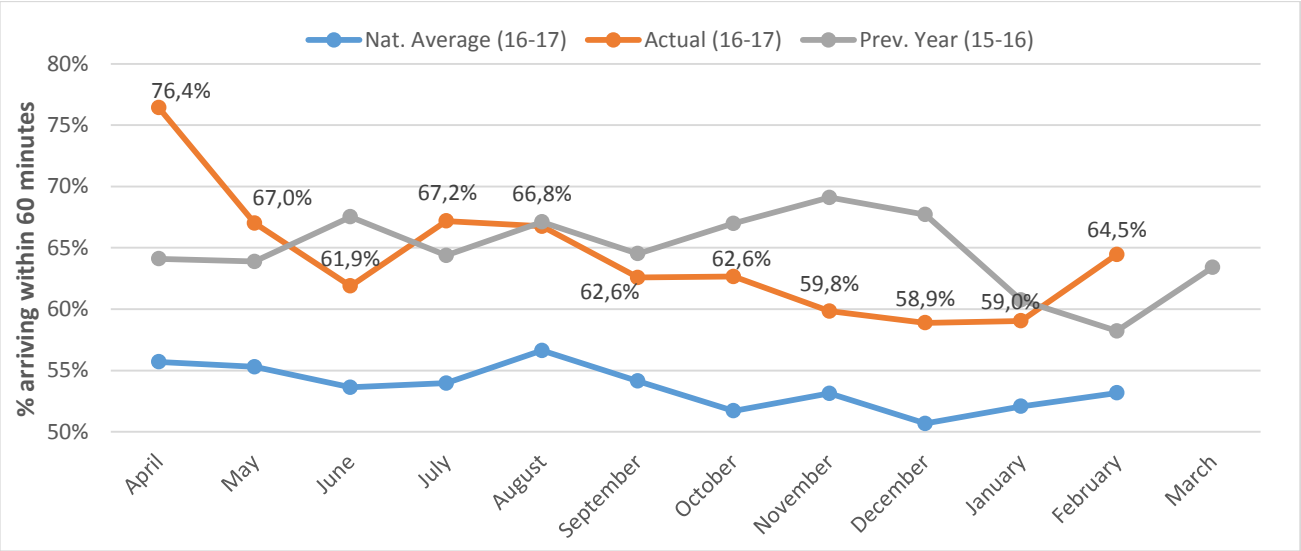


Figure.CE-7 - % of FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyper acute stroke unit within 60 minutes

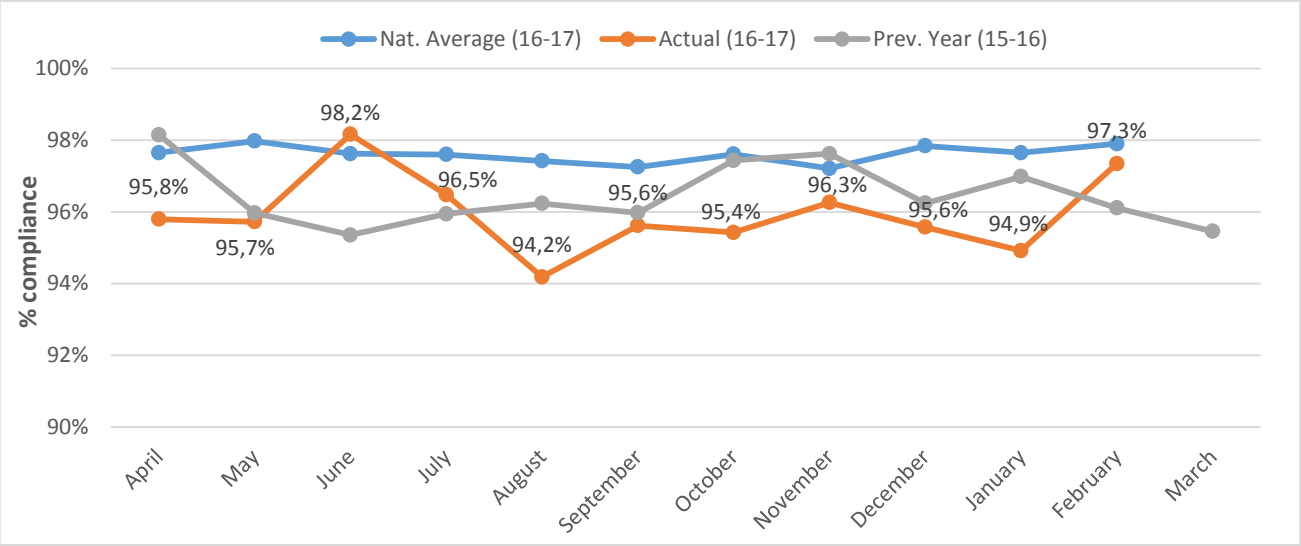


Figure.CE-8 - % of suspected stroke patients assessed face to face who received an appropriate care bundle

5. Quality & Patient Safety

5.1. Quality & Patient Safety Summary

5.1.1. Incident reporting has increased by 1.7% (586 incidents). The backlog has reduced from 1600 to 1535 in June.

5.1.2. Serious Incident reporting was 7 Serious Incidents declared (increase of 1 since May).

5.1.3. None of the 7 incidents were reported to commissioners within 72 hours. This is due to a constraint with the allocation of a lead investigator which has traditionally set with the Professional Standards Team. The Trust has now trained over 20 additional investigators so we anticipate this will improve as these individuals become investigators.

5.1.4. The volume of Serious Incident investigations completed within the 60-day timescale has also decreased from 60% to 12.5%.

5.1.5. Level 2 Safeguarding Children Training compliance reached 21.3% against an expected trajectory of 25% and Safeguarding Adults 21.1% against a trajectory of 25%.

5.1.6. The number of complaints received this month was 102, compared to 79 in May. The top three complaints subjects remain as previously reported 1) patient care, 2) concerns about staff attitude/conduct, and 3) timeliness of response. All three areas have seen an increase; patient care complaints have increased by 46%; timeliness by 12%; and concerns about staff by 83%.

5.1.7. 51.7% of complaints due for response within June were responded to within timescale.

5.2. Quality & Safety KPI Scorecard

Quality & Safety KPI Scorecard:- Data From June 2017

ID	KPI	Current Month (Target)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Target)	YTD (Actual)	YTD (Prev. Yr.)
QS1a	SI Reporting timeliness (72hrs)	100%	**0.0%**	0.0%	100%	**0.0%**	28.6%
QS1b	SI Investigation timeliness (60 days)	100%	**12.5%**	50.0%	100%	**22.2%**	86.7%
QS1c	Number of Incidents reported		**586**	**483**		**1707**	1470
QS1d	Number of Incidents reported that were SI's		**7**	**1**		**18**	8
QS1e	Duty of Candour Compliance	100%	33%		100%	33%	

QS2a	Number of Complaints		**102**	139		**252**	390
QS2b	Complaints reporting timeliness (All Complaints)	95.0%	**51.7%**	66.0%	95.0%	**73.1%**	39.6%
QS2c	Mental Capacity Assessment Training		**49.9%**			**49.9%**	
QS3a	Number of Safeguarding Referrals Adult		**727**	757		**2049**	2248
QS3b	Number of Safeguarding Referrals Children		**162**	139		**445**	443
QS3c	Safeguarding Referrals relating to SECAmb staff or services		**1**	0		**1**	1
QS3d	Safeguarding Training Completed (Adult) Level 1	25.0%	Unavailable		25%	Unavailable	
QS3e	Safeguarding Training Completed (Children) Level 1	25.0%	Unavailable		25%	Unavailable	
QS3f	Safeguarding Training Completed (Adult) Level 2	25.0%	**21.1%**		25%	**21.1%**	
QS3g	Safeguarding Training Completed (Children) Level 2	25.0%	**21.3%**		25%	**21.3%**	
QS3h	Safeguarding Training Level 3 (Adult/Child)	0.0%	**0.0%**			**0.0%**	

5.3. Quality & Patient Safety Commentary

5.3.1. Incident Reporting

5.3.1.1. There has been an increase in incident reporting during June of 1.7%.

5.3.1.2. On average 86% of reports took longer than the desired 7-day initial review deadline (increase of 11% since May).

5.3.1.3. The closure process for incidents has been enhanced and incidents sent for closure are now rejected if actions are incomplete or lessons are not clearly identified. Despite this enhancement the Trust has decreased the backlog of incidents from 867 in May to 615 in June.

5.3.1.4. The IRW1 has been updated and now moderate, severe and death harms are mandatory fields. This will give greater clarity to the classification of incidents and will both trigger the handler to record duty of candour and upload the evidence and will provide potential serious incident information to the serious incident decision group on a weekly basis.

5.3.1.5. Seventeen moderate harms were identified in June. 11 were patient related, 5 were staff related and 1 was a Trust issue. None of the moderate harms were escalated as Serious Incidents.

5.3.1.6. Eighteen incidents (3% of all incidents reported in June) were reported as a Patient Safety Incident (PSI) on the National Reporting and Learning System (NRLS).

5.3.2. Serious Incident reporting

5.3.2.1. 7 Serious Incidents were reported in June (1 in May). 6 of the newly declared Serious Incidents involved direct patient contact and one was IG related to a deceased patient.

5.3.2.2. In June due to the constraints of the Professional Standards Team the Trust did not report any within 72-hours to the CCG.

5.3.2.3. However, the Trust has now trained over 20 additional people in Serious Incident reporting so this constraint is expected to resolve. In addition, the Trust has appointed a new Head of Serious Incidents for 12 months to help manage the process, improve quality and identify themes and trends.

5.3.2.4. The volume of Serious Incident investigations completed within the 60-day timescale was 12.5% (60% last month). Again, this will improve as the new Head of Serious Incidents impacts on the portfolio.

5.3.2.5. The NHS England SI Framework March 2015 states 'Serious incidents must be reported without delay and no longer than 2 working days after the incident is identified.'

5.3.2.6. The Trust has been compliant with this throughout June, with all 7 of the Serious Incidents reported, being reported within 2 working days from being declared. This is due to the impact of the newly reformed Serious Incident Review Group weekly meetings.

5.3.2.7. The Trust is able to assure that it is meeting its statutory responsibilities for Duty of Candour for those cases recorded as Severe/Death.

5.3.2.8. There is a 33% compliance with Duty of Candour for Serious Incidents in June. The non-complaint cases are due to the incident awaiting the commencement of the investigation.

5.3.2.9. This data set includes the 10-day timeframe which was recently removed as a national requirement.

5.3.2.10. The Trust has commenced collecting data for Moderate Harm. There was a delay commencing the data collection due to an error in the set up of Datix. This has now been corrected and a report was pulled after one week to test the

process. The data is being collected correctly but there were no cases of moderate harm to report in that test week.

5.3.3. Complaints

Complaints received

5.3.3.1. In June 2017 there were 102 complaints received and opened, compared to 79 in May. These complaints are broken down by service area as follows:

Service area	Number	% of total
EOC	46	45%
A&E	41	40%
NHS111	11	11%
Medical Directorate	2	2%
Chief Executives Office	1	1%
Unknown / Other Directorate	1	1%
Total	**102**	

Complaints by subject

5.3.3.2. Complaints are shown by subject area below. Although there were 102 complaints, some have more than one aspect, e.g. patient care and staff conduct/attitude.

Subject	
Patient care*	41
Concern about staff	33
Timeliness	28
Communication issues	6
Miscellaneous	2
Transport arrangements	1
History marking issue	1
Total	**112**

*Of the complaints about patient care, 30 were about triage (25 EOC and 5 NHS111), 10 about care provided by clinical staff during face to face contact, and one was a complaint about the advice provided by the frequent caller team.

5.3.3.3. The top three complaints subjects remain patient care, concerns about staff attitude/conduct, and timeliness of response. All have seen an increase on the previous month. Patient care complaints have increased by 46%; timeliness by 12%; and concerns about staff by 83%.

Outcome of complaints

5.3.3.4. Of the 89 complaints due to be concluded and responded to during June 2017 (excluding SIs, which have a longer timeframe for completion), 81 had been concluded at the time of writing, with 64% upheld at least in part. The outcome of these complaints was as follows:

Outcome	Number	Percentage
Upheld	37	46%

Partly upheld	15	18%
Not upheld	28	35%
Withdrawn	1	1%
Totals:	81	

Timeliness of response

5.3.3.5. There were 89 complaints (again excluding SIs) due for response, and of these 46 were closed within the Trust's 25 working day timescale, i.e. 51.7%. The most common reason for delay was that the investigation report was received late (nine).

5.4. Safeguarding

5.4.1.1. Level 2 safeguarding children training compliance reached 21.3% against an expected trajectory of 25% and safeguarding adults 21.1% against a trajectory of 25%. The level 3 training trajectory still remains on the Trust corporate level risk register as with capacity issues within the safeguarding team.

5.4.1.2. Safeguarding referrals for adults increased by 7% and by 8.7% for safeguarding referrals for children. The number of safeguarding referrals relating to Trust staff had increased from zero in May to one in June.

5.4.1.3. Mental Capacity Assessment Training has seen 48.85% of staff having completed the online module for 2017/2018.

5.5. Quality & Safety Charts

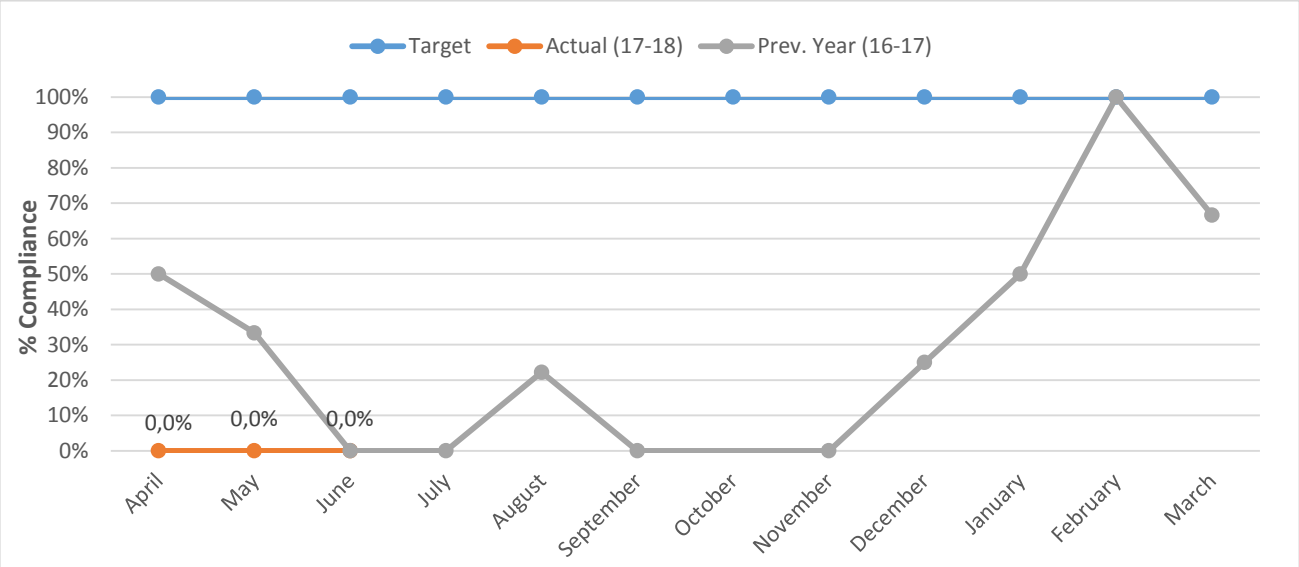


Figure.QS1a - SI Reporting timeliness (72hrs)

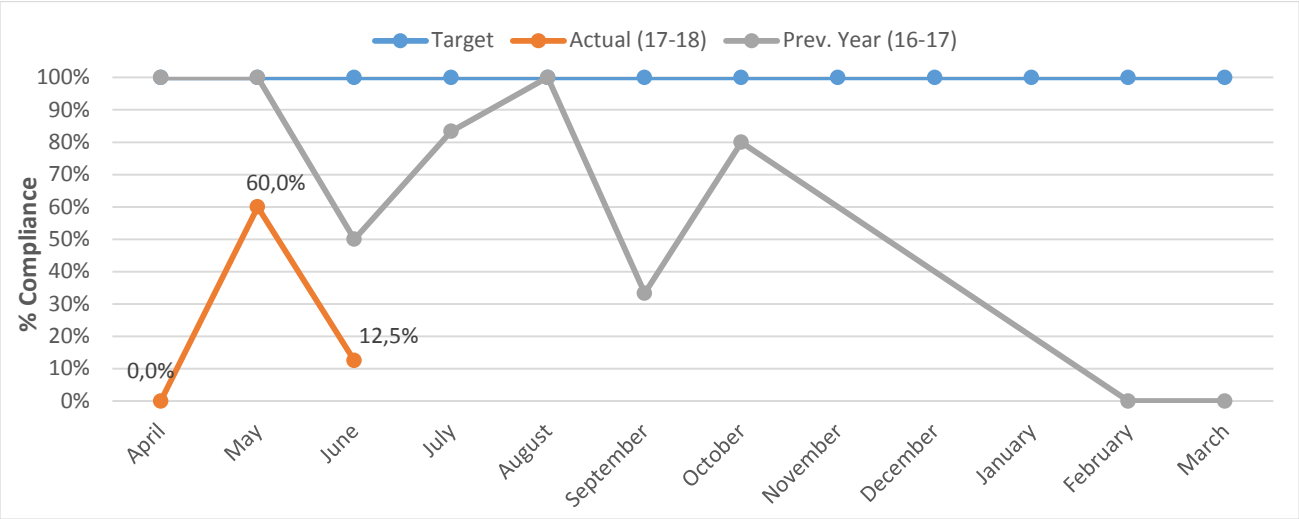


Figure.QS1b - Serious Incident (SI) Investigation timeliness (60 days).

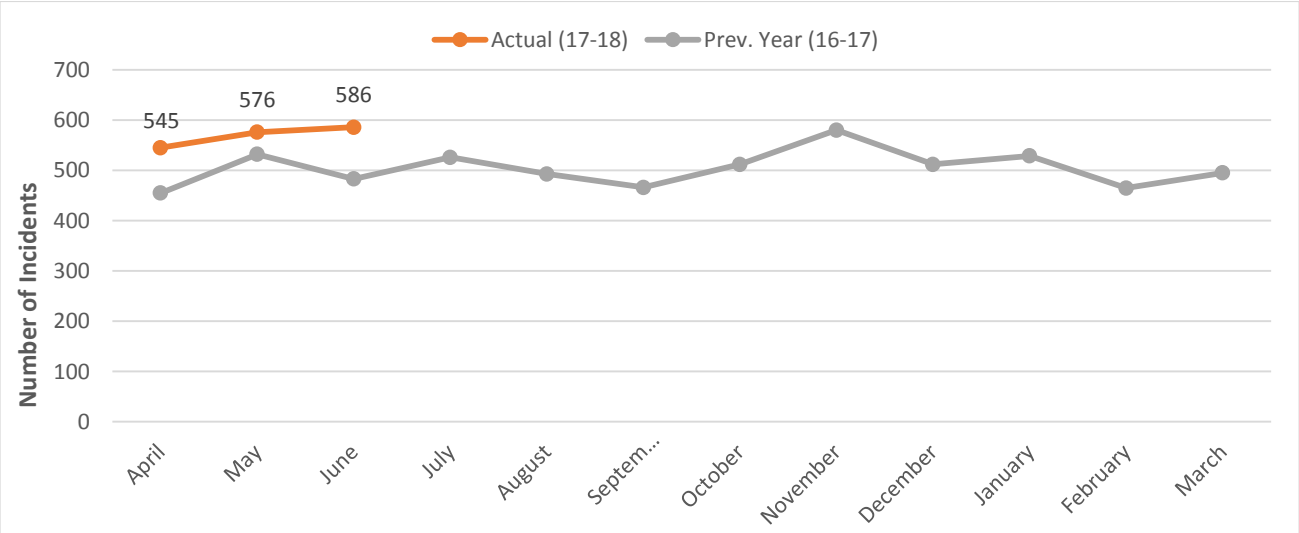


Figure.QS1c - Number of Incidents reported

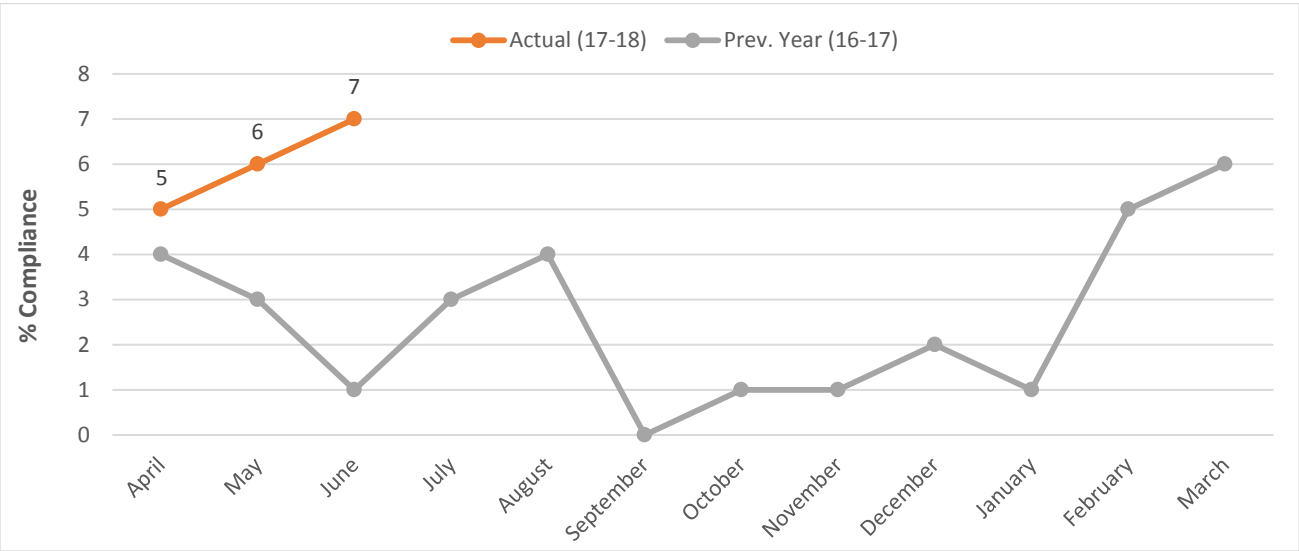


Figure.QS1d - Incidents reported that were SI's

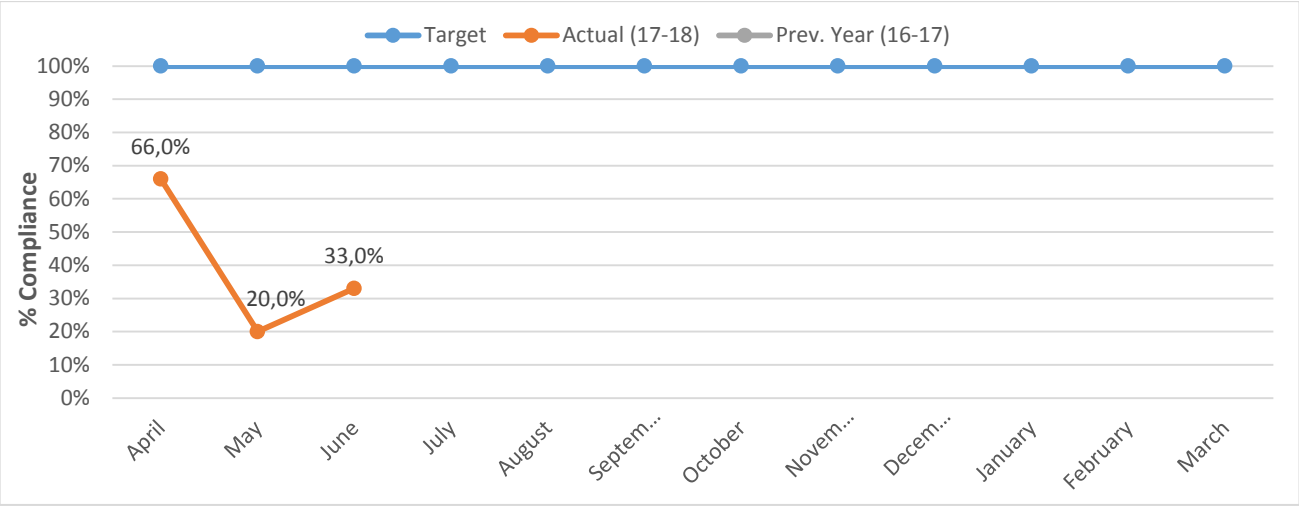


Figure.QS1e - Duty of Candour Compliance

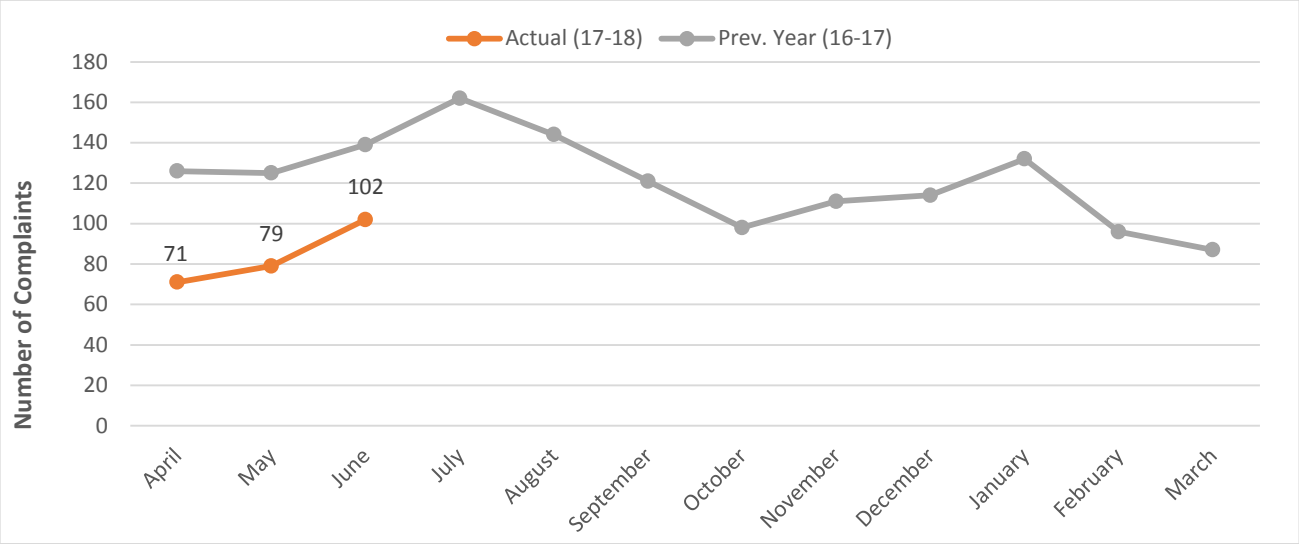


Figure.QS2a - Number of Complaints

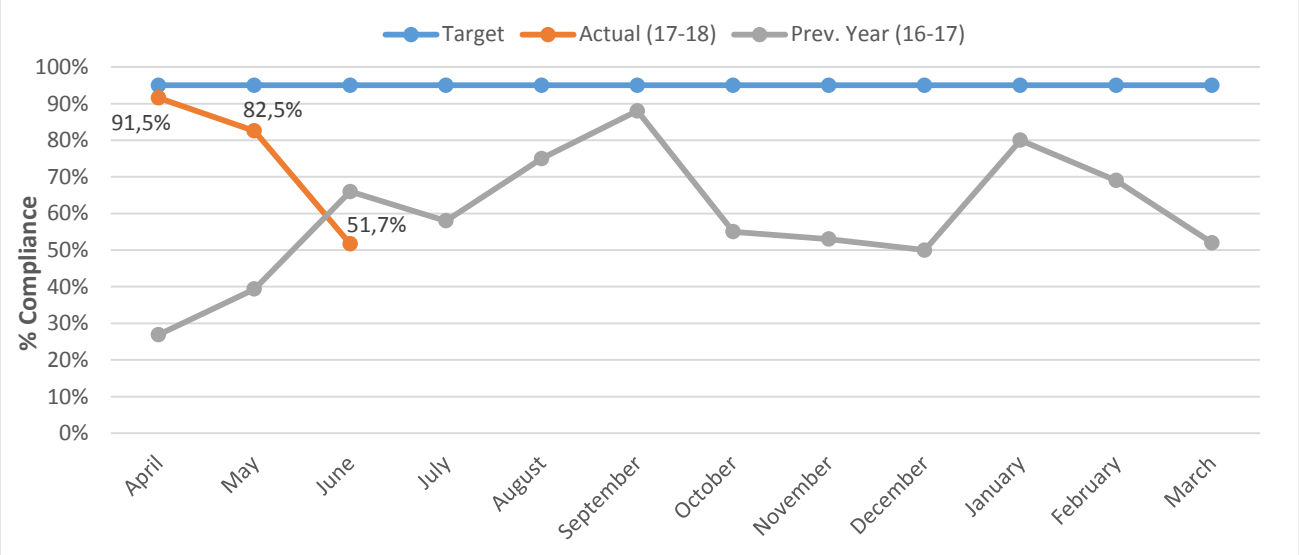


Figure.QS2b - Complaints reporting timeliness (All Complaints)

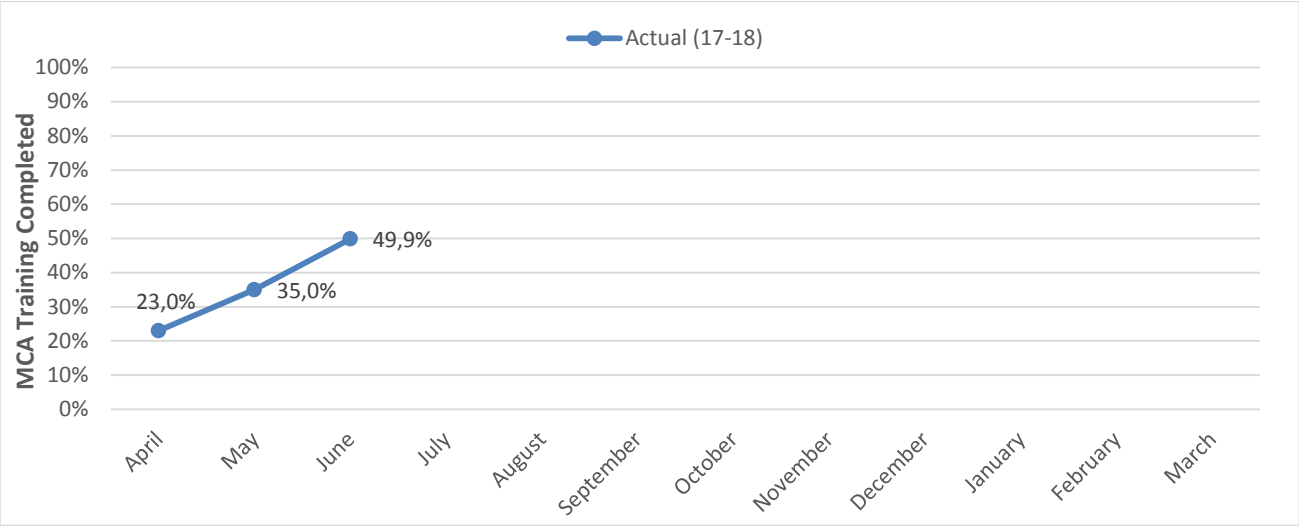


Figure.QS2c – Mental Capacity Assessment Training

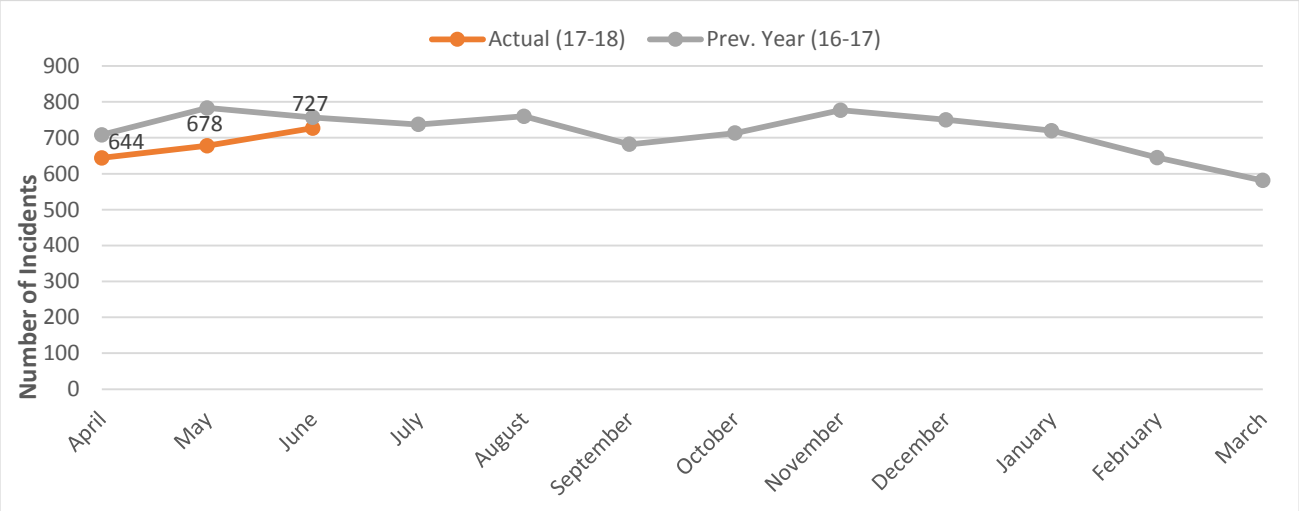


Figure.QS3a - Safeguarding Referrals Adult

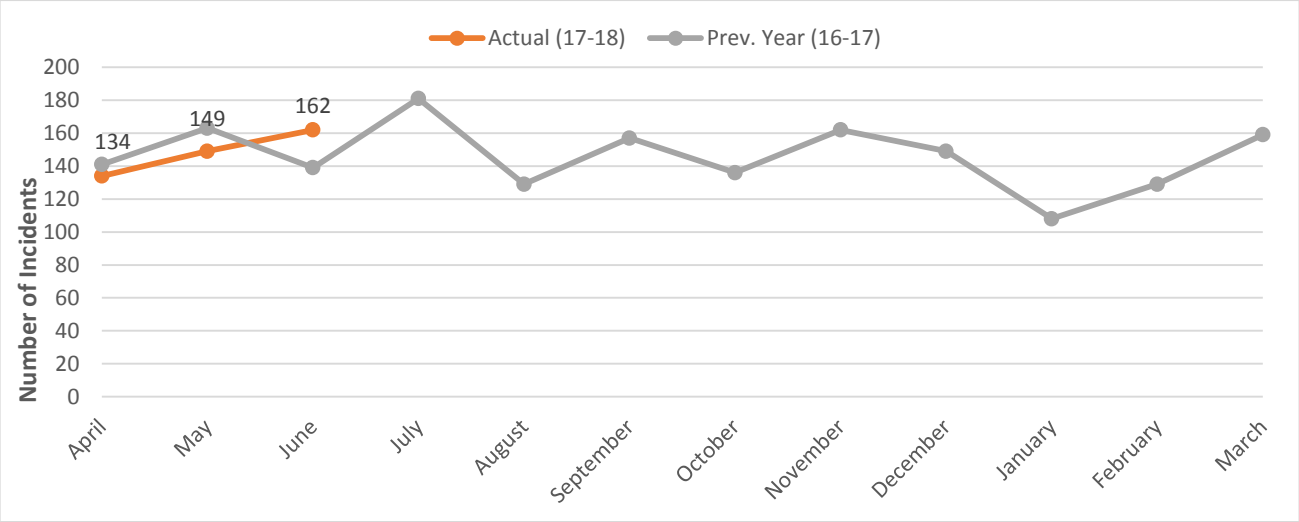


Figure.QS3b - Safeguarding Referrals Children

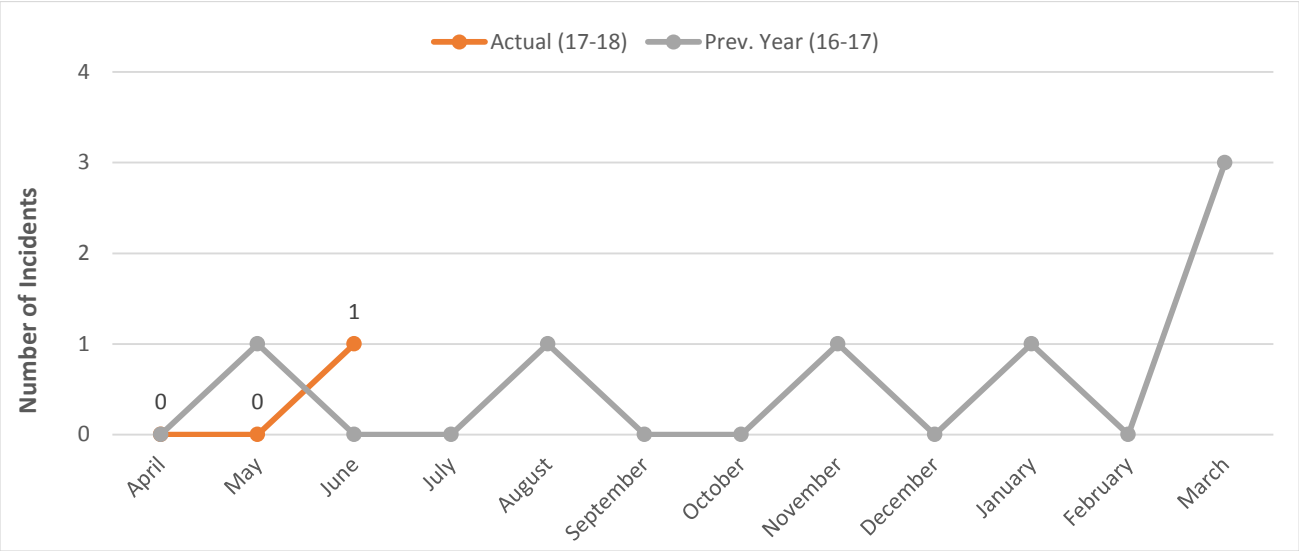


Figure.QS3c - Safeguarding Referrals relating to SECAmb staff or services

Unavailable

Figure.QS3d - Safeguarding Training Completed Adult, Level 1

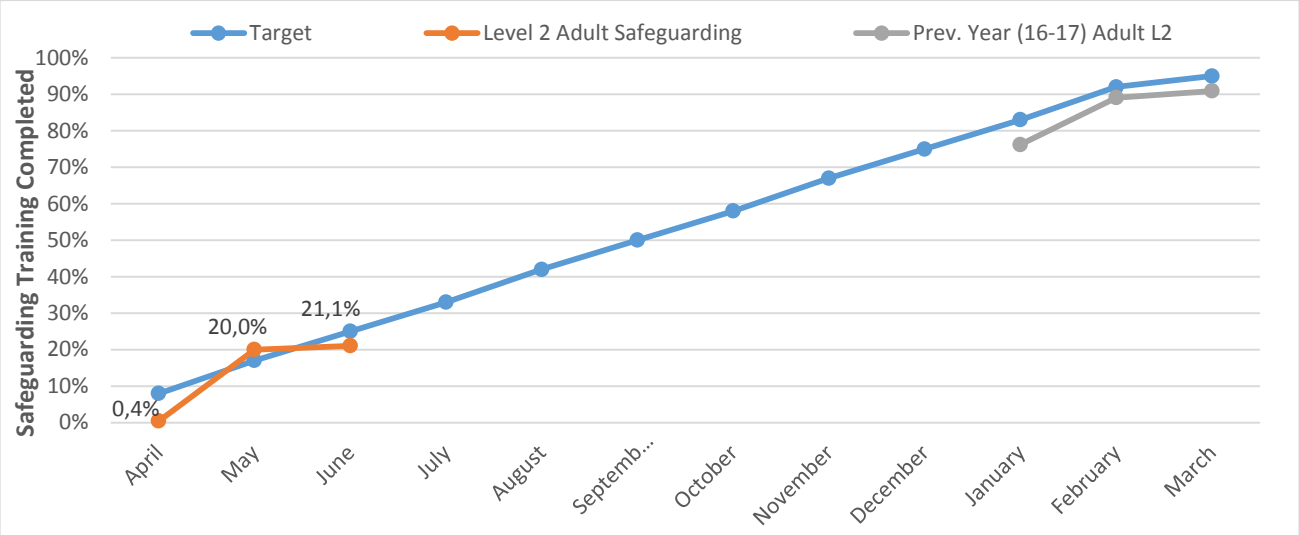


Figure.QS3f - Safeguarding Training Completed Adult, Level 2

Unavailable

Figure.QS3e - Safeguarding Training Completed Children, Level 1

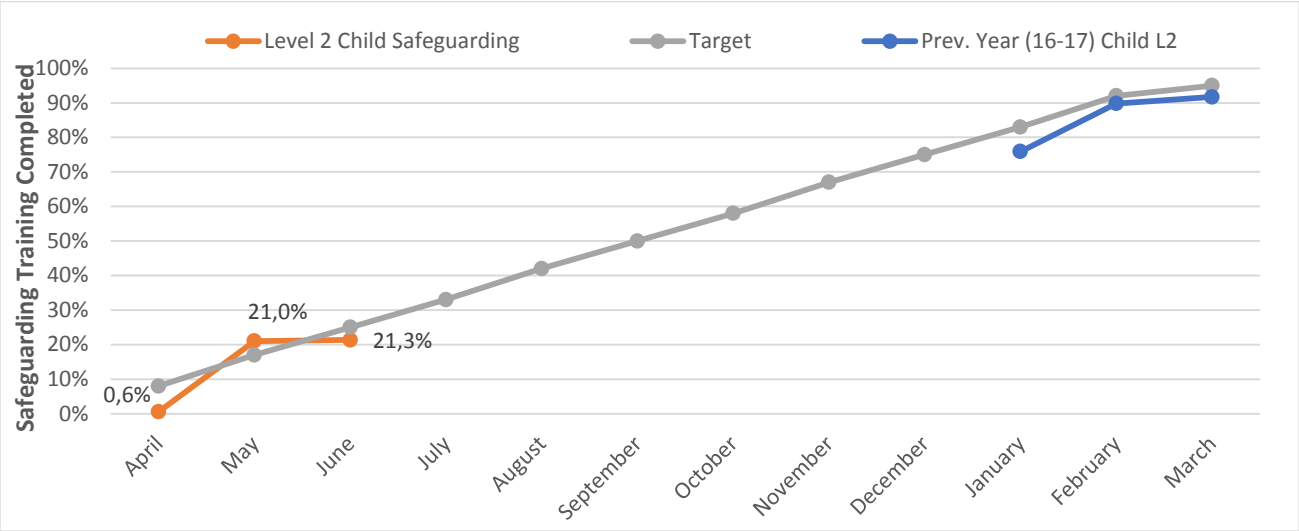


Figure.QS3g - Safeguarding Training Completed Children, Level 2

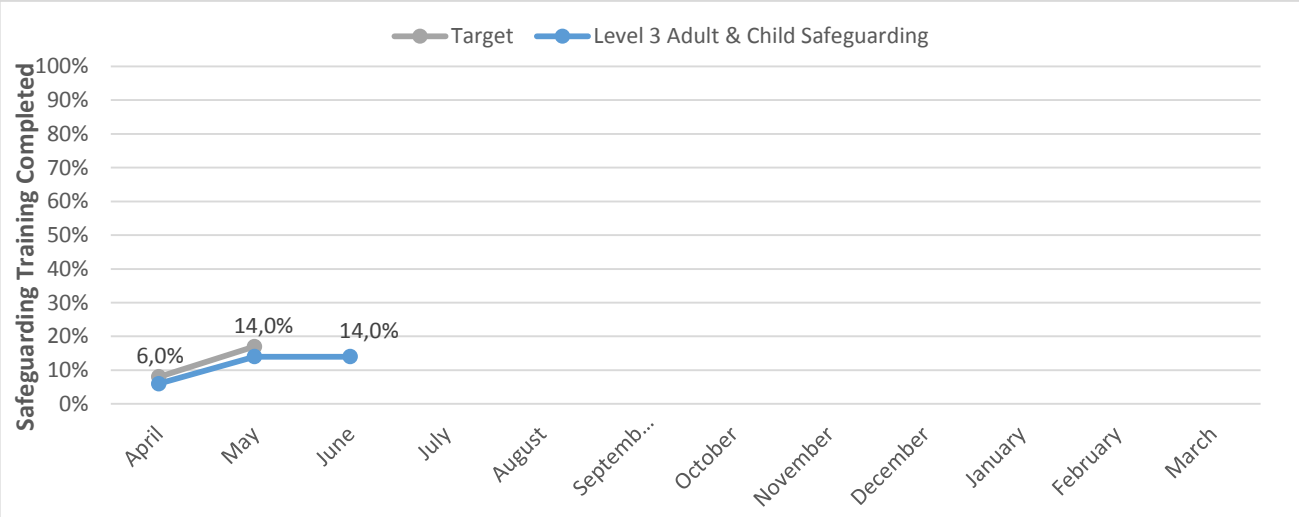


Figure.QS3h - Safeguarding Training Completed Adult & Child Level 3

6. Finance

6.1. Finance Summary

6.1.1. This commentary highlights the key messages arising from the month 3 financial position

6.1.2. The Trust incurred a deficit of £0.6m in the month, which was on plan. This includes the structural gap which is still being negotiated with the Commissioners. The normalised position is being confirmed as will be communicated within this commentary in future months.

6.1.3. In the year to date the deficit is £2.0m, which was on plan.

6.1.4. The forecast for the full year is unchanged from the plan, a deficit of £1.0m.

Finance Scorecard:- : Data from June 2017

ID**	KPI	Current Month (Plan)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Plan)	YTD (Actual)	YTD (Prev. Yr.)
F-1	Income (£'000)	£ 17,953	£ 16,131	£ 16,130	£ 53,996	£ 47,534	£47,810
F-2	Expenditure (£'000)	£ 18,536	£ 16,703	£ 16,767	£ 55,983	£ 49,502	£49,117
F-6	Surplus/(Deficit)	-£ 583	-£ 572	-£ 637	-£ 1,986	-£ ,968	-£ 1,307
ID**	**KPI**	**Current Quarter (Plan)**	**Current Quarter (Actual)***	**Current Quarter (Prev. Yr.)**	**YTD (Plan)**	**YTD (Actual)***	**YTD (Prev. Yr.)**
F-5	CQUIN - Quarterly (£'000)*	£ 849	£ 850	£ 952	£ 849	£ 850	£ 952
ID**	**KPI**	**Current Month (Plan)**	**Current Month (Actual)**	**Current Month (Prev. Yr.)**	**YTD (Plan)**	**YTD (Actual)**	**YTD (Prev. Yr.)**
F-3	Capital Expenditure (£'000)	£ 1,450	£ 582	£ 614	£ 6,841	£ 1,520	£ 4,351
F-7	Cash Position (£'000)	£ 5,674	£ 10,452	£ 10,725	£ 5,674	£ 10,452	£ 10,725
F-4	Cost Improv. Prog. (CIP) (£'000)	£ 1,085	£ 1,302	£ 705	£ 3,185	£ 3,111	£ 1,593
F-8	Agency Spend (£'000)	£ 341	£ 219	£ 763	£ 1,027	£ 580	£ 1,708

** 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).*

6.1. Finance Commentary

Activity, Income and Expenditure

6.1.1. There was an expected income shortfall in the month of £1.9m arising from the 'commissioning gap'. Outside of this, income was slightly better than plan due to the inclusion of STF income. For the year to date actual income was £6.5m below plan, excluding the structural gap this is £0.4m less than plan, mainly from a shortfall of £0.9m due to lower than planned activity (-3.0%), partly mitigating this there was £0.2m of additional income from East Kent CCGs from the diversion of services.

6.1.2. Total Expenditure including Financing costs, are £6.5m better than plan, excluding the structural gap we are £1.8m better than plan, the main areas of underspend are Operational Hours £0.6m, Fleet £0.4m, Estates and Make Ready £0.4m, other Operations Non Pay £0.4m and IT £0.1m, despite some unexpected redundancy payments (£0.3m) and delays in sale of Eastbourne ambulance station (£0.2m).

6.1.3. Some of these will be issues of timing/plan profiling and may be reversed in later months, for example the purchase of Airwave radios for CFRs (£0.1m).

6.1.4. A&E activity was 2.0% down on plan in the month and contracted income £0.2m down, although income was nearly 2.0% above that earned in the same period last year.

6.1.5. After 3 months A&E activity is 3.0% below plan, but 1.9% above last year.

6.1.6. Operational hours were 3.1% below planned matching income, however operational efficiency was less than expected with Unit Hour Utilisation (UHU) at 0.380 was below the panned 0.395.

6.1.7. The whole time equivalent worked was 126 or 3.4% lower than expected, this includes overtime, agency and private ambulance provision. At month 3 there were 432.6 wte in vacancies, 12.37% of establishment, vacancies are partly covered by overtime and external provision (PAPs and Agency).

Cost Improvement Programme

6.1.1. CIP delivery for the month of £1.3m was £0.2m above plan. The year to date achievement of £3.1m which is £0.1m less than plan. An action plan is in place to ensure the full year target is delivered.

Capital Expenditure

6.1.2. Capital expenditure for the month was £0.6m against a plan of £1.5m. To date the spend is £1.5m against a planned £6.8m. The shortfalls in spend are against Fleet (equipment) £3.1m, New HQ £1.2m and CAD £0.3m. The full year programme is £15.8m. Due to the decision to finance our new fleet through an operating lease means we cannot, the forecast has been reduced to £7.6m.

Cash and Financing

6.1.3. The cash balance at the end of May was £10.5m, significantly higher than the planned £5.7m. The improved position is partly due to the timing of capital spend.

6.1.4. The working capital loan balance stands at £3.2m. There is a £15m working capital loan facility in place.

Use of Resources Rating

6.1.5. The Trust's URR after two months is 3, in line with plan. The forecast for the year remains at 3, as planned.

6.2. Finance Conclusion

6.3.1. Financial performance and risk ratings are in line with expectations to date. The underlying commissioning gap is being managed through. CIP plans are progressing well but present an ongoing challenge. The capital programme is behind schedule excluding new vehicles but is expected to catch up. The overall position to date is satisfactory and work is underway to improve controls and embed the efficiencies.

6.3. Finance Charts

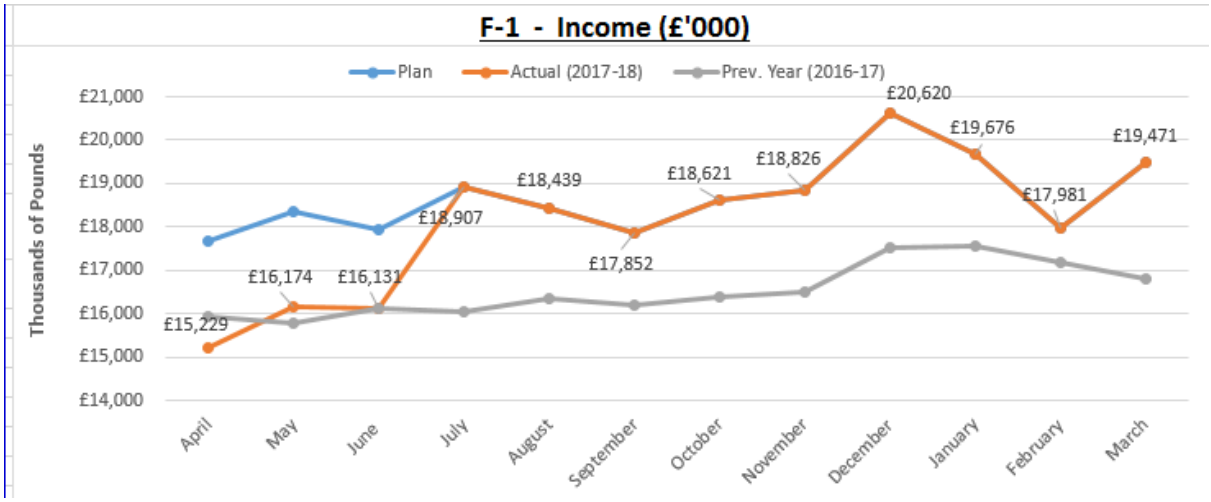


Figure.F-2 - Expenditure (£'000)

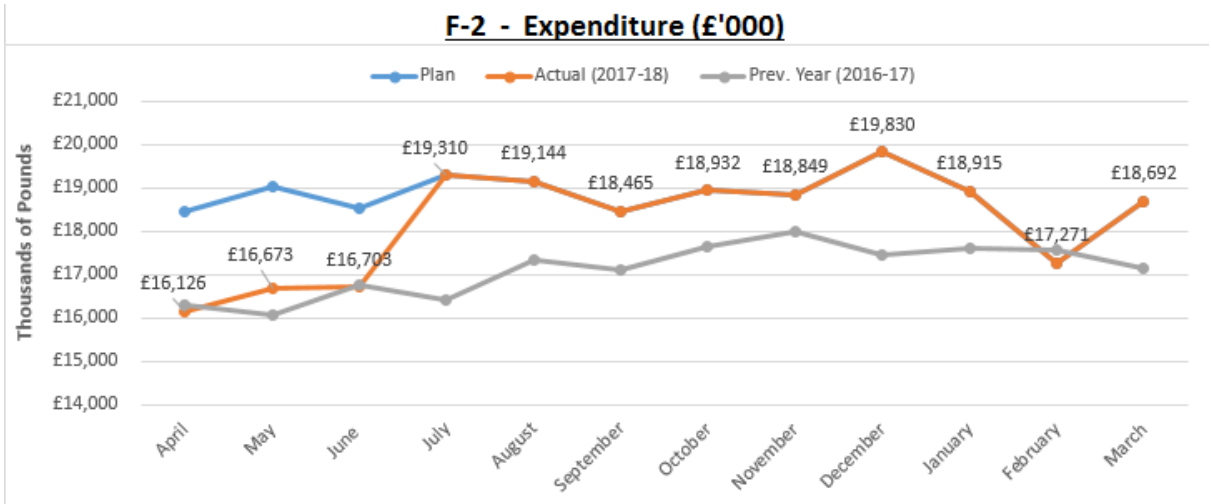


Figure.F-6 - Surplus/(Deficit) (Year To Date)

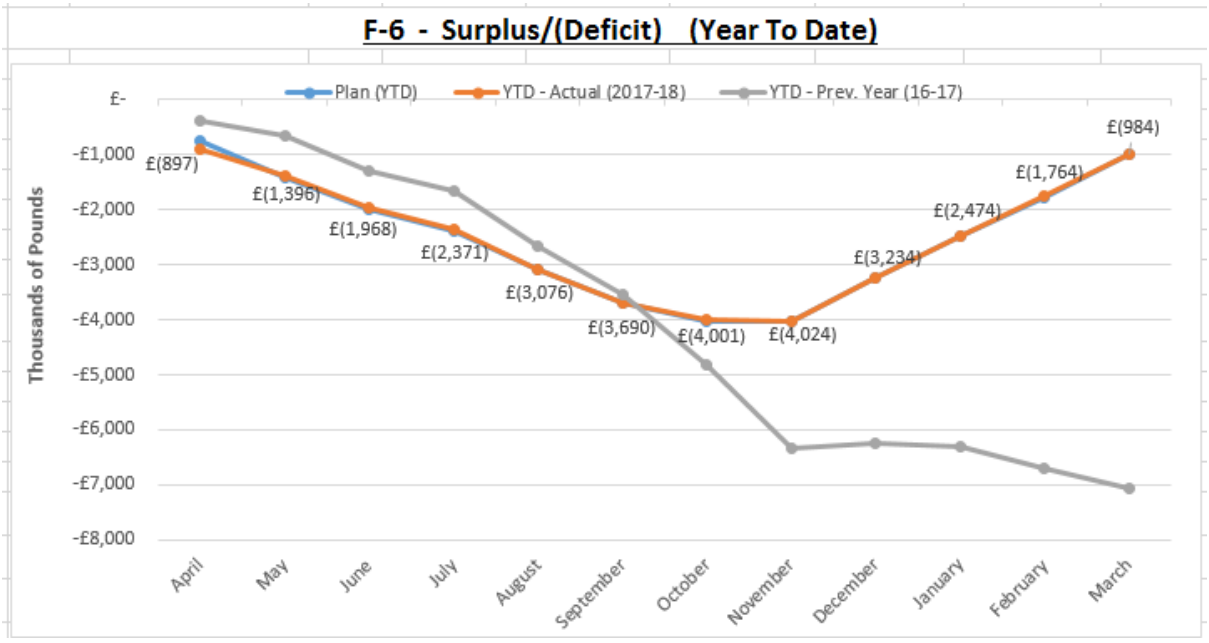


*Figure.F-5 – CQUIN - Quarterly (£'000)**

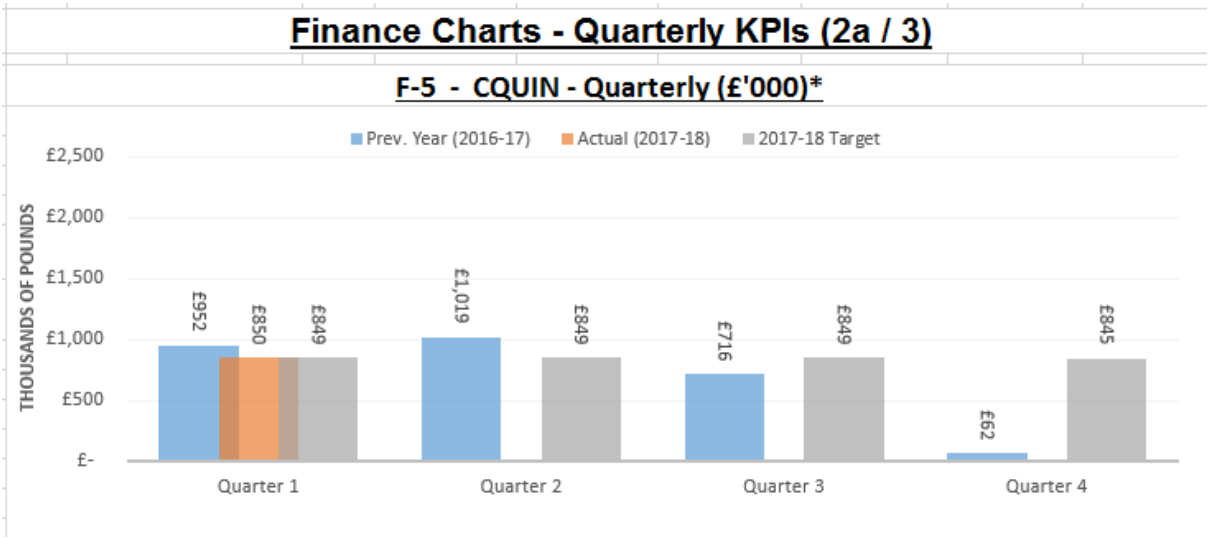


Figure.F-8 – Agency Spend (£'000)

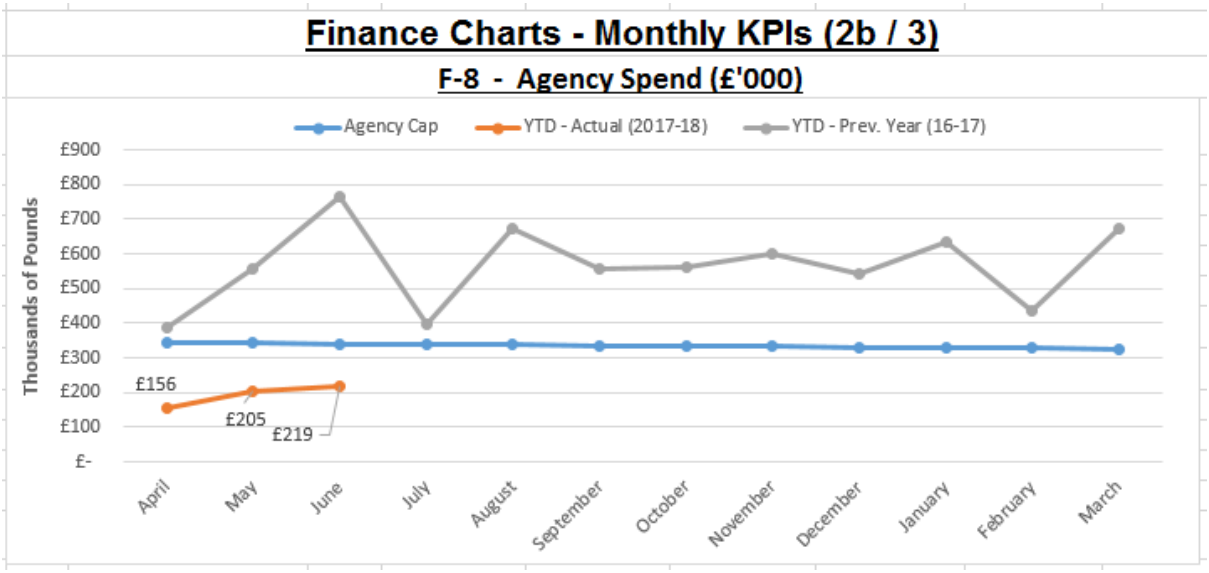


Figure.F-3 – Capital Expenditure (£'000)

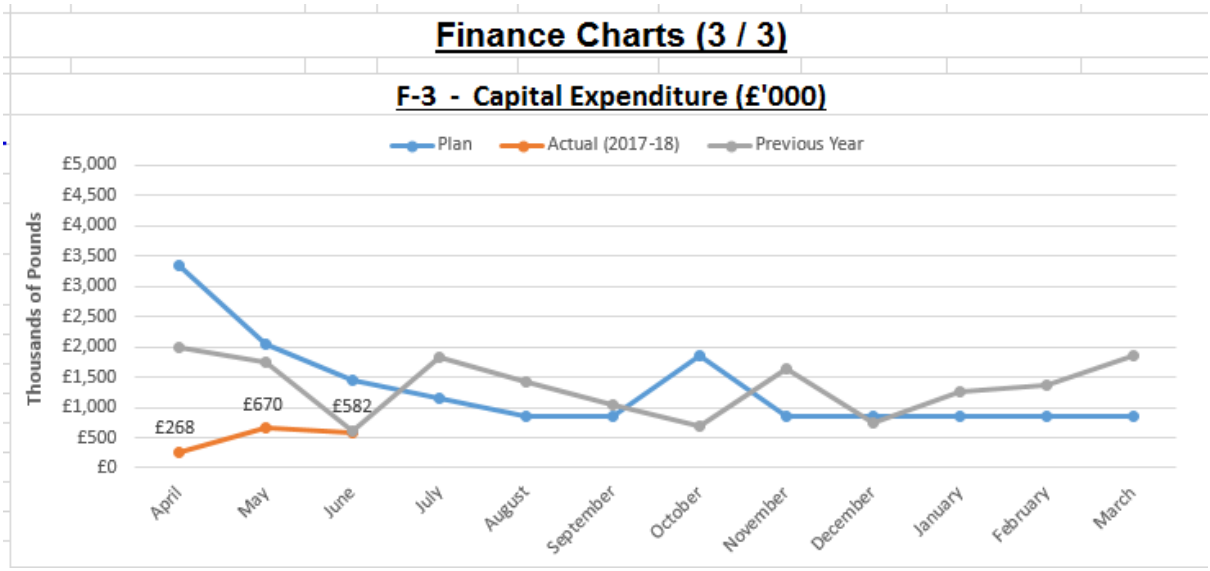


Figure.F-7 – Cash Position (£'000)

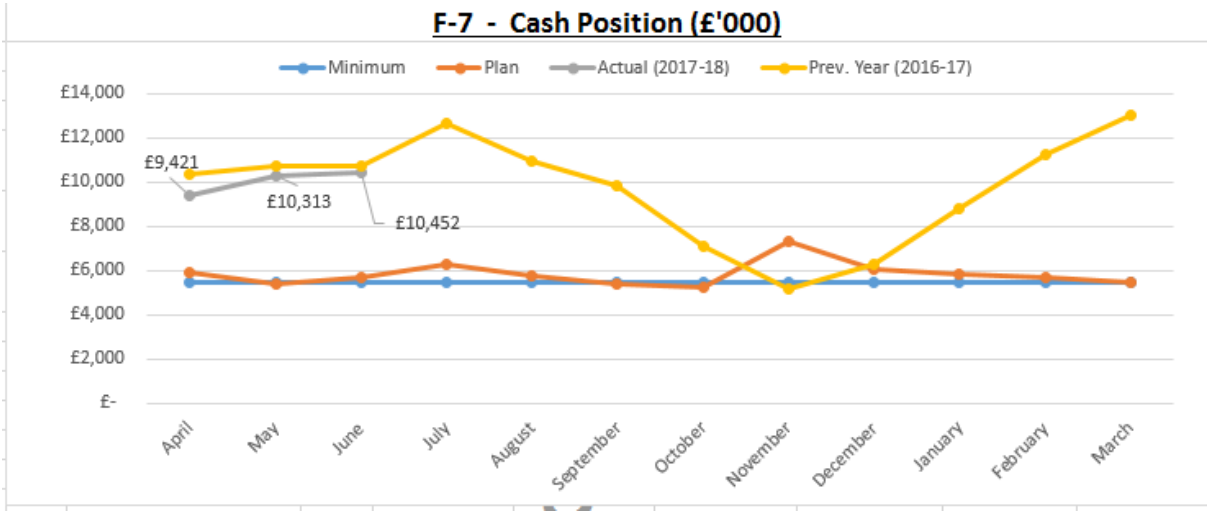
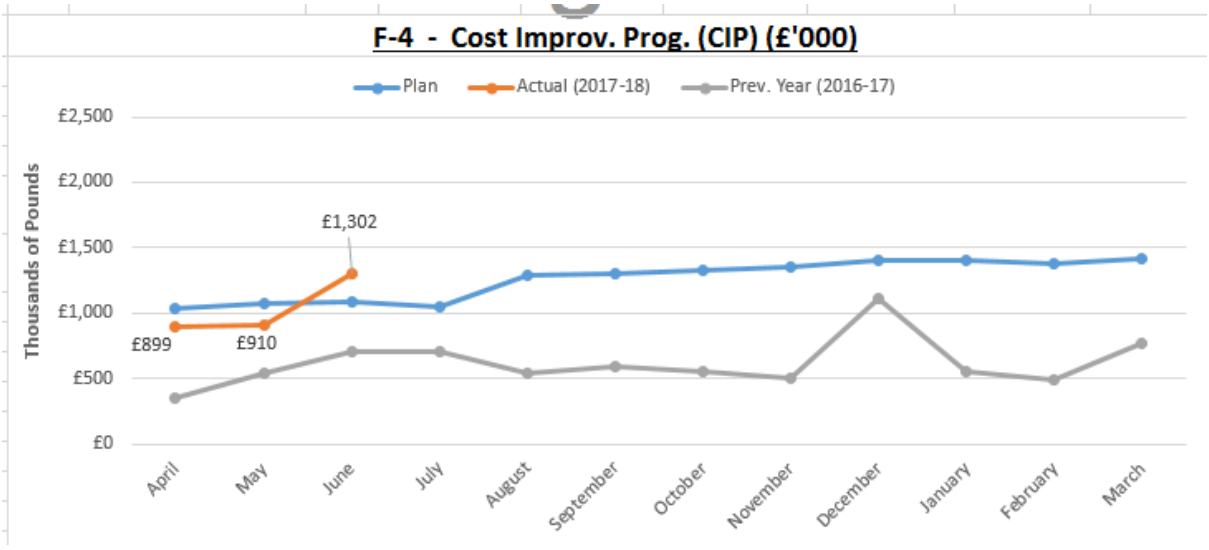


Figure.F-4 - Cost Improv. Prog. (CIP) (£'000)



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 month's 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 to note.

7.3. Workforce Section:

7.3.1. Total Staff Vacancies: April & May Board data: the newly released budget is still in the process of being triangulated and finalised with finance and may, therefore, be subject to change.

7.3.2. Staff Appraisals, Mandatory Training & Total Physical Assaults performance reporting is currently being reviewed. See points 2.2.6 & 2.2.7.

7.3.3. Meeting arranged to review Workforce section.

7.4. Operational Performance Section:

7.4.1. No changes to note.

7.5. Clinical Effectiveness

7.5.1. No changes to note.

7.6. Quality and Patient Safety Section:

7.6.1. Safe Guarding Training Level 1 Adult & Child performance reporting is currently being reviewed.

7.7. Finance Section:

7.7.1. No changes to note.

South East Coast Ambulance Service NHS Foundation Trust

SECAMB Board

C1 - Escalation report to the Board from the Finance & Investment Committee

Date of meeting	5th June 2017
Overview of issues/areas covered at the meeting:	1. Vehicle replacement business cases – for support 2. Datix implementation lessons learned 3. Updated plans for ePCR roll out 4. Update on the new CAD implementation
Reports *not* received as per the annual work plan and action required	None
Changes to significant risk profile of the trust identified and actions required	Once signed, the support contracts being put in place for Visicad for 12 months from July 2017 will reduce operational risks with the new CAD.
Weaknesses in the design or effectiveness of the system of internal control identified and action required	1. Fleet lease agreements
Any other matters the Committee wishes to escalate to the Board	1. Financing of fleet decision still to finalised (lease /buy). 2. Relative prioritisation of ePCR to be confirmed

SECAMB Board

C2 - QPS Escalation report to the Board

Date of meeting	19th June 2017
Overview of issues/areas covered at the meeting:	This meeting considered: ***Management Responses*** *(response to previous items scrutinised by the committee)* • **Medical Equipment**- The committee was **assured** by the additional evidence that was provided to give assurance in this area. It was agreed later in 17/18 that a sampling of equipment will be done to demonstrate the consistency of testing. • **Private Ambulance Providers** - The committee was **assured** by the additional evidence (e.g. CQC Certificates) subject to evidence of external checks being completed. The committee will ask the finance and investment committee to scrutinise procurement in the next quarter given some of the issues identified. • **Use of LifePack12** – The committee was **assured** that use of LP12s presented no patient safety issues but have asked that a 'Defibrillator Strategy' is developed with a view to retiring the LP12s over an agreed period. • **Duty of Candour** - The committee was informed that the Duty of Candour field is now mandatory in Datix. A further management response will be brought in July to demonstrate the process/system in place to demonstrate we are compliant. • **Patient Care Records** – There is executive grip and focus in this area, with work being undertaken to identify the issues both internally as well as RSM being asked to undertake a review of Health Records. It was agreed a rectification plan would be brought in September. ***Scrutiny Items*** *(where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas)* **Clinical Audit – Not assured** The committee was briefed on the current status of clinical audit and it is clear that the Trust does not have the resources in place to execute even a basic clinical audit plan. This is particularly disappointing given the effort and focus in the area in Q1-3 2016. The committee was assured that this has focus from the Chief Executive and his executive team. **Vehicle Infection Control – Assured** The committee scrutinised the design and effectiveness of the Trust's system of internal control for Vehicle Infection Control. It was assured that the processes are in place, although a tighter grip on managing the outcome to achieve targets is needed; assurance was given this will be put in place. It was agreed that the clean at shift start/deep clean/swab test would be included in the Quality & Patient Safety Report. **Mortality and Morbidity** - **Assured** The committee was assured that the new proposal for Morbidity and Mortality would comply with the March 2017 'National Guidance on Learning from Deaths' and the mandatory reporting required for the 2018 Quality Account. The previous process that was put in place in 16/17 was not fit for purpose. The above is subject to the Trust putting a policy in place by September 2017. The outcome of the process will be included in the Quality & Patient Safety Report. **Safeguarding Annual Report 2016/17** The Safeguarding Annual Report was accepted by the committee as meeting the

	requirements of an annual report. It was noted that progress had been made in some areas though the year particularly in relation to managing safeguarding allegations policy and procedures. **Quality and Patient Safety Reporting** • **Quality Improvement Plan/CQC Inspection Finding** The committee received an update on the Quality Improvement Plan and noted progress in many areas, and the areas rated 'red' which include Patient Care Records, Clinical Audit and Clinical Outcomes. The committee also discussed the preliminary CQC inspection findings and any areas the committee was not cited on and the action to be taken. • **MDT Review** The committee noted an excellent and clear report (External Serious Incident Review) into the patient impact of the Mobile Data Terminal Misuse. This related to 16 incidents and the findings were that patient harm did not occur although there may have been a detrimental impact on the experience of the patients. Also, of the 16 patients there were two cases where harm could have resulted, but on balance the clinical outcome would not have changed. The committee has asked for a Management Response on the recommendations made by the review to be bought to the July meeting.
Reports *not* received as per the annual work plan and action required	None
Changes to significant risk profile of the trust identified and actions required	There is no Clinical Audit Plan in place for 2017/18. Alongside the concerns about clinical audit the Trust does not currently have a clear strategy/plan on how to improve the Clinical Outcome Indicators and the committee asked this be considered alongside the Clinical Audit work.
Weaknesses in the design or effectiveness of the system of internal control identified and action required	Clinical Audit Patient Care Records
Any other matters the Committee wishes to escalate to the Board	The Committee also received an update on the issue recently highlighted with **call recording**. It was assured that this is progressing to resolution and explored why this issue had occurred and what could be done to prevent it in the future. The committee received an update on **medicines management** and the outcome of the Discovery Phase of the External Review that is being undertaken. Although this phase of the review found significant weaknesses in governance, it established that there has been no patient harm and that the governance supporting medicines management from March 2017 is now much improved, due to the leadership of our new Medical Director and Chief

	Pharmacist. Lastly, the committee noted the quality and timeliness of papers submitted and the work and preparation that had gone in behind this, which enabled a full agenda to be dealt with efficiently and effectively. Well done!

SECAMB Board

C3 - Audit Committee Escalation Report

Date of meeting	**21 June 2017**
Overview of issues/areas covered at the meeting:	The meeting considered papers covering Financial Reporting, Internal Audit, External Audit Risk Management/Governance and Counter-Fraud items. In summary, the key matters were as follows; **Preparation for Committee Meetings** It was emphasised to the Executive that Minutes of previous meetings, updated actions and sending out papers on time are essential (unless with prior agreement of the chair) to enable the Committee to execute its detailed work on behalf of the Board as a whole. Papers should have a clear purpose and articulation of executive opinion/actions proposed/intended together with sufficient evidence for the Committee to add constructive challenge and support. The committee emphasised that in normal circumstances, all papers submitted should have the support of the Chief Executive **Counter Fraud** In consideration of the Annual Report the committee was assured that the Trust has raised awareness of counter fraud and through the self-review tool demonstrated good adherence to the relevant criteria/regulations. The related action plan aims to ensure this is maintained through 2017/18. The committee agreed to adopt the Counter Fraud 2017/18 work-plan. **Internal Audit** The committee received the progress report. Internal Audit highlighted the upcoming changes to the data protection regulations. Internal Audit raised an emerging concern that some of the actions in the audit tracker were starting to slip. The executive agreed to work with internal audit to ensure action is taken. The committee agreed at this stage to note the emerging concern and will review progress in dealing with actions again at its next meeting. **Annual Corporate Governance Statement** The committee commended the work done to get this paper to committee but felt that the paper needed further executive development and explicit support from the Chief Executive **Board Assurance Framework & Risk Register** The committee discussed the risks and challenged the way some of the risks are articulated and some of judgments on the risk ratings. It acknowledged that the BAF will be reviewed in the autumn. The BAF is not consistent with the risk register. The Risk Register (and therefore) Risk Management mechanisms clearly have some way to go but the committee was positive about the progress being made.

	NAO Benchmark A Summary paper was presented. The committee was unable to endorse priorities but noted the paper on the understanding that implications from the NAO benchmark would be brought into plans & strategy to be presented to the Board meeting
Reports *not* received as per the annual work plan and action required	Due to the lack of minutes and updated actions, the reports and papers deferred to this meeting from the meeting at the end of May were not available. Consideration of External Audit recommendations and a review of Q4 Internal Audit Reports will be covered at Audit Committee meetings later in the year
Changes to significant risk profile of the trust identified and actions required	None
Weaknesses in the design or effectiveness of the system of internal control identified and action required	**Risk Management** - although the committee acknowledged the progress being made on the Risk Register, there is still some way to go to ensure adequate systems and culture of risk management. In particular, at a minimum, the BAF and Risk Register need to be consistent. Due to the misunderstanding about agenda items for this meeting, the Committee was unable to consider the Internal Audit review of the BAF and Risk Management conducted in Q4. This will be considered later this year
Any other matters the Committee wishes to escalate to the Board	**Policies** In the context of the current board committee/governance structure, the committee discussed its role in assuring the Board that the 'major' policies are in place, are clear about what is expected, who is responsible and the mechanisms for understanding the extent and nature of compliance. It was agreed that: - The committee will receive at its next meeting a list of all formal SECAmb policies (for which Executive Committee members are accountable) together with their last review dates - The executive would arrange for Chair to review a small number of policies to test the current policy template. **Integrated Performance Report** At the meeting in September the committee will facilitate an executive-led discussion about the IPR and how it can be improved to ensure it has the right balance of information for the Board.

D - Medicines Management

1. Introduction

1.1. This report provides an overview of the issues relating to medicines management in the Trust and the progress made addressing these. The actions described aim to provide assurance that the Trust is taking appropriate action to mitigate the risks associated with the identified medicine management issues.

2. Background

2.1. In 2014 it was reported that the last two inspections by the Care Quality Commission (CQC) and frequent inspections by NHS Protect had highlighted non-compliance with medicines management. In addition, Internal Audit, Counter Fraud and the Police Controlled Drug Liaison Officers all advised the Trust to review and revise the existing arrangements for medicines supply and distribution to provide greater compliance and assurance.

2.2. In May 2016 concerns about medicines management were raised by the CQC following its comprehensive inspection, which resulted in the Trust being served with a 'Warning notice' under Section 29A of the Health and Social Care Act 2008.

2.3. While the CQC inspection identified specific issues, the Trust's own systems of internal control and assurance had identified other medicine management concerns. The associated risks were explored by the Executive Management Board and shared with the Quality and Patient Safety Committee of the Board. There was consensus that compliance with medicines management standards constituted a high risk and so required urgent action.

2.4. Several internal and external reviews of the Trust's medicine's management systems and processes have been undertaken in the past 12 months. These reviews have identified, in general terms, the areas for improvement in governance, systems and processes.

2.5. In March 2017 an external independent medicines management review was commissioned by the Trust, and approved by NHSI. Phase one of the Review, reviewed specific elements of medicines management was completed in July 2017.

2.6. Following the May 2017 CQC follow up inspection, high level feedback was provided which included concern about medicines governance that required immediate action.

3. Medicines Management issues and action taken to-date

3.1. **Governance of 'Medicines Management'**.

3.1.1. An initial internal review of the Trust's current medicine management system identified there is no clear evidence that the range of drugs and quantity used is aligned to the demographics and local health profiles of the South East Coast region (produced by Public Health England). This raised questions regarding the procurement of medicines and of the services' effectiveness.

3.1.2. Phase one of the external independent medicine review explored the Trust's governance systems and processes in relation to medicines management. Case files were compiled relating to specific identified issues.

3.2. **Progress to date**

3.2.1. We are reviewing the medicines used in the Trust and removing duplicate drugs that are used for the same conditions to ensure we are adhering to best clinical practice.

3.2.2. All eight case files that explore the Trust's governance structures, compliance with the relevant regulatory and legal requirements and form the basis of phase one of the Review, have been completed and are being used to improve practice around medicine governance.

3.2.3. The project management team are providing the Chief Pharmacist with support to deliver the CQC 'must do' action plan including facilitating problem solving and prioritising issues. Progress implementing the action plan to address the identified issues is monitored at weekly Quality and Safety group and regular performance meetings with NHSI.

3.2.4. Monthly Medicines Governance's Group meetings are held with membership from operational and corporate functions where a range of medicines issues are discussed and addressed.

4. Controlled Drugs

4.1. Several issues relating to the storage, possession and disposal of controlled drugs (CDs) were identified both by the CQC and through other reviews.

4.2. The policy and associated standard operating procedures (SOPs) for controlled drugs is out of date requires review and update.

4.3. Data from sources such as incident reporting identified that we continue to have a high percentage of ampoule breakages in the trust as a result of a range causes including how staff carry CDs.

4.4. The Trust's current CD license is due to expire on 05 September 2017.

4.5. **Progress to date**.

4.5.1. The Chief Pharmacist is working with our account manager at Omnicell to develop an audit trail that will account for all Controlled Drugs (CDs), returned, broken or administered. This will facilitate full track and trace of CDs. For non-Omnicell locations who store their CDs in lockable CD cabinets a paper version of track and trace will be developed and implemented. An alternative method for carrying CDs has been identified, this approach will be personal issue with the drugs carried in a case on the individual's belt. A business case is in final stages awaiting comments before submission.

4.5.2. The renewal of the Trust's CD license has been applied for in June 2017, which has included an application to change the named CD Accountable Officer and staff responsible for the destruction of out of date CDs.

4.5.3. Work has commenced on updating and drafting the Controlled Drugs policy and associated SOPs. CD activity in the Trust has been mapped. This work will inform the policy and supporting processes.

4.5.4. The Trust has obtained a T28 waste exemption license which allows the sorting and denaturing of CDs for disposal at 41 sites in the Trust.

4.5.5. The Medical Director is the identified CDAO with responsibility for all aspects of Controlled Drugs management within the Trust. On 21 June 2017 she completed the nationally recognised CDAO course to assist her to prepare for undertaking this role in line with best practice and national guidance.

4.5.6. To support the CDAO in her role the Chief Pharmacist is booked onto the CDAO course in November 2017.

4.5.7. A meeting has been arranged for 21 July 2017 with the Trust's local CD liaison police officers, chief pharmacist and the local security manager to discuss station inspections and safe handling of CDs and other medicines in the Trust.

5. Staffing

5.1. There are currently 2.5 WTE vacancies in the medicines support workers team.

5.2. **Actions completed to date**

5.2.1. To cover the vacant medicine support worker posts we have advertised internally and externally for fixed term contracts. Six candidates have been short-listed this week. Interview dates to be confirmed.

5.2.2. To assist with the implementation of the CQC action plan an interim Senior Pharmacist Technician commenced in post in June for a three-month period.

6. Patient Group Directives (PGDs)

6.1. All Critical Care Paramedic (CCP) PGDs expire at the end of July 2017.

6.2. All the medicines administration protocols (MAPS), protocols for specific medicines used by identified groups of staff who have completed training, and have been assessed as competent are due to expire in July 2017. These all need to be reviewed and updated to ensure they reflect best practice.

6.3. **Progress to date**

6.3.1. A CCP working group was set up to review and update the CCP PGDs to ensure they reflect current evidence based practice. All 15 PGDs for this staff group have been amended as appropriate and reviewed by external medical consultants before being approved by the Trust's Executive Medical Director.

6.3.2. A plan for the implementation of these revised CCP PGDs has been developed and will be introduced to CCPs at their regular clinical training. This exercise is expected to be completed within the next eight weeks.

6.3.3. A PGD working group has been set up as a sub group of the MGG. Terms of reference are in draft form and will be presented to MGG on 10 August 2017.

6.3.4. A review of the PGD for tranexamic acid is currently being undertaken to ensure it reflects the findings of WOMAN study and updated JRCALC guidance to be published in September 2017 due in September 2017.

7. Trust estate and temperature control

7.1. The Trust's estates strategy was to move to only use 'make ready centres' rather than ambulance stations, by the end of 2015. This would mean that by 2016 the Trust should have been only operating out of 15 sites, these being 10 make ready centres, three head offices, Lewes Vehicle Management Centre (VMC) and from

Eastbourne commissioning. However, this was not achieved and the Trust still has an estate of over 60 buildings as the plan was not realised due to local planning consent issues and other estate issues.

7.2. The storage of medicines at the correct temperature to ensure they are fit for purpose is a key priority for the Trust. The Trust has a mixed estate with new build make ready centres that have air conditioned drug rooms and older stations where it is not possible to install air conditioning.

7.3. All areas used to store medicines must have the ambient room temperature monitored to ensure drugs are stored at recommended temperatures. This is done either by an active monitor installed into an Omnicell or by a standalone thermometer which will alarm should the parameters be breached. Currently we have medicines stored outside in areas that do not have effective temperatures monitoring.

7.4. During the hot weather in the summer of 2016 on 23 occasions temperatures exceeded the recommended range and around £46,000 of drugs had to be destroyed.

7.5. To facilitate the storage of medicines at the optimal temperature a range of approaches have been considered including exploring the use of portable air con units, reduction of stock levels.

7.6. **Progress to date**

7.6.1. We are currently developing a SOP for temperature monitoring in all areas where medicines are stored and how to escalate in the event of temperatures being outside acceptable ranges.

7.6.2. To ensure there is clarity of the temperature each drug used in the Trust should be stored at we are currently compiling an in-house database with information from drug companies in relation to the stress/stability testing performed at extremes of temperatures.

7.6.3. There is a schedule of station inspections that will be undertaken by the medicines governance team to identify all areas where medicines are stored, check that temperature is being monitored and issues escalated. The findings of these inspections will be used to update the current medicines dashboard.

8. Overspent Medicines Budget

8.1. The year end 2017 spend on medicines was £883,008 against a budget of £428,016. The budget for 2017/18 is £850,752.

8.2. The spend on associated budgets for medical gases and consumables have not increased at the same rate as the medicine's budget and are not significantly overspent. On investigation of the rationale for this it was noted that all stations are supported by either a Make Ready Centre (MRC) or a Vehicle Preparation Programme (VPP) for gases and consumables.

8.3. The medicine's budget was previously managed by the Head of Procurement (Finance) despite not having any direct control on how the budget is spent. This budget will be transferred to the Medical Directorate in 2017/18.

8.4. **Progress to date**

8.4.1. The medicine's budget has been transferred to the Medical Directorate in April 2017.

8.4.2. The Chief Pharmacist is planning to undertake a review all medicines used in the Trust and the amount wasted to ensure effective usage of medicines.

9. Drug labels

9.1. The Trust's drug labels have been identified as not in line with national guidance, they are not the right colours and the Crown is not the correct size or position. Staff have informed us that they had previously raised this as an issue by staff to medicines management team but their concerns were not taken into account prior to the introduction of labels. The labels will be withdrawn and a supplier of correct labels identified.

9.2. **Progress to date**

9.2.1. A supplier of labels that are in line with national guidance and best practice has been identified. The drug label requirements of the CCPs has been identified and new labels introduced for use by this staff group. Initial feedback is positive.

9.2.2. Other staff groups such as Paramedics have been request to identify the drug labels they require. Once this information has been received by the medicines governance team these labels will be ordered.

10. Medicines dashboard

10.1. At the present time there is no effective medicines dashboard to monitor and drive improvement.

10.2. **Progress to date**

10.2.1. The Chief Pharmacist is commencing work on the development of a medicines dashboard.

10.2.2. A new quarterly station checklist has been developed and is in draft form. This checklist will be used to monitor the safe and secure handling of medicines. The findings will be fed back into the medicine's dashboard and reported to MGG.

10.2.3. A New weekly manager checklist is in draft form to monitor the safe and secure handling of medicines on station/sites. This will be monitored by quarterly medicine checks and dashboard and results fed back to MGG.

11. Omnicell

11.1. It has been identified that the Trust is not utilising the Omnicell systems or reporting to realise maximum benefits.

11.2. **Progress to date**

11.2.1. Training on use of Omnicell was received on the 10th and 11th July by the medicines team.

11.2.2. Now SOPs to guide staff on the process they should follow in the event of Omnicell failing or malfunctioning can be completed along with other user SOPs that are necessary.

11.2.3. Standardised stock list for Omnicell has been completed and Omnicell adjusted so that there is no confusion over which product to select when withdrawing or returning.

11.2.4. Review of user access rights is underway.

11.2.5. Standard templates for different user access rights is underway.

12. Key for drug cabinets on double crew vehicles (DCAs)

12.1. We currently reviewing the lock used on our DCA drugs cabinets to enable more robust controls to be in place over loss and replacement keys.

12.2. **Progress to date**

12.2.1. Baseline audit of all DCA keys on all sites complete.

12.2.2. Ledger books ordered and SOP in progress around ‘track & trace’ of all these keys.

12.2.3. Head of fleet and chief Pharmacist in discussions with companies around various locking systems to replace current universal lock.

13. Medical gases storage and security

13.1. It was identified during the recent CQC inspection that medical gases storage and security is not line with the Department of Health guidance (2006).

13.2. **Progress to date**

13.2.1. A BOC audit has been complete to ensure all racking and storage facilities in the Trust are in line with BOC recommendations

13.2.2. Quarterly medicines audits check to include medical gases.

13.2.3. Local security manager checks to include medical gases.

13.2.4. CD liaison officer security checks to include medical gases.

13.2.5. Medical gas group to be set up and terms of reference agreed through MGG.

13.2.6. Medical Gas Policy to be implemented at trust – in progress.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

E - 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.

1.2. The duties of the MDC are to:
- Advise on and develop strategies for recruiting and retaining members to ensure Trust membership is made up of a good cross-section of the population;
- Plan and deliver the 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.

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

1.4. The Membership Development Committee (MDC) met on the 10 May 2017. The draft minutes of this meeting went to the June Council meeting. The MDC next meets on 20 November 2017.

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

1.6. 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), Staff Engagement Forum (staff FT members) and Patient Experience Group (patient 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.

1.7. 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

2.1. Current public membership by constituency (at 14.07.17):

Constituency	No. of members	Proportion of the population who are members
Brighton & Hove	523	0.20
East Sussex	1796	0.35
Kent	3162	0.24
Medway	649	0.25
Surrey	2399	0.19
West Sussex	1639	0.21
Total	**10,168**	**0.23**

2.2. The total staff membership as of 30.06.17 is 3,394.

3. Membership Engagement

3.1. The Membership Office was asked to support the Trust's diversity champions at this year's Trans Pride event in Brighton & Hove. Last year the team did an excellent job of recruiting new members at this diverse event, so we wanted to support them in their endeavours this year. The event took place on the 22nd July at Brunswick Square in Hove. Local staff, diversity champions, Community First Responders and the Brighton & Hove Governor were invited to attend.

3.2. Membership data quality was discussed at the MDC meeting in May and work to clean the data held on file for member email addresses has now been completed. 626 member records were found to have 'bad' email addresses (i.e. invalid, or had marked communications from the Trust as spam). This meant that these members had only ever received election information and vote ballot papers from us as these were sent by post to all members. The newsletter would have been sent by email as that field was complete on their record, but it would have bounced back. It is only with the move to a new supplier that we have been able to address the issue. Upon reviewing the data, 68 of the 626 members with bad email addresses had voted in the last elections. As these were seen to be active members, the 'bad' email address was removed and they were converted to postal members who would then also receive the newsletter by post. The remaining 558 members with bad email addresses were converted to 'no comms'

status, meaning they continued to just receive the voting info and ballot papers as before. The data will be reviewed after the next round elections and any 'no comms' members who vote would also be converted to postal members.

3.3. Emails to members have previously been sent via outlook. With the move to the new membership database system, member emails will be sent through 'click mail' which is a tool for mailings included in the database system. This means that bounce backs from mailings can be managed and statistics on open rates will be available to the Membership Office offering better insight into member engagement.

3.4. The Annual Members Meeting (AMM) will take place on 28th September 2017 and the venue is Ditton Community Centre in Kent (Kilnbarn Road, Aylesford, Kent, ME20 6AH.) Planning is well underway. The MDC fed in views on timings, staff and local organisation stands, and suggestions for content. As suggested by the MDC and Kent Governors the following local organisations are to be invited to have a stand as part of our exhibition: Kent Fire & Rescue (co-responders), Kent Healthwatch, UK Sepsis Trust, Maidstone and Mid Kent Mind & Parkinson's UK. The staff stands are currently being finalised. The Chief Executive chose a presentation on the Darzi Fellowship to be included in the agenda at the AMM. This was one of the suggestions from the MDC, and Charlie Adler – Paramedic, Staff Operational Governor & Deputy Lead Governor will be presenting on the subject. The Chair and Chief Executive have signed off the proposed agenda for the event as below and confirmed their attendance and participation.

Timings for the day of the Council of Governors meeting & the Annual Members Meeting – 28th September 2017
Ditton Community Centre

Time	Activity	Room
09:30	Tea, Coffee and Biscuits for Council & members observing	Acorn Room
10:00	Public Council meeting starts – runs until 1pm	Don Carmen
11:30	Tea, Coffee and Biscuits for Council & members observing	Acorn Room
12:30	Lunch & T&C for stall holders	Oaken Hall
13:00	Public Council meeting finishes	Don Carmen
13:00	Lunch for Council and those observing Council meeting	Acorn Room
13:30	Tea, Coffee and Biscuits for AMM attendees	Oaken Hall

13:30	Exhibition opens to the public (AMM)	Oaken Hall
14:30	AMM starts	Oaken Hall
14:30	1. Introduction, Housekeeping (fire exit/meeting point/alarm/photographer) & approval of AGM minutes 2016 - Chairman (5 mins)	Oaken Hall
14:35	2. We are SECAmb video & intro – Chairman (15 mins)	Oaken Hall
14:50	3. Review of the Year –Chief Executive (20 mins)	Oaken Hall
15:10	4. Presentation of Annual Report & Accounts - Director of Finance & Corporate Services (10mins)	Oaken Hall
15:20	5. Council of Governors Report - Lead Governor (10 mins)	Oaken Hall
15:30	Darzi Fellowship in Clinical Leadership (15 mins) – Charlie Adler – Paramedic, Operational Staff Elected Governor & Deputy Lead Governor.	Oaken Hall
15:45	6. Question & Answer session with panel (35 mins) Panel: Daren Mochrie (Chief Executive), Fionna Moore (Medical Director), James Crawley (Lead Governor), Joe Garcia (interim Director of Operations), Chris Stamp tbc (Regional Operating Unit Manager, Kent).	Oaken Hall
16:20	7. Evaluation and closing summary and thanks - Chair (10mins)	Oaken Hall
16:30	AMM Finishes	Oaken Hall

3.5. The next member newsletter is due out w/c 24 July and will include an invitation to the AMM and an interview with Daren Mochrie QAM, Chief Executive.

4. Public Members' Views

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

4.2. Since the last report the IHAG have met on 13th July 2017. Marguerite Beard-Gould is a representative from the Council at IHAG meetings. Governors are encouraged to observe IHAG meetings from time to time. There is presently a Governor vacancy on the IHAG and the MDC will seek expressions of interest in this vacancy at the next MDC meeting in November.

4.3. At July's meeting the IHAG received presentations on: Patient Experience Update, Investing in Volunteers and SECAmb Strategic Objectives and priorities for the Project Management Office. The minutes of the July meeting are not yet available. It is anticipated they will be included in the September MDC report to the Council. The minutes from the April meeting are included as appendix 1.

4.4. 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. The next IHAG meeting takes place on the 19th October 2017.

5. Staff Members' Views

5.1. 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 Chief Executive is also a permanent member.

5.2. The SEF held a meeting on the 13th February. The meeting focussed on collecting staff views to contribute to the new health and well-being strategy, and an overview of the paramedic pay banding changes. The minutes of this meeting are now detailed below as appendix 2.

5.3. Management of the SEF: After many years of management of the Trust's Staff Engagement Forum (SEF) (formerly called the Foundation Council) moving around the Trust between staff members whose role did not encompass staff engagement, it is positive to note that the Trust has appointed two Staff Engagement Advisors (Kim Blakeburn and Lucy Greaves). These are temporary posts at present but it is hoped that they would become permanent. The Advisors have a lot on their agenda to help improve staff engagement, which includes ownership of the SEF. They are attending the next SEF meeting on the 24th July to discuss their work, the Trust's approach to staff engagement and to consult on how the SEF might best support effective staff engagement in the Trust.

6. **Patient Members' Views**

6.1. The first Patient Experience Group (PEG) meeting took place on 2nd June 2017. Feedback on the activities of the Patient Experience Group will be reported back on at MDC meetings and a summary included in this report to the wider Council. As the first meeting took place on the same day as the Council meeting, our Governor Representative Felicity Dennis was unable to attend. Further meetings will avoid clashes with Council meeting dates. The minutes of the meeting are included below as appendix 3.

6.2. The next meeting was to be held towards the beginning of August, however a decision has been made to postpone it owing to a lack of capacity within the Patient Experience Team at present. Louise Hutchinson is currently also fulfilling the role of the Patient Experience Manager as the previous incumbent left suddenly on 22 June, interviewing takes place on 14th July, however it may be a while before whoever is appointed could start. This will also mean the production of the Patient Experience strategy will be delayed. We hope to provide an update on this in the next MDC report to the Council in September.

7. Recommendations

7.1. The Council of Governors is asked to:

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

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

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

Appendix 1

South East Coast Ambulance Service NHS Foundation Trust

Inclusion Hub Advisory Group (IHAG)

Notes of a meeting held on 12th April 2017
At Nexus House, Gatwick Road, Crawley: 09:30 to 16:00 hours

Attendees:

Angela Rayner	(AR)	Katie Spendiff	(KS)	Penny Blackbourn	(PB)

Ann Osler	(AO)	Leslie Bulman	(LBu)	Paula Dooley	(PD)
David Atkins	(DA)	Marguerite Beard-Gould	(MBG)	Sarah Pickard	(SP)
Isobel Allen	(IA)	Mo Reece	(MR)	Simon Hughes	(SH)
Jim Reece	(JR)	Leslie Bulman	(LBu)	Ollie Walsh	(OW)
John Rivers	(JRi)	Patrick Wolter	(PW)	Terry Steeples	(TS)

Presenters & Guests:

Alison Stebbings	(AS)	Andy Collen	(AC)	Gary Lavan	(GL)
Jayne Phoenix	(JP)	Phil Morris	(PM)	Suzanne Akram	(SA)

Secretariat:

Asmina Islam Chowdhury	(AIC)

Apologies:

Andy Weller	(AWe)	Ann Wilson	(AW)	Hilda Brazil	(HB)
Jane Watson	(JW)	Lucy Bloem	(LB)	Karen Mann	(KM)
Lucy Bloem	(LB)	Karen Mann	(KM)	Lucy Bloem	(LB)
Stephen Merriman	(SM)				
Ollie Walsh	(OW)	Paula Dooley	(PD)	Simon Hughes / Deirdre O'Halloran	(SH/DO)

1 Welcome and introductions

1.1 AR welcomed everyone to the first meeting of the IHAG in Nexus House, the new Headquarters.in Crawley.

1.2 Round table introductions were made, and AR welcomed guests, newly elected Public Governor GL and Staff Elected Governor AS. AR also congratulated MBG on her recent re-election, and advised those present that the IHAG would be requesting a second Governor representative from the Membership Development Committee, as Chris Devereux had not been re-elected for a second term.

1.3 AR also welcomed SA who was observing the IHAG meeting with a view to joining as the lead representative from a potential new partnership organisation, Surrey Minority Ethnic Forum (SMEF). As IHAG members were aware, we have been unsuccessful in improving the Black and Minority Ethnic (BME) diversity of the IHAG and SMEF would help us to ensure we were better able to take the needs of BME communities into consideration in our work.

1.4 AR tabled apologies as given above, including for new member Jane Watson, who would be a patient, and also gave apologies for lateness from JR, MR & OW.

2 Minutes of the previous meeting

2.1 The notes of the meeting held on 25th January 2017 were reviewed for accuracy. AR proposed that the minutes of the last meeting be taken as an accurate record. JRi seconded and the agreement was carried.

3 Matters arising & IHAG Action Log Review

3.1 Action 188.3 – Patient Experience: AR noted that this was a long standing action, and was no longer relevant and that this action was now superseded. . PB had been invited to attend meetings of the Patient Experience Assurance Group, however the strategy is still to be developed and concerns regarding the possibility of conflict with the Inclusion Strategy had been raised with the Deputy Chief Nurse, Sarah Songhurst, at the Inclusion Working Group (IWG) on 27th March 2017. PB requested a second IHAG representative be identified to support her in this liaison role and the group agreed that AO would be a second IHAG representative on the group.

3.2 Action 198.3 – Draft meeting etiquette: IA updated that although this was still a need, it was not a priority at the present time given more pressing issues and that this would be re-prioritised accordingly.

3.3 Action 199.3 – Trust Governance update: IA provided an update that a review of the effectiveness of the "Policy on Policies" was currently underway, and the consultation was currently ongoing. IA also gave apologies for the late agenda item to complete the equality analysis.

3.4 Action 201.2 – IHAG recruitment: AR advised that the gaps had largely now been filled, except for a group to represent the needs of children and young people. It was agreed that we would continue to seek appropriate representation and that the action could now be closed.

3.5 It was **agreed** to close all other actions which had been noted as completed in the Action Log since the last meeting: 202.3, 203, 206.1, 206.2.

4 Review of activities undertaken by members

4.1 Members updated the group on the activities since the last meeting and these included: Clinical Risk Sub-Group; Chairman Selection Panel; Medicines Management Review; Sussex Patient Transport Service Programme Board; Equality Objective Sub-group; History Marking Sub Group Meeting; Inclusion Working Group meeting; Patient Experience planning group

4.2 AR thanked AO for her comprehensive report following the medicine Management review and noted and apologised for the difficulties LB had experienced on the day he should have participated.

Action: AIC to share AO's report on Medicines Management with LB
Date: April 2017

4.3 PB and LB shared their concerns as a meeting of the Clinical Risk Sub Group meeting hadn't taken place since January. It was agreed that they would be able to pick this up with AC, when he arrived to present later in the meeting.

4.4 AR thanked members for their continued support by attending such a wide range of events and noted the importance of ensuring that the IHAG remained outcome focussed.

5 Staff Engagement Forum (SEF) update

5.1 IA provided an update in her capacity of Acting Chair of the Staff Engagement Forum (SEF), advising that the last meeting had taken place on 13th February. The Trust had just recruited two Staff Engagement Advisors, and IA would be meeting with them to discuss the value that the group can bring.

5.2 The February meeting focussed largely on the national change of banding for paramedics, and despite the difficulties this was presenting due to a lack of finance provision for the knock on effects of the implementation. IA noted that positive discussions were had and the positive impact of having Daren Mochrie and Richard Foster join the Trust.

6 SECAmb Strategy and NHS Sustainability & Transformation Plans (STP's)

6.1 AR introduced Jayne Phoenix, Associate Director of Strategy, who came to work with the Trust in October and had recently been appointed to the substantive post. JP noted the positivity within the Trust despite difficulties faced recently.

6.2 JP advised that SECAmb previously had a clinical strategy in place but the plan for the organisational direction required review due the significant changes, both internal and external within the Trust.

6.3 JP advised that work was ongoing in the development of a new five-year strategy for 2017- 2022, with the focus on years 1 and 2 to ensure the Trust is fit for purpose, with clear quality improvement plans. This work was supported by the changes in the commissioning landscape, which for the first time had seen a two year NHS contract signed, reducing bureaucracy and allowing us to submit a two year operating plan.

6.4 JP delivered a presentation which covered the following;

6.4.1 The need for a patient and staff-centred model and recognition that a happy and developed workforce is an essential element of delivery. It was noted that this was based on feedback from the Council of Governors (CoG), who had felt strongly that staff were not just enablers. The IHAG noted the need to reflect the volunteer workforce within the model, linked to the Volunteer Charter.

6.4.2 The purpose of the strategy, which had been developed following consultation with a number of staff groups and the CoG. Feedback was given on the geographical areas outlined, noting that NE Hampshire should also be included.

6.4.3 The proposed vision for the Trust, which had been developed taking into account the views of staff, patients and the public. IHAG members noted that public understanding meant that they were unaware that the contract defines the resources the Trust has available, and therefore this should reflect within the vision.

6.4.4 Members also provided feedback on the strategy strapline, Better today and even better tomorrow prompting a variety of responses. It was noted there could be possible negative connotations from a public point of view and it was suggested the removal of "even" might mitigate this.

6.4.5 Work that had taken place to date, including taking into account financial restraints, required CQC improvements, influencing factors, such as the state of our partnership organisations (which include a number of acute hospitals in special measures) and strategic levers such as hospital handover.

6.5 JP noted that as part of the work that had taken place, she had been looking at what impacts on the Trust and what needs to be considered in our summary, these included;

- Ageing population - SECAmb's population is one of the oldest in the country, and above the national average. This results in increased demand and pressures due to the increasingly complex health needs.
- Road traffic collisions - It was also noted that the Wealden area was in the top four nationally for road traffic collisions.
- Highly diverse population, including areas with higher than national average BME diversity in Dartford & Gravesham and Thanet, and the resulting requirement to be aware of cultural needs, both visible and hidden.
- JP also noted the need for improved understanding around the needs of patients with mental health needs and the Traveller community, and the unique mix of rural and urban population within SECAmb's patch.

6.6 JP advised that nationally the focus on the Five Year Forward View, with next steps due to be published in May 2017, would be aligned with SECAmb strategy.

Sustainability Transformation Plans (STP's)

6.7 As part of the presentation, an update of STP's was provided explaining they are strongly seen as the solution to optimise resources within the NHS, and how this was impacting on SECAmb.

6.7.1 The STP footprint had been set at Government level, with 44 nationally. SECAmb had three core STP's plus Frimley Heath, and JP was on the programme board for the three core STP's and on the subgroup for Frimley. This allowed SECAmb to be a key part of the discussions around changes to the local health care economy, including acute reconfiguration. As part of the contract SECAmb would be required to deliver against the four STP's, which included a number of local care plans (i.e. nine local care plans in Kent).

6.7.2 However, it was noted that the STP's were at various stages but they did recognise the need to work at scale in order to optimise resources.

6.7.3 AR shared the concern of the IHAG regarding a lack pf patient and public consultation, and JP noted despite some good attempts to engage with the public, advertising could have been improved to ensure greater awareness.

6.8 It was agreed that due to a lack of time, any further questions, should be forwarded to Asmina for collation, prior to sending to JP.

6.9 AR thanked JP for attending and asked for a copy of the presentation which is provided below.

SECAmb Strategy & STP JP 130417.pdf

Action:	**Members with further questions regarding STP's to submit to AIC for collating and forwarding on.**
Date:	**April/ May 2017**

7 Response times in rural areas – Phil Morris (PM)

7.1 AR welcomed PM, Operations Manager, who was deputising for Chris Stamp., who had sent apologies.

7.2 PM provided an overview of factors which impacted on response times, including budget which linked to resources and staffing levels, demand, hospital pressures and spikes in activity. Taking Thanet operational area as an example, PM outlined activity levels in order to illustrate the differences in demand between urban and rural areas, whereby the number of Category A Red 1 (life threatening) calls for the six combined rural locations in Thanet over a 12 month period, were less than the number of the calls at the same grade for

one month in the urban areas. PM shared two maps showing the location of Red 1 calls geographically, which were clearly concentrated around the urban areas, and as a result were strong determinants when looking at the positioning of ambulance response posts.

7.3 However, The Trust recognised that there was a need to provide timely responses to those in rural areas, and as such worked with the Voluntary Services department to increase the recruitment of Community First Responders (CFR's) in rural areas. PM advised that at present there were 231 CFR's in Kent and there were 70 new CFR's who had been recruited and trained in March 2017.

7.4 The Trust had recognised the valuable contribution by CFR's and had funded 6 vehicles for the CFR teams across the Trust, with future plans to fund another six. In addition, CFR's have now been issued with Airwave radios, to improve the immediate support and access, as well as improving connectivity. A number of engagement sessions with the CFR's have also taken place, to ensure they feel valued and supported. PM noted that the role of the Community Partnership Lead had helped to strengthen the relationships between the CFR's and Operating units.

Action:	**AIC to share a copy of the Volunteer Charter with all OU Managers**
Date:	**April/ May 2017**

7.5 PM also outlined additional mechanisms in place to support patients in rural locations that were available via the EOC. AR thanked PM for this update, and it was agreed that questions would be sent on via AIC, a copy of the presentation is provided below.

Response Times in Rural Areas.pdf

8 Volunteering: Community Guardian (CG) Roles in SECAmb

8.1 AR welcomed AC to the IHAG. AC advised that following the award of funds from central government under the Q-Volunteering scheme, he had come to engage with members on two proposals focussed on expanding the use of volunteers within the organisation;

- Support for frequent callers
- Aftercare for patients who have fallen

8.2 AC provided a brief overview of the Q-Volunteering scheme, outlining key policy drivers, including health and social care, social action, people and reducing / moderating pressure on local systems.

8.3 AC outlined the role of the proposed Community Guardian(CG) role in supporting patients who have fallen, reducing on scene times for crews, enabling them to treat and walk away in the knowledge that a patient's social

care needs were being followed up. However, AC noted that it was not envisaged that the CG's would be a primary response role. The IHAG provided feedback, noting that in an ever decreasing pool of volunteers the scheme would be more likely to succeed if it was viewed as an expansion of the current CFR role, rather than a parallel role. It also allowed the Trust to utilise the knowledge of the CFR Team leaders, to recruit locally. Feedback was also provided that there was a need for a detailed analysis to be carried out to clearly identify the greatest areas of need and to map against other third sector organisations that may already provide this service.

8.4 AC also outlined the second proposed role which was based around support for frequent callers, who were often lonely and had an unmet need. AC proposed a scheduled visiting service, that would support these patients whilst signposting to other areas of support. This could potentially reduce a large number of frequent callers who have identified calling patterns.

8.5 Members highlighted the potential for patients becoming dependant on the regular visits of a CG although they appreciated that this may result in a lower number of calls from these patients. The also identified that clear pathways detailing how a patient would be passed onto appropriate services be considered and the need for a clear framework of operation and boundaries.

8.6 Detailed discussion took place regarding the two proposals, and the IHAG recommendation was the Q-Volunteering CG scheme be integrated into the current CFR scheme.

8.7 IHAG supported the idea to provide help for fallers in the immediate aftermath of an incident. However, they had concerns regarding the proposals for frequent callers. As such they requested that AC consider a clear delineation of roles between the CG's and CFR's, and that he work with third sector organisations to understand support for patients that was already available.

8.8 AC thanked IHAG members for their support and requested their assistance in developing a role brief etc. to take this work-stream forward. AC to confirm dates for a workshop, which will be circulated by AIC.

CommGuard - IHAG meeting 12th April 2

Action:	**AC to advise of dates for workshop to develop role brief and other documentation for the Community Guardians.**
Date:	**May/June 2017**

9 Staff Wellbeing

9.1 AR shared a short presentation on the development of the Trust wellbeing strategy which would be launched by the Chief Executive Officer (CEO) in his weekly update later that week, following approval at the March 2017 Board meeting.

Action:	**AIC to share CEO's weekly update launching new Wellbeing Strategy with IHAG members.**
Date:	**April 2017**

9.2 AR shared details of staff engagement, and provided statistics on sickness absence levels within the Trust, explaining the national context which had informed the development of the strategy. An overview of the strategy vision and aims was provided to members as well as information on the eight strategic objectives. One of these would see the implementation of a clear and accessible entry point for employees to obtain wellbeing advice, signposting and access to appropriate services in a timely manner in the form of a visible single point of access to a Wellbeing Hub.

9.3 The group discussed the high level implementation plan which would ensure the success of the strategy, and noted that improving staff wellbeing is a key priority.


Staff Wellbeing - IHAG.pdf

10 Open session, horizon scanning and future agenda items

10.1 Policy on policies - IA gave apologies for the late circulation of the draft "Policy on Policies" to enable completion of the Equality Analysis (EA). IA gave the group an overview of the document which had been shared, advising that this iteration had been developed with close working alongside the Joint Partnership Forum, and staff consultation.

10.2 The IHAG provided feedback on the following points;

- The inclusion of the IHAG in list of groups consulted with in 3.3.
- Clarification around the review process in 3.2.1

10.3 The group discussed the current ratification process within the Trust which saw policy approval delegated away from the board to the Senior Management Team to improve scrutiny.

10.4 The IHAG discussed the EA and any potential impacts, noting the following;

- The policy strengthened the opportunity to identify any potential adverse impacts, supporting the requirements under the Equality Duty.
- The document had been based on best practice and wide consultation and provides for the utilisation of local knowledge where appropriate.
- There was no impact on Human Rights.
- The policy had the potential for positive impact for all characteristics.

11 Meeting effectiveness

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

12 AOB

12.1 AR updated that the new CEO had been invited to attend the IHAG meeting on 13th July 2017. It was agreed that the new Chairman also be invited to attend.

12.2 SECAmb would once again be hosting the national Ambulance LGBT Network Conference on 4th August at the AmEx in Brighton. Details of the event would be circulated to members nearer the time.

12.3 AR invited members to join SECAmb at Brighton Pride, in the parade on Saturday 5th August.

12.4 AR asked members interested in participating in a sub group to review the Equality Diversity & Human rights Policy and Procedure for Supporting transgender Staff and Service Users to let AIC know. AIC to circulate the date to all.

Action:	**AIC to share date for policy review meeting with members**
Date:	**April 2017**

12.5 KS advised that there were two upcoming member events and details of these would be recirculated via the IHAG update.

12.6 PB noted the South Central Ambulance Service had taken over both the Sussex and Surrey PTS service from 1st April, and feedback so far was positive.

12.7 SH advised that SECAmb were joining the Brighton and Hove Safeguarding Adults Board, and were improving links with the Surrey group.

13 Date of next meeting

13.1 The next meeting will be held on **13th July 2017,** 09:30 to 16:00 hours.

Appendix 2

Staff Engagement Forum
13th February 2017

Present:

Angela Rayner	(AR)	Inclusion Manager,
Tim Howe	(TH)	Non-Executive Director
Karen Lavender	(KL)	ER & Policy Manager
Karen Mann	(KM)	IT Development Project Manager
Izzy Allen	(IA)	Membership & Governor Engagement Manager
John Waghorn	(JW)	Paramedic

Louise Chambers	(LC)	EOC Manager, Coxheath
Nigel Coles	(NC)	Paramedic former Staff elected Governor
Nigel Sweet	(NS)	Trade Union Representative, Technician
Paul Leonard	(KB)	Health Advisor, 111
Geraint Davies	(GD)	Acting Chief Executive
Steve Graham	(SG)	Interim Director of Workforce Transformation
Alison Stebbings	(AS)	Staff-Elected Governor, Logistics Manager
John Waghorn	(JW)	Paramedic Gatwick MRC

In attendance

Mark Tilley	(MT)	GMB Staff Side Representative
Pete Steventon	(PS)	Senior Staff Side Representative
Trevor Freeman	(TF)	Unite Staff Side Representative
Jean Gaston Parry	(JGS)	IHAG

Presenters

Steve Graham	(SG)	Head of Workforce Transformation
Karen Mann	(KM)	IT Development Project Manager
Geraint Davies	(GM)	Acting Chief Executive

Secretariat

Karen Lavender	(KL)	ER & Policy Manager

Apologies:

Debbie Evans	(DE)	ECSW, Paddock Wood
Lee Warwick	(LW)	HART Paramedic, Ashford MRC/HART
Lee-Ann Witney	(LAW)	Fleet
Katy Larkin	(KL)	OD Learning and Development Lead
Geoff Fitch	(GF)	CCP, Thanet
Danny Dixon	(DD)	Clinical Education Trainer
Katie Spendiff	(KS)	Corporate Services Coordinator

1. Welcome, introductions and apologies

1.1. KM welcomed members to the SEF and to observer, IHAG member JGP.

1.2. KM confirmed that IA will be taking over from KM as the SEF Chair following this meeting

2. Minutes

2.1. KM apologised that the minutes of the meeting held on 21st November 2016 were delayed and confirmed they were awaiting review and approval from the SEF.

3. Action log

3.1. Action 159 – Electronic Wage slips - Closed; SG advised that this was in progress and under review with Graham Petts.

3.2. Action 167 – Attendance - please advise HB in future if you are unable to attend the meetings.

3.3. Action 176- Provision of a video guide to the fitness test, until intranet rolled out programme is hold – ongoing action LS

3.4. Action 194.3 & 194.5 immediate handover policy – superseded by further actions. KM will raise with GD at his presentation

3.5. Action 195.2 – closed

3.6. Actions 197.3- Ongoing
3.7. Action 199 - carry forward as SG not in attendance
3.8. Action 200.1 – one member put forward and passed to Emma. Date of 1st meeting to be circulated to SEF. In progress
Action – IA to circulate all on line consultation for SEF
3.9. Action 200.2 – awaiting completion of 200.1
3.10. Action 201 – carry forward
3.11. Action 202 – carry forward
3.12. Action 203.1 – The Unified Recovery Plan can be found on the intranet
3.13. Action 203.2 – ongoing. The Ambulance response Program is working well and awaiting national review following 6 months post implementation. LC explained some problems which impacts on 4 minute response. LC to update following national review
3.14. Action 204.1- Crawley move update – SG to cover in presentation
3.15. Action 205 – completed closed
3.16. Action 206 – completed closed
3.17. Action 207 – strapline on bottom of bulletin. Suggested that AR also shared with wellbeing groups
3.18. Action 208 – completed – close
3.19. Action 209 – completed - close

4. Presentation – Geraint Davies

4.1 Finance

- GD provided an update on where we are from a financial point of view and that given that, month 10 was on target, GD felt the Trust was in a positive position. GD gave thanks to the whole Trust for the understanding that we have to live within our means and recognised that this was a challenge, but measures taken were for the right reasons.

- Our performance is challenged and not fitting 75%. There is a structural gap and the Trust needs to be very honest in this respect. There is a need to identify what the gap is to inform the CCG. Capacity Project to review structural gap and review of money coming in. Project length 2-3 weeks with an end of 31st March 2017. This information is to enable the commissioners to agree a funding figure for the next 2 years. GD explained that ARP has had a positive effect and should give us cost savings, but is not going to give 3-4 million back. The future model will change in certain areas: Core funding; service changes from SDP's; Paramedic re-banding (more see and treat and hear and treat). All staff need to understand the implications. Jane Phoenix holding sessions which staff are urged to go to as there is a need for post holders to take responsibility.

- TF stated that the Trust vision needs to be shared more from the top and ensure that all levels understand. GD explained another challenge is the state of flux, with a new chief executive and other changes at the executive level. A new executive structure currently out to consultation, with news after 18th Feb, with an aim to stabilise both the executive and top management team

- AR- Accountability needs to come from the top and those that are underperforming need to be held to task. GD -We are now showing accountability and are trying to hold people to account. Lower down, if this is not happening then the line manager needs to deal with this. All parts of SECamb, all of us are affected. SG – Interims are vital at times to the Trust. These are experienced, committed people that are needed when in a state of flux. Not an organisational choice, just what is needed. SG asks that SEF assist in changing the myth of interims. KM – Message needs to go out reflecting this. Need to put the Exec structure in context and communicate to staff.

- GD – what can SEF do to sort this out in your roles and help with these issues. A new Chief Executive can't change the culture by himself. SEF to take accountability and make it tangible.

- AF – raised at last meeting about the context and story and feedback via Janine Compton. Not seen this result. GD – will ask JC to scribe an aide memoir with the key bullets on context setting and monthly key messages.

- MT – need message to go out re interims.

5. CQC

5.1 CQC visit 15th-18th May with a full inspection and will re-grade us. The CQC will be looking at key challenges

- Has the Trust accepted what the CQC said?
- Plan in place
- Tackling must do's

Need - bare below the elbow – crucial
- role and remit
- individual accountabilities

5.2 SG – some staff not returning DBS forms, so if you hear about suspensions that's why.

5.3 GD – need to be honest where we are not doing well i.e. medicine's management outside of MRC's and challenge around list of drugs we have which is around double that of other Ambulance Trust's. Need to weigh up cutting down on drugs and innovation. Hopefully announcing interim Medical Director.

5.4 AS – need these drug changes in bulletin. SG – have previously been quite cautious about messages, understand from SEF that staff want to hear everything and you will support the message. GD – must be an open and transparent Trust, but stuff does end up in the news. NS- at least by involving us/ staff we have a chance of getting the right message out.

5.5 KM thanked GD for his candour during this meeting

6. Presentation – Steve Graham

6.1. SG's presentation on the Paramedic Re-banding and HQ/EOC West relocation update is attached. 
Update for SEF - February 2017.pptx

Paramedic Transition

6.2. SG explained that this was a national initiative to recognise the development of the Paramedic role, which the Trust was on track with. Funding was from a central budget, which was yet to be received, which in turn meant the Trust would declare a deficit in Feb 17 and would therefore have an impact on financial special measures.

6.3. Some concerns were raised within the group in regard to the requirement for newly qualified practitioner's to be with an experienced member of staff or mentor, but recognised that this was a national issue.

6.4. SG took away an action in regards to HCPC registration and cohort dates.

6.5. SG summarised the key messages of being fully engaged with staff side and on track with national targets.

HQ/ EOC West Relocation

6.6. SG started off by showing GD's video tour of the new building.

6.7. SG explained that the majority of the Banstead building would be boarded up and that only Fleet and the IT servers would remain, this would be reviewed in 6 months following the move.

6.8. There was discussion within the group about the on-site facilities. SG confirmed that factsheet would be available in the next couple of weeks.

6.9. KM thanked SG who had found the session very useful in providing an update on the relocation and for explaining the new band 6 Paramedic and Band 5 Newly Qualified Paramedic (NQP).

7. Presentation – Karen Mann

7.1. KM's presentation on electronic Patient Clinical Records (ePCR) is attached.

Project Update for SEF Feb 2017.pptx

8. Speak in Confidence launched.

8.1. Group members were requested to take a leaflet and promote this initiative in their areas and departments.

9. Review of meeting effectiveness

9.1. Members agreed that it the meeting had been informative and valuable.

9.2. Additional comments should please be sent to IA.

9.3. KM thanked the members for their support during her time as SEF chair.

Date for next meeting: 24th July at The Charis Centre, Town Barn Rd, Crawley RH11 7EB.

Appendix 3

Patient Experience Group

Notes of the meeting held on Friday 2 June 2017

Present:

Louise Hutchinson, Patient Experience Lead (chair for this meeting)
Giles Adams, Operating Unit Manager, East Sussex
Mark Bailey, Operating Unit Manager, EOCs
Penny Blackbourn, IHAG member
David Borer, Patient voice representative
Justine Docwra, Complaints and PALS Manager
Alexandria Dyer, Organisational Development (OD) Consultant (on behalf of Steve Singer)
Jane Mitchell, Safeguarding Lead
Jane Sellers, Patient voice representative

Apologies
Katrina Broadhill, West Sussex Healthwatch
Felicity Dennis, Public Governor
Gary Lavant, Public Governor
Elizabeth Mackie, East Sussex Healthwatch
Sue Mitchell, Senior Manager for Clinical Governance & Quality KMSS111
Steve Singer, Head of Learning and Organisation Development
Sara Songhurst, Deputy Chief Nurse

1. Welcome and introductions

Introductions we made and LH welcomed everyone to the meeting, in particular our patient voice representatives, Complaints Manager Justine Docwra (JD), and OD consultant Alexandria Dyer (AD), for whom this was their first Patient Experience Group meeting.

In his introduction Mark Bailey informed the group that he has input in the Transition to Practice (TTP) course, which is the SECAmb training provided to paramedics when they first leave university and join the Trust. Mark talked about the fact that we are the only healthcare professionals who cannot see our waiting lists, and while recognising the importance of ensuring our patients have as good an experience as possible, there is a balance to be struck when taking time to provide social care to patients (once any clinical needs have been attended to), as there are always more patients out there awaiting an ambulance response. Giles Adams added that he provides patient experience talks to University of Sussex paramedic students, and is also the SECAmb appointed governor for Sussex Partnership Foundation Trust.

2. Notes of the last meeting and actions

LH fed back that no discrete visitor car parking had been allocated at the new Crawley HQ, but that the Trust would always try to secure a space for visitors. All other actions from the last meeting that were not on the agenda had been completed.

With regard to the patient story films shown at Trust board meetings, which are also a useful training tool, MB mentioned that it would be helpful if the story provided the outcome, ie what learning was gleaned as a result of the complaints, and it was suggested that it might be helpful to ask the investigating manager to explain the outcome at the board meeting. LH agreed to look into this.

Action: LH

3. Terms of reference – update

LH informed the group that Sara Songhurst, who had been earmarked as chair of the group, was leaving the Trust on 20 June, and that a decision would be made in the near future as to who would chair the group going forwards.

4. Recruitment of outstanding members

LH informed the group that a public governor, Felicity Dennis (FD), had been appointed to the group, but unfortunately our meeting clashed with a Council of Governors (CoG) meeting, hence Felicity was not able to attend today. LH would ensure that in future, dates of CoG meetings would be avoided. She also reported that Frequent Caller Lead Kieran Cambell had now left the Trust, but that interviews were taking place the next week for a replacement, who would join the group on taking up their appointment.

Unfortunately, it had not yet been possible to appoint a carer voice to the group, but LH had circulated information about the PEG to all carers groups again this week and was hopeful of being able to recruit by the time of the next meeting. JD advised that her previous employer, Sussex Partnership Foundation Trust, have a mental health carer in a paid role and it may be worth exploring whether they could be the carer voice on the PEG. LH would explore this should no carers be forthcoming from the latest call.

With regard to the recruitment of staff members, LH reported that there had been a good response, with nine staff expressing an interest in joining the group, however owing to recent capacity issues LH and GA had not been able to schedule meetings with the potential candidates as yet. This would take place soon and it was hoped the staff members would be in place by the time of the next meeting.

In terms of membership, a discussion took place that perhaps members could have staggered terms of office, e.g. some taking on the role for two years and some for three, so that we do have continuity but the membership is refreshed. Group members felt this was a good idea, and this should be progressed.

5. Patient Experience Report/Datix issues

It had been decided previously that a detailed patient experience report should be provided to each PEG meeting. Unfortunately however the Trust had experienced serious issues with its Datix risk management database, which meant that currently it was impossible to draw off complete reports. The Trust's new Datix Manager would be starting work next week and LH was hopeful that a robust report would be provided to the next meeting.
LH asked JD whether there had been any exceptional issues with complaints, e.g. numbers of complaints, themes/trends, etc. JD reported that there had been an increase in complaints about timeliness, ie delays in ambulance responses arriving with patients, as well as ambulance backup arriving when patients had been attended by a single responder in a car and did require transport to hospital. JD stated that the majority of complaints were about timeliness and 999 call triage and that there were relatively very few complaints about patient care.

Staff attitude continues to be a common theme, and LH reported that for this year's Key Skills annual training update, a patient experience session had been designed by LH in conjunction with Learning and Development. In addition, the Patient Experience Team delivers a half-hour session at each corporate induction, to raise awareness of the importance of patient experience, reminding staff that while to them attending 999 calls is an everyday occurrence, most patients and their relatives have rarely, if ever, called 999 and this can be a very anxious and stressful situation for them.

JD said some recent themes had included community midwives not appreciating the difference in call dispositions, which has resulted in some chief midwives visiting our Emergency Operations Centres (EOCs) to increase their knowledge. There are also often queries about the kind of questions we ask and how the responses influence the outcome of the triage.

6. Development of a Patient Experience Strategy

LH reported that further to the last meeting, Chief Nurse Emma Wadey had requested that some consultation should take place about what we should include in the patient experience strategy, therefore the draft strategy proposed at the last meeting had not yet been developed. LH also reported that while information had been sought via the Trust's membership, the staff bulletin, Quality Matters newsletter, and all local Healthwatches, relatively little feedback had been received, though she did provide members with a flavour of the comments that had been received.

LH informed the group that having spoken to FD, she was of the opinion that we should now progress with producing a draft strategy, and all group members present agreed. LH agreed to produce a draft on her return from leave towards the end of June, which she would circulate to all members.

Action: LH

7. 2016 999 survey report

LH had sent to members in advance the report of the latest 999 caller survey, which showed a caller/patient satisfaction level of 95.84%, the second highest since our 999 surveys began in 2011. LH felt this was a great achievement considering the

increasing pressures ambulance services are experiencing, however she did wish to explore with the group at the next meeting the merits or otherwise of continuing to undertake the 999 surveys in their current format, considering they provide very little new information.

A discussion took place as to what information we would leave behind with patients who are not conveyed to hospital in future, now that patient clinical records (PCRs) are electronic and not in paper form, so that carers/family know what has happened. It was suggested that the ePCR Lead should be invited to the next meeting.

Action: LH

8. Development of the PEG work plan

It was agreed that the first annual work plan would be discussed at the next PEG meeting, along with the draft strategy.

9. Any matters to be escalated by exception to the Quality and Patient Safety Group

There were currently no matters to be escalated to the QPS Group.

10. Any other business

MB thought it prudent to alert the group to the fact that the Trust's new computer-aided despatch (CAD) system would be introduced into the Coxheath EOC in Kent on 4 July; it would then be introduced into the Crawley EOC on 18 July, leaving the Surrey EOC using the old CAD until it moved into Crawley on 5 September.

MB also reported that the Ambulance Response Programme was on hold as a result of the general election, but was due to go to the Secretary of State and through parliament as a change to legislation was required. If the state of play remains after the general election, Red 1 calls would still require an attendance within 8 minutes; Red 2 calls would have up to four additional minutes to establish the facts and to allocate an appropriate response; Green 2 calls would require a response within 30 minutes, and all other calls would require a response within between one and four hours, dependent on seriousness.

11. Effectiveness of the meeting

Those present felt the meeting had been useful and were pleased that it concluded on time.

12. Date of next meeting

The next meeting take place at the Crawley HQ towards the end of July/beginning of August, dependent on people's availability. It was agreed that the meeting should be of three hours duration, from 10am – 1pm, in order to accommodate review of the draft Patient Experience Strategy and discussion around the work plan. LH asked that members inform her of any holiday dates and that she would circulate two possible dates for the meeting.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

F – Governor Development Committee

1. Introduction

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

1.2. The duties of the GDC are to:

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

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

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

1.5. The GDC met on 27 June 2017. The full minutes are provided for the Council as an appendix to this paper.

1.6. The GDC meeting focused on: feedback from the previous Council meeting; setting the agenda for the next Council meeting; preparing for the Lead Governor report at the Annual Members Meeting; reviewing Governor attendance at council meetings; the process for the appointment of an External Auditor for the Trust; and the effective operation of the Council. 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 felt the meeting had been constructive and well-presented, in particular noting Tim Howe's useful input and Daren Mochrie's welcome openness.

2.2. The agenda items covering the Board Committee escalation reports was discussed. These reports were an important focus for the Council as they provided a risk-based update on the Trust. Governors were encouraged to ask more questions around the content of the escalation reports, however it was noted that when the reports themselves are very clear, there may not be a need to interrogate further.

2.3. The issue of the regularity with which Governor observe Board Committees was discussed and it was agreed that further discussion with the NEDs about this would be useful.

3. Agenda setting

3.1. The GDC prioritised seeking assurance around medicines management for the Council agenda.

3.2. Further discussion about Council meeting venues and locations would be scheduled.

4. Lead Governor's presentation to the Annual Members Meeting

4.1. The content of the report by Brian Rockell for the Trust's Annual Report would be used as the starting point for development of the Lead Governor's report to the AMM.

4.2. This was circulated to all Governors following the GDC meeting. To date no feedback has been received so the report will proceed along those lines.

5. Governor attendance at Council meetings

5.1. The GDC reviewed attendance records and noted how the vast majority of Governors attended many meetings. This should be recognised and celebrated.

5.2. There were four Governors who had not attended the previous three Council meetings, and it was agreed that they should be formally written to, to ask why and crucially whether they felt able to come to the next meeting and future meetings.

5.3. This has been done and the outcomes will be reviewed at the next GDC.

5.4. There were many issues to take into account regarding non-attendance, including:

5.4.1. Reasons for non-attendance;
5.4.2. Activity between meetings;
5.4.3. Contribution when present; and
5.4.4. Future commitment to attend.

5.5. The GDC would continue to review attendance every six months and make recommendations to the full Council as to whether action should be taken by the Council to remove any Governor.

5.6. In addition, it was noted that the make-up of the Council could be reviewed as part of a review of the Trust Constitution, to take place over the coming year in order for any changes to be approved at the AMM 2018.

6. Process for appointment of the external auditor

6.1. A paper outlining a proposed process to include Governors on a working group to run the tender process for new external auditors was discussed.

6.2. Three Governors would be asked to nominate themselves to join the Working Group, which would be chaired by Angela Smith and Graham Colbert would be the fifth member.

6.3. The proposed process was agreed. Brian Rockell, James Crawley and Matt Alsbury Morris have since been appointed to the working group which had its first meeting on 21 July. The full process has since been shared with the Council by email.

6.4. The Working Group's recommendation to appoint an auditor will come to the Council meeting in September.

7. Effective operation of the Council of Governors

7.1. The attendance of NEDs at Council meetings was discussed. The GDC noted the proposal that (in addition to the Chair) the Senior Independent Director (SID) plus one additional NED would attend each council meeting and counter-proposed that there should be the SID plus two NEDs.

7.2. The GDC heard that the Corporate Governance Team planned to codify processes relevant to the Council i.e. collect together already-agreed processes (for example, Chair and NED appraisal process) and develop new processes where none existed. This was thought to be a good idea and would take place during the coming year.

8. Other business

8.1. The GDC went on to discuss venues, security and parking in relation to Council meetings. There is an opportunity for all Governors to discuss venues following the formal Council meeting on 27 July.

8.2. Other issues were discussed including the role of the Lead Governor, the Patient Experience Group, and support for CFRs.

9. Recommendations:

9.1. The Council is asked to note this report.

9.2. Governors are invited to join the next meeting of the Committee on 5th September at Crawley HQ.

James Crawley, Lead Governor (On behalf of the GDC)

See over for the minutes of the GDC meeting

South East Coast Ambulance Service NHS Foundation Trust

Minutes of the Governor Development Committee

Crawley HQ – 27th June 2017

Present:

James Crawley	(JC)	Lead Governor & Public Governor for Kent
Marguerite Beard-Gould	(MBG)	Public Governor for Kent
Jean Gaston-Parry	(JGP)	Public Governor for Brighton & Hove
Alison Stebbings	(AS)	Non Operational Staff Elected Governor
Brian Rockell	(BR)	Public Governor for East Sussex
Mike Hill	(MH)	Public Governor for Surrey & N.E Hampshire
Peter Lee	(PL)	Company Secretary

Minutes: Katie Spendiff

Apologies: Felicity Dennis, Matt Alsbury Morris, Izzy Allen.

1. **Welcome, declarations of interest, minutes & action log**

1.1. JC welcomed members to the meeting. No declarations of interest were received. The minutes of the previous meeting were reviewed. MBG noted she had sent apologies for the last meeting and wished for them to be recorded.

1.2. The action log was reviewed. In respect of action 103 on additional training for new Governors to be held in house by IA/KS, KS noted that she wished to clarify the content of the training and whether it was still thought to be required by new Governors.

1.3. KS noted that there were not any new Governors in attendance at the GDC meeting so it might be worth emailing them specifically to see what their opinion was. BR noted that experienced Governors could help shape the content. BR suggested an area of focus might be statutory responsibilities and the Monitor guidance on the role of a Governor, and he would be happy to attend the training to offer support. KS noted that a lot of information on the Trust and its governance structure were shared at the Governor induction, but that perhaps receiving that kind of information on the first day may not be the best approach.

1.4. MH noted that an “induction plus 3 months” type training to revisit some of the content from the induction would be useful. MH noted content could focus on the Governor handbook, code of conduct, and what support Governors would receive from the Trust. KS noted Governors had been given the opportunity to observe in an Emergency Operations Centre and to apply to go out observing on a vehicle with frontline staff, for further experience and learning opportunities.

1.5. MBG queried whether the Trust was cancelling attendance at all NHS Provider training courses in London. She noted the opportunity to meet Governors from other Trusts and network with them informally at the training was very useful. PL noted there were other ways to achieve this interaction, including arranging meetings with other Trust’s Councils

and observing other NHS FT Council meetings in action. KS noted there were also other NHS Provider opportunities to network such as the recent Governor Focus conference.

1.6. In respect of action 104 'Send NHS Providers in house training proposal to Company Secretary', KS advised that the training costs had been approved and that a date for the training was to be agreed with the Council. BR reflected that the recent in-house training had been very useful and informative. JGP and AS agreed that the training had been very valuable.

2. **Discussion of any previous feedback from the previous Council meeting**

2.1. JC noted that Tim Howe's content in the formal meeting and afternoon session had been very useful, engaging and well presented. MBG noted the positive shift in tone at the meeting had demonstrated the changes in the Trust and that the Chief Executive's openness was very encouraging. JC advised he had felt very positive coming away from the Council meeting. AS agreed that the Trust appeared to be on a positive trajectory. BR noted it had been a harmonious meeting with good attitudes from all in attendance.

2.2. PL noted that at the last two Council meetings very little time had been given to Board Committee escalation reports, and no issues on the reports had been raised by Governors. These reports should be the most important area of focus for the Council as it was their opportunity to hold the NEDs to account; the opportunity was missed if the NEDs were not challenged. JC noted that if the report was clear and satisfactory then there was no need to necessarily challenge the NEDs. BR noted it was important to triangulate the information Governors hear at the Board and then at the Council meeting: attending the Board gave the opportunity to see the NEDs in action. There were questions BR had thought he might ask at the Council, but they had actually been answered within the context of a Board meeting. JC noted the availability and usefulness of the Board audio recordings for those that couldn't attend the Board in person. MBG noted that the papers received by the Council were much clearer so there was less need to challenge on the content. Although she advised that she had challenged Lucy Bloem at the March Council meeting.

2.3. MBG noted that seeing the NEDs in action at their respective committee meetings was valuable and noted her personal opinion that the opportunity to observe Committee meetings was rare. MBG queried the regularity of the Quality and Patient Safety Committee (QPS) and that Governors only had one opportunity to observe the meeting in September. She noted that only by seeing NEDs in action at Committees did you get the feel for how they worked. BR agreed. He noted he did not have a place at QPS and was keen to attend, he felt an unnecessary limitation had been set. JC noted the subject could be discussed with the NEDs at a Council meeting to seek the NEDs' view on this. PL noted that some Committees met more often than others, and that the opportunities to observe were in place. It would be important to be clear on the purpose of Governors observing more meetings. JC noted the purpose would be to hold the NEDs to account by seeing them in action at Committees. JC noted his personal preference to have a Governor observing at each meeting. He had used his observations at the Workforce and Wellbeing Committee to challenge Tim Howe at a recent Council meeting. A Governors' report on observations at the meetings was shared with the Council and IA had pulled this together very well with Governors after the Committee meeting. JGP noted that Governors felt more confident to raise questions from the additional information they received from observing Committees.

2.4. BR noted the need for timely circulation of the agenda and papers for the Board Committee meetings Governors were due to attend. KS advised that she would check that the schedule of who was attending with the coordinator that circulated the papers.

ACTION: Remind SH which Governors are due to attend which NED committee and to include them in circulation of papers.

3. **Agenda items for the 27 July Council meeting (Crawley HQ)**

3.1. JC noted that the four items listed were substantial topics. He wished to submit a potential future item on vacancies on the Council of Governors in line with the review of the constitution.

3.2. MBG noted that security on Trust sites was an area of interest for her. She had observed poor security protocols at Thanet MRC where you could walk in to the stores area.

3.3. MBG noted an interest in receiving an update on medicines management including how the Trust manages the medicine stock etc. JC noted that he was also interested in this subject and that poor staffing levels in this area plus a lack of control for some time would take time to fix. JC would be interested to receive a report from the Medical Director and Lucy Bloem on this at the next Council meeting. PL noted that medicines management was the most focussed-on issue for the Trust presently: it was a standing item on the Board agenda. The Board meeting that week included a report from the Fiona Wray, Associate Director, Medical Directorate and Carol-Anne Davies Jones - Chief Pharmacist on the current issues and progress made to address these known issues. PL noted this topic should be front and centre for Governor focus and that it would be good to hear about this at the next Council meeting. BR noted the need to seek assurance on this area from Lucy Bloem.

3.4. JC advised that NHS111 was doing well and that the update had been on the list of suggested agenda items for a while, but noted his personal opinion that medicines management was more of a critical issue for the Trust. MH noted he had attended a consultative process in Surrey around NHS 111 being streamlined and that there was lots of proposed change alongside a national shift to a combined GP and out of hours service. There was discussion on a review of the Pathways system and that he was keen for this item to come to the Council to hear of future plans and the latest updates on changes to the service. BR suggested that the Chief Executive's report could include an update on the NHS111 service in the interim. KS noted that the NHS 111 agenda item could possibly come to the Council meeting in September as it would be of interest to members who may be attending to observe as part of the Annual Members Meeting.

3.5. JC noted he would like a future agenda item on the location of Council meetings. JC noted his personal opinion that the current format of using Trust properties was flawed. There was a security issue with the public entering MRC's, and that the layout of the meeting at Polegate MRC hadn't worked very well. With the move to Trust properties, there was nowhere to congregate and speak with other Governors prior to the meeting which had always been very beneficial in the past. There were issues with being able to park on Trust properties and they were not best placed for public transport access. He sought a better compromise; not necessarily a high grade hotel, but perhaps something in the middle. MBG noted that she had previously attended most Board meetings and now had not been able to attend many as Tangmere was too far away for her to travel. PL noted that the plan going forwards was for the Board to mostly be held in Crawley.

3.6. JGP noted she would appreciate an update regarding recent thefts from Trust premises and security measures to be covered in the Chief Executive's report.

4. Discussion of content for Lead Governors presentation at the Annual Members Meeting

4.1. JC noted that he had had a brief discussion with IA and that she had offered to draft something with suggestions of content provided by the GDC. BR noted that he had helped draft the Governor report for 16/17 Annual Report that was due to go to Parliament. BR noted the content of this could be used as a starting point and circulated to the Council to ask if there were any other areas Governors felt should be covered within the Lead Governor report. The GDC agreed it would be useful if Brian's report could be circulated to the Council for comment.

ACTION: Circulate Governor report from the 16/17 annual report for basis of Lead Governor speech at AMM and ask for additional suggested points to cover.

5. Review of Governor attendance at Council meetings

5.1. JC introduced the paper and noted it was positive that many Governors had attended lots of meetings, sometimes nearly every meeting of their tenure and this should be recognised. He thanked Governors for their commitment. He advised that an email on attendance at meetings had been sent to Governors, asking that they send a note of explanation if they had been consistently absent. Di Roskilly (Appointed – Sussex Police) had replied and explained that in light of her recent promotion she was trying to attend when she could but she had needed to miss a few meetings. IA had affirmed the value of Di's representation but also recognised that it may be necessary for her to hand over to someone more able to attend. Mike Hewgill (Appointed Governor for East Kent Hospitals Uni NHS FT) had not attended a Council meeting since March 2016.

5.2. JC noted there was a vacancy on the Council of Governors for an Appointed Governor from the University of Surrey, and also an Appointed Governor from a charity. JC asked if HR could advise which university the Trust receives the most paramedics from as this would help build an answer on which university to invite. MBG noted that Brighton Housing Trust was a homeless charity that was ably represented by Simon Hughes at IHAG meetings. MBG noted she was impressed by his contribution at meetings.

5.3. PL noted that there were multiple options for universities, and that the Board agreed replacements for Appointed Governors. PL advised that if a Governor misses three meetings it is for the Council to decide if they wanted to remove that Governor from the Council. PL noted that the first step would be to review attendance and for a discussion to take place with those who weren't attending regularly. The next step would be for a report on the discussions to be reported to the GDC for review. The last step would be for the Council to decide any sanctions.

5.4. JC noted that Peter Beaumont had missed the last three formal meetings but was active outside of meetings. JGP noted Peter had been shut down when asking questions at a Council meeting by the previous Chair so may feel slightly unengaged. BR noted the need to engage with Governors who weren't attending meetings to see where the issues lay. BR noted there were four Governors who'd missed three successive meetings.

5.5. JC would like to see a representative from the Fire Service as an additional Appointed Governor when the time came to review the Trust's constitution. The Trust and its

relationships with appointed organisations had moved on since the constitution was created. JC noted he would also been keen for a wider discussion on volunteer representatives on the Council.

5.6. PL noted that it was not essential to review the constitution, but it was timely. BR noted it had last been reviewed in 2012 where the main focus was on role of the NEDs. PL advised that any amendments to the constitution have to be approved at the Annual Members Meeting. The GDC agreed they would like to see a timetable for the process of the constitution review; working towards approval at the Annual Members Meeting in 2018.

ACTION: Timetable for review of the Trust's constitution.

6. **Process for the appointment of an external auditor**

6.1. PL advised that the Trust's contract with its external auditor expires in October. PL noted that at his previous Trust they had carried out a significant review of the process working with Governors and that he had used this experience to help shape the process for SECAmb. PL noted that the external auditor was a Council appointment with the support of the Audit Committee which is why there should be more Governors than NEDs on the working group. PL advised when the appointment was recommended, the Audit Chair would bring it to the Council for approval. PL noted that it was a very technical appointment so support would be provided by PL, the Director of Finance and procurement. The first step would be to agree the process and then establish a working group. PL had spoken to the NEDs Angela Smith and Graham Colbert who have financial experience and they were content to form a group.

6.2. JC noted that three Governors were sought to be part of the working group and it would be important they were able to make the time commitment and have the relevant experience. The GDC noted the time commitment looked to be approximately 3 days including shortlisting, and a full day for interviews. JC noted that the process was similar to joining the Nominations Committee, i.e. Governors were to put themselves forward and then the Council would vote. PL noted criteria should be included in the nomination info circulated to Governors.

6.3. The GDC agreed they were happy with the process in place for the appointment of an external auditor.

ACTION: IA to send out nomination information for the external auditor working group on the 28th June, noting skills and time commitment.

7. **Effective operation of the Council of Governors**

7.1. PL introduced the paper. This first focus was on NED participation at Council meetings. PL noted that the Chairman had met with NEDs and discussed attendance at Council meetings. PL noted that his personal view was that there should be a 3-line whip for NED attendance at Council meetings with a caveat that unusually in this Trust the Council meets 6 times a year (instead of 4) and that the Trust's NEDs contributed a lot more time than they were paid for. PL noted that if NEDs were present at Council meetings then Governors must use their presence effectively. It was the Council's most significant opportunity to engage with NEDs. JC noted that if an agenda item was relevant to a specific NED's area of work then they should attend.

7.2. BR queried point 2.2 in the paper on whether Tim Howe was in addition to the Chair and two NEDs that should always attend. PL noted that Tim would always attend and there

would then be one other NED. BR noted he had read it as two plus Tim which he felt would be adequate.

7.3. PL noted IA had sent a rota round to ensure good coverage of NEDs at upcoming Council meetings. BR noted the need for all NEDs to have attended a Council meeting over the period of a year. Tim Howe worked incredibly hard and was always engaged with the Council, and BR noted he would welcome the opportunity for a more engaged relationship with other NEDs.

7.4. In terms of Council processes PL noted he had spent a year codifying each of processes for the Council in his previous Trust and was keen for a similar piece of work to take place at SECAmb with the GDC. The GDC agreed they would be content to work on this and for the finalised codified documents on the Council's duties and processes to then go to the full Council.

8. **Any other business**

8.1. BR noted his personal opinion that security at the new HQ was not up to the standard he would expect or had experienced in Lewes & Banstead where you were briefed on fire safety upon signing in and welcomed to the building. BR noted they had just "walked in" to the HQ and the meeting room as the doors were able to be opened without a swipe card which was not how it should be. BR noted he could not think of another corporate building where there was no formal sign in.

8.2. AS noted that the ground floor reception just waved her through and did not ask her to sign in or direct her elsewhere. AS noted that having the Trust's reception on the 1st floor was proving to be an issue for visitors as they were unaware. AS queried if Governors should have swipe card access to buildings, instead of signing in. JC noted that he had entered the first floor office without being challenged and that the door just opened even though it should be swipe card activated. The GDC agreed that better signage was required for directing people to sign in, and that the reception on the ground floor should be briefed on greeting and directing visitors. KS noted she would provide feedback to John Flowers (Estate Manager) on this.

8.3. MBG asked where Governors would park if the carpark was full. PL noted that there were a number of spaces, and more than there was at Lewes or Banstead. MBG noted that there was a public carpark nearby at Banstead and not one near the Crawley HQ. MBG further noted that the Trust was also only taking up half of the building, so this may become a problem further down the line. BR noted volunteers should be supported to attend meetings and parking was a basic requirement. PL noted that the Trust still had multiple sites so meetings elsewhere could be considered if needed.

8.4. MH asked if Executive Portfolios had been finalised and released. PL advised they were on the Trust's website.

8.5. MH noted that the Board & Council decide the role of the Lead Governor. MH noted GDC were in place to enable the mechanics of the role. PL noted clarifying the role could be picked up in the codification of processes that the GDC would be involved with. PL noted the statutory role of the Lead Governor and advised that it was for the organisation to work out what they wanted from the Lead Governor role. BR noted that the Lead Governor has no primacy over any other Governor. MH noted the position was for Lead Governor and not the Leader of the Council. JC agreed.

8.6. JC noted that he had a meeting with the Chief Executive & Jo Garcia – Director of Operations, to discuss CFR volunteering in the Trust due to changes locally and a perceived lack of support. JC noted it was in his capacity as a Governor and also a CFR Team Leader. JC noted he feared the Trust may lose up to 30% of active CFRs in the

future if things weren't to change. MBG noted that she had heard of a similar experience from CFRs local to her.

8.7. MBG noted that her local CFR Team Leader had advised that there were a lot of CFR uniforms that the Trust was unaware people were wearing. MBG noted an example of someone who was claiming to be a CFR Team Leader and wearing the uniform, but actually wasn't. JC noted he would pick up this up with MBG prior to his meeting. MBG noted that CFR uniforms should be issued centrally through the Trust so a track of what was issued could be kept. MBG note that costs for uniforms were fundraised for locally.

8.8. BR noted that a key CFR issue is that with a lot of consultation with volunteers a volunteer charter was put together. BR noted that the real intent of the volunteer charter was not being adopted by the Trust.

8.9. JC advised that Felicity Dennis, who had provided apologies for the meeting, had submitted an item for AOB on a suggested agenda item for a PM session at an upcoming Council meeting. FD wanted to put forward the suggestion of a session on Patient Experience based on the CQC feedback highlighting that there was limited evidence of learning from patient feedback within the organisation and that it would be helpful to understand the improvement plan in more detail. FD felt that at the last Council meeting there was an appetite from Governors to see more locality based data to help understand things from local member's perspectives i.e. compliments/ complaints etc. As the Patient Experience Group had just been relaunched FD would be keen for Louise Hutchinson, Patient Experience Lead and Lucy Bloem as Chair of the Quality and Patient Safety committee be invited to explore their plans for improvement with the Council. FD advised she was also interested to know if Governors could access locality based non identifiable patient feedback to help build up a picture of how the population are feeling about their ambulance service

8.10. The GDC agreed this was an area of interest. JC suggested it could be added to the list of agenda items for discussion at the next GDC.

ACTION: Feedback to John Flowers (Estate Manager) that better signage for access to Trust's reception desk from ground floor is required and feedback on ground floor reception welcome/directing.

9. Review of meeting effectiveness

9.1. The meeting was deemed to have been effective.

The next GDC meeting takes place on 5th September at Crawley HQ.

Signed:

Name & Position:

Date:

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

F1 – Governor's Report on the Audit Committee

21 June 2017

Governors present: Matt Alsbury-Morris

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

1. Prior to the meeting:
Izzy kindly introduced me to Angela Smith (the Chair) who gave me a brief summary of the purpose of the meeting. She offered to discuss the content of & answer any questions about the meeting at the end.

2. Introductions:
Everyone in the room introduced themselves. The Chair explained why we were there in general.

3. Attendance:
At the outset there was an issue as whether the meeting was quorate due to only 2 NEDs being at the meeting. The meeting was well attended by the representatives of the relevant business areas for the purposes of the agenda. Angela Smith deferred to Peter Lee as subject matter expert regarding quoracy & he agreed that the meeting should progress and any decisions / actions would need to be ratified either at full board, or alternative means. Later during the meeting, a further NED was able to dial into the call and the appropriate decisions were ratified at that point between all NEDs in attendance.

4. Agenda:
I was not provided with a copy of the agenda in advance or whilst in attendance, however I was able to share with the business representative sitting next to me. The agenda wasn't followed in the order it was presented, but all matters were covered within the allotted time.

5. Discussion during meeting:
Although Audit can be a somewhat dry subject for some, it was an interesting experience to watch the debate on the subjects brought to the table (policy, risk, fraud, general management matters etc.) as to the role of the audit committee in these relevant areas. Ultimately, it is very much that the Audit Committee should be seeking and gaining assurances as regards the due diligence of all aspects of management of the organisation – from what I understood.

As a Governor, I was assured that the challenge given by the NEDs to the business regarding the matters arising was, at minimum, sufficient challenge, and in some cases, rather thorough.

The NEDs were keen to ensure that any actions either outstanding or arising were in hand, and where they were not within the remit of the Audit Committee, they were diligent in ensuring this actions would be passed to the correct owner within the organisation (rather than simply closed).

There was regular mention of the Workforce & Wellbeing Committee during the meeting – as a number of matters overlapped with this specific area. However, there was clarity on the divide in responsibilities ensuring the committees were working in alignment.

6. Chair
Angela Smith was good at ensuring challenge was provided not only in the subject matter brought to the committee, but the detail & format of reporting made prior to the meeting. Although the agenda wasn't followed in order, the meeting did run to time. Angela was forthright in keeping control of the agenda and topics under discussion. She was very certain to ensure that those who had an input on subjects always were given their opportunity to speak.

7. De-brief
I was offered a debrief after the meeting but this wasn't required due to the diligent approach taken during the meeting. I had the opportunity to ask questions at the end of the meeting & during a comfort break, which I took advantage of.

8. Conclusion
I believe the Audit Committee was effective, eliciting clear actions with clear ownership. In addition, providing clear feedback on improvements in reporting to those in the business.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

G – Governor Activities and Queries

1. Governor activities

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

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

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

1.4 **Governors are asked to please remember to update the online form after participating in any such activity:** www.surveymonkey.com/s/governorfeedback

Date	Activity	Governor(s)
05.05.17	NHS Providers Governor Focus Conference – learned about the NHS, spoke to people informally about SECAmb	Mike Hill, Felicity Dennis
15.05.17	East Surrey CCG Public Meeting – spoke to people informally about SECAmb, fed back to the Trust on issues raised	Mike Hill
26.05.17	Surrey Downs CCG Public Meeting – spoke to people informally about SECAmb, fed back to the Trust on issues raised	Mike Hill
15.06.17	Member and Public Engagement training, NHS Providers – learned more about the role, learned about the importance of increasing our Membership, especially amongst under-represented groups	David Escudier
04.07.17	G&W CCG Patient and Public engagement meeting – I attended the CCG PPEG meeting to raise awareness about my role as a newly appointed governor and to update them on SECAmb as a whole. Also recruited new FT members, gave a talk about SECAmb and becoming a Governor/member, contributed views to a discussion. Raised a number of queries following the meeting (reported in the queries table below).	Felicity Dennis

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.

27.04.17	I have had reports from CFRs that crews turning up on scene with the new iPads not being able to add a CFRs PP number. I can only imagine this is a training issue rather than a functionality issue as we are legally required to record the details of anyone who treated a patient and I can't believe this would have been overlooked but can we just check?	There will be a function to add staff not showing in the staff drop down list in the 1.3 App update coming later this year.
06.06.17	Queries about the membership strategy and public events	Katie provided info about the membership strategy being incorporated into our Inclusion Strategy, and the detail of the strategy being worked through the Membership Development Committee annually, regarding targeting under-represented groups and whether we actively seek to increase the number of members or improve their participation. Budget restrictions (prioritisation of delivery of patient care) mean that we are not attending large events this year, however we have run two further 'Your Call' events and all members are also invited to the Annual Members Meeting. Governors are encouraged to use the membership toolkit for smaller local events and to speak to Katie if they want any support with recruiting or engaging with members.
27.06.17	Query re the Trust's insurance position in regard to thefts	Technically the items stolen (Lifepaks) are covered under the Property Expenses Scheme provided by NHS Resolution (formerly the NHSLA) who are effectively the Trust's insurers but there is a single item excess of £20,000. We can't make a claim for these, therefore, as the cost per item of the Lifepaks, including the NHS Discount we received when purchasing them, is below this level. This is not unique to SECAmb and I understand is standard practice in NHS Trusts. In addition, anything that is not attached (so can be removed) to the vehicle is not covered under the vehicle insurance.

05.07.17	Several queries from attendance at a CCG Patient Participation Group in Surrey: 1) Am I right in thinking that the commissioners' decision not to fund SECAMb to meet the national standards is not that well known? 2) They were questioning me on SECAMb's response times saying that there were differences in approach to urban and rural calls. Crews were sent to urban ones first because the target could be met easier. I did say i was not aware of that approach Being followed? Have you heard the urban / rural issue be discussed at all before? 3) They were concerned that there were very few public meetings which we as governors could attend to meet members of the public and Get feedback on SECAMb. I.e. At Cranleigh and Haslemere I did talk about the Your Call event held in May	Responses provided from our Account Manager for Surrey, Rory Collinge: 1) This is very well known, by the commissioners and I have made no secret of this fact. However, I am not sure who this group are so the CCGs may not have thought it in their best interest to publicise that SECAmb are not being fully funded. 2) There is no difference in the way we prioritise calls it is all based on clinical need (of the caller and of all the other callers, who is the priority clinically). There is however a difference in response times for urban and rural centres, this is simply due to the fact that it is harder for us to get a response to someone in a rural area. If we have X number of resources that must be placed as close as possible to the largest grouping of likely activity this means that the resources are usually closer to urban areas (impact the most people with the resources we have). Urban areas also draw in additional resources through the fact that there is often a hospital in the urban centres (where we will be conveying patients to) and these resources often get stuck awaiting handover which detrimentally impacts the rural areas (there resources are stuck in urban areas awaiting handover) which is delayed for the most part by the hospital due to busy departments. 3) I have personally attended a number of meetings in the Hazelmere and Waverley area with input from the local councillors and the general public, I would however advise caution when it comes to attending too many meetings in the area if you are intending to rep for SECAmb, the area is going through a number of changes and the public may have very detailed questions and could be very challenging situations. I am however happy to support.
10.07.17	Query re Knaphill station closure and figures provided to an enquirer at the Surrey 'Your Call' membership event	Figures provided to the Governors concerned along with assurance that the members' query had been responded to.

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.

James Crawley
Lead Governor & Public Governor for Kent