South East Coast Ambulance Service NHS
NHS Foundation Trust

Council of Governors Meeting to be held in public

2 June 2017 10:30-13:00

Polegate MRC, Hailsham Rd, Polegate BN26 6QL

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction and matters arising					
08/17	10:30	Chair's Introduction	-	-	Richard Foster (Chair)
09/17	-	Apologies for Absence	-	-	RF
10/17	-	Declarations of Interest	-	-	RF
11/17	-	Minutes from the previous meeting, action log and matters arising	A A1	-	RF
Statutory duties: performance and holding to account					
12/17	10:45	Chief Executive's Report: - Progress against the recovery plan and CQC must dos - Questions from the Council	B	Information and discussion	Daren Mochrie (CEO)
13/17	11:15	Board Assurance Committees' escalation reports: - Quality and Patient Safety Committee 25 April - Finance and Investment Committee 20 May - Quality and Patient Safety Committee 22 May - Audit Committee 22 May - Questions from the Council	 C1 C2 C3 C4	Information and discussion	All Non-Executive Directors present
11:45 Comfort break					
14/17	11:55	Understanding 999 performance	D	Information and discussion	Daren Mochrie
Statutory duties: member and public engagement					
15/17	12:20	Membership Development Committee report: - Membership and public engagement	E	Information	Mike Hill (MDC Chair and Public Governor for Surrey)
Committees and reports					
16/17	-	Governor Development Committee report: - Including feedback from observation of the Workforce and Wellbeing Committee	F F1	Information	Brian Rockell (Lead Governor and Public Governor for East Sussex)
17/17	-	Governor Activities and Queries report - Including Governor Focus Conference feedback	G G1	Information	BR
18/17	12:35	Lead/Deputy Lead Governor elections	H	Information	Izzy Allen (Asst

				and discussion	Company Secretary)
19/17	-	Elections to the Nominations Committee	**I**	Information	IA
General					
20/17	12:55	Any Other Business (AOB)	**-**	-	RF
21/17	-	Questions from the public	**-**	Public accountability	RF
22/17	-	Areas to highlight to Non-Executive Directors	**-**	Assurance	RF
		Date of Next Meeting: 27 July 2017, Crawley HQ	**-**	-	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.

13:45-15:30

Afternoon workshop (not open to the public):

13:45 Workforce planning and assurance
Tim Howe (Non-Executive Director) will join the Council to discuss his confidence in the Trust's workforce planning, data, support mechanisms etc. Issues for discussion have been identified by Governors in advance.

14:45 Ways of working
Richard Foster (Chair) will lead a session on ways of working to begin to develop a shared view of effective interaction between the Chair and Council, and between the Council and the wider Board and Trust.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public - 30 March 2017

Present:

Peter Dixon	(PD)	Chair
Charlie Adler	(CA)	Staff-Elected Governor (Operational)
Nigel Cole	(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
David Escudier	(DE)	Public Governor, Kent
Marian Trendell	(MT)	Appointed Governor, Sussex Partnership NHS FT
Graham Gibbens	(GG)	Appointed Governor, Kent County Council

In attendance:

Peter Lee	(PL)	Company Secretary
Al Rymer	(AR)	Non-Executive Director
Lucy Bloem	(LB)	Non-Executive Director
David Hammond	(DH)	Acting CEO

Minutes:

Katie Spendiff	(KS)	Corporate Services Coordinator for Membership & Governors

---

95. Chair's introduction

95.1. The Chair welcomed members to the meeting and introductions by all in attendance were made for the benefit of new and existing Governors.

96. Apologies

Dom Ford	(DF)	Appointed Governor - Brighton & Sussex University Hospitals
Di Roskilly	(DR)	Appointed Governor from Sussex Police
Matt Alsbury-Morris	(MAB)	Public Governor for West Sussex

Geoff Lovell (GLo) Public Governor for West Sussex

97. Declarations of interest

97.1. GL advised that his wife was a partner at Ernst and Young (auditors) whom the Trust currently commissioned work from. GL noted he would not be part of any working group convened to select external auditors for the Trust; and that he would absent himself from the room during discussion of any auditor appointment at the Council and during any vote to select a new auditor.

97.2. SD noted he was employed by the Red Cross as an Emergency Care Support Worker and often worked alongside SECAmb crews in a professional capacity.

98. Minutes & Action Log

98.1. The minutes of the meeting on the 31st January 2017 were reviewed and taken as accurate record of the meeting.

98.2. The Action Log was reviewed with no further comments.

99. Chief Executive's Report and performance dashboard

99.1. PD thanked David Hammond for taking on the role of Acting Chief Executive for the month leading up to the new Chief Executive Daren Mochrie starting with the Trust on 1st April 2017.

99.2. DH noted that the Trust had appointed a new Chairman, Richard Foster, who would start with the Trust on 31 March. Richard was in attendance to observe the Council meeting. DH noted the appointment of Fionna Moore as Medical Director and advised that she had "hit the ground running" and already taken on key issues in the Trust. DH noted Geraint Davies' departure and that of Director of Nursing & Urgent Care/Chief Nurse Professor Kath Start, who had confirmed that she was leaving the Trust in April to pursue other interests.

99.3. Executive portfolios had been reviewed, and were now more in line with other Ambulance Trust's Executive structures.

99.4. DH noted that the Care Quality Commission would be re-visiting the Trust between the 15th – 18th May. DH noted that staff were working hard in preparation for the visit, particularly around the information that is requested from the Trust by the CQC prior to the inspection. DH noted that Susan Rosterham, who specialised in CQC preparation and had helped North East Ambulance Service prepare for their visit, had been appointed to help with preparation.

99.5. DH noted the poor results of the staff survey and advised that the Trust was in the process of reviewing the serious issues it highlighted. Support mechanisms were in place for staff such as the Speak Out in Confidence service. DH further noted that Professor Duncan Lewes was undertaking an independent survey for the Trust on bullying and harassment and had received c1700 responses to the survey from Trust employees. It was hoped

that the data would help give insight into some of the issues previously highlighted in staff surveys, and highlight any new issues for Trust focus.

99.6. DH noted the national development of the Band 6 paramedic profile had now been finalised and, in adherence to the national agreement, the Trust was getting ready to move eligible paramedics across to Band 6 (payment band).

99.7. DH noted the key dates for the move to the new HQ in Crawley, with Lewes support staff moving in the first two weeks of May, followed by the relocation of Banstead and Lewes EOC staff during 22nd May to 12th June 2017, and the relocation of the remaining corporate staff and the decommissioning of Lewes site to be completed by 30th June 2017.

99.8. DH noted that a National Audit Office report into ambulance services had been released: the report would be reviewed by the Executive Team. BR noted that the report stated that the Trust had the second highest number of incidents (calls) per area compared to other Trusts. BR queried whether this could be a useful statistic when negotiating financial contracts for services. DH advised that the Trust, working in partnership with Clinical Commissioning Groups (CCGs), had agreed terms for an independent review of the structural gap in services and the internal and system actions needed to address this in the short and longer term. The review was expected to report by the end of April 2017.

99.9. JC noted that he had previously asked if private ambulance providers' statistics could be included in the Board pack. PD agreed that it would be helpful to have these statistics included in the dashboard.

ACTION: Executive Team to consider the inclusion of Private Ambulance Provider statistics in the Trust Dashboard

99.10. Upon reviewing the performance dashboard GG noted under-achievement in delivering staff appraisals, which were considerably below where they should be. GG further noted that mandatory training was also short of the target. Safeguarding training was significantly below where it should be, and GG noted his personal opinion that the Trust should be making serious effort to rectify this.

99.11. DH advised that all of the issues GG noted were part of the Trust's recovery plan. Mandatory training was now 90% completed across the Trust, as updated at the recent Board. Operational staff did not have regular access to computers and abstraction could make it difficult to carry out the training. DH noted that the roll out of the ePCR had helped with this challenge. The CQC 'must do' around 'level 3 safeguarding training' was progressing well and there had been a push for staff to complete level 1&2 safeguarding training by the end of financial year.

99.12. PD noted that staff training was important but it needed to be balanced with the impact on performance of abstraction for training.

99.13. GG noted that the time lost in handover delays seemed to be getting worse. DH advised that ambulance handover times were not a key metric for Accident & Emergency departments, and that nationally there was lobbying

taking place around this. The 4-hour waiting time was A&E's key metric. The Trust was working hard with the regulators and NHS England on this. PD noted that money from the Sustainability and Transformation Plans (STPs) gets allocated to hospitals if they meet the 4-hour target, and this did not help the Trust. Ambulances were having to wait for considerable periods of time at hospital to admit patients, sometimes for hours. PD advised that this was both a patient safety and a patient experience issue. MH noted discussion at the recent Board about getting political backing around handover times. MH noted it may be useful for Governors to write as individuals to their local MPs to draw attention to the matter. PD supported this suggestion so that MPs were hearing information from a variety of sources.

ACTION: Governors to write to their MPs regarding handover times and its impact on patients and the Trust.

99.14. MBG queried if DH had an updated figure for the staff appraisal target on the dashboard. PD noted the appraisal system was in the process of being revised. MBG asked whether the data might be broken down to show which parts of the Trust were failing to carry out appraisals i.e. was it front line staff due to difficulties in abstracting staff? If the Trust knew which specific areas of the business were struggling to complete them this could be reviewed to provide solutions. PD noted this information could be circulated to the Council.

ACTION: 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.

99.15. JC asked for details of any contingency plans around the possible closure of Kent & Canterbury hospital. DH noted there was not an update he could share at present but would as soon as he could.

ACTION: Trust to share any update about the closure of Kent and Canterbury hospital with the Council

99.16. FD asked about how the Trust compared against other Trusts in recruitment and retention and agency use. DH noted that frontline responses do involve agency staff. DH noted he would be content to provide some further information to the Council on this. DH noted that the bullying survey outcomes might help the Trust in working on their retention rate. DH noted that the Trust used about 170 agency staff, and that this will have been reduced to 70 by the end of the year. DH noted that the agency staff figure is hoping to be in line with the agency cap (number of agency staff you should have) by the end of the year. DH noted that NHS111 had been a good example of successfully moving agency staff over to becoming permanent Trust staff.

ACTION: Trust to share information with the Council about how the Trust compared with other Trusts in terms of the use of agencies, and in terms of

recruitment and retention of staff.

100. Board Assurance Committees' escalation reports

100.1. The Board Assurance reports were taken as read. PD noted that the escalation reports were clear on areas of focus and useful.

100.2. FD noted a preference on the formatting of the Workforce and Wellbeing Committee (WWC) report where points of assurance were highlighted and areas where they are not assured were clearly underlined for ease of reference.

100.3. MBG asked if LB was assured that the medicines management issues were in hand. LB noted that papers had been requested for the Quality and Patient Safety Committee (QPS) in April on the areas highlighted in the report. An audit of 39 stations and Make Ready Centres had taken place and NHS Improvement were kept informed of the work taking place around this as part of the Unified Recovery Plan. LB noted the recent appointment of a pharmacist at the Trust and the appointment of Medical Director Fionna Moore. LB advised that she was confident that issues were being dealt with in the right way.

100.4. BR was satisfied that the focus on medicines management was appropriate.

100.5. MBG asked how much the Trust had spent on external help and support around the Trust's recovery work and the formal investigation reports that had to be produced. PD noted that there had been significant spend as required by the regulator, but there was not a total sum available. DH advised that the independent assurance was incredibly valuable to the Trust. There was £700,000 worth of extra funding available to the Trust to support the recovery, and the Trust was working with other bodies to secure additional funding. MBG asked if the Trust had secured this funding. DH advised that the £700,000 had been secured and that other funding opportunities were being researched and applied for.

100.6. JC asked if the Trust was still providing cover to the 111 service in East Kent, whose CCG had chosen to allocate this service provision to another organisation who were then not in a position to take it on when the contract commenced. DH noted that Prime Health were now providing the service and that the Trust were compensated appropriately for the delay and period of cover.

101. Risk management and (patient/staff) impact assessments

101.1. LB noted that this was an area the Quality and Patient Safety (QPS) Committee had asked to review in their March meeting, to seek assurance that this process was operating appropriately. LB noted the Committee had not been assured at the meeting partly due to the quality of the paper on this subject. LB noted that although there was a Quality Impact Assessment process in place, it wasn't obvious that it was operating effectively in all areas.

101.2. LB advised that she was expecting receive assurance at the QPS Committee meeting in April and had asked for case studies to see how the process worked. LB noted that the issue had been escalated to DH, Executives and the Board. She advised that the Quality Impact Assessment (QIA) process must be completed prior to any changes taking place in the Trust, and the Committee was not assured that this was happening. She was expecting a full paper with good evidence to come to QPS in April on the subject. DH advised that most of the work around this was done, but the paper had not been of appropriate quality. DH noted that the Trust was working at pace and that there had been gaps in roles on the Board. Fionna Moore was now in place as Medical Director and structures were in place for QIA's to be undertaken appropriately. LB noted that the Trust must ensure change was undertaken in an appropriate way.

101.3. TC asked if there was a plan to review the QIA process to check it was sufficiently agile and robust. LB noted this was implemented after R3, as the Trust needed to demonstrate that it had a grip on changes taking place within the organisation. The process would need to be reviewed in due course, but she noted that the embedding of the process was also part of a wider culture change in the Trust. DH noted NHSI were keen to see how the Trust were embedding the process and learning from it, and that the CQC would be interested in seeing outcomes. PD reinforced the need for a change in culture to go alongside changes in processes. AR noted that where significant changes were being swiftly introduced, the NEDs were looking to see how it was embedded.

102. Proposed induction for the Chair:

102.1. PL noted he had had a discussion with Richard Foster, the new Chair, about his induction. Richard would receive the Trust's corporate induction plus individual meetings with the Board, Lead Governor and meetings with external stakeholders such as NHSI, Clinical Commissioning Groups etc. PL noted NHS Providers offered a two-day course as part of a Chair induction which Richard could go on. Richard would also go out observing with crews and visit Trust properties. MT advised that the Chief Executive Sam Allen at Sussex Partnership NHS FT would be in touch with Daren Mochrie and Richard Foster to make introductions. GG extended an invitation to meet the 6 leaders of local Councils. PD noted he had not had the opportunity to visit stakeholders so welcomed the opportunity for new Chair to do this.

103. Membership Development Committee (MDC) report:

103.1. MH reminded Governors that the MDC report included views from the Inclusion Hub Advisory Group (IHAG) and the Staff Engagement Forum (SEF). At the time of the meeting, meeting dates and venues for these two meetings were unavailable. KS noted she would circulate meeting dates and venues for IHAG and SEF when available.

ACTION: KS to circulate dates for the IHAG and SEF when available.

103.2. MH noted limited public member recruitment taking place at major events this year as the Membership Office would not be in attendance due to the move to the New HQ and restricted access to the event kit during the move, alongside cost saving exercises being carried out by the Trust. MH noted there were two 'Your Call' member events due to take place in May during the CQC visit. One in West Sussex at the Tangmere Make Ready Centre on the 16th May and one in Surrey at Box Hill Village Hall on the 17th May. Governors were encouraged to put themselves forward to take part in these events. MH noted the Annual Members Meeting (AMM) was due to take place on the 28 September and a venue was due to be booked in the next few months. JC noted the importance of member engagement during a continued period of change for the Trust. PD supported this sentiment and noted that he felt strongly about not cutting the AMM budget as he noted it was an important and very effective event.

103.3. MH advised that all Governors were welcome to attend MDC meetings.

104. Governor Development Committee (GDC) report:

104.1. BR welcomed new colleagues and the Chair and Chief Executive who were observing the meeting to the Trust. BR paid tribute to colleagues who did not re-stand or were not re-elected in the elections. BR noted that GG was also up for election in his professional position, and noted it may be his last attendance at a Council meeting but hopefully not.

104.2. BR noted the detail of what the GDC does, as detailed in the paper for the benefit of new Governors. BR noted wide ranging discussion took place at the committee and that all Governors were welcome to attend GDC meetings.

104.3. BR noted that the option to set up a task & finish group was available to review Governor information needs based on the outcomes of the Council self-assessment work. The Council noted this would be useful. BR asked Governors to let KS know if interested in taking part in the group.

ACTION: All Governors to let KS know if they wished to participate in a Task and Finish group to explore Council information needs.

105. Lead Governor/Deputy Lead Governor elections

105.1. BR gave an overview of the election paper and noted that Governors must submit expressions of interest in the role by 19th May but reminder emails would be sent closer to the time. BR noted that the elections would take place on 2nd June at a Part 2 meeting of the Council before the public meeting that day. Governors who wish to find out more about the roles were encouraged to contact Izzy Allen.

106. Nominations Committee:

106.1. KS noted there was a vacancy on the Committee and that she thought expressions of interest to join the NomCom could be received by Izzy and that the Council would vote in electing a member of the Council to this

committee at the June Council meeting.

107. Governor Activities and Queries report:

107.1. BR asked if the report could be taken as read and the Council agreed. BR encouraged Governors to provide details of their activities on the Survey Monkey link so activities of the Council could be reported at meetings. BR noted that the process for Governor queries was to go to Izzy Allen first so that all queries could be captured and so the responses could be shared with the wider Council as well. PD reinforced that Izzy was the best person to go to with a Governor query instead of directly to a NED or member of the Executive Team.

107.2. MBG agreed that channelling issues though Izzy was important. MBG noted that the CQC had been concerned that some Governors were going to Execs and approved of the process where enquiries went to Izzy for distribution first.

108. Any Other Business

108.1. BR noted that it was Sir Peter Dixon's last day as Chair of the Trust, and that he had taken on a huge challenge in Chairing the Trust during a challenging period. BR noted that the Chair had ensured the stewardship of the Council. BR thanked the Chair for his work over the last year. The Council in turn thanked PD. PD noted it had not been an easy time for the Trust. PD advised that he was impressed with the enthusiasm of staff members and the dedication of the Governors. PD noted it felt like things were in a better place, and welcomed a new and refreshed Council.

108.2. PD advised that the Trust had to give the Executive time to manage the Trust, and a balance was needed in the Council's support and challenge. PD noted that he felt the new Board Committee structures were working appropriately. There was a need to concentrate on the future and what needed to happen to make the Trust 'good again'. Changing culture did not happen overnight but it was vital to get it right to make people proud to work for the Trust again. PD noted confidence in Daren and Richard and that the Council would challenge appropriately.

108.3. Gary Lavan asked if there was any concern over the use of NHS jargon. PD noted the Trust must avoid jargon when talking publically and should try where possible to follow plain English campaign guidance.

109. Questions from the public

109.1. PD noted a question from the pubic on the volume of Community First Responders (CFRs) both on the Council currently and recently elected, and a query about whether CFRs should have their own constituency as per staff members, as it was felt members of the public were missing out on being elected due to the CFR vote.

109.2. PD noted that elections were open to all members of the Trust, and that CFRs were very enthused and wanted to be on the governing body of

the Trust. PD noted that unless the Council was minded to change its constitution it would possibly always be an issue.

109.3. JC noted that he was a CFR and also a Public Governor. JC noted he could see why people had the perception, but members also had to put themselves up for election to be in with a chance of being elected. PD noted that when at the Council meetings, members of the Council were there as public governors not as anything else. JC noted that several CFRs did not get elected and public members who were not CFRs did.

109.4. PD noted a question from ITV news had been submitted as a question from the public. The question focussed on the priorities of the new Chair and Chief Executive, how to restore public confidence in the Trust, and how the Trust performed compared to other ambulance services. PD noted that the primary focus from the media would be on the Trust's problems, without support from CCGs and other stakeholders. There had been recent stories in the press but all were on historical issues. He advised that there had been significant steps forward in the Executive Team, and plenty of 'good news' stories that could be shared by the press.

109.5. PD noted that publically, dissatisfaction had been recorded by the CQC and regulators NHS Improvement. The Trust's performance was not good compared to other Trusts. Provision of support and training for staff meant that they were not on the road so affected performance. The Trust had an open approach to saying when things weren't quite right as demonstrated in this meeting. Response times would take a long time to improve, but the Trust had strong foundations for the change that needed to be implemented.

110. Areas to highlight to Non-Executive Directors

110.1. JC asked if the Trust had a Quality Impact Assessment in place for the changes to the meal break policy. LB noted that she had meant to cover a response to this Governor query in her agenda item earlier in the meeting. LB noted this was the item that went to the March meeting, and the paper was not of good enough quality. A new paper would come to the April Quality and Patient Safety Committee meeting as a case study. LB noted she would share outcomes with Governors.

ACTION: LB to share outcomes of review of QIA/ Meal break policy with Governors as per original PG Governor query.

Signed:

Date:

Brian Rockell (Lead Governor – in the absence of Sir Peter Dixon)

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	19.10	174	Timeline regarding information from the CQC and what was shared when to be sent to the Council	GD	27.09.16	CoG	S	Given the CQC are due to revisit the Trust shortly, it is proposed that the CoG consider inviting them to a meeting following their re-inspection.
28.07.16	19.31	178	GD to communicate with staff regarding not seeing lengthy waits at A&E as business as usual	GD	27.09.16	CoG	IP	The Trust's incident reporting process is being reviewed as part of the Trust's rectification/unified recovery plan. The revised policy is currently out to consultation with staff across the Trust. Once the review is complete, communications to all staff will make clear where incidents should be reported, including in relation to delays at A&E.
27.09.16	37.4	182	IA to provide DD with a response regarding G2 reporting to the Board. DD's concern is that there are a lot of G2 patients and no Board oversight of them because there is no reporting target.	IA/DD	29.11.16	DD	IP	This is being considered as part of a review of the Integrated Performance Report taking place in the next quarter.
31.01.17	84.21	188	GD to ensure relevant communication about the new CAD across all EOCs	GD	30.03.17	CoG	C	There has been an extensive programme of engagement across all EOCs about the new CAD and the move to Crawley
30.03.17	99.9	189	Executive Team to consider the inclusion of Private Ambulance Provider statistics in the Trust Dashboard	Executive Team	02.06.17	CoG	C	Response provided to Council by email.
30.03.17	99.13	190	Governors to write to their MPs regarding handover times and its impact on patients and the Trust.	All governors	02.06.17	CoG	C	Many Governors wrote to their MPs and a number received responses which they have shared with the Trust. These will be collated and provided to Daren and Jon Amos for their information. Thanks to all Governors who wrote to their MPs.
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	IP	The information is sensitive and situation in flux. An update may be provided in Part Two session if possible.
30.03.17	99.16	193	Trust to share information with the Council about how the Trust compared with other Trusts in terms of the use of agencies, and in terms of recruitment and retention of staff.	SG	02.06.17	CoG	C	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	103.1	194	KS to circulate dates for the IHAG and SEF when available	KS	02.06.17	CoG	IP	IHAG dates have been circulated previously within the list of Council meetings dates and the next IHAG is 13 July, as notified in a recent weekly email. The next SEF is planned for 12 June and further dates have not yet been set. Governors will be advised of future SEF dates once known.
30.03.17	104.3	195	All Governors to let KS know if they wished to participate in a Task and Finish group to explore Council information needs.	All governors	02.06.17	CoG	C	
30.03.17	110.1	196	Lucy Bloem to share the outcomes of QPS' review of QIA/ Meal break policy with Governors once available	LB	02.06.17	CoG	IP	
ITEMS FOR FUTURE COUNCIL MEETINGS								

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

CHIEF EXECUTIVE'S REPORT

May 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 Care Quality Commission (CQC) inspection

2.1.1 During the week commencing 15th May 2016, the CQC undertook their planned inspection of the Trust. A team of 30 inspectors visited stations, NHS 111, Make Ready Centres, fleet teams and EOCs, as well as going out with crews on ambulances and observing staff in A&E Departments.

2.1.2 The inspection team also carried out more than 40 interviews with a range of different staff, as well as holding focus groups with union representatives, Governors and Non-Executive Directors.

2.1.3 At this stage, the Trust only receives limited, high-level feedback from the inspection team, however the CQC have recognised that the Trust is moving in the right direction and has made real improvements in a number of key areas, although there remains much still to do.

2.1.4 The feedback for 111 was especially positive and they also commented positively on how well received they had been by staff, who had engaged with them in an honest and open way.

2.1.5 Although the CQC team have now concluded their planned visits to the Trust, there may well be further unannounced visits during coming weeks.

2.1.6 The Trust is unlikely to receive the report from the CQC until the Autumn.

2.2 New HQ/EOC up-date

2.2.1 On 1st May 2017, staff began formally moving into the new HQ/EOC at Manor Royal, Crawley. To date, about half of our support teams have re-located to Crawley, with the remainder due to move during the next couple of weeks. I have really enjoyed welcoming staff into the fantastic new premises.

2.2.2 24th May also saw the first 999 calls taken in the new EOC, as the first teams from Lewes started their shifts at Crawley. We have now seen all of the teams from Lewes move to Crawley, with their colleagues from Banstead following in September as part of the phased move.

2.2.3 The Trust is continuing to work closing with a company called Ignite to support the move and they are working closely with us to support the move, induction and familiarisation of staff at the new site.

2.2.4 The re-location of staff and the de-commissioning of the Lewes site will be completed by 30th June 2017.

2.3 Revised Executive Director portfolios

2.3.1 As reported previously, in order to clarify clinical responsibilities and otherwise address issues identified by various external reviews of the Trust, a review of Executive Director portfolios has recently concluded.

2.3.2 The new Executive Director portfolios can be seen on our website here http://www.secamb.nhs.uk/about_us/our_organisational_structure.aspx but, in brief and in addition to the Chief Executive, the new Executive Director roles are:

- Executive Director of Finance & Corporate Services
- Executive Director of Quality /Chief Nurse
- Executive Medical Director
- Executive Director of Operations
- Executive Director of Strategy & Business Development

2.3.3 Recruitment to the substantive posts of Director of Operations, Director of HR, Director of Quality/Chief Nurse and Director of Strategy & Business Development has now started.

3. National issues

3.1 Increase in threat level

3.1.1 Following the terrible events in Manchester on 23rd May 2017, the threat level to the UK has been raised from 'Severe' which is defined as 'an attack is highly likely' to 'CRITICAL' – meaning an attack is expected imminently. This is to the UK as a whole and does not necessarily mean the Trust area.

3.1.2 The Trust has a plan in place to support the additional requirements under these circumstances, which will be co-ordinated through Mission Control.

3.1.3 In the event of a Major Incident (MI), the Trust MI plan will be activated along with additional specialist response plans as required.

3.1.4 Communications have been issued to staff remind them of a number of precautions, including the security of estate and vehicles.

3.2 Cyber attack

3.2.1 I am sure everyone is already familiar with the cyber-attack that took place on 12th May, that saw computers affected in 150 countries.

3.2.2 In the UK, although 47 NHS Trusts were affected, SECAmb were not. Thank you to the IT team for their response to this. However, we are not complacent and have already taken action in a number of areas.

3.2.3 Areas that we are looking at already, to ensure that we protect our systems and patient safety as far as possible include:

- Reviewing the wide area network and its firewalls – we currently rely heavily on NHS N3 connections to connect sites yet it cannot be considered a fully secure network
- Tightening controls on how systems are accessed from home or non-Trust devices, including remote access to emails
- Formal controls on the transfer of data between the Trust and third parties, ensuring only certified secure methods are used

4. Recommendation

4.1 The Council is asked to note the contents of this Report.

Daren Mochrie QAM, Chief Executive

25th May 2017

QPS Escalation report to the Board

Date of meeting	25 April 2017
Overview of issues/areas covered at the meeting:	*Management Response* • Medical Equipment Arising from the meeting in March the committee received a management response relating to medical equipment. Further questions were asked for which the committee asked for evidence on actions being taken. Including on how decisions are made on specific medical equipment employed by the Trust. The committee will receive a further management response on these issues at its meeting in June. *Scrutiny Items* • Patient care records – **not assured** (see below) • Quality Impact Assessments - **assured** • Private ambulance services – **assured**, although further evidence requested. • Duty of Candour – **partial assurance** (see below) • Quality Account – **not assured** (see below) The committee also received the Q4 quality and safety report and CQC improvement plan, with a specific item updating on medicines management.
Reports *not* received as per the annual work plan and action required	MDT blackout review - the final report from this review has been delayed and has been added to the agenda scheduled for meeting in June.
Changes to significant risk profile of the trust identified and actions required	**Patient Care Records** The scrutiny of patient care records helped to highlight a number of issues, resulting in the committee asking management to undertake a thorough review of the life cycle, quality and compliance of completing patient care records. The aim will be to identify the issues and enable a full rectification plan. The committee will receive an update in May. **Duty of Candour** The committee was assured of compliance in respect of incidents of severe harm / death, but identified that the Trust is non-compliant with the duty of candour regulation for incidents of moderate harm. A management response outlining the steps being taken to ensure full compliance, with timescales, will be received by the committee at its May meeting, and it will then track progress against this plan until assurance is received. **Quality Account** Slippage was noted by the committee on the timetable for the Quality Account, and concern was raised about the risk of not giving external stakeholders sufficient time to comment on the draft. Despite this, assurance was received from the executive that the final deadlines will be met.
Weaknesses in the design or effectiveness of the system of	• Patient Care Records – as above • Duty of Candour – as above • Datix – the committee identified some shortcomings in the planning for the system upgrade which resulted in the need to roll back. There was also concern that we

internal control identified and action required	overestimated the capability of staff in using this risk management database, which has been in place for a number of years. These issues, combined with an indication that capacity might have been a contributing factor, led the committee to requesting management consider the learning. As this relates to an investment (Datix) the Finance & Investment Committee will follow this up.
Any other matters the Committee wishes to escalate to the Board	**NHSI limited scope review of governance** The committee will track progress with the actions arising from this review, which has been incorporated in to the URP. **Quality Report** The committee positively received this newly established report, which continues to develop. **Quality Assurance Visits** This programme of assurance visits is very positive, both in how they are being received by staff and, to-date, in their findings.

South East Coast Ambulance Service NHS Foundation Trust

Escalation report from the Finance & Investment Committee

Date of meeting	20 May 2017
Overview of issues/areas covered at the meeting:	• The financial outturn for 2016/17 which was confirmed at a deficit of £7.1M net of all year-end accounting adjustments. • Included within the formally reported outturn is an charge of £XXM as a result of revaluing assets on to a new basis (subject to audit signoff). • Progress on PID and 2017/19 Contract following mediation in March 2017 – update to be provide at Board following the outcome of the external review expected late April • Updates were provided on elements of the URP including the key enabling projects. Further assurance will be provided to FIC and the Board following the Executive review of progress next week • The operational performance against trajectories were reviewed in detail and a further analysis of the underlying shortfalls will be provided at the next meeting • Business cases for vehicle replacement will be presented at a conference call in May
Reports *not* received as per the annual work plan and action required	All reports received as requested. Verbal updates were received on key enabler projects within the URP.
Changes to significant risk profile of the trust identified and actions required	Risks remain as previously identified
Weaknesses in the design or effectiveness of the system of internal control identified and action required	None identified at this meeting
Any other matters the Committee wishes to escalate to the Board	The committee noted the delay in roll out of IPADs and the variation in hospitals approaches to receiving the information in an electronic format.

QPS Escalation report

Date of meeting	22 May 2017
Overview of issues/areas covered at the meeting:	The main focus of this meeting was to review the Quality Report, which will be considered by the Board in part 2 of its meeting. In addition, the Committee considered the following; *Management Response* • Duty of Candour • Patient Care Records *Scrutiny Item* • Patient Experience - **assured** The committee scrutinised the design and effectiveness of the Trust's system of internal control for patient experience. It was assured with the processes that have been implemented, and requested a management response for later in the year to clarify further the process of ensuring quality complaints investigations / reviews and how we involve patients in the complaints process to ensure positive outcomes.
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	None
Weaknesses in the design or effectiveness of the system of internal control identified and action required	**Duty of Candour** As escalated to the Board in April, the Committee was assured that we are compliant with this duty in respect of incidents of serious harm and death, but not with regards incidents of moderate harm. The management response described the action being taken to ensure systems were in place to ensure compliance going forward. The Committee was assured that these systems are robust, but would need time to embed fully and therefore asked for a further management response in June to explore how management will know we are compliant and how this will be demonstrated. **Patient Care Records** This is an area the Committee will continue to monitor until it is assured that all the issues are identified and sustained improvement is made. The Committee received a progress update, which provided assurance that both the director of operations and medical director have gripped this issue. The Committee will receive an update in June on the progress against the rectification plan being put in place.
Any other matters	The Committee also received an update on the issue recently highlighted with call recording.

the Committee wishes to escalate to the Board	It has to be updated at its meeting in June on the progress in ensuring the system we use records clearly every call received.

Summary Report on the Audit Committee Meeting of 22 May 2017

Date of meeting	**22 May 2017**
Overview of issues/areas covered at the meeting:	The meeting was focussed on the annual report and accounts, which included; • Internal Audit's Annual Report and Head of Internal Audit Opinion • External Audit Findings Report • External Audit's Report on the Quality Report and their Limited Assurance Opinions on the Quality Report Indicators. The report and accounts will be considered by the Board in part 2 of its meeting, where it will receive a recommendation by the Audit Committee to approve both the Annual Report and Accounts. The Committee thanked executive colleagues for the evident hard work that they had put into the Annual Report and Accounts.
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	None
Weaknesses in the design or effectiveness of the system of internal control identified and action required	The Committee noted the pressure of time in drafting the annual report and accounts, and asked management to think about the planning for next year, so that the Committee has earlier sight, acknowledging some aspects will still need significant revision right up to the Board meeting in May.
Any other matters the Committee wishes to escalate to the Board	The Committee considered the reports of both Internal and External Audit in relation to the Quality Report, but the Quality & Patient Safety Committee considered the detail and will make its recommendation to the Board separately.

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 (Appendix 1) and a meeting summary are detailed in the membership update below. 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 22.05.17):

Constituency	No. of members	Proportion of the population who are members
Brighton & Hove	526	0.20
East Sussex	1803	0.35
Kent	3168	0.24
Medway	649	0.25
Surrey	2400	0.19
West Sussex	1641	0.21
Total	**10,187**	**0.23**

2.2. The total staff membership as of 30.04.17 is 3,405.

3. **Membership Engagement**

3.1. The MDC met in May. The minutes of this meeting are included below as Appendix 1. At the meeting proposals for the Annual Members Meeting were discussed and suggestions for content were received, including the suggestion of a “we are SECAmb” short film, to possibly be created and shown at the AMM pending discussions with the Communications Team. This was in light of the fact that there would not be a ‘Survivors’ film to show due to the event not taking place this year.

3.2. Membership data quality was discussed and recommendations from the MDC will form a substantial piece of work around invalid member email addresses.

3.3. Feedback on Governors attendance at the Inclusion Hub Advisory Group (IHAG), Staff Engagement Forum (SEF) & Patient Experience Group (PEG) were received where possible. Governors highlighted some concerns over the development of a new ‘Community Guardian’ volunteer role in SECAmb assisting with frequent callers that had been presented on at the IHAG (see minutes for more detail). The feedback from the MDC has been sent to Andy Collen (Clinical Development) who is leading on the project, an update on how it is progressing has been requested. Governors also noted that they

were still awaiting the February SEF minutes which have been requested from the department that managed the meeting.

3.4. The membership form was reviewed in detail, the move to the new HQ has made it necessary for the form to be updated (return address). The old versions of the member form are now down to low stock so the redesign and order of the forms is timely.

3.5. Two 'Your Call' member events were held in May in Tangmere in West Sussex and Box Hill in Surrey. Nearly 80 (in total) public FT members, local stakeholders, staff, volunteers and members of the public were in attendance as part of the audience or presenting at the events. The feedback from these events was overwhelmingly positive. On average 90% of attendees marked the event as 'very interesting' with the remainder scoring it 'somewhat interesting' (4 people). The evaluations from the events will be reviewed in full at the next MDC meeting.

3.6. Lots of questions were asked as part of the Question & Answer session; as the events were audio recorded, you can listen to this and the rest of the presentations on our website. Follow up to any questions raised at the events which required a more detailed response is taking place. A write up of the event and links to these recording will be shared in the staff bulletin and the next member newsletter. Sincere thanks to Gary Lavan for stepping in to present at the last minute at the West Sussex event and to Felicity Dennis who presented alongside myself at the Surrey event. Also a huge thank you to all the staff and Community First Responders who gave their time and energy to present at the events – all the presentations were very informative, well presented and well received.

3.7. 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.) No Trust premises in Kent are large enough to accommodate the Council and AMM which take place on the same day. Like the Council meetings, the AMM moves around the counties we serve each year to enable members from all constituencies to attend on rotation. The costs (which are significantly less than in previous years) were approved by the Company Secretary. It has also been agreed by the Company Secretary, Chief Exec and Chair that the AMM will be held in the style of the previous year's event with an exhibition of staff and local organisations stands, alongside presentations and the formal requirements.

3.8. The next member newsletter is due out in July and will include an invitation to the AMM.

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 12th April 2017. Marguerite Beard-Gould is a representative from the Council at IHAG meetings. Jean Gaston-Parry and Alison Stebbings observed at the January meeting. Gary Lavan and Alison Stebbings observed the April meeting. 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. The April minutes are currently unavailable. It is anticipated they will be included in the July MDC report to the Council.

4.4. Aprils meeting focussed on:

4.5. The strategy work the Trust is doing to as a part of the Sustainable Transformation Plans. The Councils previous feedback was shown to be included in the strategy at this meeting. The IHAG noted importance of mentioning volunteers as well when referring to staff and for a people centred approach. IHAG also noted importance of delivering the contracts as part of the focus of the strategy.

4.6. Rural response times in Kent and how Make Ready Centres and Community First Responders (CFRs) are changing the way we respond in rural areas. The IHAG heard that more work was being done locally to make CFRs feel valued and engaged.

4.7. Agreement of the equality objective for the year; "The Trust will improve the diversity of the workforce to make it more representative of the population we serve."

4.8. Presentation on new volunteer roles in SECAmb that have received a grant for a year's pilot. 'Community Guardian' roles will be made up of volunteers offering support for frequent callers and aftercare for falls patients. IHAG noted it could be developed as an expansion to the Trusts CFR service.

4.9. 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 13th July

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. Despite multiple requests, the minutes of this meeting are still currently unavailable.

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 12th June 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 takes place on 2nd June 2017 which unfortunately clashes with the Council meeting. The date was rearranged from May, and was unfortunately the best date for the Chair of the PEG. Council meeting dates have been shared with Louise Hutchinson – Patient Experience Lead, to try to avoid further clashes.

6.2. Felicity Dennis has agreed to take the lead role representing Governors at PEG meetings with Gary Lavan as her deputy. It is anticipated that feedback on the activities of the Patient Experience Group should be reported back on at MDC meetings and a summary included in this report to the wider Council.

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

Council of Governors

Membership Development Committee

10 May 2017 – 10.30 – 14:00

Present:

Mike Hill	(MH)	Public Governor, Surrey/NE Hants (Chair)
Katie Spendiff	(KS)	Membership Coordinator
Alison Stebbings	(AS)	Staff Governor, Non-Operational
Izzy Allen	(IA)	Assistant Company Secretary, and Secretariat
Nigel Coles	(NC)	Staff Governor, Operational
Gary Lavan	(GL)	Public Governor, Surrey

1. Welcome

1.1. MH welcomed members to the meeting.

2. Apologies

2.1. Apologies were received from:

Brian Rockell	(BR)	Public Governor, East Sussex and Lead Governor
Marguerite Beard-Gould	(MBG)	Public Governor, Kent
Jean Gaston-Parry	(JGP)	Public Governor, Brighton and Hove
Matt Alsbury-Morris	(MAM)	Public Governor, West Sussex
Felicity Dennis	(FD)	Public Governor, Surrey
James Crawley	(JC)	Public Governor, Kent

3. Declarations of interest

3.1. There were no declarations of interest.

4. Minutes, matters arising and action log

4.1. The minutes were taken as an accurate record save for the following:

4.1.1. On 7.3 it should read Patient Participation Group.

4.1.2. 7.8 it should read CD and MH went to the event and MH now has the Surrey Governors Toolkit.

4.2. The action log was reviewed.

4.3. On 5.1 IA advised that three new 'Matters' bulletins (Finance, Quality and People) were now being sent to staff and were part of a concerted effort to engage staff on the recovery more effectively. IA had not been successful in securing a copy of a staff engagement plan, however would provide a full update on staff engagement later in the agenda.

4.4. On 6.33 KS advised that a member of Surrey Ethnic Minority Forum had come to the Inclusion Hub Advisory Group (IHAG) and KS had provided her with information to circulate to Forum members to encourage them to join SECAmb. KS acknowledged there was more to do to promote membership to people from ethnic minorities and she hoped the new membership database would enable her to do this more effectively. This tied in to action 7.12 as well.

4.5. On 9.3 KS advised that the CoG blog was a section of the membership newsletter and she had asked Governors to send content for that section, but not many Governors ever sent information through. The MDC discussed whether it was worth continuing to have this section in the newsletter. KS advised she would send an email prompt to Governors shortly to encourage one last push as it was a valuable part of the membership magazine.

4.6. GL advised that he did not feel that the public would be that interested in what individual Governors were doing, but perhaps the section could be used to explain what the Governors' role was. New Governors would be able to reflect on their initial time with the Trust: GL would be content to provide some information.

ACTION: KS would send a request for information for the CoG Blog to all Governors in late May.

ACTION: GL and AS would put something together for this edition of the CoG Blog.

5. Membership update

5.1. IA advised that 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 was positive to note that the Trust had appointed two Staff

Engagement Advisors. These were temporary posts as present but it was hoped that they would become permanent.

5.2. The Advisors had a lot on their agenda to help improve staff engagement, which included ownership of the SEF and would be coming to the next meeting in June 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. IA noted that give operating unit changes and the move to the new HQ it would likely make sense for the shape of the SEF to change to ensure representation from OUs and HQ. Many OUs were setting up their own staff forums, which should logically feed up and down into and from the SEF in the future. The MDC felt this sounded a good approach.

5.3. KS would ask Karen Lavender for minutes of the February SEF meeting, which had not yet been circulated and were needed for the Council papers and MDC review.

ACTION: KS to request the SEF minutes from Karen Lavender for the Council papers

5.4. KS advised that FD had intended to provide an update on the Patient Experience Group, as she and GL were the Governor representatives on the PEG – however its first meeting had been cancelled. GL advised that a new date was set but unfortunately it clashed with the Governor Development Committee meeting. IA would contact Louise Hutchinson to advise that FD would report PEG outcomes and discussions to the MDC, and through the MDC to the Council. IA would also advise Louise of CoG meeting dates and ask whether the next date could be changed.

ACTION: IA to suggest that FD/GL report back on the activity of the PEG through the MDC to the Council

ACTION: IA to provide Louise Hutchinson with a list of Council meetings to avoid when setting PEG dates and find out if the date of the next PEG could be changed to avoid clashing with the GDC

5.5. GL provided feedback on the Inclusion Hub Advisory Group (IHAG) meeting he had attended as an observer. He had found the meeting well-run and interesting. GL noted that there had been interesting discussion and the group had perhaps not seen the full complexity of how SECAmb works in relation to commissioners and other parts of the NHS, including where escalation processes existed to make improvements in the NHS.

5.6. GL advised that there had been a presentation on voluntary services: The Trust had funding for one year to expand voluntary services, suggesting a role called Community Guardians as an extension/sub-set of the CFR role, who could have a brief to sit with patients or assist with falls, instead of or as well as providing CFR responses. This was seen as an expansion of the CFR role and could be managed within the CFR teams and was received very positively by the IHAG and GL.

5.7. The second proposed voluntary role was for regular callers to be approached proactively by volunteers at times when they tended to call the Trust. This was felt to be a little more difficult and was possibly going a little further into areas where SECAmb was not commissioned to provide services, however the needs of these frequent callers were recognised.
5.8. GL was concerned that because there was money attached to volunteering that needed to be spent quickly it might not be spent wisely.
5.9. KS noted that there had been a concern that frequent callers had complex needs, including potentially mental health needs. NC agreed. The parameters of the role would need to be really clear, including support to volunteers from staff.
5.10. CA strongly agreed that those frequent callers were potentially the most complex, seriously difficult, potentially dangerous patients. Manual handling training and lifting people was a far safer and better remit for volunteers in his opinion.
5.11. GL advised that volunteers at St John Ambulance had manual handling training.

ACTION: KS to feed this discussion back to Andy Collen, Head of Clinical Development, re volunteers

5.12. NC advised that non-conveyance forms were no longer to be used by frontline staff unless there was a disagreement between patient and clinician. AS was unaware of this change. NC and CA believed it was a sensible change that had been introduced by Dr Fionna Moore, the Trust's new Medical Director.
5.13. There was further discussion about how Team Briefing folders did not work effectively and using iPads to disseminate information and policies etc. to frontline employees would be far preferable. CA advised that he had noted this in conversation with the Chief Executive earlier that morning.

6. Annual Members Meeting (AMM) planning

6.1. KS advised that the previous year, the Trust had revised AMM timings based on feedback from Governors that the day had been rushed. This year, the Board would be held on a separate day and the Council and AMM would be held on the same day this year.
6.2. KS had proposed timings for the day within the paper and asked for feedback.
6.3. She also noted that the Survivors film would not be available this year as the event was not happening. KS wondered if we could do a 'we are SECAmb' type of film for the AMM to take its place, with footage introducing the new HQ and other new premises. CA advised it would be good to contrast old and new.

ACTION: KS would discuss the possibility of a 'we are SECAmb' film with the Communications Team but the back-up would be to use a positive patient story.

6.4. KS advised that the MDC should consider what the core presentation should be at the AMM.
6.5. IA suggested that CA and his colleagues on the Darzi Fellowship might come and talk at the AMM about the improvements they are trying to make in their new roles. CA advised that he would be willing to do this and could also invite commissioners to the AMM.
6.6. KS also sought suggestions for local organisations to invite to the AMM. She would ask Kent-based Governors for their ideas.
6.7. KS asked about staff stands and suggestions for content for the Governors' stand. Last year the Governors' stand had been quite simple and a few people had come and chatted at the stand.
6.8. KS noted that the audio-visual had not worked very well.
6.9. AS suggested the relevance of a mental health organisation for the stands. GL suggested Patrick from the IHAG at the Mary Francis Trust may have suggestions for Kent.
6.10. CA asked when the new website would be available. IA advised that she understood that the new intranet was imminent but a new website was secondary to the intranet update.

7. Email validation exercise

7.1. KS provided an overview of how membership emails were held on our database. The email addresses of members had not been validated since members were recruited because the Capita-run membership database could not manage bounce-backs.
7.2. The Team had moved its membership database to a new company (MES), and their system enabled email verification/validation services. MES would do a data cleanse on all membership data including email addresses.
7.3. 3,500 email addresses had come back as invalid email addresses from an initial cleanse, and she wanted Governors' views on how to manage these bounce backs. She set out a number of costed options for the MDC to consider.
7.4. The MDC discussed governance issues around email addresses and postal addresses.
7.5. GL asked whether it mattered if the number of members was reduced. KS advised that members should have been receiving election communications by post even though their email addresses did not all work. The MDC were clear that it was more important to have quality engagement with members than artificially high membership numbers.
7.6. KS noted that a postcard could be sent asking people to confirm/update their email address and those who did not respond could be converted to 'no

communications', simply receiving posted election communications. This would result in over 3,300 members being removed. IA advised that quality of the data and engagement with members was more important than numbers and that the elections services provider could be asked whether it was possible to confirm which members had voted, so we could test a sample of those members whose email addresses did not work to see if any of them still voted i.e. were still engaged.

7.7. The MDC agreed:

7.7.1. To undertake a sample test to see whether people without valid email addresses had voted in Governor elections;

7.7.2. Depending on results, send a postcard to those with invalid email addresses giving them the chance to update their details and then, after a suitable deadline, remove those who do not respond from the database;

7.7.3. However, there was a caveat that we might use the 'no communications' option for them if many people with no email addresses had still voted in Governor elections.

7.8. CA suggested asking the three lead CCGs to promote membership for us.

7.9. AS asked whether there might be cheaper services for creating the flyer and doing the mailing. KS would obtain several quotes.

7.10. KS would explore best practice around the information governance to take this forward with MES.

8. Review membership form for reprint

8.1. KS advised that the Trust membership from would need to be revised with new HQ contact details and this was an opportunity to update it. She asked for feedback.

8.2. AS noted that Steve Singer/Jayne Phoenix were working on a new strapline for SECAmb and it would be worth checking whether that would influence the continued use of "Your Service, Your Call".

8.3. KS advised that it was useful to have a separate identity for the Membership Office.

ACTION: KS to check whether there were any issues with continuing to use 'Your Service, Your Call'

8.4. CA noted that the form's pictures should be updated. KS agreed.

8.5. KS advised that she would like to be more active on the membership side of her role but additional work on the Governor areas had taken precedence in the recent year and a half.

8.6. Feedback was taken on each page:

8.7. Page one:

8.7.1. Update photo of ambulance to more modern version;

8.7.2. Check use of strapline;

8.8. Back page:

8.8.1. Revise text – update statistics, remove PTS, put North East in capitals, update contact details, add volunteer numbers, check strapline with Communications and Strategy teams.

8.9. Page one:

8.9.1. AS asked if there was an opportunity to provide guidance on when to call 999?

8.10. Page two:

8.10.1. CA noted that the word 'Foundation' was missing from the top of the page.

8.10.2. North East needed capitalisation.

8.10.3. It stated: "Governors also report back to their members about SECAmb plans" – GL asked if this was true. Was it possible for Governors to communicate with their constituents? A quarterly email would be useful, including asking constituents whether Governors might attend their events, telling constituents what Governors were up to and asking for feedback. GL was keen to send emails to all constituents in his area. KS would prefer Governors to use the newsletter as a platform for Governors to get in touch with their members/the public. KS and IA would consider further how best to enable Governors to be in direct contact with members without breaking information governance rules. There were information governance issues around sharing member email addresses directly with Governors.

8.11. KS advised that she would review the form's equality and diversity questions with the Trust's Inclusion Manager, including improving the priority of asking for people's date of birth.

8.12. KS thanked the MDC.

9. Suggested content for upcoming newsletter

9.1. KS asked for suggestions of content for the newsletter.

9.2. IA suggested an interview with Daren Mochrie, CEO.

10. Expressions of interest in the role of Deputy Chair

10.1. MH advised that his Deputy, Jane Watson, had not been re-elected and so he was keen to invite people to nominate themselves as the Deputy.

ACTION: IA to invite expressions of interest as Deputy of the MDC in the Council weekly email.

11. Vacant MDC 2nd representative on IHAG

11.1. It was agreed that expressions of interest would come to the next MDC to enable new Governors to express interest. IA would liaise with Angela Rayner over the selection process.

ACTION: KS to add selection of MDC representative(s) on the IHAG to the agenda for the next MDC

ACTION: IA to discuss the process for selecting representatives to the IHAG with Angela Rayner

12. Any other business

12.1. MH advised that he and FD had attended the Governor Focus Conference run by NHS Providers and it had been interesting. MH noted that he had been particularly interested to hear about the Freedom to Speak Up Guardian and he wondered who SECAmb's Guardian was. NC advised that it was Emma Wadey, Director of Quality and Safety and Chief Nurse.

12.2. AS advised that there were now so many different ways of contacting the Trust (whistleblowing, freedom to speak up, IRM1s etc.) that it was hard to know who to contact about what.

12.3. IA advised that this was progress compared to people not knowing there was any support available.

12.4. MH advised that the other important element of the Conference was discussion on the STPs. There were 44 'footprints' in the UK which bore no relationship to the existing County or hospital borders. KS suggested it may be worth asking Jayne Phoenix back to the Council to discuss the STPs in more detail.

12.5. MH advised that the Governor Focus Conference had also covered Governor effectiveness and he and FD wished to see this as a discussion item at a future Council meeting.

ACTION: IA to ensure Governor effectiveness was discussed at a future Council

13. Review of Meeting Effectiveness

13.1. The meeting was agreed to have been effective.

The next meeting will be held on 20 November at 14:00-16:00 at Crawley HQ

Signed:

Name and Position: Mike Hill – MDC Chair

Date:

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 2 May 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; and setting the agenda for the next Council meeting. There was an afternoon session which was more informal with Richard Foster, to discuss Governors' information needs. The full minutes are included in the Council pack and Governors are encouraged to read them.

1.7. Notes from the afternoon session are set out below.

2. Feedback from the previous CoG

2.1. The GDC felt that discussion with Lucy Bloem around risk and quality assurance had been useful. The discussion had not been prolonged since Lucy had provided a very clear overview of areas where she was confident progress was being made and systems were in place, and those areas where assurance was lacking.

2.2. The GDC believed that the atmosphere at the meeting had been positive and collegiate, which was welcome.

2.3. Richard had observed the meeting, his first, and had been pleasantly surprised by the number of audience members.

3. Agenda setting

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

3.2. It was agreed that follow-up was needed around assurance on Quality Impact Assessments: this could be taken during the Committee escalation reports.

3.3. The key items for the GDC were: workforce planning and wellbeing, and 999 and 111 performance. In addition, the afternoon session should be used to explore ways of working with the new Chair.

3.4. A Part Two meeting (held in private) would be needed to present the Chair's Objectives to the Council for approval.

4. Governor information needs

4.1. What the Council wants to know?
- Understand remit of NEDs & their committees
- Information about what the NEDS are doing, their issues and concerns
- How well are we really doing? – Patterns/Trajectories/Benchmarking
- Indicators on how the Trust is performing
- Are the NEDs assured on the Unified Recovery Plan?
- Executive Portfolio listing – to understand Executive remits

4.2. What information we could provide to the Council
- Assurance dashboard
- Progress against the plan
- Performance information

4.3. Different styles of reports to Council were reviewed:

- Bradford District Care's (performance report) front page was liked – split it up into Kent/Sussex/Surrey (RAG/summary but then use the full Board performance report behind it.
- NED escalation reports – useful – but need assurance around follow up, clearer on what they have received assurance on – tick box etc. Useful to have previous months' report for reference. Ownership is also an issue that requires clarification
- 1 NED at each meeting at least to provide overview of what is happening in the committees and all NEDs asked to attend to provide assurance in their areas of responsibility
- Pre-meet for the Council to raise areas of focus – to support each other to challenge at the meeting

Richard Foster noted the importance of behaviours when holding to account.

Recommendations:

4.4. The Council is asked to note this report.
4.5. New Governors are invited to join the next meeting of the Committee on 27 June at Crawley HQ.

Brian Rockell, 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

Banstead HQ – 2nd May 2017

Present:

Richard Foster	(RF)	Trust Chair
Izzy Allen	(IA)	Assistant Company Secretary
Brian Rockell	(BR)	Lead Governor & Public Governor for East Sussex – Chair of the GDC
Mike Hill	(MH)	Public Governor for Surrey & NE Hants
Alison Stebbings	(AS)	Staff Elected Governor – Non Operational
James Crawley	(JC)	Public Governor for Kent

Apologies: Jean Gaston Parry, Marian Trendell, Felicity Dennis

1. **Welcome, declarations of interest, minutes and action log:**
   1.1. BR welcomed members to the meeting. IA noted her disappointment that no new Governors had taken been able to attend to learn about the committee. BR noted he needed to leave the meeting at 3.15pm due to an appointment.
   1.2. No declarations of interest were received.
   1.3. The minutes of the previous meeting were reviewed and taken as an accurate record of the meeting.
   1.4. The action log was reviewed. Regarding action 101 on the provision of training opportunities for Governors; KS advised that NHS Providers had agreed to provide the in-house training on accountability and effective questioning skills again for Governors (max of 10 in attendance). The price would be the same as what was paid last time. The cost of the training would need to be approved by the Company Secretary. Trust budgets had been reduced by 20% overall this year. IA noted that the in-house training worked out to be a more cost effective option than sending individual Governors to the separate courses taking place in London. The training would be held onsite at a Trust property to minimise costs as per last time and Governors would be encouraged to lift share to reduce expenses costs.
   1.5. BR questioned how to move forward with the proposal as noted with the current budget constraints. IA advised that the next step would be to take the proposal to the Company Secretary. Those on the GDC who had attended the in-house training in February agreed it had been incredibly useful, in particular the effective questioning section. The GDC noted that more time should be allocated to the effective questioning session for any future training. KS noted a revised agenda for the training day could come to the GDC if the purchase was approved. BR noted the need to provide training to prepare Governors for their role as well as developing skills further on in their term. BR noted that new Governors received a comprehensive induction, but would benefit from a ‘core skills’ type course and then further development focussing on accountability and effective questioning. IA noted that she and KS could look into creating a ‘core skills’ type training before the NHS Providers course on accountability and effective questioning was held. IA noted that

otherwise she felt it may be too long for Governors to not have had any training if they have to wait until November which was the proposed time for NHS Provider training. BR noted he would be content to discuss the value of training for Governors with the Chairman if there were any barriers in terms of budget approval.

1.6. JC noted a query regarding the completed action 107 'Circulate update on EPCR roll out to the Council'. JC noted that crews were unable to add in a Community First Responders (CFRs) "PP" number when on-scene, JC noted it was a legal requirement. IA asked if there was a way to provide feedback on CFR issues within the volunteer services structure. JC noted limited capability to feedback on issues within current structure and that he was meeting with the CEO with other CFR Team Leaders from Kent to discuss CFRs more broadly and would raise the issue there. IA asked for JC to resend his original email on the subject to her for her records. MH noted the inability for ePCR to interact with local hospitals and frustrations around this. IA noted that there had been a delay in hospitals doing their part (technology wise) to make the project work.

ACTION:
IA KS to look into creating a 'core skills' training course for new Governors.
IA KS to send NHSP in-house training proposal to Company Secretary for approval.

2. Discussions of any feedback from the previous Council meeting

2.1. RF joined the meeting. IA gave an overview of the GDCs purpose for RF's benefit as it was his first time in attendance at the meeting. BR noted the March meeting had been the last Council meeting chaired by Sir Peter Dixon and sought any observations on this meeting from the GDC. IA noted that she was keen to hear views on the risk management and impact assessment item from Lucy Bloem. JC noted that Lucy had delivered a good presentation on this and that he thought Governors felt reassured, as far as they could, that things were in hand.

2.2. JC noted presence of local ITV press at the meeting and Governors' awareness of this.

2.3. KS noted the meeting had finished earlier than scheduled and recorded her appreciation that Jayne Phoenix was able to arrive earlier to deliver the afternoon session.

2.4. JC felt it had been a positive meeting and the GDC agreed.

2.5. RF noted it was the first NHS Council meeting he had attended to observe. He had been surprised at the volume of people in the room - he thought it worked well given the large number of participants. He had been pleased to observe respectful questioning and challenge.

3. Agenda items for the Council meeting 2 June 17

3.1. BR noted that a draft agenda based on the recommendations from the GDC was usually shared with the Chair for approval and discussion if the Chair was not present at the GDC. BR advised it was helpful for the Chair to be present at the GDC to feed in views on the agenda there and then.

3.2. The GDC felt that suggested agenda item 1 'Assurance regarding Quality Impact Assessments' should be part of the public meeting agenda. The GDC felt that items 2 'Performance by Constituency' & 3 'Governor Information needs and the structure of Council meetings' should be discussed further during an afternoon session. IA advised that item 2 had come from Governor queries on performance in their constituencies. The GDC agreed that item 4 'Workforce plan' should be part of the public meeting agenda, IA noted that TH was potentially available to attend if agreed. Item 5 'NHS111 update' BR noted that Governors had heard very little on 111 recently and that it would be good to hear an

update on the service. IA noted this had been on the suggested agenda items list for a while so it would be good to address. IA noted she could reach out to either John O'Sullivan as NHS 111 manager or Joe Garcia as the director responsible for the service to present at the Council meeting. BR noted discussion of NHS111 in the media recently around possibility of it reverting back to a nurse led service so noted it would be timely.

3.3. The GDC agreed that items 6-8 which were part of the agenda framework were essential to cover. These items included the vote for Lead and Deputy Lead Governor and vote for a Nominations committee member due to a vacancy. BR noted that the vote for the Lead and Deputy Lead Governor should be held in public. IA noted the need for a part 2 Council meeting for item 9 'Approval of Chair's objectives'.

3.4. IA noted she would advise the NEDs regarding the content of the agenda. JC noted that he felt there would be some interest in the workforce development, recruitment and retention agenda item. JC noted that it would be good to have relevant NEDs in attendance for Governors to seek assurance where required on this subject.

4. Any other business

4.1. MH noted that he and Felicity Dennis would be attending the Governor Focus conference in London that week. MH noted that 50% of the agenda was focussed on Sustainable Transformation Plans (STPs) and advised that he would feed back to Governors on the conference. MH sought a public friendly summary on STPs. IA noted that Jon Amos may have guidance documents on STPs and that she would share those with MH & FD.

ACTION:
IA to share summary of STPs with Governors
MH and FD to feedback on Governor Focus conference as part of Governor activities report at the next Council meeting.

5. Review of meeting effectiveness

5.1. The meeting was deemed to have been effective.

The next GDC meeting takes place on 27th June in the McIndoe1 meeting room at Crawley HQ.

Signed:

Name & position:

Date:

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

F1 – Governors' Report on the Workforce and Wellbeing Committee

25 May 2017

Governors present: Jean Gaston-Parry, Alison Stebbings, David Escudier, James Crawley

The following report is from these Governors, noting their observations.

1. Prior to the meeting:
We received a frank briefing before the meeting including about areas where the Chair had concerns. We agreed that we would have time to ask questions at the end of the meeting but while Committee members were in the room.

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

3. Attendance:
There were only two apologies and one sent a Deputy. There was a lack of representation from what was formerly the Paramedic Directorate and also from the Medical Directorate. It was apparent that the majority of managerial attendees were from HR and one representative from Operations and one from Finance (for part of the meeting). We felt that workforce and wellbeing should be relevant across Directorates and wider representation would be expected.

4. Agenda:
The Chair followed the agenda however the PDF we had received did not match the order of the agenda items, making it difficult to follow at times.

5. Discussion during meeting:
We were impressed by the challenge from all three NEDs, albeit with different styles. It was also positive that the NEDs were challenging each other.

We observed open discussion between the NEDs and Executive/managers. It was good to see the NEDs prioritise key issues and see them asking for evidence. NEDs were also clear when they needed more information to be assured. Managers answered the questions that were posed but sometimes the question was not precise enough, perhaps, to elicit the information sought.

It was good to hear the NEDs use their experience from other roles throughout the meeting.

Other Committees were referenced during the meeting so they were not operating in silos.

6. Chair
Tim Howe's chairing was effective: he ran to time, kept control of the discussion, allowed everyone a chance to talk, and actively sought feedback.

7. De-brief
We were asked if we wanted a debrief after the meeting but said we were content. We had the opportunity to ask questions at the end of the meeting, which we took advantage of.

8. Conclusion
We believe the WWC was effective, eliciting clear actions with clear ownership.

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)
23.02.17	East Surrey Clinical Commissioning Group Patient Participation Group, Surrey Downs CCG Public Board meeting – talked informally about SECAmb, learned about local health economy. Mike says: The PPG is usually very structured with sometimes 2 or 3 very short (15-20 mins) presentations from "local" medically related organisations (e.g. Healthwatch). This gives an opportunity for Governors to make themselves known on a personal basis with a potentially useful future contact.	Mike Hill
20-21.03.17	Mental Health First Aid Course – learned new skills, spoke to staff about the role of a governor	Alison Stebbings
04.05.17	**NHS Providers Governor Focus Conference – see paper F1 for a full report from attendees**	**Felicity Dennis, Mike Hill**
07.04.17	SECAmb Immediate Emergency Care Responder mobilisation meeting with EOC and responder leads – learned more about SECAmb, contributed views to a discussion. David says: The public and even our partners do not appreciate the complex issues and competing demands of the ambulance service, taking time to understand these and then inform others will increase collaborative opportunities	David Escudier
20.04.17	Observation in Coxheath Operational Dispatch Area at the Emergency Operations Centre – learned more about SECAmb, Stuart says: I was welcomed and shown around. Then I was allowed to listen to 999 calls for about an hour. We had a rollover RTC, where the call takers work very well together.	Stuart Dane
26.04.17	Surrey Heartlands Sustainability and Transformation Plan	Felicity Dennis

	(STP) Reference Group meeting – Contributed views to a discussion, Information about the STP was provided, the workstreams and the Clinical Academy. Felicity says: These meetings are useful to understand about the STPs being set up across Kent, Surrey and Sussex. They all have urgent care and emergency workstreams which will impact directly on Secamb and attending is a useful triangulation of information on further development. They have a requirement to engage their citizens and it would be a useful link up between the Secamb Patient experience Group and the co-design planned for the urgent care and emergency workstream	
11.05.17	Health and Social Care STP meeting Surrey Heath CCG – Talked to people about SECAmb informally, contributed views. Felicity says: It was good to have very positive feedback from the District Nurse team (Virgin Care) about working with SECAMb regarding shared care plans via the IBIS system for managing people at home with long term conditions. Hopefully this should be an ongoing improvement with the roll out of ePCRs across the patch. Also positive feedback from Oakleaf Enterprises who are a mental health charity who are listed on the SECAmb Directory of Services as a place to contact and support patients with mental crisis plus an Out of Hours service. It would be good to have patient feedback on that link so the person suggested I speak to Healthwatch who have just completed a piece of work on that. Surrey Heath are working with others to re fresh the NHS 111 service which is a national piece of work with pilots currently being tested country wide. They will have a different / better operating procedures with increased access to a clinician. Patient engagement and feedback from SECAmb service users: it will be useful to engagement with the urgent care work stream for this STP to access patients' feedback and views on urgent care services via the CCG engagement leads and any patient meetings they run.	Felicity Dennis
16.05.17	Your Call membership event, West Sussex – gave a talk about SECAmb and the role of governors, answered questions, recruited members	Gary Lavan (KS,IA)
17.05.17	Your Call Membership event, Surrey - gave a talk about SECAmb and the role of governors, answered questions, recruited members	Mike Hill, Felicity Dennis (KS,IA)
Various	Lobbying MPs around ambulance handover delays – more detail to follow	Various Governors

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.

2.2. It is good to note that newer Governors are asking many questions!

27.03.17	The ePCR update seems to create more questions in my mind than answers. It says overtime has been withdrawn, which was the mechanism for delivery - but gives no real clarity on how the roll out is therefore being done and especially how this is done with due dilligence keeping patient safety in mind. It also says the project manager & clinical lead - I'm assuming key players in the project team - are both leaving the project next week... how many other project team members from the existing team will carry on the roll out with the PMO lead taking over? Although all the devices are in place the "onboarding" seems to be very low compared to the overall device numbers. Will the trust therefore actually realise the benefit in hospital handovers etc if staff aren't onboarded to these devices? Will further clarity on the project be provided before the key resources mentioned - especially the project manager - move on?	This was all covered at Project Board last week (22nd) and Mike Earl (senior Lead Super-User) will be continuing for a further two months to support the continuing on-boarding and also the Project Administrator (agency member of staff) has been extended for a further two months by HR. Edyta Suszek is taking over as Project Manager up until project closure and is also PM for the next stages of transition into Business as usual for ePCR and iPad benefits realisation – both these will be under the governance of the PMO with Adrian Johnson as Program Manager (a substantive member of staff). Full handover is taking place between Karen Mann and Edyta/Adrian There are seconded operational lead roles under the new iPad benefits realisation project that we hope Mike will apply for to retain his expertise and experience. Discussions are ongoing in relation to the support that can reasonably be expected from the outgoing Clinical lead – I should know more later today Yes the removal of the overtime has had a significant impact on the speed of deployment in some areas (although others are managing primarily through staff goodwill coming in on their day's off – including the Super-Users)
03.04.17	1. On moving to a single rear axle, what will be the implications on the maximum payload of the vehicle? How will this affect the number of crew and passengers that can be safely and legally conveyed. 2. What will be the effects of having a portion of our fleet with a completely incompatible stretcher load system? 3. Does moving to a cheaper and small chassis affect the care our staff can deliver on board? 4. If it is recognised that there are	Very detailed enquiry (more executive/management in nature than regarding governance) not responded to directly. However CEO update (see below) on overweight vehicles was circulated to the Council providing overview of the situation.

	payload limitations of single axle vehicles, given that the vast majority of private ambulance providers employ such vehicles in their fleets, to what extent will SECAMB seek to regulate the activities of these subcontractors when conveying additional crew members/escorts or specialist equipment	
03.03.17	Information about pharmacy governance and assurance around decisions made in relation to medicines management requested	Lucy Bloem (Chair of the Quality and Patient Safety Committee) provided the following response: Medicines Management did come up at the council of governors meeting. I was asked if I was assured that the Trust was responding to concerns correctly. I shared that I am assured that upon identifying the more recent issues (which was actually done through our governance processes rather than CQC) I was assured that the Trust had acted swiftly to fully identify/understand issues and is working to rectify them. My assurance is further enhanced with Fionna Moore joining us. In terms of understanding how this happened the Trust has commissioned an external review to investigate this. A pharmacist is leading this review and my understanding is it will be undertaken as quickly as possible. The issues identified are within our URP and this has been discussed at the last 3 board meetings.
03.04.17	Number of queries regarding overweight ambulances, and specifically assurance from our NEDs that a) They are aware of the issue b) understand how the situation came about in the first place c) they are assured that there is rapid implementation of a permanent rectification programme	Update from the CEO circulated 10.04.17.
07.04.17	Request for the following for Surrey and NE Hants , rather than data which is an amalgamation of all SEC: • Operational Performance scorecard data (page 12) • Clinical Effectiveness KPI score card (page 21) • Quality and Safety KPI scorecard: page 28 - specifically the number of complaints /number of reported incidents	Variety of 999 operational performance data not available by county. Query re clinical effectiveness KPIs and their availability by CCG sent to relevant team who advised they were not broken down in this way though they acknowledged this would be useful to do in future and will begin to do so from April's figures. Since requested performance by Operational Unit from Ray Mazhindu 23.05.17 and will circulate when received.

	I would find it most helpful to see this for the last year and compared with the SECAMB data as a whole.	
07.04.17	I also have a query about sub optimal performance related to the STEMI care bundle (only 63% in Feb 2017 against a national average of 79%). The requirements do not seem hard to clinically deliver so I wondered if it is an area of focus and if there is an improvement plan in place. It really improved in Aug and Sept according to the run chart so there must have been an initiative of some sort but it is now back to around the 65% .	Response received 13.04.17: Firstly, we have started on an improvement plan via the PMO and our A&E contract for the coming two years, which will help focus resource on the improvement needed. At the recent meeting where we discussed all of the AQIs and other improvement topics, we discussed the STEMI care bundle specifically. We know from the audit data that we are weak when it comes to recording pain scores, and have scope for improvement with regards to providing pain relief for patients with low pain scores. The quality measure requires all patients complaining of any level of pain to receive analgesia, and we will be focusing some education to staff in this regard. Andy Collen (DipHE MSc FCPara Consultant Paramedic Head of Clinical Development). A follow up query was received after this response was sent and a conversation was arranged with our Head of Clinical development.
	Queries regarding staff and IHAG/Governor feedback on the new HQ and whether the feedback had been taken into account.	• There is no quiet, restful reflective space for EOC staff to escape, unwind and have their breaks. The only communal area being the main canteen. Staff reported that they had been advised that a quiet dedicated seating area would be included.- **The original design has had some changes for the EOC since new Management. It was advised on the tour for staff to raise this to their line management as something they feel needs to be included and that I would raise this to the project team. I raised this to the project team and it was passed to the EOC Lead for the project.** • Staff remain unconvinced that parking is sufficient to meet needs, and that advice to park on nearby streets is unhelpful given the unsociable hours that this work entails. – **The parking that we have at the new building is a higher percentage than what most new**

		builds, Council owned, in the area. The EOC will have designated spaces during the busiest morning change over and then after a certain time in the morning these will be released to all staff. It was raised to the project team and the EOC Lead that they need to communicate to staff there isn't one parking space per EOC employee. • Cycle storage is provided and the Trust has championed alternatives to car travel, however there are no lockers or changing rooms for staff. – **This has been raised to the project team. It was advised during planning that the EOC area didn't require lockers. This is now being looked into where we could put lockers and if this is something the Trust wants to include in the layout.**
11.04.17	Advised that the AEDs in Paddock Wood and Ashford MRC Receptions are not working	Passed to Joe Garcia and David Hammond for them to ask the right managers to check and undertake any repairs/replacement necessary.
13.04.17	Query regarding medicines management failings and specifics around failures and NED oversight	Following a number of email discussions, Dr Fionna Moore contacted the Governor and provided assurance that changes in practice had taken place and the issues highlighted had good NED scrutiny.
13.04.17	Query re the location of PAD sites within the Farnham Town Council area	All Public Access Defibrillator sites registered with the Trust are listed on the Trust's website: http://www.secamb.nhs.uk/our_services/public_access_defibrillators.aspx
08.05.17	I was very surprised to see in the attached letter from the CEO of East Kent Hospitals Trust that acute providers are fined £1000k for each ambulance patient who waits long that an hour in A&E. I have always been under the impression acute trusts had no penalty at all but this appears not be the case.	Acute providers can be fined £1000 per 60min delay but most are currently exempt under the Sustainability and Transformation Funding initiative. Afraid I don't know the specific contractual arrangement between EKHUFT and the CCG but it's unlikely these fines are levied and if they are EKHUFT would be one of a very few acute trusts nationally where this happens.

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.

Brian Rockell
Lead Governor & Public Governor for East Sussex

NHS Providers - Governor Focus Conference 2017

This was held at the Congress Centre in Great Russell St, London WC1 on Thursday 4th May. Public Governors Felicity Dennis & Mike Hill (both Surrey/NE Hants) attended.

The slides used by the various presenters have been copied to all Governors so we will not go into excessive detail.

First a note about NHS Providers. It is the membership organisation and trade association for NHS acute, ambulance, community and mental health services that treat patients and service users in the NHS. It aims to help deliver high quality, patient-focused care by enabling trusts to learn from each other, acting as a public voice and helping shape the system in which trusts operate. They also run the GovernWell Training courses many Governors have attended.

Approximately 200 Governors from a variety of 93 NHS Trusts around England attended and were seated at round tables in the Main Hall varying between 5 & 8 delegates per table with no preset seating plan.

We were on a table of 5 with a Governor from NE Ambulance FT and Governors from Luton & District Hospital FT & Chelsea & Westminster Hospital FT.

The Conference started on time with a welcome address by the NHS Providers' Chair, Dame Gill Morgan. This was followed by a very good presentation (see slides) by Chris Hopson, CEO NHS Providers, detailing the current state of NHS policy etc - cautioned by the upcoming General Election.

The next presentation was by Amber Davenport, NHS Providers' Head of Policy titled Sustainability and Transformation Partnerships (see slides). This proved very instructive as the majority of delegates seemed to be as uninformed about STP detail as we were!

England has been divided into 44 so called Footprints. These are specific areas which are required to produce their own STPs and are at various, often very different, stages of development. Geographically they do not seem to follow either County or even CCG boundaries!

It is worth noting that the STPs are not primarily about money - more about improved care and outcomes - better health and better quality. One of the major issues facing the NHS being technology - or lack of its application - attempting to treat 21st Century illnesses with 20th Century methodology & infrastructure.

It is anticipated that STPs will evolve into Accountable Care Organisations (ACOs) working a locally integrated health System (ACSs) which will have more control and freedom over the total operations of the health system in their area.

This was followed by a presentation by Tom Cahill, CEO of Hertfordshire Partnership NHS FT and STP Lead for Herts & West Essex Footprint. Tom outlined the geography of their footprint, derived from the main population centres in the area which overlapped the county borders. He requested that as their STP is still very much a work-in-progress we did not report in too much detail. Suffice to say their plans are quite advanced and have been submitted to NHSE/NHSI. Noted that it was quite a rocky road!

The Conference by this time had started to over-run, mainly due to the numbers of questions, despite being well regulated by Dame Gill's Chairman/womanship. Thus the pre-lunch discussion

period we had with our tablemates was more limited, although it was apparent that they were as underwhelmed with STP knowledge as we were.

Around the main hall was a "Showcase" comprising small manned displays by 8 NHS Trusts (similar to our Governor Toolkits) where it was encouraged we network during the lunch break & ask questions about how these trusts were tackling & progressing their STPs. Unfortunately they were all either acutes or other Hospital Trusts so were not easily applicable to how SECAmb will interact. The people I spoke to had no knowledge of their own interfacing with their local ambulance services.

After lunch we were tasked to list key themes from our short round table discussion with our tablemates onto flip charts (as per Izzy/Katie Workshops!) which were collected, reviewed & later displayed.

The next presentation was by Dr Henrietta Hughes, the NHS National Guardian. She's a GP and introduced the Freedom to Speak Up Initiative (see slides). She highlighted what Governors need to know & what questions we should be asking the Board. It was interesting to note that all Trusts have appointed Freedom to Speak Up Guardians.

Felicity & I were unaware if SECAmb had a Freedom to Speak Up Guardian. Subsequent perusal of IHAG minutes revealed a note that Emma Wadey had been appointed!

The final presentation was by a performance coach, Jamie Ripman, who's an Associate with Frontline Consultants. He stressed that Governors should make an impact and be influential not only as individual Governors but also as Councils (see slides).

Dame Gill then wound up proceedings by presenting a list of the key themes from the earlier round table discussions. We noted two of our comments - one about reducing jargon and the other highlighting that ambulance trusts are involved with multiple Footprints and thus multiple associated STPs.

Conference closed on time at 15:45. We felt it had been a worthwhile event and that our participation and networking with other Governors enhanced our knowledge as Governors. We would recommend two more attendees next year.

Mike Hill and Felicity Dennis

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

H - Lead Governor/Deputy Lead Governor Elections Process

1. Introduction

1.1. The Constitution sets out the requirement for the Council of Governors to appoint a Lead Governor and the option to appoint a Deputy Lead Governor. The Council has previously agreed to appoint a Deputy Lead Governor to undertake the role in the Lead Governor's absence.

1.2. This paper sets out the election process agreed by the Council at its meeting of January 2014 and updated by the Governor Development Committee at its meeting of April 2015 and notifies of candidate names.

2. Candidates:

2.1. There are **two** candidates for the role of **Lead Governor** and so an election will be held. The candidates are, in alphabetical order by surname, **James Crawley** (Public Governor, Kent) and **Brian Rockell** (Public Governor, East Sussex).

2.2. The candidate who secures the most votes shall become Lead Governor.

2.3. A second and separate election will then be held for the role of Deputy Lead Governor.

2.4. There are **two** candidates for the role of Deputy Lead Governor and so an election will be held. The candidates are, in alphabetical order by surname, **Charlie Adler** (Staff Governor, Operational) and **Felicity Dennis** (Public Governor, Surrey). Neither of the candidates for Lead Governor wished to also be considered for the Deputy position.

3. The role of Lead Governor/Deputy Lead Governor

3.1. The Constitution states that the Lead Governor shall:

- Chair meetings of, or parts of meetings, of the Council of Governors in accordance with Annex 6; and
- Communicate directly with Monitor in circumstances where it would not be appropriate for the Chairman of the Board of Directors to contact Monitor directly, or vice versa.

3.2. The Deputy Lead Governor shall perform these duties in the absence of the Lead Governor.

3.3. In addition, the Council has previously agreed that the Lead Governor and Deputy Lead Governor should be responsible, with the Chairman, for agreeing Council of Governor meeting agendas.

3.4. The Lead Governor Chairs the Governor Development Committee, or the Deputy Lead in the Lead Governor's absence.

3.5. The Lead Governor is allocated a position on the Nominations Committee.

3.6. The CoG may also request that the Lead and/or Deputy Lead Governors undertake other duties if agreed by the CoG at a future meeting.

4. The nominations process

4.1. Governors were asked to express an interest in standing for election by **19 May 2017**. Those wishing to stand for election were asked to include a statement of up to one side of A4 setting out their reasons for standing to be received by the same date.

4.2. Candidates were asked to indicate whether they are willing to take the role of Lead and Deputy (if not elected Lead), or Lead only, or Deputy only.

4.3. Candidates' statements are attached as Appendix A. Governors are asked to read the statements prior to the meeting on **2 June**.

5. Voting

5.1. Voting will be undertaken during the formal meeting of the Council of Governors on **2 June 2017**.

5.2. The Council has selected a voting system where one election is held for Lead Governor and the person who receives the most votes becomes Lead Governor.

5.3. A second, separate election should then be held for the post of Deputy Lead Governor, with the successful Lead Governor removed from the ballot paper.

5.4. In both elections the vote will be first past the post in a single anonymous ballot.

5.5. Ballot papers will be provided to the Council on **2 June** at the Council meeting.

5.6. The vote shall take place anonymously, and each member of the Council shall have one vote.

5.7. It should be noted that the Chair, as a member of the Council, has a vote. As per the constitution (Annex 6), in the case of a tied vote the Chair has a second and casting vote.

5.8. There is no provision for proxy voting if a Governor is unable to be present at the meeting. Only those governors present at the meeting will be entitled to vote.

5.9. The Company Secretary will count the votes and announce the outcome.

6. Qualification to Vote

6.1. The constitution (Annex 6) states the following: A Governor may not vote at a meeting of the Council of Governors unless he has made a declaration on a form provided by the Secretary stating the Constituency of which he is a Member and that he is not prevented from being a member of the Council of Governors by paragraph 8 of Schedule 7 of the 2006 Act or otherwise under this Constitution and that he will at all times abide by any code of conduct that may be adopted by the Trust from time to time (such code (as amended) to be notified to Governors as soon as reasonably practicable).

6.2. Governors will be provided with a form on **2 June** on which to make such a declaration prior to voting.

7. Term of office

6.1 The term of office of the Lead Governor and Deputy Lead Governor is one year or until their term of office on the Council comes to an end, whichever is the sooner. The Lead Governor and Deputy Lead Governor may stand for re-election for as long as they are members of the Council.

8. Recommendations

8.1. The Council of Governors is asked to:

8.1.1. Read the candidates' statements at Appendix A.
8.1.2. Participate in the elections if present at the meeting on **2 June**.

See over: Appendix A – Statements in support of nominations

Statement for the Position of Lead / Deputy Lead Governor
James Crawley - Public Governor, Kent

Dear Colleagues.

I joined SECAmb several years ago as a Community First Responder on my return to Kent, having previously volunteered with several organisations including the Metropolitan Police and The British Red Cross. I now lead the Sevenoaks CFR Group and I also currently sit on the Trust's Voluntary Services Strategy Group and the CFR Project Group which are developing ways to enhance voluntary contribution to patient outcomes. Outside of my volunteering, I joined the Royal Navy from school as an Office Cadet at Dartmouth and enjoyed a career in the Submarine Service. I then moved into commercial life with a Human Resources Management Consultancy firm and then went on to lead several firms both Domestic and International before setting up my own firm in 2016.

I was elected as a Governor in March 2016, just as the first crisis around the R3 hit the trust so I have seen both the worst and the best of the organisation. I have seen the frustration etched on many colleagues faces as they have tried to help the Trust face the challenges and yet been treated as a necessary evil. It's been an extremely difficult period, one that I doubt many Governors would like to repeat. Throughout this period, I have been unashamedly vocal and challenging both to individuals presenting information to us and about the information itself and how it's been presented. I have been to every council and GDC meeting, taken part in additional meetings such as the Fleet Strategy Day, the National Ambulance LBGT conference, and had the opportunity to celebrate our successes with the Annual Awards and Survivor Events. The Trust has turned the corner with the appointment of an entirely new board and is now embarking on a challenging journey to return itself to offering the highest levels of support to both its Patients and its Staff. The COG and its role needs to continue to adapt and improve, to support the Trust on this journey.

When I look round the table at my colleagues I see an underutilised wealth of experience from a range of organisations and our challenge moving forward is to find a way to harness and take advantage of this free, dedicated and passionate resource to improve patient outcomes. Whilst it is true the "Lead Governor" does not lead the COG in the normal sense of the word, I personally think the role is to provide a focal point for the COG.

In addition to their statutory duties, The Lead Governor should, I believe:

- Proactively curate the ideas of the Council and actively seek opinions on discussions from every member
- Collate the views of both the public, appointed and Staff governors so that ideas for improvement can be presented in a unitary and cohesive form
- Constructively and positively challenge unacceptable behaviour displayed towards the COG from the Trust (for those new to us, in the past there were occasions in the past where the previous Trust leadership displayed questionable communication styles)
- Develop new communication channels and ways for Governors to interact both amongst themselves, with the Trust and most importantly with the public who call on our services
- Work with the Chair of the Trust and the NEDs to identify opportunities for Governors to use their considerable knowledge and experience

I am very fortunate that my professional career circumstances give me the flexibility to dedicate time to SECAmb, allowing me to participate in the full range of meetings and duties that would be required of the Lead Governor, and it would be my honour to serve the council in this role for the next 12 months.

Lead Governor Nomination Statement for Brian Rockell Public Governor - East Sussex

I invite colleagues to re-elect me as Lead Governor for a further term. I have been privileged to serve twice previously as Lead Governor and also as Deputy Lead Governor, and further privileged to serve my constituency, recently re-elected by its members for a third, and final, term.

During my service I have engaged extensively with my constituency and SECAmb staff within it. I formed, and then led, a new CFR team, in a demanding area, which received early recognition with an award by a local radio station for its achievements. I was also fortunate to be recognised by SECAmb, with an award for this work and also for the development of the Volunteer Charter (google *'Brian Rockell SECAmb awards'* for details of the nomination currently on YouTube).

The work as Lead Governor is not, however, about recognition, but about supporting the Council and the work of the Trust. The last two years have not been easy and I have engaged with NHSI, chaired the GDC and, in the absence of both the Chair and Deputy, chaired the Council of Governors. Working with the Senior Independent Director and other NEDs has also been key. I have also worked with individual Governors and with the Council to build consensus and cohesion, on the difficult and sensitive issues we have faced. I am grateful for the support and commitment that Governors have willingly given throughout these challenging times. Working together has been key to the progress we are now initiating, together with a new Chair and Chief Executive in place. In my Lead role I was engaged in both appointment processes.

I bring relevant lifetime experience which has helped both me and the Council in fulfilling the role. Until just a few years ago, I was professionally UK Director of Operations with St. John Ambulance, itself a very demanding role. In that capacity I also provided resources for the North West Ambulance Service in 2006, a 24 hours-a-day service for six weeks to cover huge NHS service gaps. This was principally for the whole city of Liverpool. Running a service both strategically, working with the Trust and operationally, with 21 ambulances, fully staffed and drawn nationwide, round the clock, reinforced my understanding and insight of the modern service demands and the need for successful partnership working. More recently I have worked to support the Inquests and Enquiries into the Hillsborough tragedy and also, on a voluntary basis, worked to help develop ambulance services, where none exist, in SE Asia, initially in Thailand.

As Lead Governor, I have also found it very helpful to seek advice from the appointed Deputy. I had the benefit of that being an Operational Staff Governor, as it brought an additional knowledge base and a broader dimension. If a Staff Governor puts themselves forward at this election, I would ask you to consider that person as a Deputy Lead appointment.

Thank you for all you do for SECAmb and for your continued support.

Brian Rockell

Application to stand for election as Deputy Lead Governor
South East Coast Ambulance Service NHS Foundation Trust Council of Governors

Dear Council,
I have decided to stand to be considered for the position of Deputy Lead Governor in the forthcoming ballot.

Having been in post as a Staff Elected Governor for over a year I feel that I now have a much greater understanding of the role and the organisational structures, both internal and external, that shape us.

I do not feel that I have sufficient experience, or frankly time, to apply for the Lead Governor role, however I hope that I could offer useful advice and support to whomever is elected to the Lead role.

The fellowship year that I am currently embarked on has been a real opportunity to work with 'the system' and to be part of the voice of the ambulance service in the wider context of service redesign and STPs.

I would continue to commit to the best of my ability my time and experience to help inform and strengthen the Council as it works with the Board to bring SECamb back to where it should be. I have long felt that our Trust will be at its best when we have truly empowered our staff and volunteers to provide the service that they want to provide. It remains a pleasure and a privilege to serve in the capacity of Governor to this end.

I look forward to continuing to work with you all.
Charlie

Felicity Dennis - Nomination for the role of Deputy Lead Governor

I should like to put my name forward to be considered for the role of Deputy Lead Governor for the Council of Governors at SECAmb.

I am new to the governor role but feel that I have the necessary skills and knowledge to be able to provide useful support both to the Lead Governor and the Council of Governor members.

I have reflected on the excellent presentation at the recent national Governors' Conference about how we as a group of elected public representatives, exercise both impact and influence, and I believe that we will be effective in holding the NEDs and organisation to account on behalf of our members if we work together as a unified and cohesive team.

Together we have a wide range of skills, knowledge and experience to bring to bear and I would like to have the opportunity to work with Council and in partnership with the Lead Governor, to identify ways to maximise our value to the public, and to ensure we provide co-ordinated encouragement and where warranted, robust challenge to the organisation.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

I - Elections to the Nominations Committee

1. Introduction

1.1. Governors are elected by the Council to be part of the Nominations Committee (NomCom). The term of office of one Public Governor previously on the Nominations Committee came to an end on 29 February 2017.

1.2. There has also been a long-standing vacancy for an Appointed Governor on the NomCom.

1.3. Elections were therefore due to be held for one new Public Governor member of the NomCom at the formal Council meeting on 2 June 2017 and one Appointed Governor member, if there were sufficient expressions of interest.

2. The candidate

2.1. There was only one nomination received from members of the Council and so, as per the election process, elections do not need to be held and **Mike Hill** is elected unopposed to the Public Governor vacancy on the Nominations Committee.

2.2. There were no nominations to the Appointed Governor vacancy. Appointed Governors are asked to further consider whether they might have the time and inclination to undertake the role and to notify Izzy Allen, Assistant Company Secretary if they require further information or to express interest.

2.3. Mike Hill's nomination statement is included at **Appendix A**, so the Council, Foundation Trust members and the wider public are able to see the statement (since the role is one of importance to the Council and all stakeholders in the Trust, to whom we are accountable).

2.4. In order to enable Mike to immediately take up his duties on the NomCom, the Council were informed by email that he was the only candidate and were pleased for Mike to begin his duties on the NomCom.

2.5. It remains for the Council to formalise his appointment to the NomCom at the meeting of 2 June 2017.

2.6. The Terms of Reference of the NomCom are attached at **Appendix B**.

3. The duties of the NomCom

3.1. The Nominations Committee is a Committee of the Council that must be made up of a majority of governors. The full duties of the Committee are set out in Appendix A, and include making recommendations to the Council concerning:

- Non-Executive Director appointments and reappointments (including the Chair),
- Non-Executive remuneration, and
- The process for appraising the Non-Executives.

4. Membership of the NomCom

4.1. The membership comprises:

- Chair (or Senior Independent Director when concerning matters relating to the Chair of the Trust)
- 2 appointed governors
- 1 staff elected governor
- 4 public governors

3.2. The Lead Governor will be a member of the Committee, and will be included within above categories.

3.3. Appointments to the Committee shall be for a period of up to three years, which may be extended for a further three-year period, provided the Committee member remains a member of the Council of Governors. The exception to this is the Lead Governor who will serve on the Committee for as long as they hold this office.

3.4. Vacancies on the NomCom are currently as follows:

- 1 x Public Governor vacancy
- 1 x Appointed Governor vacancy

5. The election process – set out here for information only

5.1. It has previously been agreed that elections to the NomCom will be held whenever a Governor who is a member of the NomCom comes to the end of their term of office as a Governor. Additional elections will be held if Governors on the NomCom resign or leave during their term of office.

5.2. Public Governors and Appointed Governors were asked to express interest in standing for election to the NomCom by midday on 19 May 2017. Governors were asked to provide a short statement (no more than a side of A4) about their interest in joining the NomCom.

5.3. The Lead Governor is automatically a member of the NomCom. Should more nominations than places have been received, the election for a Lead Governor would have taken place prior to the vote for NomCom members. There would have been potentially complex permutations in relation to voting should more nominations have been received, and depending on the Governor constituencies from which the nominations came, and the constituency from which the newly elected Lead Governor came, however this is not relevant in current circumstances (with only one nomination).

5.4. If there had been more candidates than vacancies for the Public Governor position, an election would have been held by closed ballot (anonymously) at a formal session of the Council meeting on 2 June. All Governors present would have been able to vote.

5.5. **Where the number of candidates matches the number of vacancies, the Council are asked to appoint the candidate without an election.**

5.6. If the election had taken place, Governors would have had the same number of votes as there were vacancies (in this case one vote for a Public Governor and one vote for an Appointed Governor) and the candidate with the most votes will be elected to the NomCom.

5.7. It should be noted that the Chair, as a member of the Council, has a vote. As per the constitution (Annex 6), in the case of a tied vote the Chair has a second and casting vote.

5.8. There is no provision for proxy voting if a Governor is unable to be present at the meeting. Only those governors present at the meeting will be entitled to vote.

5.9. The Company Secretary counts the votes and announces the outcome.

6. Recommendation

6.1. The Council of Governors is asked to:

- Approve the appointment of Mike Hill (Public Governor, Surrey) as a Public Governor to the NomCom for a period of up to three years, as long as he remains a member of the Council.
- Note that there remains a vacancy for an Appointed Governor on the Nominations Committee.

Izzy Allen
Assistant Company Secretary

Appendix A

Election of a Public Governor to the Nominations Committee

Nominations Committee (NomCom) Election Statement - Mike Hill

I have been a Public Governor for Surrey for four and a half years and re-elected by my public constituency, I believe I have the experience of working with the Chair, CEO, NEDs & CoG to be confident in my ability to serve on the Nominations Committee. I would welcome the opportunity to work with colleagues who are already part of this committee.

I have not missed a single Board or Council of Governors meeting since being elected and recognise good governance when I see it. I am also the Chair of the Membership Development Committee and regularly attend the meetings of the Governor Development Committee, again without missing a single one.

Aside from my responsibilities to the MDC, I have worked to support the Lead Governor, the Council of Governors, and the Trust, through a challenging time.

As a retiree I can devote the required time for the roles within SECAmb with which I have become involved. I also have an excellent working relationship with my SECAmb colleagues who directly support and enable the work of the Council of Governors.

Although having a non-medical background my RAF Service and subsequent business involvements have given me a broad and balanced approach to most matters within SECAmb.

Through marriage I have a medical connection as my wife is the Lead Physiotherapist of the Amputee Trauma team at Headley Court so I'm kept reasonably up to date with many medical advances.

I have attended a number of the Govern-well training courses, including the Governor Role in Non-Executive Appointments, which specifically enables Governors to understand & implement the recruitment processes for NEDs & Chair etc.

We became members of the Trust in 2010 when SECAmb Paramedics attended my wife following a heart attack and saved her life. We featured in the very first Survivors Event and I subsequently was persuaded to successfully stand as a Governor.

I believe my broad and in-depth experience will add to the effectiveness of the Nominations Committee and assist SECAmb's progression to becoming an exemplary FT.

Appendix B

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Nominations Committee

Terms of Reference

1. Constitution

1.1. The Trust hereby resolves to establish a Committee to be known as the Nominations Committee (NomCom), referred to in this document as 'The Committee'.

2. Purpose

2.1. The purpose of the Committee is to ensure that there is a formal, rigorous and transparent procedure for the appointment of the Chair and Non-Executive Directors to the Trust Board of Directors in line with the terms of the NHS Foundation Trust's Constitution and the *NHS Foundation Trust Code of Governance*.

2.2. In addition, the Committee will consider whether the Chair and Non-Executive Directors reaching the end of their tenure in office should be put forward for re-appointment at a general meeting of the Council of Governors without the need for a formal competitive recruitment process.

2.3. The Committee is also responsible for making recommendations to the Council of Governors in relation to the remuneration and terms and conditions of the Chair and Non-Executive Directors.

3. Membership

3.1. The Committee shall not have less than six members, appointed by the Council of Governors. The Chair of the Committee shall be the Chair of the Foundation Trust, or the Senior Independent Director for matters relating to the appointment of, or terms and conditions of, the Chair. The Chair of the Foundation Trust shall not chair the Committee when it is dealing with the matter of succession to the Chair of the Trust, including possible re-appointment and shall not participate in discussions concerning their performance, remuneration or terms and conditions.

3.2. The membership comprises of:

- Chair (or Senior Independent Director when concerning matters relating to the Chair of the Trust)
- 2 appointed governors
- 1 staff elected governor
- 4 public governors

3.3. The Lead Governor will be a member of the Committee, and will be included within above categories.

3.4. Appointments to the Committee shall be for a period of up to three years, which may be extended for a further three-year period, provided the committee member remains a member of the Council of Governors.

4. Quorum

4.1. The quorum necessary for formal transaction of business by the Committee shall be 4 members, including the Chair.

5. Attendance

5.1. The Company Secretary, or their nominee, shall act as the secretary to the Committee. The Corporate Services office will provide secretarial duties to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

5.2. The Chair of the Committee will follow up any issues related to the non-attendance of members at Committee meetings. Should non-attendance jeopardise the functioning of the Committee the Chair will discuss the matter with the members and if necessary seek a substitute or replacement. Attendance at Committee meetings will be disclosed in the Trust's Annual Report

5.3. Other individuals such as the Chief Executive, Senior Independent Director and external advisers may be invited to attend meetings for specific agenda items or when issues relevant to their area of responsibility are to be discussed.

6. Frequency

6.1. The Committee shall meet as required to fulfil its duties, as the Chair shall decide, but at least once annually.

7. Telephone Conference

7.1. With leave of the Chair of the Committee, any member or attendee of the Committee may participate in a meeting of the Committee by means of a conference telephone call where circumstances require it.

8. Authority

8.1. The Committee has no executive powers other than those specified in these Terms of Reference or by the Trust Board in its Scheme of Delegation.

8.2. The Committee is authorised to investigate any action within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

8.3. The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers necessary.

9. Duties

9.1. The Committee shall:

9.1.1. Regularly review the structure, size and composition required of Non-Executive Directors of the Board of Directors and make recommendations to the Council of Governors with regard to any changes;

9.1.2. Give full consideration to succession planning for all Non-Executive Directors, in the course of its work taking into account the challenges and opportunities facing SECAmb;

9.1.3. Be responsible for identifying and nominating, for the approval of the Council of Governors at a general meeting, candidates to fill non-executive director vacancies, including the Chair, as and when these arise;

9.1.4. Before any appointment is made by the Council of Governors prepare a description of the role and capabilities required for a particular appointment;

9.1.5. Review the job descriptions of the Non-Executive Director role and that of the Chair on an on-going basis;

9.1.6. Review annually the time required from Non-Executive Directors to perform their roles effectively;

9.1.7. With the assistance of the Senior Independent Director, make initial recommendations to the Council on the appropriate process for evaluating the Chair. The Committee will then be involved, again with the assistance of the Senior Independent Director, with making recommendations to the Council on the objectives to be used in the assessment of the performance of the Chair. The Committee will seek and take into account the opinions of the Trust Board, Council of Governors and other stakeholders in making the recommendations;

9.1.8. The appraisal of the Chair will be conducted by the Senior Independent Director, against the agreed objectives and a report on the outcome provided to the Council of Governors;

9.1.9. Consider the reappointment of the Chair or Non-Executive Directors in advance of each three year term of office, in line with the requirements of the Constitution, and make recommendations to the Council of Governors; and

9.1.10. Receive and consider advice on fair and appropriate remuneration and terms of office for Non-Executive Directors. This will be in the best interests of SECAmb, but take into consideration the remuneration made to other Foundation Trust and comparable organisations' Non-Executive Directors, the commensurate responsibilities of the posts, the Monitor Code of Governance, and the performance of the post holders.

9.2. The Committee shall make recommendations to the Council of Governors concerning:

9.2.1. Formulating plans for succession for Non-Executive Directors and in particular for the key role of Chair;

9.2.2. Suitable candidates to fulfil the role of Senior Independent Director. In line with the Constitution, the appointment of the Senior Independent Director is a matter for the Board of Directors, who should take into consideration the views of the Council of Governors;

9.2.3. Proposals for the position of Deputy Chair, where appropriate and with due regard for the opinions of the Board of Directors;

9.2.4. The re-appointment of any Non-Executive Director at the conclusion of their three-year term of office having given due regard to their performance and their ability to continue to contribute to the board of directors in the light of future requirements; and

9.2.5. Any matters relating to the continuation in office of any Non-Executive Director at any time including the suspension or termination of service.

9.3. The Committee shall ensure that the NHS Foundation Trust's annual report provides sufficient information about its role and duties and the process by which it fulfilled those duties;

9.4. The Chair will present a report to the Annual Members Meeting and take any questions that arise at that meeting.

10. Reporting

10.1. The Committee shall be directly accountable to the Council of Governors. The Chair of the Committee shall report a summary of the proceedings of each meeting at the next meeting of the Council and also draw to the attention of the Board any significant issues that require disclosure.

10.2. Recommendations in respect of appointment, remuneration, terms of appointment and performance of the Chair and Non-Executive Directors will be made to the Council of Governors; these recommendations may be made in private;

10.3. All declarations of interest, which could be regarded as relevant or material, must be declared at the beginning of each meeting in line with the Constitution.

11. Support

11.1. The Committee shall be supported by the Corporate Services' office and duties shall include:

11.1.1. Agreement of the meeting agendas with the Chair of the Committee;

11.1.2. Providing timely notice of meetings and forwarding details including the agenda and supporting papers to members and attendees in advance of the meetings;

11.1.3. Enforcing a disciplined timeframe for agenda items and papers, as below:

i. At least twelve working days prior to each meeting, agenda items will be due from Committee members;

ii. At least seven working days before each meeting, papers will be due from Committee members;

iii. At least five working days prior to each meeting, papers will be issued to all Committee members and any invited Directors and officers.

11.1.4. Recording formal minutes of meetings and keeping a record of matters arising and issues to be carried forward, circulating approved draft minutes within five working days from the date of the last meeting;

11.1.5. Advising the Chair and the Committee about fulfilment of the Committee's Terms of Reference and related governance matters.

12. Confidentiality

12.1. All members of the Committee are required to observe the strictest of confidence regarding the information presented to the Committee and must not disclose any confidential information either during or after their term of membership. Failure to comply with these requirements could result in the termination of membership of the Committee.

13. Review

13.1. The Committee will undertake a self-assessment at the end of each meeting to review its effectiveness in discharging its responsibilities as set out in these Terms of Reference.

13.2. The Committee shall review its own performance and Terms of Reference at least once a year to ensure it is operating at maximum effectiveness. Any proposed changes shall be submitted to the Council for approval.

13.3. These Terms of Reference shall be approved by the Council and formally reviewed at intervals not exceeding two years.

Review Date: October 2018