



# Meeting of the Council of Governors 28 September 2017

10:00-13:00

Ditton Community Centre, Kilbarn Road, Aylesford, Kent ME20 6AH



## Council of Governors Meeting to be held in public

28 September 2017 10:00-13:00

[Ditton Community Centre](#), Kilbarn Road, Aylesford, Kent, ME20 6AH

### Agenda

Item No.	Time	Item	Enc	Purpose	Lead
<b>Introduction and matters arising</b>					
51/17	10:00	Chair's Introduction	-	-	Richard Foster (Chair)
52/17	-	Apologies for Absence	-	-	RF
53/17	-	Declarations of Interest	-	-	RF
54/17	-	Minutes from the previous meeting, action log and matters arising	<b>A</b> <b>A1</b>	-	RF
<b>Statutory duties: performance and holding to account</b>					
55/17	10:15	Chief Executive's Report: <ul style="list-style-type: none"> <li>- Integrated Performance Report</li> <li>- Executive Team appointments and future plans</li> <li>- CQC inspection report</li> <li>- Bullying and harassment</li> <li>- Questions from the Council</li> </ul>	<b>B</b> <b>B1</b>	Information and discussion	Daren Mochrie (CEO)
56/17	11:10	Board Assurance Committees' escalation reports: <ul style="list-style-type: none"> <li>Workforce and Wellbeing Committee <ul style="list-style-type: none"> <li>- 31 July</li> </ul> </li> <li>Audit Committee <ul style="list-style-type: none"> <li>- 4 September</li> </ul> </li> <li>Quality and Patient Safety <ul style="list-style-type: none"> <li>- 7 September</li> </ul> </li> </ul>	<b>C1</b> <b>C2</b> <b>C3</b>	Information and discussion	All Non-Executive Directors present (Lucy Bloem, Tim Howe, Al Rymer)
<b>11:25 Comfort break</b>					
57/17	11:35	NHS 111 – Our improved service and plans for the future  Operational restructure - overview		Information and discussion	Joe Garcia (Director of Operations)
58/17	12:15	External Audit – presentation of assurance reports 2016/17	<b>D1</b> <b>D2</b>	Information and discussion	Andy Conlon (Audit Assistant Manager, Grant Thornton)
<b>Statutory duties: member and public engagement</b>					
59/17	12:30	Membership Development Committee Annual Report: <ul style="list-style-type: none"> <li>- Membership and public engagement</li> </ul>	<b>E</b>	Information	Mike Hill (MDC Chair and Public Governor for Surrey)
<b>Committees and reports</b>					
60/17	12:35	Governor Development Committee report: <ul style="list-style-type: none"> <li>- Including feedback on observation</li> </ul>	<b>F</b>	Information	James Crawley (Lead Governor and Public Governor)



		of: - Finance and Investment Committee 18 July - Audit Committee 4 September - Quality and Patient Safety Committee 7 September	<b>F1</b> <b>F2</b> <b>F3</b>		Kent)
61/17	12:40	Nominations Committee Annual Report	<b>G</b>		RF
62/17	12:45	Governor Activities and Queries report	<b>H</b>	Information	JC
<b>General</b>					
63/17	12:50	Any Other Business (AOB)	-	-	RF
64/17	-	Questions from the public	-	Public accountability	RF
65/17	-	Areas to highlight to Non-Executive Directors	-	Assurance	RF
		Date of Next Meeting: Thursday 30 November, 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.**

**The Trust's Annual Members Meeting will follow the Council meeting.**

<b>13:00</b>	Public Council meeting finishes	Don Carmen
<b>13:00</b>	Lunch for Council and those observing Council meeting	Acorn Room
<b>13:30</b>	Tea, coffee and biscuits for AMM attendees	Oaken Hall
<b>13:30</b>	Exhibition opens to the public (AMM)	Oaken Hall
<b>14:30</b>	AMM starts	Oaken Hall
<b>14:30</b>	1. Introduction, Housekeeping (fire exit/meeting point/alarm/photographer) & approval of AGM minutes 2016 - Chairman	Oaken Hall
<b>14:35</b>	2. We are SECAMB video & Intro – Chairman	Oaken Hall
<b>14:50</b>	3. Review of the Year –Chief Executive	Oaken Hall
<b>15:10</b>	4. Presentation of Annual Report & Accounts – Philip Astell, Associate Director of Finance.	Oaken Hall
<b>15:20</b>	5. Council of Governors Report – James Crawley, Lead Governor.	Oaken Hall
<b>15:30</b>	'Change that counts': a Darzi Fellowship project (15mins) – Charlie Adler – Paramedic, Operational Staff Elected Governor & Deputy lead Governor.	Oaken Hall
<b>15:45</b>	6. Question & Answer session with panel (35mins) Panel: Daren Mochrie (Chief Executive), Dr Fionna Moore (Medical Director), James Crawley (Lead Governor), Joe Garcia (Director of Operations), Chris Stamp (Regional Operations Resilience and Specialist Operations).	Oaken Hall
<b>16:20</b>	7. Evaluation and closing summary and thanks - Chairman	Oaken Hall
<b>16:30</b>	AMM Finishes	Oaken Hall



South East Coast Ambulance Service



NHS Foundation Trust

## South East Coast Ambulance Service NHS Foundation Trust

### Council of Governors

#### Meeting held in public – 27 July 2017

##### Present:

Richard Foster	(RF)	Chair
Charlie Adler	(CA)	Staff-Elected Governor (Operational) – Deputy Lead Governor
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
Dr Peter Beaumont	(PB)	Public Governor, Surrey & N.E Hants
Jean Gaston-Parry	(JGP)	Public Governor, Brighton and Hove
Geoff Lovell	(GLO)	Public Governor, West Sussex
Brian Rockell	(BR)	Public Governor, East Sussex
Peter Gwilliam	(PG)	Public Governor, East Sussex
James Crawley	(JC)	Public Governor, Kent – Lead Governor
Marguerite Beard-Gould	(MBG)	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
Di Roskilly	(DR)	Appointed Governor from Sussex Police

##### In attendance:

Tim Howe	(TH)	Non-Executive Director and Senior Independent Director
Graham Colbert	(GC)	Non-Executive Director
Daren Mochrie	(DM)	Chief Executive
Peter Lee	(PL)	Company Secretary
Dr Fionna Moore	(FM)	Medical Director

##### Minutes:

Izzy Allen	(IA)	Assistant Company Secretary
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##### Apologies

Matt Alsbury-Morris	(MAM)	Public Governor, West Sussex
Nigel Coles	(NC)	Staff-Elected Governor (Operational)
Stuart Dane	(SD)	Public Governor, Medway
Dr Terry Collingwood	(TC)	Public Governor, Kent
Dom Ford	(DF)	Appointed Governor - Brighton & Sussex University Hospitals
Mike Hewgill	(MH)	Appointed Governor – East Kent Hospitals

##### Declarations of interest

No interests were declared that had not already been recorded.

## **25. Chair's introduction**

- 25.1. RF welcomed members to the meeting.

## **26. Minutes and action log**

- 26.1. The minutes of the meeting on 2 June 2017 were agreed as an accurate record.
- 26.2. The action log was reviewed. On ref. 178 PL advised that handover delays were now well documented. This item would be closed.
- 26.3. On ref. 182, the Integrated Performance Report (IPR) was in the process of being updated: it had changed over the past few months and would continue to develop. This item would be closed.
- 26.4. MBG noted re ref. 191 on appraisal data, IA would provide a response for the next council meeting. DM noted that moving from paper to the electronic appraisal system may have caused delay.

**ACTION:** IA to liaise with HR to secure data regarding which areas of the Trust were failing to carry out appraisals.

- 26.5. GG asked whether hospital turnaround delays would be discussed during the meeting as he wished to highlight the seriousness of the delays. He suggested that Appointed Governors might perhaps make representations to various Trusts in their areas in order to help.
- 26.6. DM advised that he would address this in his presentation.

## **27. Chief Executive's Report and performance dashboard**

- 27.1. DM advised that it had been a very busy month. The Trust continued with Executive Director recruitment and interviews were being held. The Council would be updated in due course.
- 27.2. The new Trust 999 command and control system (Computer Aided Dispatch – CAD) had now gone live in Coxheath and Crawley Emergency Operations Centres. DM thanked the team and all staff for the amazing job they had done.
- 27.3. 999 call pick-up performance was a challenge for a number of reasons: a lot of training on the new system was taking place and hospital handover delays continued to increase the number of repeat callers. The Trust was working with its Commissioners to seek to address funding issues.
- 27.4. The Trust also worked on handover delays. DM agreed with GG that the delays were unacceptable. It was a top priority to work with NHS Improvement, Commissioners and hospital Chief Executives in order to improve things.
- 27.5. DM advised that the Trust had again achieved the Gold Standard for Equality and Inclusion, and thanked Angela Rayner, Inclusion Manager, for her work.
- 27.6. Changes were in train at Kent and Canterbury hospitals: SECamb continued to support the system. The Trust was working closely with the Kent and Medway Sustainability and Transformation Partnership (STP), in particular on changes to stroke services.

- 27.7. The Secretary of State for Health had announced the national roll out of the Ambulance Response Programme (ARP). The ARP allowed longer to triage calls in order to send the right resource to patients. This was welcome as the focus was on clinical outcome rather than purely on speed of response. The Trust was working through the implications of the new targets.
- 27.8. DM had done some media interviews with ITV and the BBC: the BBC had provided a balanced view of the Trust while ITV had focused more on the past. There were some inaccuracies, which the Trust had written to ITV about.
- 27.9. FD asked about stroke services in Surrey. She noted that a consultation was underway however a meeting in relation to it had been delayed until September. She asked whether the Trust was fully engaged and working with Clinical Commissioning Groups (CCGs) in relation to this. DM advised that he had attended two meetings with the Secretary of State and CCGs on this: the Trust was fully engaged. FD asked whether the decision would be made public in September. DM was unable to advise as this was a health system decision, not a SECAMB decision.
- 27.10. RF noted that SECAMB was heavily engaged in East Kent and also in relation to changes in relation to stroke services in the Epsom area.
- 27.11. JC asked whether the Trust had enough data to understand the impact of Kent hospitals' issues on SECAMB's performance. DM advised that the team had a lot of data and were working with NHSI on these issues. JC wished to understand whether the issues were having a negative impact on the rest of SECAMB. DM advised that SECAMB had received some transitional funding for the delivery of support. The Trust continued to work with the system to make sure that funding was retained while it continued to be necessary.
- 27.12. RF noted that the introduction of the new 999 CAD arrangements been successful. A huge amount of work had gone into this: it was mission critical to have achieved such a great result.
- 27.13. In relation to handover delays, RF further noted that the Trust was in very active discussion with those concerned. Everyone agreed it was a real problem with serious consequences, but it was felt to be difficult to resolve. It was not unusual for SECAMB to have eight 999 calls we were unable to answer because eight ambulances were waiting at a hospital. If this was not remedied soon, there would inevitably be an impact on patients.
- 27.14. BR noted that the challenges described were very familiar to the Council. He acknowledged the amount of work that had gone on in moving to the new HQ, alongside the need to recruit substantive Directors. The Council looked forward to the time when the Trust could be seen to be performing against the new targets.
- 27.15. GL asked whether there was clarity about the cost of the thefts across the region and the Trust's insurance position. DM noted his disappointment that life-saving equipment had been targeted by thieves. The Trust was working with the police to see if there was more that could be done. The thefts were the result of break-ins of premises or vehicles. Like all NHS

bodies, the Trust was only insured for losses over a certain value. The Trust would bear the cost of replacing the equipment. GL asked whether the thefts had impacted on the deployment of equipment. NH noted that it had had an impact at Sheppey as three vehicles were vandalised and unable to be despatched until alternative vehicles were brought in. The Trust naturally had some spare vehicles but at some point it would have a direct impact.

- 27.16. MT noted that she had been an Appointed Governor for six years, and consistently had seen no improvement in handover delays. There was a knock-on impact on mental health patients who had to wait extended times for transfers. She wanted to understand what could really improve the situation, as the Council had this same conversation every two months.
- 27.17. DM advised that in his experience in Scotland, there had been an average turnaround time of 20-25 minutes. In the South-East and other parts of England, delays were more than double. This affected patient care and had knock-on effects on other parts of the health system. SECamb might sometimes have sometimes twenty ambulances stuck for hours at hospitals.
- 27.18. DM believed that system change was necessary. SECamb needed to continue to influence as well as to send team leaders to help manage patient flow and to escalate to other parts of the system. In addition, there needed to be a fundamental perspective shift. Moving into the winter, the Trust would have to consider implementation of a capacity management surge plan to provide a safe level of service and to escalate safely. The Trust had a delayed handover procedure in place so that crews could extricate themselves from hospitals where required. There was also an immediate handover plan which was not currently in use but which could be activated. SECamb played its part in supporting the system in many ways, for example through its use of 'see and treat' and 'hear and treat'. If those patients were taken to hospital, the problem would be ten times worse. The Trust was committed to doing more but already did a lot.
- 27.19. NH advised that he worked in 999 control, and when hearing discussions between SECamb and hospital site managers it was often 'them and us' rather than approaching delays as a shared problem. In his view, immediate handover should not be seen as an idle threat. Fundamental change was needed, and before winter brought a worsening situation. More communication and a joint plan was needed, and there were also financial implications to consider: funding might be needed for full-time Hospital Ambulance Liaison Officers (HALOs), for example.
- 27.20. CA noted that, as a Darzi Fellow, he was spending the year working on systems issues like these. Battle lines had traditionally been drawn, but now local decision-making might be needed. The problems were shaped by small issues, such as the layout of Emergency Departments, IT infrastructure, etc. and local staff were best informed about local issues: it would be important to harness their goodwill and insight to resolve the problems.
- 27.21. PB agreed with NH. In PB's Trust, there had been little sight of how many ambulances were waiting. The solutions lay with whoever was SECamb's Silver on-call speaking directly with Executives at the Trust. The



trigger point for this phone call should be discussed: what number of ambulances would need to be held up before the call was made? Was there another trigger point that was more suitable?

- 27.22. DM advised that the demand management plan had various triggers. He agreed with CA and advised that he had discussed investing in a Quality Improvement Lead to work at grassroots level locally. His concern was that this had been tried before. In some parts of Kent, handover delays improved due not management focus, and then the focus fell away and delays increased again. Sustainable change was needed.
- 27.23. PB noted that the Trust's previous Chair had said it was beyond SECAMB's level of influence to resolve the issue so PB was pleased to hear the renewed vigour to achieve improvement.
- 27.24. GG advised that Appointed Governors could support SECAMB to make these improvements. The Leaders of Local Authorities (LAs) would be very interested in the fact that there were delayed transfers and on the impact this had on residents in their respective areas. Through the 6 LA leaders SECAMB could also reach MPs, who could assist in raising the issue's profile. GG noted that the Trust was commissioned by CCGs, and he might be able to influence CCGs in Kent and work through LA Health and Wellbeing Boards to encourage improvements.
- 27.25. GG was pleased that the Trust was involved with the STP in Kent. There was a new management structure in SECAMB. Did the Trust have the ability to liaise with and influence the five STPs in SECAMB's patch? He believed it was important for Governors to understand this, and he would be concerned if this was not the case.
- 27.26. GG noted that the Trust was still not meeting its target regarding safeguarding training. He advised that Governors would like to understand progress regarding safeguarding training in September.

**ACTION:** Provide an update on progress with safeguarding training to the Council in September.

- 27.27. GL advised that on handover issues, he had observed that escalation processes needed to be clear, and while solutions might be devised from the ground up, the grassroots needed to be empowered from above. In addition, all sides needed to be held to their contractual requirements to ensure progress.
- 27.28. MH advised that a number of Governors had written to their local MPs about handover, however due to the general election MPs had been obliged to act under purdah rules. MH suggested that Governors write again.
- 27.29. MBG asked whether DM was talking about changes across East Kent Hospitals University NHS Foundation Trust as a whole or at Kent and Canterbury Hospital specifically. DM advised that he meant the three hospitals in the area, including William Harvey and Queen Elizabeth the Queen Mother as well as Kent and Canterbury.
- 27.30. JC noted a positive news story on training compliance levels rising. He asked what process was in place for training the 600+ volunteers who go out

to patients and who kept records of this training. DM had asked for a review to be done of governance systems, processes and training and he expected an update in the middle of August. There was a comprehensive package in place for co-responders and this should be mirrored.

**ACTION:** DM to provide update on CFR training compliance and record keeping at September meeting of the Council.

- 27.31. In relation to STPs, RF noted that the Trust was struggling to engage with the four STPs as well as the 22 CCGs, all the acute hospitals and the other Trusts in the area. This was a consistent issue for a regional Trust.
- 27.32. Due to the political position at the moment, following the general election, the political will to take the difficult decisions the STPs required may be less evident than it might have been. It was still important for the Trust to engage with the STPs however. RF and DM had discussed how to improve this.
- 27.33. On handover delays, RF believed CA was correct that specific solutions would vary between hospitals and it was important to understand local causes and seek to work together rather than seek a battle. However, handover delays also needed to move up the agenda of the hospitals concerned.
- 27.34. RF believed that struggling to deal with handover might be an indicator of issues with hospital management more generally. RF was giving thought to this himself at the moment. Escalation arrangements must be in place because winter is coming. Someone would die otherwise. This would no doubt be discussed further in September.

## **28. The Chief Executive's vision**

- 28.1. DM presented his early impressions of, and vision for, the organisation.
- 28.2. BR noted that the Council had been sighted on the issues faced by staff. The work being undertaken by Professor Duncan Lewis was intended to support staff wellbeing and the Council would welcome an update on progress. DM advised that Prof Lewis's report on bullying and harassment had been to the part two Board that week and in the next two weeks the full report would be released to the Council along with an action plan.
- 28.3. Staff would also receive the report within the same timescale.
- 28.4. MH asked whether Trust properties would be closed as the move to Make Ready continued. DM advised that it was not simple to close stations down when the Trust needed strategically placed estate, most likely based around the 'hub and spoke' system of Make Ready Centres and ambulance response posts. DM was taking the opportunity to evaluate the effectiveness of this model before continuing. In addition, the Trust would work closely with partners as it made sense for some of the 'spoke' estate to be within partner organisations.
- 28.5. MBG noted that when DM had been interviewed, he had mentioned that he would reconsider the number and type of vehicles being dispatched. Had this happened? Linked to this, she noted the time employees spent on a

call, particularly in relation to filling out forms and using the iPad. DM advised that Joe Garcia (Director of Operations) was regularly monitoring and working to improve employee time on scene and the number of vehicles sent to each call. It was important to make patient care-led decisions though because for certain types of clinical incidents more than one vehicle was required.

28.6. DR noted that at SECamb, women were under-represented in senior positions yet comprised half of the workforce. She asked if the Board planned to address this.

28.7. DM advised that the issue of gender inequality was important to him and an area of focus. RF advised that the same was true of BME staff. Prof Lewis' report had intimated that having a more balanced workforce might help address some of the issues he had found.

28.8. RF advised that the Trust would quickly publish Prof. Lewis' report into the public domain. It was important to note that in order to encourage employees to share their experience openly, Prof. Lewis guaranteed complete anonymity to those who came forward. The report could not therefore be too specific about the incidents recounted to the researchers. The report therefore drew a number of conclusions, but lacked detail around particular incidents, which presented a challenge when attempting to deal with issues. Part of the Trust's response would be to create an environment where people felt confident about coming forward. It would be more difficult to address the specifics.

28.9. NH advised that staff would need to understand the reasons for the apparent vagueness: that it was to protect those who came forward, not those who had behaved badly.

28.10. FD asked about capacity in the Trust. There were a lot of vacancies, and also a huge amount to do, including implementing the Ambulance Response Programme, which would be a huge task. FD asked whether the Trust was confident it had enough people: were more needed in the Programme Management Office (PMO) or quality improvement perhaps?

28.11. DM agreed and noted that this was a focus of the Executive. The Executive portfolios and critical posts were under scrutiny, as well as ensuring there were enough resources for the PMO. The Trust was also exploring opportunities to share resources.

28.12. RF thanked DM for his presentation.

## **29. Board Assurance Committees' escalation reports**

29.1. GC advised that the Trust was in tough times financially, and the fact funding had not yet been agreed with Commissioners for 2017-18 was of great concern. The Trust hoped funding would be agreed in September.

29.2. Coming out of winter, operational performance had been improving but was now deteriorating.

29.3. The project management on the CAD implementation had been effective. It was good that the Trust was learning so that the second go-live had been smoother than the first.

- 29.4. IT controls were functioning well and the team were making further improvements following the large cyber-attack.
- 29.5. Fleet finances had been agreed: the next step was a comprehensive fleet strategy in light of the demands of the ARP. The ability to transport patients was more important under ARP.
- 29.6. Implementation of the Datix system had not been effective and a learning exercise had showed the leadership had not been right for this project.
- 29.7. JC asked about the ongoing funding and contractual discussions and what the ultimate mechanism was if agreement could not be reached. GC advised that the discussions would be escalated for arbitration. GC noted that the possible outcomes was either that the Trust was not funded to, and therefore could not aspire to, achieve the national targets, or the Trust should receive the additional funding to enable us to do so.
- 29.8. NH noted that re-banding of Operational Team Leaders would have a financial impact. Was there extra funding coming from Government for this? GC advised that central government had promised money but not yet provided it, so from a practical perspective the Trust should focus on what the CCGs would provide. TH advised that he believed there was funding for a year, but there was debate about what would happen after that.
- 29.9. DM said that there was a lot of work at a national level on this. Ambulance Trusts were working together through the Association of Ambulance Chief Executives.
- 29.10. TH advised that the Trust was not considering reducing staffing levels in order to cover the costs of re-banding. GC noted that therefore it was another cost pressure and added to the funding gap the CCGs needed to close.
- 29.11. In relation to quality and safety, PB advised that in his professional role he had submitted to SECAMB three requests for information where patients had come to harm or died. Despite sharing internal investigations with SECAMB, he had yet to receive any response. Information had been forthcoming but not action plans. This needed to be addressed from a clinical governance perspective. He requested assurance that when hospitals needed further information and requested information there was a specific clear route. DM advised that there was a relatively new Medical Director and Director of Quality and Safety who were working to improve in all these areas.
- 29.12. TH advised that Dr Fionna Moore had very recently presented an improvement plan to the Quality and Patient Safety Committee which she was moving forward with. The Committee had been encouraged by the progress to date.
- 29.13. IA advised that Dr Moore was joining the meeting after the comfort break and the specific issue might be raised with her directly.

### **30. Medicines Management**

- 30.1. GLo left the meeting.
- 30.2. FM joined the meeting. FM advised that she had been with the Trust since early March and had spent 80% of her time on medicines management since then. She had learned a lot.
- 30.3. The CQC had noted that the systems around medicines management were not operating effectively or safely, and this was one of the reasons SECAmb had been put into 'special measures'. The legislation around medicines management for ambulance services was not always clear, but essentially, ambulance trusts needed to accept statutory regulations around medicines.
- 30.4. Ambulance clinicians were trained in the management of medicines rather differently from nurses. Doctors perhaps also did not have the same rigorous training as nurses, who understood accountability and the importance of security of drugs. This would be the biggest learning point for SECAmb and other ambulance trusts.
- 30.5. The Trust conducted an internal review which uncovered out of date medication and drugs with foreign labels on, which was illegal. This pointed to fundamental weaknesses in governance around medicines management.
- 30.6. These findings were shared during risk summits with NHSI and NHS England, and it was agreed that an externally led review should be commissioned. This was undertaken starting in March and phase one had been completed. The findings were presented in June. The CQC inspection in May this year still identified areas where the Trust needed to improve.
- 30.7. A Medicines Governance Group had been established and there was a new Chief Pharmacist and two pharmacy technicians: the structure was more robust.
- 30.8. A number of changes in the way controlled drugs were managed had been made. FM was the Accountable Officer. The amount of morphine carried by clinicians had been reduced and the way they carried morphine was moving to personal issue, which was more secure and led to fewer breakages.
- 30.9. Omnicell machines had not been used to their full capability: they would be used more effectively. They were designed for hospital use rather than ambulance service use but they could do more, including monitoring the temperature of drugs.
- 30.10. All Patient Group Directions (PGDs) had been updated, which set out how Paramedics could use drugs. CCPs' PGDs were also being updated.
- 30.11. The recent CQC action plan must be implemented by late September. Buy in from staff would be vital and staff communications were being planned. If things did not change the CQC could withdraw the Trust's licence to use medications.
- 30.12. FM had set up a series of targeted unannounced inspections on Trust sites.
- 30.13. Having reviewed the impact on patients, FM could not establish any patient harm. There had been a financial impact because drugs were purchased that were never used and stock management was sub-optimal.

While the Trust had breached regulations none required further engagement from the police.

- 30.14. There had been weak governance from Trust management but also from frontline clinicians. We must work to rebuild the reputation of the Trust in this area.
- 30.15. Between 15-20 policies and procedures need to be written between now and September. There will be medicines leads trained, with leads to be placed in each Operational Unit. There will be a regular audit of new processes.
- 30.16. A safety culture needs to be embedded. Staff needed to be clear about what they were accountable for and then be held to account.
- 30.17. Storage and security needed to be improved and safer storage of medical gases introduced. Monthly checks would be reported back with quarterly audits taking place.
- 30.18. MBG asked the value of the medicines held by the Trust: had this reduced from previous levels? FM noted that the annual budget was just under £500k and in previous years this had been overspent considerably. The way the Trust hold stock and procured medicines had been tightened up. FM advised that the Trust had been carrying four months' worth of stock, and this had now reduced to one.
- 30.19. CA asked whether medicines management was better in Make Ready Centres (MRCs) compared to other sites. FM advised that security around Omnicells meant that controlled drugs (CDs) were managed better in MRCs, but security needed to be tighter. Medicines management in general was likely done better but there was not clear evidence to show this.
- 30.20. BR asked whether the review had considered the efficacy and appropriateness of the drug inventory. FM advised that one of the challenges was that SECAMB was using 67 drugs and only 37 were listed in the relevant handbook, because many extra drugs were used by Paramedic Practitioners. Three drugs had been withdrawn, one of which had been reinstated. Another had not been licenced for use in this country. The Trust had taken advice from CCGs about which antibiotics the Trust should carry and there would likely be some rationalisation. By and large there were good reasons for SECAMB using more drugs than other ambulance services.
- 30.21. FD asked about changing the culture going forward: was medicines management part of Paramedic training and the SECAMB induction? FM advised that it was certainly part of training, as well as employee induction and Paramedics' transition to practice. FD asked whether there was a specific assessment that a new Paramedic should take in relation to drugs. FM asked CA whether he felt this was the case. CA advised that there was a pharmacology exam but little around the law or administration of drugs. FM advised that Andy Collen had produced a useful video for existing staff on drug management.
- 30.22. Regarding governance, TH advised that the Non-Executive Directors were very happy that spot-checks were being undertaken. The Operating Units had now been established and would provide a mechanism whereby

local managers could be tasked to undertake checks, including medicines management. This should aid the necessary culture change.

- 30.23. CA noted that management of audit returns was good but did not constitute embedding something in the culture of the organisation. There was a fundamental responsibility that must be embedded, it could not be achieved through a laminated notice. TH advised that follow-up was lacking in the Trust and this was what was needed, including regular spot-checks.
- 30.24. NH asked whether the drugs packaging had been reviewed. FM advised that the CQC had noted the use of cardiac pouches containing drugs for use with patients with cardiac issues. The pouches did not function effectively and needed to be changed, however this was not a big patient safety risk. NH advised that he wholeheartedly promoted personal issue of controlled drugs as this would help establish a culture of ownership.
- 30.25. RF noted that, having reviewed medicines management, the Trust had not found any evidence of patient harm as a result of the systemic issues identified. The issues raised through the review were issues within all ambulance trusts. The Trust was now doing the right things to make things right. The less good news was that the Trust had not taken enough action between the two CQC inspections.
- 30.26. On culture change, RF advised that FM was doing splendid work across the piece.
- 30.27. FM advised that there was a statutory requirement to look at all deaths that occurred when patients were in the care of the Trust. Given the role of the ambulance service, it would not be easy to identify the deaths to consider. In particular, the Trust must focus on deaths in children, and in relation to care for maternity patients, or in patients with mental health issues or disabilities. The Trust had tried having a meeting per week to review all cases, to identify all unexpected deaths to see if there were any shortcomings in our identification and management of patients. One meeting every month would be dedicated to a deep dive into an area of mortality and morbidity. The team had done a deep dive into mortality and morbidity in children under two years old, because in London Ambulance Service all children under two were taken to hospital and SECamb wished to understand the impact of not having a similar policy at SECamb. The impact of any delays that contributed to adverse outcomes was considered. No harm was found, nor a need to change policy, but further questions were raised which need more consideration.
- 30.28. CA advised that staff members might be concerned about the definition of unexpected death in the case of older people. It would be important to use the right definition. FM advised that submitting an incident form for all these patients might be the best way to capture any deaths. There may be a better solution but equally, the Trust had a duty to identify unexpected deaths.
- 30.29. PB asked whether there was a mechanism to feed back from hospitals about patients that had been in ambulance care but died in hospital later. The hospital should provide feedback. It was important to create a system where

each hospital feels it is ok to provide such feedback and learning opportunities.

- 30.30. FM advised that hospitals should let SECamb know by phone or email if they thought there had been an issue. FM believed that capturing hospital feedback via the patient experience team would enable data to be captured.
- 30.31. FM advised that SECamb found it difficult to get feedback from hospitals, not least because SECamb did not record the patient's NHS number. It would be important to work with the hospitals and ensure they had a contact point within the local Operating Unit as well as back into the Medical Directorate.
- 30.32. MT advised that on the Quality and Patient Safety Committee escalation report it mentioned that the Committee required data on mental health patients who were children and detained under Section 136. MT wished the Trust to understand that the data for conveyance would not necessarily correlate with the number of children being detained. DR agreed and noted that a street triage car would sometimes do the conveying. There were greater numbers than perhaps SECamb was aware of.
- 30.33. MT advised that she would be happy to compare her Trust's data with SECamb's data.
- 30.34. DM noted that the question was whether an ambulance was required for transport in most cases. He wished to do joint work to consider the type of resource required. Joe Garcia (Director of Operations) had proposed a pilot using a different single crewed vehicle with police escort.
- 30.35. RF thanked FM for her presentation.

### **31. Membership Development Committee (MDC) report:**

- 31.1. MH advised that all Governors were welcome to the next MDC. He reminded the Council that MBG was the Governor representative on the Inclusion Hub Advisory Group (IHAG) but all Governors were welcome to attend from time to time. The Staff Engagement Forum (SEF) minutes had been made available.
- 31.2. FD advised that she and GL were representing the Council on the new Patient Experience Group (PEG). They had been unable to attend the first PEG as it had clashed with the Council meeting, and capacity issues in the Complaints Team meant that the PEG had been postponed until capacity was improved.
- 31.3. FD and MH had been liaising with HealthWatch and had also met with Louise Hutchinson (Patient Experience Lead) about this.
- 31.4. JC advised that IHAG minute 7.3 was factually inaccurate: no Community First Responder training had taken place this year in his area, despite being assured of this within the IHAG meeting.
- 31.5. MBG shared a couple of practical issues raised at the IHAG meeting: expenses were taking an inordinate amount of time to be paid, and the chairs in the foyer were not suitable for anyone with a disability.

**ACTION:** IA to follow up re what actions were being taken by the IHAG in relation to expenses payments and the chairs in the foyer



- 31.6. FD asked about the role of the Community Guardian, mentioned in the IHAG minutes. JC advised that SECAMB had applied for some funding and received it. He believed there was lack of clarity about the scope of the role at present, but it would become clearer as the CFR Strategy was developed.

### **32. Governor Development Committee (GDC) report:**

- 32.1. JC advised that all Governors were welcome to the GDC which set agendas for Council meetings. The November GDC would be moved to the date of the Nominations Committee due to a clash: Katie Spendiff would confirm dates.

### **33. Governor Activities and Queries report:**

- 33.1. JC asked Governors to please fill in the engagement online form to log their activities. He noted that MH and FD were doing a lot within the local health economy. In Kent there seemed to be more resistance to Governors being involved. He thanked anyone who was doing anything.
- 33.2. JC advised that he felt that answers the Trust provided to questions Governors asked were more detailed: answers were forthcoming.

### **34. Any Other Business**

- 34.1. There was no other business.

### **35. Questions from the public**

- 35.1. There were no questions from the public.

### **36. Areas to highlight to Non-Executive Directors**

- 36.1. There were no areas to highlight to the NEDs.
- 36.2. RF reminded Governors of the next meeting date and noted that it was the Annual Members Meeting (AMM): all Governors were encouraged to attend. Any questions about the AMM should be directed to Katie Spendiff who was managing the event splendidly.
- 36.3. RF thanked Governors and closed the meeting.

Signed:

Date:

Richard Foster (Chair)





# **SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**

## **CHIEF EXECUTIVE'S REPORT**

### **B - August & September 2017**

#### **1. Introduction**

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

#### **2. Local issues**

##### **2.1 Recruitment to the Executive Team**

2.1.1 During late July and early August, interviews took place for the substantive posts of Director of Operations, Director of HR & OD, Director of Nursing & Quality and Director of Strategy & Business Development.

2.1.2 Unfortunately, we were not able to make appointments to either the Director of HR & OD and Director of Nursing & Quality roles. We were also unable to make a substantive appointment to the Director of Strategy & Business Development position, as we did not find a candidate with the right level and breadth of experience. However, recognising the good job that he has been doing for us during the past 16 months, I asked Jon Amos to continue in the role of Interim Director of Strategy & Business Development. Steve Lennox Interim Director of Nursing & Quality and Steve Graham Interim Director of HR & OD will continue in these roles.

2.1.3 I am pleased to report that, following the interview and assessment process, the appointment of Joe Garcia into the substantive role of Director of Operations was announced on 3<sup>rd</sup> August 2017.

2.1.4 Whilst disappointing that we were not able to make appointments into all roles, it was most important for us to have the right people in terms of skills and experience in these key roles.

2.1.5 The roles of Director of HR, Director of Quality and Director of Strategy & Business Development are currently being re-advertised. The closing date for these roles is 1<sup>st</sup> October 2017 and we will be looking to hold interviews in late October/early November.

##### **2.2 Banstead EOC move to Crawley**

2.2.1 On 5<sup>th</sup> September 2017, Emergency Operations Centre (EOC) staff from Banstead re-located into the new EOC West at Crawley to join their colleagues from Lewes EOC.

2.2.2 The move went very smoothly, which was down to a great deal of hard work by all of the staff involved.

2.2.3 This move marked the final phase of not only the physical EOC move but also the transition to the new CAD system. This has been a massive undertaking, including training more than 500 staff on the new CAD but it is a real credit to everyone involved that it has been accomplished safely and on time, whilst continuing to deliver a service to our patients.

2.2.4 A small number of staff, including Clinical Education and Fleet & Logistics, are currently continuing to operate out of the Banstead site.

##### **2.3 Response to Professor Duncan Lewis report**

2.3.1 On 4<sup>th</sup> August 2017 the Trust published the full and summary reports into bullying and harassment within SECAMB that we had commissioned from Professor Duncan Lewis, a recognised expert in this area. The publication led to some difficult media coverage for the Trust.

2.3.2 Around 2,000 staff participated in the research undertaken by Professor Lewis, with more than 40% of those who responded reporting some experience of bullying in the last 12 months. The report also included a range of poor behaviours and cultural issues experienced by staff.

2.3.3 Following publication, staff attended 58 focus groups during August and early September 2017, led by Exec Directors, to discuss the themes identified in the report and suggest actions to be taken in response. The input from staff through the focus groups has been tremendous and a whole raft of suggestions have been made as to how we tackle the issues raised in the report.

2.3.4 This feedback is being developed into an action plan, which will be presented to the October Trust Board meeting.

## **2.4 CQC**

2.4.1 The draft CQC inspection report into the KMS111 service was received by the Trust on 26<sup>th</sup> July 2017. The Factual Accuracy check has been completed on this report and was returned to the CQC on 8<sup>th</sup> August 2017.

2.4.2 The draft CQC inspection report into the wider Trust was received by the Trust on 31<sup>st</sup> August 2017. The Factual Accuracy check has been completed and was returned to the CQC on 12<sup>th</sup> September 2017.

2.4.3 Both reports are likely to be published by the CQC in early October 2017.

## **2.5 Operational Performance**

2.5.1 The Executive Team are continuing to closely monitor 999 performance on a weekly basis. The Director of Operations has brought in additional expertise under the auspices of the Association of Ambulance Chief Executives to review our EOC working practises and operating model now that we have made the changes to EOC configuration. We have also engaged expertise from other Ambulance Trusts to assist us with our forecasting and resource modelling.

2.5.2 In addition to this we are continuing to work with the rest of the system to see how we can make existing referral pathways more robust and open up more referral pathways to reduce the time crews spend on scene undertaking a see and treat and we are also working on ways to reduce handover delays at Emergency Departments. In addition to this we have agreed additional funding with commissioners and this will be targeted at periods of high demand; all of which will mean more available ambulances to respond to calls and improve performance.

## **2.6 Ambulance Response Programme (ARP) up-date**

2.6.1 On 11<sup>th</sup> July the Trust took a big step forwards in preparing for the go-live of the Ambulance Response Programme in SECAMB when we started training for EOC staff on

13<sup>th</sup> September 2017 in preparation for the go live of the final phase of ARP on 22<sup>nd</sup> November.

2.6.2 Between 13<sup>th</sup> September and 17<sup>th</sup> November we are training 430 EOC staff, as well as a small number of other staff; this involves one day's training for Dispatchers, whilst the training for EMAs is being delivered with training for the upgrade of NHS Pathways.

2.6.3 The go-live of ARP will see a reclassification of some emergency calls and the introduction of new response time standards, as below:

- Category One – 7-minute response in 50% of incidents and 15 minutes in 9 out of 10 cases for transport
- Category Two – 18-minute response in 50% of incidents and a 40-minute response in 9 out of 10 cases for transport
- Category Three – 120-minute response for 9 out of 10 cases for transport
- Category Four – 180-minute response for 9 out of 10 cases for transport

2.6.4 Further modelling will take place in the Spring once a full set of national data is available to establish how the system can be improved even further through targeted See and Treat and Hear and Treat activities as opposed to just transportation.

2.6.5 The findings from the national pilot undertaken by six ambulance Trusts has indicated that the move to ARP will help us to get the right resource to our patients to meet their clinical need, in a timeframe that is appropriate to their condition; this will require a different operational response model in the future.

2.6.6 We have agreed £1m of additional funding with our local Clinical Commissioning Groups (CCGs) to support changes required in the preparation for go-live.

2.6.7 The Trust has already started to deliver a comprehensive internal and external communications plan to support the go-live of ARP, to ensure that key stakeholders are well sited on the changes.

## 2.7 Changes to Senior Operational Leadership team

2.7.1 On 12<sup>th</sup> September 2017, Director of Operations, Joe Garcia, announced that further to the re-location of Banstead EOC staff into Crawley, we would also now reflect the East and West configuration in our operational management structure.

2.7.2 Ahead of a full restructure likely to take place next year, the Trust moved to the following structure as of 18<sup>th</sup> September 2017 in a move away from the historical, county structures to a SECamb East and West model.

2.7.3 This required some re-shaping of the previous operational areas, as below:

<b>SECamb East</b>	<b>SECamb West</b>
<ul style="list-style-type: none"><li>• Medway &amp; Dartford</li><li>• Paddock Wood</li><li>• Ashford</li><li>• Thanet</li><li>• Polegate &amp; Hastings</li></ul>	<ul style="list-style-type: none"><li>• Chertsey</li><li>• Guildford</li><li>• Gatwick &amp; Redhill</li><li>• Brighton</li><li>• Tangmere &amp; Worthing</li></ul>

2.7.4 Changes have also been made to the senior operational management structure to support this move.

### **3. Regional issues**

#### **3.1 Withdrawal of Fire & Rescue Services from co-responding pilot**

3.1.1 On 18<sup>th</sup> September 2017, the Trust was informed that fire service personnel would be withdrawing from co-responding pilots in West Sussex and Surrey. Kent would continue with the pilot, albeit in a potentially reduced capacity. This was due to the Fire Brigade Union (FBU) withdrawing its support nationally from co-responding pilots.

3.1.2 The Trust is continuing to monitor the impact locally.

#### **3.2 Sustainability and Transformation Partnership (STP) up-date**

3.2.1 The Trust is continuing to participate in the four STPs within our region. As part of this, we are working with the STPs on transformation funding, as well as with our regional CCGs on a demand and capacity review to secure longer- term agreement on the model of care and appropriate funding to support this.

### **4. National issues**

#### **4.1 Change to national threat level**

4.1.1 On 15<sup>th</sup> September 2017, the Government announced that the national threat level was increasing to Critical, following the terrorist attack at Parsons Green Station in London; this was communicated to all staff.

4.1.2 The threat level was subsequently lowered to Severe on 17<sup>th</sup> September 2017, although we are continuing to remind all staff of the need to remain vigilant and take all necessary precautions.

### **5. Recommendation**

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

**Daren Mochrie QAM, Chief Executive**

**19<sup>th</sup> September 2017**

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

**SECAMB Board**

**Escalation report from the Workforce and Wellbeing Committee**

<p><b>Date of meeting</b></p>	<p>31<sup>st</sup> July 2017</p>
<p><b>Overview of issues/areas covered at the meeting:</b></p>	<p><b>Review of o/s actions on</b></p> <ul style="list-style-type: none"> <li>a. <b>Policies and procedures</b> – Assurance had been received in January that adequate processes are in place to both update and disseminate Trust policies. There was <b><u>no assurance on any follow up about understanding or compliance.</u></b> This is still outstanding and should be combined with discussion on same topic at Audit Committee in September.</li> <li>b. <b>Move to Crawley (culture change)</b> – Work with Ignite had not progressed as originally anticipated. Carried forward to next meeting.</li> <li>c. <b>Disciplinary/Grievance Timescales</b> – Some assurance that this had improved and new recording software in place from August 17. Further update in October meeting. <b><u>Partial assurance</u></b></li> <li>d. <b>Vacancies in Critical Posts</b> – <b><u>Full assurance</u></b> received that all critical non-frontline posts had either been filled or were adequately covered by interim/temporary staff. The most problematical area remains the Safeguarding team where there is a national shortage of appropriately qualified staff</li> <li>e. <b>EOC Business Continuity Plans</b> – The Committee <b><u>were assured</u></b> that appropriate plans were in place across all three EOC's in the event of a business continuity incident at any of them</li> </ul> <p><b>Bank Staff</b> - The Committee had requested a full review paper on bank staff. Due to a misunderstanding by the Director of Workforce the paper submitted only covered the application process. The Committee were assured on this aspect but request the additional information at the next meeting and therefore at the moment, <b>no assurance</b> can be recorded.</p> <p><b>OU Appointments</b> – The Committee received a paper on the recent appointment of junior and middle management as a consequence of the Operational Unit restructuring. The Committee was <b>assured</b> that the Trust had implemented this in a fair and effective manner and there now existed good processes for the selection, development and career management of these front-line staff.</p> <p><b>Recruitment and Development of CFR's</b> – The Committee received a paper on the actions being taken to recruit and engage CFR's in North Kent. This was noted as the best practice that would be extended across the Trust. Therefore while this was accepted as a good start, some work is still needed to make the practices and treatment of CFR's consistent across the Trust. Consequently only a <b>partial assurance</b> was recorded. The Committee requested a strategy paper for the October Board meeting followed by a presentation of this strategy to Governors at a subsequent date.</p> <p><b>Risk Register</b> – The Committee reviewed the top risks relating to workforce. The Committee <b><u>were assured that plans were in place to mitigate the top workforce risks</u></b> and these appeared adequate and were on track as far as these were within the control of the Trust.</p>



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

<p><b>Reports <i>not</i> received as per the annual work plan and action required</b></p>	<ul style="list-style-type: none"> <li>• Statutory and Mandatory Training</li> <li>• Bank staff – terms&amp; conditions and legal standing</li> <li>• NED induction and training</li> <li>• Committee framework (subsequently adopted by TP to resolve with HR)</li> </ul>
<p><b>Changes to significant risk profile of the trust identified and actions required</b></p>	<p><b>Significant risks remain about sufficient manpower; culture; and appraisal completion.</b></p>
<p><b>Weaknesses in the design or effectiveness of the system of internal control identified and action required</b></p>	<p>Previously identified weaknesses around dissemination of policies and establishing an accepted set of measured outcomes on the progression of culture initiatives identified in January still remain. See above for action.</p> <p>The question of potential weaknesses on how the Trust manages major change highlighted through the CQC visit will be initially addressed and scrutinised through a report on process at the July Committee meeting (deferred until October).</p>
<p><b>Any other matters the Committee wishes to escalate to the Board</b></p>	<p>The most significant issue remains the <b><u>incomplete nature of the Workforce Plan.</u></b> With the recent clarification of structure and internal agreement on budgets, this should begin to be resolved. A paper outlining the principles and assumptions will be presented at the next meeting. It is unlikely that a formal workforce plan for 2017/18 will be produced.</p> <p>The Committee has also requested the Director of Operations to present a strategy paper on the recruitment and engagement of CFR’s to the Board in October 2017</p>

## SECAMB Board

### Summary Report on the Audit Committee Meeting of 4<sup>th</sup> September 2017

<p><b>Date of meeting</b></p>	<p><b>4 September 2017</b></p>
<p><b>Overview of issues/areas covered at the meeting:</b></p>	<p>Whilst the holiday period inevitably had an impact, the papers for this meeting were late yet again. There may always be legitimate and appropriate reasons for individual late papers, however, the role of the Audit &amp; Risk Committee is such that it is essential that Members have an appropriate period to study and consider the papers. The agreed standard is 7 days, a target that has not been achieved thus far in 2017. Whilst no formal target exists for production of draft minutes, it is unhelpful to be writing this escalation report two weeks later without the benefit of draft minutes.</p> <p>The standard of papers presented improved slightly but in general needs further improvement. The exception on this occasion was the Board Assurance Framework which was an excellent paper.</p> <p>The key areas covered were:</p> <ul style="list-style-type: none"> <li>• BAF: Effort commended but neither the 1<sup>st</sup> Iteration nor the proposed 2<sup>nd</sup> iteration will of itself deliver the sort of Assurance that the Board (or at least the Audit &amp; Risk Committee) is seeking</li> <li>• Risk Register: Effort commended but top down and bottom up perspectives on risk need to be brought together</li> <li>• Policy Review: The ambition of the Executive was commended but with so many priorities in play and doubts about the quality of existing policies, the End of 2017 seems like a courageous target</li> </ul>
<p><b>Board Assurance Framework (BAF)</b></p>	<p>A proposal for a 2<sup>nd</sup> iteration of the BAF was presented to the meeting. Whilst the committee commended the paper and appreciated the efforts and commitment of the Executive, and felt that the 2<sup>nd</sup> iteration would almost certainly be an important part of an appropriate board assurance framework, with the benefit of six months' experience using the first iteration the committee felt that neither iteration would be able to give the Board (and certainly the Audit &amp; Risk Committee) the level of Assurance that it was seeking.</p> <p>The chair had the support of the committee in proposing that an effective framework should comment upon and/or answer ALL of:</p> <ul style="list-style-type: none"> <li>• Are policies appropriate, up to date and working effectively?</li> <li>• Are Key controls identified and working effectively?</li> <li>• Progress against Strategy/plans and other agreed target standards</li> <li>• Have key risks been considered and managed appropriately?</li> </ul> <p>The Committee were confident that the executive is working towards answering all these questions and that accordingly, an effective framework can be established relatively quickly</p> <p>The Chair offered to run a workshop for the Executive if this would be helpful</p>

<p><b>Risk Register (RR)</b></p>	<p>The committee commended the work in progress and improvements evident in this version; however, the committee felt that:</p> <ul style="list-style-type: none"> <li>• The RR and the BAF (as presented) were not entirely consistent</li> <li>• Whereas the Executive might choose to establish several more detailed RR, that there should only be ONE summary RR</li> <li>• The Summary RR can usefully be presented to the Audit &amp; Risk Committee, but normally only as an appendix to a paper setting out Executive views and opinions as to priorities, focus areas, progress and so forth</li> </ul> <p>The Chair again offered to run a workshop for the Executive if that would be helpful</p>
<p><b>Policy Suite Review</b></p>	<p>The Committee noted the courage and ambition of the Executive in seeking to review all policies before the end of 2017; however following a preliminary review of a small number of SECAMB policies in July, the Chair was concerned that more work might be required than the Executive have allowed for – Ideally a policy should have clear and appropriate scope, clarity of responsibility and accountability within the context of given authorities and should have provision for subsequent testing in order to give assurance that the policy is both working effectively as designed and is effective in meeting the objectives for which it was originally required/designed</p>
<p><b>Internal Audit and Fraud Management</b></p>	<p>The Committee enjoyed an effective discussion on both areas clearing matters outstanding from 2017. The committee were pleased to see clear progress in achieving agreed but outstanding actions. No Audits have yet been completed/presented from this year’s plan.</p>

SECAMB Board

QPS Escalation report

<p><b>Date of meeting</b></p>	<p>7<sup>th</sup> September 2017</p>
<p>Overview of issues/areas covered at the meeting:</p>	<p>This meeting considered:</p> <p><b>Management Responses</b> (<i>response to previous items scrutinised by the committee</i>)</p> <ul style="list-style-type: none"> <li>• <b>Patient Experience</b> – The committee was <b>not assured</b>. Further clarification work has shown that the design and effectiveness of the Trusts system of internal control for patient experience following changes made in the period of Q3/16-Q2/17 have resulted in a number of issues which include             <ul style="list-style-type: none"> <li>○ A need to look back at the reported figures (internal audit to undertake)</li> <li>○ Revised Policies and procedures to be put in place (Nov 17)</li> <li>○ Timeliness of response</li> <li>○ Investigation capacity and capability to be reviewed and improved</li> <li>○ Changes to Datix to support the process</li> <li>○ Management and closure of specific actions and evidence of this</li> </ul> </li> </ul> <p>There is however a team in place to lead this and the restructure in operations will support the investigation aspects. The committee has asked for a rectification plan, which clearly articulates the issues and date for resolution to be brought to the next October meeting</p> <ul style="list-style-type: none"> <li>• <b>Private Ambulance Providers</b> – Following previous scrutiny paper where the committee was <b>assured</b> that appropriate checks and governance processes are in place for PAP's the committee had asked for evidence that snap checks are being undertaken and this was provided.</li> <li>• <b>LifePak12 short term plan</b> – The committee were <b>assured</b> by the short term plan for LP12's (and deployment of LP15's) and that there are no patient safety issues relating to this. A long term plan will be brought to the December QPS meeting.</li> </ul> <p><b>Scrutiny Items</b> (<i>where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas</i>)</p> <p><b>PCR Rectification Plan</b>– <b>not assured</b>          The committee acknowledged that significant effort had been put into identifying and starting to resolve issues relating to PCR' there are still significant issues in the area of health record handling as well as compliance with new process put in place to enable identification of unreconciled PCR's. In addition issues relating to ePCR's reconciliation. The committee escalated this to the Executive and asked for an update at the next meeting.</p> <p><b>EOC: rise in complaints</b> – <b>not assured</b>          This paper gave rise this significant discussion on the categorisation of complaints against EOC where the root cause is timeliness however, the rise in complaints and SI's was of significant concern. The root causes of the complaints/SI's were not clear and it was agreed that a root cause analysis would be undertaken for all SI's and a sample of complaints would be undertaken. In addition analysis of pathways audits would be brought to committee and also consideration would be given to categorisation of complaints/SI's/incidents.</p> <p><b>Safeguarding: External safeguarding</b> - <b>partially assured</b>  <b>Internal safeguarding</b> – <b>not assured</b></p> <p>Overall there are improvements since the committee last scrutinised safeguarding- there is</p>

	<p>oversight and clear accountability for safeguarding, up to date policies, and a sub-group for safeguarding are in place and well attended, mental capacity training has been put in place and there is a safeguarding training strategy. Safeguarding processes for referring patients (external) are in place and progress has been made embedding these. However although there is now a policy for internal safeguarding and allegations this area is not robust, embedded and needs further work. This area was escalated to the Executive for discussion.</p> <p><b>Learning from Deaths – Assured</b> The Learning from Deaths Policy was shared for information and comment which is expected to be published by all NHS Trusts by end September. It was agreed further work needed to be done to understand the magnitude of work to investigate deaths. This would be bought to the Board.</p> <p><b>Quality Account Priorities- Assured</b> The Quality Account plan and updates on the quality measures were shared. The committee felt that the renewed focus and support by Head of Communications provided assurance required.</p> <p><b>Medicines Management Optimisation Action Plan Progress Update</b> The date for the full implementation for this plan, as requested by the CQC is the 22<sup>nd</sup> September. Assurance was provided that daily calls were being undertaken to ensure all actions would be complete except fitting of locks on vehicles but a robust plan was in place to complete this and that the ‘culture change’ element would be ongoing but significant steps had been taken with regard to this including all 150 team leaders attending briefing meetings with the CEO about their accountabilities.</p>
<p><b>Reports <i>not</i> received as per the annual work plan and action required</b></p>	<p>None</p>
<p><b>Changes to significant risk profile of the trust identified and actions required</b></p>	<ol style="list-style-type: none"> <li>1. <b>Patient Care Records</b> - additional concerns raised relating specifically to the Health Records Dept and ePCR’s</li> <li>2. <b>Internal Safeguarding</b> – embedding of the policy into the Trust</li> <li>3. <b>Patient Experience/Complaints</b> – resolution of issues</li> </ol>
<p><b>Weaknesses in the design or effectiveness of the system of internal control identified and action required</b></p>	
<p><b>Any other matters the Committee wishes to escalate to the Board</b></p>	<ul style="list-style-type: none"> <li>● <b>Mobile Data Terminal</b> - The committee asked that an action plan with appropriate priority, and clarity about which of the recommendations from the review is bought in October.</li> <li>● <b>Backlog of incidents</b>- this was now reduced to 40</li> <li>● Internal Audit Reports being included in relevant committee agendas</li> </ul>

## **Independent auditor's report to the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust**

### **Our opinion on the financial statements is unmodified**

In our opinion:

- the financial statements give a true and fair view of the financial position of the South East Coast Ambulance Service NHS Foundation Trust (the Trust) as at 31 March 2017 and of its expenditure and income for the year then ended; and
- the financial statements have been prepared properly in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/2017 and the requirements of the National Health Service Act 2006.

### **Who we are reporting to**

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

### **What we have audited**

We have audited the financial statements of South East Coast Ambulance Service NHS Foundation Trust for the year ended 31 March 2017, which comprise the statement of comprehensive income, the statement of financial position, the statement of changes in taxpayers equity, the statement of cash flows and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2016/17.



### **Overview of our audit approach**

- Overall materiality: £4,059,000, which represents 2% of the Trust's operating expenses and finance costs
- We performed a full-scope audit of South East Coast Ambulance Service NHS Foundation Trust
- The key audit risk was identified as the valuation of property, plant and equipment

### **Our assessment of risk**

In arriving at our opinions set out in this report, we highlight the following risks that, in our judgement, had the greatest effect on our audit and how we tailored our procedures to address these risks in order to provide an opinion on the financial statements as a whole. This is not a complete list of all the risks we identified:

<b>Audit risk</b>	<b>How we responded to the risk</b>
<p>Valuation of property, plant and equipment</p> <p>The valuation of land and buildings excluding dwellings within property, plant and equipment involves estimates that require judgements in relation to the asset valuation basis and an estimated market rent for the property. In total these represent 33% of the total asset value on the entity's statement of financial position.</p> <p>Specifically, the estimates relating to the revaluation of land and buildings excluding dwellings have been completed using a different methodology from the prior year which has led to a £36,900,000 decrease in the value of the Trust's land and buildings. As such, there is an increased risk that the asset is incorrectly valued.</p> <p>We therefore identified the valuation of property, plant and equipment as a risk requiring particular audit attention.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> <li>• walkthrough testing to gain assurance the controls are designed effectively in accordance with our documented understanding</li> <li>• obtaining management's assessment of the valuation of property, plant and equipment and understanding the valuation process, including key controls and assumptions used by management;</li> <li>• assessing the competence, expertise and objectivity of the valuer;</li> <li>• assessing the appropriateness of the instructions issued to the valuer and the scope of their work, including the completeness of the data provided to the valuer;</li> <li>• challenging the assumptions made by management in relation to the valuation of property, plant and equipment; and</li> <li>• for a sample of assets revalued in the year, testing of the revaluation calculation and agreeing the valuation included in the valuer's report to the asset register and the financial statements.</li> </ul> <p>The Trust's accounting policy for the valuation of property, plant and equipment is shown in note 1.9 with further disclosure on critical judgements and estimation uncertainty in note 1.3 to the financial statements and related disclosures are included in note 15.</p>

## **Our application of materiality and an overview of the scope of our audit**

### **Materiality**

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

We determined materiality for the audit of the Trust's financial statements as a whole to be £4,059,000, which is 2% of the Trust's operating expenses and finance costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue and other funding.

Materiality for the current year is at the same percentage level of operating expenses and finance costs as we determined for the year ended 31 March 2016 as we did not identify any significant changes in the Trust's operations or the environment in which it operates.

We determined the threshold at which we will communicate misstatements to the Audit Committee to be £203,000. In addition, we will communicate misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

### **Overview of the scope of our audit**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the Chief Executive as Accounting Officer; and
- the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We conducted our audit in accordance with International Standards on Auditing (ISAs) (UK and Ireland) having regard to the Financial Reporting Council's Practice Note 10 'Audit of financial statements of public sector bodies in the United Kingdom'. Our responsibilities under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code) and those standards are further described in the 'Responsibilities for the financial statements and the audit' section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

We are independent of the Trust in accordance with the Auditing Practices Board's Ethical Standards for Auditors, and we have fulfilled our other ethical responsibilities in accordance with those Ethical Standards.

Our audit approach was based on a thorough understanding of the Trust's business and is risk based, and in particular included evaluation of the Trust's internal control relevant to the audit including relevant IT systems and controls over key financial systems.

### **Overview of the scope of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources**

We have undertaken our review in accordance with the Code, having regard to the guidance on the specified criteria issued by the Comptroller and Auditor General in November 2016, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code. Based on our risk assessment, we undertook such work as we considered necessary.



## Other reporting required by regulations

### **Our opinion on other matters required by the Code is unmodified**

In our opinion:

- the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/17 and the requirements of the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the audited financial statements.

## Matters on which we are required to report by exception

Under the ISAs (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or
- otherwise misleading.

In particular, we are required to report to you if:

- we have identified any inconsistencies between our knowledge acquired during the audit and the Directors' statement that they consider the annual report is fair, balanced and understandable; or
- the annual report does not appropriately disclose those matters that we communicated to the Audit Committee which we consider should have been disclosed.

Under the Code we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2016/17 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls; or
- we have reported a matter in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we have referred a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.

We have nothing to report in respect of the above matters except for the following:

## **Basis for adverse value for money conclusion**

Our review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources identified the following matters:

In September 2016, an inspection by the Care Quality Commission (CQC) rated the Trust as "Inadequate" overall. Particular areas of weakness identified were:

- The CQC concluded that the Trust was not "safe", mainly due to inefficient reporting, accountability and staffing levels;
- The CQC concluded that the Trust was not 'well-led', mainly due to ill-defined roles and responsibilities, a lack of measurement of outcomes against strategic pledges, too many interim post holders and a culture of bullying/harassment.

As a result of the CQC findings, the Trust was placed into Special Measures with regular oversight by NHS Improvement. The Trust also has missed key national performance indicators during the year.

These issues are evidence of weaknesses in proper arrangements for informed decision making.

## **Adverse value for money conclusion**

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in November 2016, because of the significance of the matters described in the Basis for adverse value for money conclusion paragraphs above we are not satisfied that, in all significant respects, South East Coast Ambulance Service NHS Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.

## **Responsibilities for the financial statements and the audit**

What the Chief Executive, as Accounting Officer, is responsible for:

As explained more fully in the Statement of Chief Executive's responsibilities, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2016/17 and for being satisfied that they give a true and fair view. The Accounting Officer is also responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

What we are responsible for:

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Code and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

We are required under Section 1 of Schedule 10 of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

**Certificate**

We certify that we have completed the audit of the financial statements of South East Coast Ambulance Service NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code.

*Paul Hughes*

Paul Hughes  
Director  
for and on behalf of Grant Thornton UK LLP

Grant Thornton House  
Melton Street  
Euston Square  
London  
31 May 2017

## **Independent Practitioner's Limited Assurance Report to the Board of Governors of South East Coast Ambulance Service NHS Foundation Trust on the Quality Report**

We have been engaged by the Board of Governors of South East Coast Ambulance Service NHS Foundation Trust to perform an independent limited assurance engagement in respect of South East Coast Ambulance Service NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and additional supporting guidance in the 'Detailed requirements for quality reports for foundation trusts 2016/17' (the 'Criteria').

### **Scope and subject matter**

The indicators for the year ended 31 March 2017 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- Category A call – Emergency response within 8 minutes; and
- Category A call – ambulance vehicle arrival within 19 minutes.

We refer to these national priority indicators collectively as the 'Indicators'.

### **Respective responsibilities of the directors and Practitioner**

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance and the six dimensions of data quality set out in the 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2016 to 26 May 2017;
- papers relating to quality reported to the Board over the period 1 April 2016 to 26 May 2017;
- feedback from Commissioners dated 26 May 2017;
- feedback from Governors dated 26 May 2017;
- feedback from local Healthwatch organisations dated 7 May 2017;

- feedback from Overview and Scrutiny Committee dated 10 May 2017;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 31 May 2017;
- the national staff survey dated 7 March 2017;
- the Care Quality Commission inspection report dated 29 September 2016;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 12 May 2017; and
- any other information obtained during our limited assurance engagement.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Board of Governors of South East Coast Ambulance Service NHS Foundation Trust as a body, to assist the Board of Governors in reporting South East Coast Ambulance Service NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Board of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Governors as a body, and South East Coast Ambulance Service NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

### **Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

## **Limitations**

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators which have been determined locally by South East Coast Ambulance Service NHS Foundation Trust.

Our audit work on the financial statements of South East Coast Ambulance Service NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as South East Coast Ambulance Service NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to South East Coast Ambulance Service NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to South East Coast Ambulance Service NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of South East Coast Ambulance Service NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than South East Coast Ambulance Service NHS Foundation Trust] and South East Coast Ambulance Service NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

## **Conclusion**

Based on the work described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated in all material

respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

*Grant Thornton UK LLP*

Grant Thornton UK LLP

Grant Thornton House  
Melton Street  
Euston Square  
London  
31 May 2017

# **SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**

## **COUNCIL OF GOVERNORS**

### **E - Annual Report of the Membership Development Committee 2016-17**

#### **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 Council'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: Aspiring to be better today and even better tomorrow for our people and our patients.

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. The current membership is:

- Mike Hill – Public Governor for Surrey & NE Hants, Chair of the MDC
- Marguerite Beard-Gould – Public Governor for Kent
- Jean Gaston-Parry – Public Governor for Brighton and Hove
- Brian Rockell – Public Governor for East Sussex
- James Crawley – Public Governor for Kent and Lead Governor
- Felicity Dennis - Public Governor for Surrey & NE Hants
- Gary Lavan - Public Governor for Surrey & NE Hants
- Matt Alsbury Morris – Public Governor for West Sussex
- Alison Stebbings – Staff Elected Governor (Non- Operational)
- Nigel Coles – Staff Elected Governor (Operational)

1.4. Two staff members with responsibility for membership and Governor engagement attend the Committee and support its activities.

1.5. Sincere thanks to Jane Watson – Former Deputy Chair of the MDC and former Surrey Governor for her work with this committee. Thanks also to former Governors Chris Devereux, Michael Whitcombe and Maggie Fenton who were also on the committee during 2016/17.



## **2. Annual report of the Membership Development Committee**

2.1. One of the core duties of the Council is to represent the interests of members and the wider public. The MDC focuses on ensuring that the Trust supports Governors to undertake this part of their statutory role. The MDC regularly reviews the composition of our public membership and endeavours to ensure it is representative of the population the Trust serves.

2.2. During 2016-17 the MDC worked on behalf of the Council to:

- Plan a local membership/Governor engagement 'Your Call' event in Surrey and West Sussex.
- Discuss preparations for Governor elections and made suggestions for an effective induction programme.
- Update the Governor handbook with suggestions on content.
- Develop and finalise the 2016/17 member recruitment event strategy.
- Highlight a training need: presentation & public speaking training was offered to the Council.
- Researched whether North East Hampshire members felt marginalised or otherwise impacted due to the constituency name being Surrey only, and proposed constituency name be updated to include North East Hampshire on the Trust's website, election and meeting materials.
- Built relationships to encourage local staff and CFRs to attend membership and public events alongside the membership office.
- Ensure appropriate representation of local organisation and staff stands at the Annual Members Meeting.
- Suggest content and contributed Council of Governor blogs for the member newsletter.

In addition, the MDC undertook its on-going duties to:

- Design and review the outcomes of the Trust's Annual Members Satisfaction Survey;
- Plan and participate in many public events to meet members and the public and recruit new members;
- Appoint public members to join the Trust's Inclusion Hub Advisory Group, which advises on Trust policies and plans;
- Review input from the Trust's Inclusion Hub Advisory Group of public members and the Staff Engagement Forum, to ensure members' views are shared with the rest of the Council;
- Seek assurance that the Trust is effectively communicating and engaging with members and the public about key developments.

## **3. Membership overview**

3.1. The MDC would like to thank all our members, both staff and public, for their continuing support for the Trust.

3.2. The following table shows the Trust's public members (at the year end of 2016/17) according to their constituency and the proportion of people who are members in relation to the eligible people in that area.

<b>Constituency</b>	<b>Members</b>	<b>Population</b>	<b>Percentage of eligible population</b>
Brighton & Hove	558	269,923	0.21%
East Sussex	1839	522,155	0.36%
Kent	3189	1,385,521	0.24%
Medway	675	260,376	0.26%
Surrey	2435	1,291,937	0.19%
West Sussex	1655	797,357	0.21%

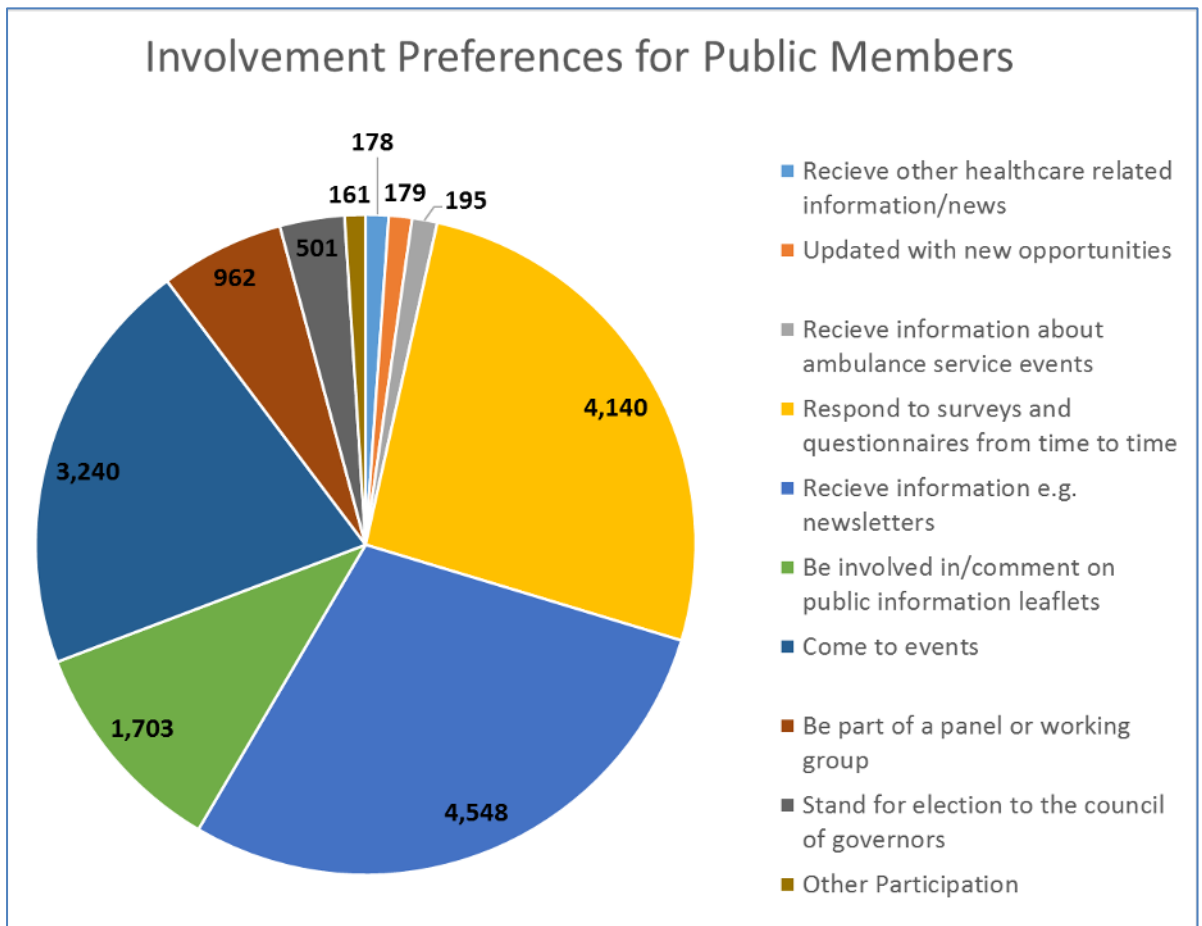
3.3. Public membership increased from 9,721 at the end of 2015-16 to 10,351 at the end of 2016-17. At the time of writing (12.09.17) the Trust has 9,931 public members, and 3,310 staff members. The reduction in public members is due to a data cleaning exercise undertaken with our membership register system provider Membership Engagement Services with the support of the MDC and also due to quarterly updates removing deceased members from the register.

3.4. We monitor a number of attributes of our members (from those who are willing to share the personal information with us) in order to try to build a membership representative of the diversity of our communities. The table below shows this diversity for our public members at year end:

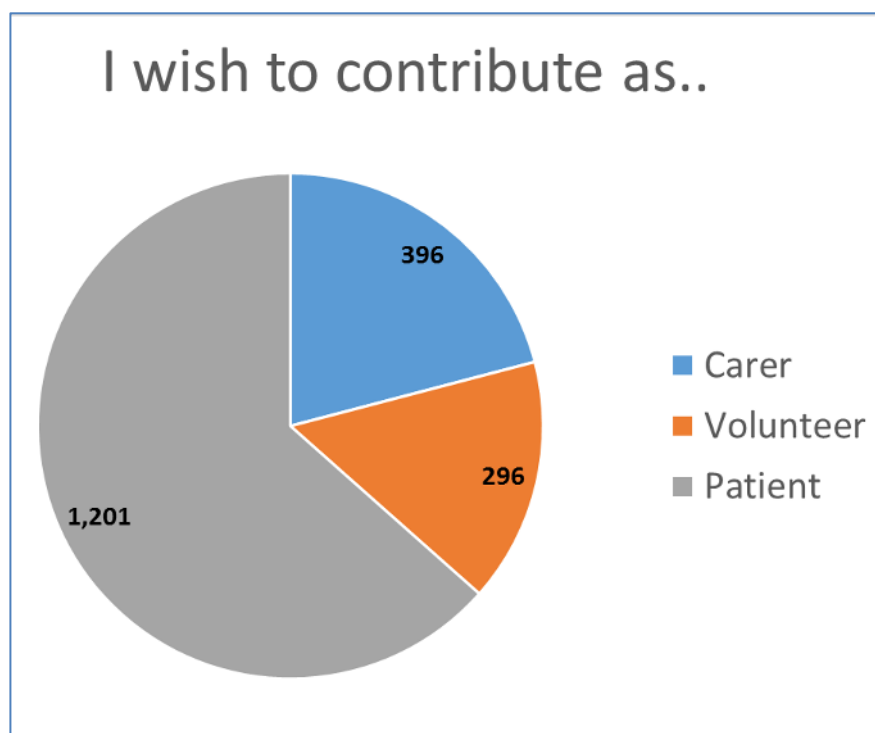
<b>Attribute</b>	<b>No. of members</b>
Male	3327
Female	4701
Other/gender not recorded	2281
Transgender/not identifying with the gender assigned at birth	42
Heterosexual	2881
Lesbian	80
Gay man	89
Bisexual	79
Identifies as disabled	1322
White	8546
Asian	203

Black	75
Mixed	77

3.5. We ask public members how they would like to get involved when they join us. This enables us to target involvement opportunities to members appropriately, based on their interests. This chart shows the involvement preferences of our public members:



3.6. Finally, we ask members whether they are a carer, are or have been a patient of the service, and whether they volunteer for SECAMB. The chart below shows the number of our members in these categories:



3.7. All members were invited to our Annual Members Meeting. Members in East Sussex and North East Hampshire were invited to Your Call local member information events which took place in March 2016. Members in Surrey & West Sussex were invited to two Your Call events that took place in May 2017. We are grateful that so many of our members are happy to be involved.

3.8. Governors and Trust staff (often accompanied by Community First Responders) have been to a number of events during the year to meet members and the public and to recruit new members. The focus of the membership strategy was to attend a few 999 events across the areas we serve. The Membership Office and Governors attended two large scale 999 events in Kent and Surrey and recruited 458 new members. There was initially attendance at 3 events planned (1 in West Sussex) but due to capacity, attendance was cancelled. Materials were provided for Diversity champions to attend a Trans Pride event in Brighton and 34 new members were recruited.

3.9. If you have participated in any of these ways or met us at an event – or are simply keeping up to date about the ambulance service by reading the membership newsletter 'Your Call' – thank you.

## **4. Public involvement and engagement**

4.1. During the year, the Trust has engaged with public members on a variety of issues. Our Inclusion Hub Advisory Group (IHAG) is made up of around 25 public members from different locations and who represent the diversity of our population. Governors regularly observe the meetings and two Governors are permanent members, providing a direct link back to the MDC.

4.2. The IHAG meet four times a year to advise the Trust on public engagement in relation to our plans, policies and any changes we might make that could affect patients, as well as participating in our annual grading of the Equality Delivery System and review of our equality objectives. Members also attend a variety of sub group meetings and focus groups depending on their area of interest.

4.3. Here are some highlights of the IHAG's activity over the year:

- Met with Governors participating discussions around the role of NHS Improvement within the health economy.
- Involved in developing key messages for inclusion in the development of public communication around Trust recovery plans
- Participated in medicine management review groups, carrying out inspections across the Trust.
- Participation at the Trust 2016 Quality Account meeting to assist in objective setting for the upcoming year.
- Participated in processes to recruit new staff, including Deputy Chief Nurse and new Chair.
- Participated in a number of SECamb working groups and sub groups and reported back on the outcomes.
- Involvement in the planning process to establish a new Patient Experience Group.
- Reviewed and recommended new Equality Objective for the Trust.

4.4. On behalf of my Governor colleagues, I'd like to thank the members of the IHAG for their passion and effort during 2016-17.

## **5. Staff involvement and engagement**

5.1. Our Staff Engagement Forum (SEF), formally the Foundation Council, is made up of c25 Trust staff members representing all areas of the Trust. The Chief Executive and four Staff Governors are permanent members of the SEF, which allows them to hear the views of a wide range of staff members, as well as sharing information about what is happening at Board and Council level.

5.2. The SEF meets quarterly but is cancelled in times of high operational demand so as not to have an impact on performance.

5.3. During this year, the Staff Engagement Forum has, on behalf of the wider staff membership:

- Gave input into the development of a revised Grievance Policy.
- Provided feedback to Fleet Services on a new high tech concept connected ambulance that was being trialled in Chertsey.
- Received updates on the roll out of the electronic patient care record.
- Commented on continued professional development plans.
- Fed in views on a staff engagement strategy around the Trust's recovery plan.
- Took part in a focus group on developing the messaging around the impact of the Task Cycle Time project (reviewing the amount of time staff spend on scene).
- Contributed views on development of a new health and well-being strategy.

5.4. The management of the SEF passed from Angela Rayner (Inclusion Manager) in 2015/16, to Human Resources for an interim period in 2016/17. It is now being managed by two permanent Staff Engagement Advisors; Kim Blakeburn & Lucy Greaves. Karen Mann stepped down as SEF Chair due to a secondment to NHS England, and Isobel Allen (Assistant Company Secretary) was elected Chair of the SEF in place of Karen. Thanks to all members of the SEF for their work over the past year.

## **6. Get involved**

6.1. I would like to end this report by asking anyone who is not a member of the Trust already to join us (forms will be available on the Get Involved stall at the Annual Members Meeting or you can join online (it's free) at: <https://secure.membra.co.uk/SECAMBApplicationForm/> . Members receive our newsletter, 'Your Call', three times a year to keep them up to date with the Trust's activities. Your Call also provides health advice and local news, as well as opportunities to get more involved. Crucially, members are able to elect public or staff Governors to the Council of Governors for which we have elections in 2018 and 2019.

**Mike Hill**

**Chair of the MDC & Public Governor for Surrey & NE Hants  
On behalf of the Membership Development Committee**

# **SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**

## **COUNCIL OF GOVERNORS**

### **F - Annual Report of the Governor Development Committee 2016-17**

#### **1. Introduction**

1.1. The Governor Development Committee (GDC) 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. The Chair of the Trust attends meetings from time to time and members of the Corporate Governance Team attend and support the GDC.

1.4. All Governors are encouraged to join the Committee, since it is an area of interest which concerns all Governors. The following Governors have attended during the year:

James Crawley – Chair of the GDC, Lead Governor and Public Governor for Kent

Brian Rockell – Public Governor for East Sussex

Marguerite Beard-Gould – Public Governor for Kent

Jean Gaston-Parry – Public Governor for Brighton and Hove

Alison Stebbings – Staff Governor (Non-Operational)

Mike Hill – Public Governor for Surrey and NE Hants

Felicity Dennis – Public Governor for Surrey and NE Hants

Marian Trendell – Appointed Governor, Sussex Partnerships NHS Foundation Trust

#### **2. Annual report of the Governor Development Committee**

2.1. The GDC undertakes a vital function: allowing discussion with and between Governors about our needs so that the Trust can support the Council to fulfil its role as effectively as possible.

2.2. During 2016-17 the GDC worked on behalf of the Council to:

- Keep under review and propose iterative improvements to processes enabling Governors to hold the Non-Executive Directors individually and collectively to account for the performance of the Board.
- Identify Governors' learning and development needs on behalf of the Council, and suggest training programmes.
- Review each Council meeting and discuss ongoing improvements and requirements for information.
- Devise and review the outcomes of the Council's annual self-assessment process, making recommendations for improvement.
- Recommend and prioritise items for Council agendas based on Governors' information and assurance needs.

### 2.3. Achievements of the GDC include:

- 2.3.1. Devising and participating in a Council workshop on improving governance which resulted in a number of changes to Council meetings, including the introduction of:
  - Board Committee 'Exception Reports' to Council meetings, bringing the focus onto the Non-Executive Directors' (NEDs) role and responsibilities, and enabling the Council to take a risk-based approach in relation to intelligence from Board Committees;
  - An agenda item at the end of Council meetings to collate any issues Council wish to highlight to the NEDs;
  - The requirement that at least two NEDs plus the Chair would attend each Council meeting.
- 2.3.2. Scheduling a session with NHS Improvement to allow NHSI to present concerns directly to the Council and discussion of the Council's role in improvements;
- 2.3.3. Planning for Governor elections to include information sessions for prospective candidates which existing Governors attended to share their views about the role;
- 2.3.4. Scheduling interactive sessions to enable the Council to work with the Trust on its five-year strategy;
- 2.3.5. Recommending training on effective questioning and holding to account, delivered by NHS Providers during the year and very well-received by Governors;
- 2.3.6. Developing Governor proposals on preferred ways of working with the new Chair, in order to have a Council view and take the initiative.

2.4. I would like to thank all members of the GDC for all their hard work over the year. I would also like to thank those Governors who left us in March this year after much service as part of the GDC: Maggie Fenton, Jane Watson, Michael Whitcombe, David Davis and Chris Devereux.

James Crawley  
 Chair of the GDC  
 Lead Governor and Public Governor for Kent  
 On behalf of the Governor Development Committee



# **SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**

## **Council of Governors**

### **F1 – Governors’ Report on the Finance and Investment Committee**

18 July 2017

Governors present: Alison Stebbings (staff), Felicity Dennis (public), Jean Gaston-Parry (public)

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

**1. Prior to meeting:**

The Governors received most of the papers ahead of the meeting. Graham Colbert, Committee Chair, apologised for not organising the usual briefing for observers, regarding the role of the committee, as he had not been aware that observers would be attending.

**2. Introductions:**

The Governors were introduced to the meeting. Other members of the meeting were not introduced, but their roles became clearer as the agenda were discussed. Others who joined who arrived later to give presentations were introduced.

**3. Attendance:**

The meeting appeared to be well attended.

**4. Agenda**

Most attendees participated at some part of the meeting and there was useful and relevant interaction on all agenda items.

**5. Discussion during meeting:**

There was well-focused discussion during the meeting with in-depth probing from NEDs. A key strategic item on the future regarding key performance enabled detailed discussion.

**6. Chair:**

The chair kept the discussion focussed on the subject in hand and appeared effective.

**7. De-brief:**

Due to the length of the meeting de-briefing and exchange of views on the meeting contents was restricted.

**8. Conclusion:**

It is the opinion of the Governors that the committee operated effectively and to its brief. The points raised by the NEDs for assurance purposes were both relevant and effective. The Governors recognised the strategic importance of this committee and valued the opportunity to attend.

# **SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**

## **Council of Governors**

### **F2 – Governor's Report on the Audit Committee**

4 September 2017

Governors present: James Crawley

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

#### **1. Prior to the meeting:**

Angela Smith (the Chair) made me welcome and then invited introductions from around the table.

#### **2. Introductions:**

Everyone in the room introduced themselves. The Chair explained why we were there in general and also mentioned that the committee was being observed by KPMG for the Governance review.

#### **3. Attendance:**

At the outset there was discussion about conflicts of interest amongst some of those present observing and contributing to the meeting, in relation to our tender for External Audit providers. This was resolved to the satisfaction of the Committee. There were four NEDs in the room (Terry, Tim, Al and Angela). The meeting was well attended by the representatives of the relevant business areas and also by external advisors from Grant Thornton and RSM who had agenda items.

#### **4. Agenda:**

I was provided with a copy of the agenda in advance and the agenda followed in the order it was presented.

#### **5. Discussion during meeting:**

A full and frank discussion was held on a number of agenda items with positive challenge from the NEDs both amongst themselves and to the presenting parties.

As a Governor, I was assured that the challenge given by the NEDs to the business regarding the matters arising was appropriate, constructive and thorough. It was useful that the NEDs held positions on other committees such as WWC as matters were able to be referred directly.

#### **6. Chair**

Angela has a direct style and is very clear on her own opinions however gave ample time to others to clearly articulate their points of view as well. It was a very inclusive leadership style and after the meeting Angela approached me to gain feedback and ask if I had any queries or concerns.

#### **7. De-brief**

I was offered a debrief after the meeting but this wasn't required

### **8. Conclusion**

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

# **SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**

## **Council of Governors**

### **F3 – Governors’ Report on the Quality and Patient Safety Committee**

7 September 2017

Governors present: Felicity Dennis, Nick Harrison

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

#### **1. Prior to the meeting:**

Felicity arrived early to receive a frank briefing before the meeting including about areas where the Chair had concerns. Lucy gave some background to the issues and about how the meeting worked in terms of scrutiny versus management response. It was useful to understand why those issues were brought to this meeting.

#### **2. Introductions:**

Everyone in the room introduced themselves. The Chair explained why we were there.

#### **3. Attendance:**

There was good representation from relevant teams and departments. Those who had written the papers were there to present them and have a discussion.

#### **4. Agenda:**

The Chair followed the agenda however I was unable to open the papers on my iPad. Printed copies were provided at the meeting.

#### **5. Discussion during meeting:**

There was robust discussion during the meeting about the topics on the agenda. There were good contributions and challenges where appropriate from the NEDs.

The people presenting the papers were given opportunity to explore different issues and required actions were made clear. The discussion was honest about where things were and progress or otherwise.

#### **6. Chair**

Lucy Bloem chaired very well. She kept to time, asked insightful questions, there was a clear rationale for assurance levels agreed, and good summaries of actions was provided at the end of each item. She was inclusive and facilitative, encouraging contributions.

#### **7. De-brief**

Not required but we are sure it would have been available if we had wanted.

#### **8. Conclusion**

A well-chaired, well-attended, effective meeting addressing highly relevant, strategic imperatives for the Trust. The Committee seemed to have a good grip on the quality and patient safety agenda now and going forward.

# **SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**

## **COUNCIL OF GOVERNORS**

### **G - Annual Report of the Nominations Committee 2016-17**

#### **1. Introduction**

1.1. The Nominations Committee (NomCom) is a Committee of the Council that makes recommendations to the Council on the appointment and remuneration of Non-Executive Directors (NEDs) and considers NEDs' appraisals, including the appraisal of the Chair.

1.2. The duties of the NomCom are 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.
- 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.
- Make recommendations to the Council of Governors in relation to the remuneration and terms and conditions of the Chair and Non-Executive Directors.

1.3. The Chair of the Trust chairs the Committee except in circumstances where the performance, remuneration or appointment of the Chair is under consideration. In this case the Senior Independent Director (one of the NEDs) chairs the Committee.

1.4. Governors are elected to the Committee by the Council and the Committee comprises four Public Governors, one Staff-Elected Governor and one Appointed Governor. The Lead Governor is a permanent member of the Committee and is included within the categories above.

1.5. The current Governor membership of the NomCom is as follows:

James Crawley – Lead Governor and Public Governor for Kent  
Marguerite Beard-Gould – Public Governor for Kent  
Jean Gaston-Parry – Public Governor for Brighton and Hove  
Mike Hill – Public Governor for Surrey  
Alison Stebbings – Staff Governor (Non-Operational)  
Marian Trendell – Appointed Governor, Sussex Partnerships NHS Foundation Trust

#### **2. Annual report of the Nominations Committee**

2.1. During 2016-17 the NomCom made recommendations to the Council regarding appointments as follows.

## **2.2. Appointment of a Trust Chair**

2.2.1. Sir Peter Dixon joined the Trust on 15th March 2016, appointed by NHS Improvement, our regulator, and the Council were initially obliged to confirm his appointment and then were pleased to extend Sir Peter's appointment until 30th March 2017.

2.2.2. Recruitment for a new substantive Chair began in December 2016, and the Nominations Committee commissioned Hunter Healthcare recruitment consultants (after a tender exercise) to support the recruitment process.

2.2.3. A selection day was held at the Trust Headquarters on 21 February, to which stakeholders including staff, volunteers, public Foundation Trust members, local HeathWatch, Clinical Commissioning Groups and representatives of partner organisations were invited. The Nominations Committee, taking all feedback into account, recommended the appointment of Richard Foster CBE as substantive Chair. Richard was formally appointed by the Council at an extraordinary meeting on 27 February 2017, for a three-year term of office, commencing 31 March 2017.

## **2.3. Appointment of a Non-Executive Director**

2.3.1. The Nominations Committee led a process to appoint a new Non-Executive Director to the Trust to replace Trevor Willington, whose term of office as a NED came to an end. The Council wishes to thank Trevor for his many years of service, his commitment and integrity, and his engagement with the Council.

2.3.2. An extensive search and selection process, again aided by Hunter Healthcare recruitment agency, culminated in the appointment of Dr Angela Smith by the Council on 31 January 2017 for a three-year term of office which commenced on 1 February.

## **2.4. Approval of the appointment of a new Chief Executive**

2.4.1. The Council are required to approve the appointment of a Trust Chief Executive, but it does not undertake the recruitment and selection of the CEO. The NomCom does not undertake a specific role in this process, however it is sensible to report this here while appointments are being considered.

2.4.2. Several Governors were involved in focus groups during the selection process for a new CEO. A recommendation to approve the appointment of Daren Mochrie first came to an extraordinary meeting of the Council on 23 November 2016 however the Council felt that it had not received sufficient information (in particular in relation to assurance about the robustness of the recruitment process) to approve the appointment at that time. A scheduled meeting of the Council was held on 29 November

2016 at which more substantial information was provided and Daren's appointment was approved by the Council.

## **2.5. Reappointment of a Non-Executive Director**

2.5.1. Lucy Bloem's first term of office ended on 31 August 2016. The Nominations Committee reviewed an appraisal of Lucy's performance from the Chair and considered that she maintained her independence, and recommended to the Council that Lucy be reappointed for a further three-year term of office to provide continuity and to continue to improve the way the Quality and Patient Safety Committee, which Lucy chairs, was functioning. The Council met on 28 July 2016 and reappointed Lucy for a second term of office commencing 1 September 2016.

2.6. I would like to thank all members of the NomCom for all their hard work over the year. I would also like to thank those Governors who left us this year after much service as part of the NomCom: Maggie Fenton, Brian Rockell

Richard Foster  
Chair of the Trust and of the NomCom  
On behalf of the Nominations Committee

# SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

## COUNCIL OF GOVERNORS

### H - Review of Governor Activities and Queries 2016-17

#### 1. Introduction

- 1.1. This report captures membership engagement and recruitment activities undertaken by Governors (in some cases with support from the Trust – noted by initials in brackets), and any training or learning about the Trust Governors have participated in, or any extraordinary activity with the Trust.
- 1.2. It is compiled from Governors' updating of an online form and other activities the Membership and Governor Engagement Manager has been made aware of.
- 1.3. For this meeting, all activities over the financial year 2016-17 are documented for the benefit of members who may wish to understand what Governors have been doing. As can clearly be seen, Governors were involved in numerous events and activities during the financial year.
- 1.4. **Governors are asked to please remember to update the online form after participating in any such activity:**  
[www.surveymonkey.com/s/governorfeedback](http://www.surveymonkey.com/s/governorfeedback)

02.04.16	CFR training members of the public in AED and CPR – spoke about SECamb informally, helped trainees understand the role of a Governor	James Crawley
13.04.16	Westerham Town Annual Meeting – spoke to people about SECamb informally, represented the Council	James Crawley
23.04.16	Farningham WI coffee morning in aid of Sevenoaks CFRs – Talked about SECamb informally, recruited some members: James noted: Everyone there thought SECamb were "wonderful"	James Crawley
02.05.16	999 Event, Brooklands – spoke to people about SECamb informally, recruited members	Mike Hill
23.05.16	East Surrey CCG Patient Reference Group, Nutfield – spoke to people about SECamb informally, contributed to discussion	Mike Hill
02.06.16	Seaford Chamber of Commerce – spoke to people about SECamb informally, recruited members	Peter Gwilliam
30.06.16	Borough Green Village Fete – spoke to people about SECamb informally, recruited members	Peter Gwilliam
02.07.16	Capel Fete – spoke to people about SECamb informally, recruited members	Maggie Fenton
02.07.16	Eastbourne 999 Day – spoke to people about SECamb informally, recruited members	Michael Whitcombe



03.07.16	Kent Police Open Day – spoke to people about SECAMB informally, recruited over 300 members!!	Michael Whitcombe (KS, JL)
29.07.16	Teacher and parent lifesaving skills training – spoke about SECAMB informally, trained people	James Crawley
29.07.16	Seaford Women’s Institute – Gave a talk about SECAMB. Peter noted: By far the greatest majority of people are unaware of the current issues within SECAMB and are not in the least concerned.	Peter Gwilliam
05.08.16	LGBT conference AMEX Brighton – spoke to people about SECAMB informally	Alison Stebbings
12.08.16	Experts by Experience training in Crawley – learned new skills	Alison Stebbings
15.08.16	Spent the day with call takers and despatchers	Alison Stebbings
13.09.16	Care for carers group – Gave a talk about SECAMB. Peter says: The talk was to a group of individuals who are mostly full time carers for a close relative or spouse. The individuals find great comfort and support from each other in what is generally an unrecognised but essential role they undertake. They come into contact with SECAMB regularly via the 999 system and were full of praise for attending crews	Peter Gwilliam
18.09.16	Riverhead Carnival – spoke to people about SECAMB informally	James Crawley
20.09.16	Recruiting NEDs training – London – learned new skills	Jean Gaston-Parry, Alison Stebbings
23.09.16	Launching a new PAD Site in Borough Green – spoke to people about SECAMB informally	James Crawley
25.09.16	SECAMB Survivors event – represented the Council	James Crawley
14.10.16	Restart A Heart - Allington Primary School – Gave a talk about SECAMB	James Crawley
16.11.16	Participated in selection day for the CEO position – represented the Council on a focus group	Peter Gwilliam, Jean Gaston-Parry, Charlie Adler, Marguerite Beard-Gould, Brian Rockell and Alison Stebbings
Regular meetings	CFR Project Board and Voluntary Services Strategy Group	James Crawley
14.0217	NHS Providers training in accountability and	Brian Rockell,

	effective questioning – learned new skills	Jean Gaston-Parry, Alison Stebbings, Chris Devereux, Peter Gwilliam, Jane Watson, Mike Hill
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
04.03.17	Charity Special Tattenhams Market at St Marks Church in Epsom - recruited 25 new foundation trust members using the Governor Toolkit.	Mike Hill, Chris Devereux
17.03.17	New Governor induction – spoke with other Governors, discussed the role of the Council	Stuart Dane, Nick Harrison, James Crawley, 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
31.03.17	Surrey Downs CCG Patient Reference Group, Dorking - spoke to people about SECAMB informally, contributed to discussion	Mike Hill

## 2. Governor Enquiries and Information Requests

- 2.1. At each Council meeting, the council receives this report on enquiries and information requests from Governors and the Trust's response. This enables all Governors to see what other Governors are asking for assurance about.
- 2.2. The Trust reminds Governors that general enquiries and requests for information should come via Izzy Allen (Assistant Company Secretary) in the first instance to prevent duplication and ensure issues are captured for this report.
- 2.3. This report collates all formal queries and responses during the financial year 2016-17 for the benefit of members present.

<p>Query regarding risks around having CFRs reporting on paper and staff using ePCR, once available.</p>	<p>If a CFR has started a paper form, the crew will continue with that paper form and, even if ePCR equipped, will use the paper one as the primary record. There will remain a mixture of paper and electronic within the Trust for some time</p>
<p>Queries around the issue of thermometers to CFRs and lack of communication/clarification following the issue</p>	<p>Karen Ramnauth advised that a communication would go out w/c 9 May resolving the issue. The overview is that the trial of thermometers by CCPs has happened and there are no reasons why CFRs cannot continue to use the thermometers. The delay in the trial was outside of our control, but we have already notified CFRs that they can resume using them and it's business as usual. It is not believed that the cost is relevant anymore, but we provided 2 thermometers to each team – when a new team is formed the Trust provides 2 sets of kit – and CFRs fundraised for them thereafter.</p>
<p>Query around assurance that our single responders are working in a safe environment and regularity of welfare checks</p>	<p>Response sent regarding lone workers, detailing knowledge of the issues and plans to consider risk in relation to lone workers, including single responders, further.</p>
<p>Query regarding handover times and how the Trust was addressing the issue.</p>	<p>Lots of information was recently presented at the Board and further information may be in the latest Board pack. If not, the Governor will ask about the issue at the Council meeting.</p>
<p>Query regarding a follow-up response in relation to an earlier query to James Kennedy about 'the tail' in relation to slipping call answer times</p>	<p>Suggest raising with NEDs to request assurance</p>
<p>Queries to the Board were not fully answered and the response was not minuted. Request for a follow-up response regarding: 1. CFR performance figures, which are no longer part of the integrated report, and 2. Emergency Operations Centre outages</p>	<p>Suggest raising with NEDs to request assurance</p>
<p>Request regarding the Mental Health Call audit - presentation of management response and progress against actions at September CoG 2016</p>	<p>Nick Atkinson, Audit Manager from RSM to be invited to attend alongside the responsible manager.</p>
<p>Query regarding issues with new MRCs, including air-conditioning.</p>	<p>Sent to Audit and Finance and Investment Committee Chairs for information/triangulation. Feedback provided to the Governor.</p>
<p>Query to the NEDs regarding assurance about the Trust's commitment to the front-loaded service model</p>	<p>Sent to Quality and Patient Safety Committee Chair for information.</p>

<p>Advice of lack of cleanliness in the ladies toilet at Banstead (x2).</p>	<p>Head of Estates notified in each case, the first case was due to lack of hours provided over a Bank Holiday. The second was being looked into, with a view that it was poor staff quality that was the issue.</p>
<p>Query regarding the proportion of staff who have undertaken mandatory safeguarding training</p>	<p>Response sent to enquirer 03.10.16 outlining current statistics, data capture issues and work being undertaken to improve take-up of training.</p>
<p>A number of comments and thoughts regarding CCP and PP training and deployment</p>	<p>Forwarded to the Chair and CEO for their information re Governors' views</p>
<p>A number of enquiries regarding the meal break policy</p>	<p>Formal query sent to Joe Garcia, Lucy Bloem and Emma Wadey for response</p>
<p>Query regarding local media coverage of Trust 'loan' and request to update the whole Council</p>	<p>Response sent 23.01.17 with Finance and Investment Committee escalation report to the November Board which outlined why SECamb was requesting an overdraft facility from NHSI. The Trust has not accessed this facility at the time of writing.</p>
<p>A series of questions around the decision to change the way mealbreaks are implemented and the categorisation of calls: Q1. If only about half of cardiac arrests, let alone other critical patient presentations that might be even more difficult to detect through the triage process are categorised as R1, (Acknowledging NHS Pathways only picks up 50% of cardiac arrests as R1) surely the other half of patients that should be R1, but are put into R2 will have a higher risk of a slower response, leading to death and disability? Q2. How has the potential impact been assessed by senior Trust clinicians and through what governance process has it been agreed? Q3. What is the position of the commissioners regarding this change, and when did they agree it? Q4. If implemented, how will the impact be evaluated in terms of patient impact, in terms of mortality and morbidity? Q5. What additional training and support in patient assessment and patient support will be provided to CFRs who will inevitably have to cover the gaps in service delivery that will be created by this change? Pain management would be an example here, training in NEWS scores etc. Q6. What has been the crew/trade union and other input to this change?</p>	<p>Query sent to relevant NEDs and Executives. Item to be part of wider discussion about risk identification, mitigation and impact assessments as part of the Council agenda on 30.03.17</p>

Query regarding medicines management and how decisions were made to stop clinicians using certain drugs	Query was discussed at the Governor Development Committee and forms part of the wider discussion about risk as noted above.
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2.4. On behalf of myself and the Deputy Lead Governor I would like to sincerely thank all Governors for the amount of work they undertake in their role.

James Crawley  
Lead Governor  
Public Governor for Kent