



Council of Governors Meeting to be held in public

30 November 2017 10:00-13:00

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

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction and matters arising					
75/17	10:00	Chair's Introduction	-	-	James Crawley (Lead Governor)
76/17	-	Apologies for Absence	-	-	JC
77/17	-	Declarations of Interest	-	-	JC
78/17	-	Minutes from the previous meeting, action log and matters arising	A A1	-	JC
		Annual Members Meeting minutes – approval	A2		
Statutory duties: performance and holding to account					
79/17	10:15	Chief Executive's Report: - Integrated Performance Report - Executive Team appointments and future plans - Questions from the Council	B B1	Information and discussion	David Hammond
80/17	10:45	Trust Improvement Plan: - Operational performance and improvement plans - Impact of the Ambulance Response Programme - Staff morale/workforce/volunteer issues and the operational structure	C	Information and discussion	Jon Amos supported by Tim Fellows
11:20 Comfort break					
81/17	11:30	Electronic Patient Clinical Record: - Roll out and take-up (usage in relation to paper version) - Compatibility with hospital and other systems - Any other issues/progress Governors should be aware of		Information and discussion	Jon Amos (Director of Strategy and Business Development)
82/17	11:50	Quality Account overview and discussion of indicator to audit		Information and discussion	Kirsty Booth
83/17	12:10	Board Assurance Committees' escalation reports: Finance and Investment Committee - 19 October	D1	Information and discussion	All Non-Executive Directors present (Tim Howe, Al Rymer, Angela Smith)



		WWC - 20 October	D2		
		Quality and Patient Safety - 20 October	D3		
Statutory duties: member and public engagement					
84/17	12:40	Membership Development Committee Report: - Membership and public/staff engagement	E	Information	Mike Hill (MDC Chair and Public Governor for Surrey)
Committees and reports					
85/17		Governor Development Committee report:	F	Information	James Crawley (Lead Governor and Public Governor Kent)
86/17		Governor Activities and Queries report	G	Information	JC
General					
87/17	12:50	Any Other Business (AOB)	-	-	JC
88/17	-	Questions from the public	-	Public accountability	JC
89/17	-	Areas to highlight to Non-Executive Directors	-	Assurance	JC
		Date of Next Meeting: Monday 29 January, venue TBC	-	-	JC

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.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 28 September 2017

Present:

Richard Foster	(RF)	Chair
Charlie Adler	(CA)	Staff-Elected Governor (Operational) – Deputy Lead Governor
Nick Harrison	(NH)	Staff-Elected Governor (Operational)
Nigel Coles	(NC)	Staff-Elected Governor (Operational)
Alison Stebbings	(AS)	Staff-Elected Governor (Non-Operational)
Jean Gaston-Parry	(JGP)	Public Governor, Brighton and Hove
Mike Hill	(MH)	Public Governor, Surrey & N.E Hants
Felicity Dennis	(FD)	Public Governor, Surrey & N.E Hants
Stuart Dane	(SD)	Public Governor, Medway
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
Di Roskilly	(DR)	Appointed Governor from Sussex Police

In attendance:

Daren Mochrie	(DM)	Chief Executive
Lucy Bloem	(LB)	Non-Executive Director
Al Rymer	(AR)	Non-Executive Director
Tim Howe	(TH)	Non-Executive Director and Senior Independent Director
Joe Garcia	(JG)	Director of Operations
Peter Lee	(PL)	Company Secretary

Minutes:

Izzy Allen	(IA)	Assistant Company Secretary
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Apologies

Matt Alsbury-Morris	(MAM)	Public Governor, West Sussex
Graham Gibbens	(GG)	Appointed Governor, Kent County Council
Gary Lavan	(GL)	Public Governor, Surrey & N.E Hants
Francis Pole	(FP)	Public Governor, West Sussex
Mike Hewgill	(MH)	Appointed Governor – East Kent Hospitals
Dr Peter Beaumont	(PB)	Public Governor, Surrey & N.E Hants
Dr Terry Collingwood	(TC)	Public Governor, Kent

Declarations of interest

No interests were declared that had not already been recorded.

53. Chair's introduction

- 53.1. RF welcomed members to the meeting. He welcomed stakeholders to the audience and introduced members around the table.
- 53.2. RF provided housekeeping information to everyone.

54. Minutes and action log

- 54.1. The minutes were taken as an accurate record.
- 54.2. There were no questions on the action log.

55. Chief Executive's Report and performance dashboard

- 55.1. DM noted that it had been a busy couple of months. He was pleased to say that Joe Garcia had been appointed Director of Operations. Three other Director posts had not been appointed to and were back out to advert, with interviews planned for October/November.
- 55.2. Banstead Emergency Operations Centre (EOC) had now moved to Crawley and this had gone well. The Trust now had an EOC West and EOC East. He thanked everyone involved in planning the move and those who had made a move for making this a success.
- 55.3. Prof Duncan Lewis' report on bullying and harassment had been released recently. The Trust would take a no tolerance approach to this type of behaviour. A significant amount of engagement work had been undertaken with staff since the report was published, to understand the views of staff about what the report means for the organisation. Employees should own some of the solutions at a local level.
- 55.4. The CQC inspection report had been received in draft for accuracy checking and the report would be released to the public the following week.
- 55.5. Operationally it had been a challenging couple of months. Work was ongoing with Commissioners to look at the Trust's resources in relation to patient demand and Trust capacity.
- 55.6. The Ambulance Response Programme (ARP) would be launched in November to focus on providing a fast response to those patients who needed it. Joe Garcia was working on the launch plan with colleagues.
- 55.7. There would be an impact on EOC time standards. Stakeholder events would be held over the next couple of months to share information with staff and stakeholders.
- 55.8. Joe Garcia had reviewed the operational leadership team to develop an East and West model, rather than dividing the Trust by county and the legacy three-county issues that perpetuated.
- 55.9. There were regional issues affecting the Trust's performance. The fire service was in negotiation on terms and condition and in some areas had withdrawn co-responding support for the Trust.
- 55.10. The Trust continued to engage with the Sustainability and Transformation Partnerships (STPs). There were four in the region. Opportunities for SECamb to support the whole system were being explored.
- 55.11. On the back of the Parsons Green terrorist attack, the national threat level had increased which necessitated refreshing of response plans.

- 55.12. FD asked about operational performance and additional funding being provided by Commissioners. DM advised that there were some extended response times at present. Joe Garcia worked on this daily and was working with Commissioners to look at what funding was needed at peak times to prevent such unacceptable delays. £1m additional funding had already been received.
- 55.13. JG confirmed that the challenge was to target investment appropriately and to provide additional hours to improve safety. The Executive were focused on the tail end of the queue: funding would provide extra hours which, used wisely, should reduce the length of this tail.
- 55.14. This was a challenging position to be in. When the ARP was introduced it would change the landscape, giving the Trust more time to make better judgements during telephone triage. More accurate triage should make the resources stretch a bit further, however undertaking a demand and capacity review was still going to be vital.
- 55.15. JG advised that what was important was getting more ambulances on the road at specific times. The Trust's night-time activity forecast may not be correct because of patients queuing through the day.
- 55.16. BR asked about call answering times. BR had many times asked about the length of the tail of the call answer queue as if the call was not answered then patients' needs were not known and could not be met. The last time he asked, the tail had been 17 minutes long. Had this improved?
- 55.17. JG advised that the average call answer time was 19-20 seconds. He noted that patients were calling back because of the delay in response times creating additional calls to the level of 20%. Measures had been taken including the way Emergency Medical Advisers (EMAs) were receiving calls and the Trust had compared good practice with other ambulance Trusts. SECamb would be changing the message given when calling 999: the focus must be on dissuading people from ringing back to check where a crew were. The ARP meant some callers could be given an estimated time of arrival. Waiting times might be up to two hours for category 3 calls which may enable people to consider a bit more self-help.
- 55.18. BR thanked JG but noted that he had asked about the length of the tail. JG advised that he would get this information for BR before the end of the day.
- 55.19. DR noted that police officers were being left without medical support at serious incidents for longer than they used to be. People with quite serious injuries had been transported to hospital in police cars because of delays in ambulance attendance. She had heard it suggested that because police were on scene the call was deprioritised by SECamb. JG noted that speed of response was according to the seriousness of the patient's condition. DR acknowledged this but insisted that there were some genuinely serious incidents where this was the case. It had also been hard to get through to SECamb via internal systems.
- 55.20. RF asked which internal system was not working. DR stated that it was the line between the police and 999 control rooms. RF felt that SECamb

should consider how calls from professionals were handled generally, so as not to add to 999/111 calls by having them come through that route.

- 55.21. MT noted that DR and she had written to DM jointly about their concerns for Section 136 (mental health) patients with a one-hour response time. Increasingly, it was taking many hours to receive support for someone with a mental health issue. Professional calls were not being responded to urgently enough and could then escalate into emergencies.
- 55.22. DM advised that he was in conversation with police CEOs. Blue light services needed to work together on this: for example, to work with colleagues on scene through clinical advisers in control rooms.
- 55.23. JG noted that one development through the ARP was to diversify the Trust's resources. The Trust could schedule a caseload for non-emergency patients, for example. In addition, SECamb was seeking to strengthen the number of clinicians in the control room to help more patients on the phone. There would be a diversified clinician pool to help lower-category patients.
- 55.24. JGP and AS joined the meeting.
- 55.25. DM advised that hospital handover issues did not help. It was a whole system issue.
- 55.26. JC noted that having police on scene did not mean SECamb was slower to attend.
- 55.27. BR advised that one of our former Staff Governors had raised concerns about calls initially categorised as G2 but requiring re-categorisation because the patient became worse while awaiting a response. The belief was that we were not responding adequately to G2 calls that should be escalated.
- 55.28. JG advised that having the right number of EOC clinicians would help with this, as they would have clinical oversight of waiting patients. NHS Pathways was a good triage system but not foolproof. SECamb was recruiting 44 additional clinicians in EOCs to provide this oversight and working with others to place, for example, a midwife in EOC.
- 55.29. CA agreed that the ARP would for the first time allow us the time to understand patients' needs. ARP would give us breathing space to avoid sending an ambulance to every call, as we did not have enough ambulances: it should give the ability to separate the patients who needed assessment from those who needed transport to hospital.
- 55.30. MBG noted that how the Trust communicated changes was really important for the public. SECamb was doing its best with the available resources: the ARP would mean managing things differently. DM noted that workshops were being planned and the Council would be invited to the workshops.

ACTION: DM would ensure CoG were invited to workshops on ARP

- 55.31. FD noted that she was pleased to see DM was getting out across the patch to help with culture change and the huge programme staff are needing to implement. This was time well-spent.
- 55.32. DR asked about the bullying and harassment report. She had concerns that some of the staff involved were still in the Trust. Were the mechanisms in

place to provide confidence that nothing was happening now and if so then people had ways to report things?

- 55.33. DM advised that where the Trust was able, investigations were underway. Staff had been encouraged to use a number of available channels. The Trust was linking in with NHSI and would continue with the cultural change needed. JG agreed and noted that this included pursuing individuals who had left the Trust.
- 55.34. RF had been shocked, on reading the Lewis report, at the level of concern registered. 40% of those who responded had raised concerns. At present reported cases were declining. This was a paradox and it seemed unlikely all bullying and harassment had stopped. It almost certainly meant that problems persisted but there remained a lack of confidence in reporting.
- 55.35. The report had been published immediately to signal a different approach and culture. The exercise in staff engagement was both an attempt to talk to staff about the problems and also to signal a different approach and culture.
- 55.36. RF wished to make it clear, on behalf of himself personally, DM, and the Board, that the highest proper standards of behaviour were expected from all employees, as is correct in a public organisation. Where there was evidence, proceedings would be undertaken appropriately. This included bullying in all its forms.

56. Board Assurance Committees' escalation reports

- 56.1. **Workforce and Wellbeing Committee (WWC):** TH had handed over to Terry Parkin as Chair of WWC.
- 56.2. The key issues for the WWC were:
- governance, including policies and procedures and especially checking that learning and embedding was happening;
 - work on improving culture, which was continuing but there was as yet no evidence of change;
 - the management of bank staff;
 - CFRs, and an update on this would come to the Board in October; and
 - change management.
- 56.3. JC asked what the top workforce risks were? In TH's view this was not not having sufficient staff at all levels. One other major risk was turnover: TH was content that plans were in place to try and improve things however we were not yet seeing the evidence of the impact. JG advised that keeping pace with attrition was the issue. More people than expected had left, particularly in EOC following the move to Crawley. The Trust was also losing EOC staff to the police and fire services.
- 56.4. JG advised that as an industry the core roles in the ambulance service needed to be reviewed. Taking calls was one of the hardest jobs anyone does. In France, 999 calls were effectively taken by doctors.
- 56.5. TH noted that culture was another risk and as yet there was no evidence it was working, but appropriate actions had been undertaken.

- 56.6. FD asked about recruitment: staff said they had difficulties recruiting to full establishment while Executives said that the recruitment process had been streamlined. Was the WWC assured that there were no pipeline issues? DM advised that there was a process in place where key roles needed to be filled. However, all other posts were being looked at critically to ensure the Trust had the right resource in the right place.
- 56.7. TH further advised that there had been more change at Executive level and staffing changes would continue until the top team was settled.
- 56.8. MH noted that there had been a major issue with delivery and quality of appraisals. TH advised that there had been a good increase in recording on the new system. Once the system been in place for 12 months the Trust would be able to evaluate its impact. JG advised that compliance, in terms of the percentage of staff who had logged on to the system, was now 44%.
- 56.9. **Audit Committee:** AR advised that a number of Governors had observed the recent meeting of the Committee. Risk management had been discussed in some detail. The Board Assurance Framework was discussed in relation to what was expected of us by the NHS as well as the things the Board might wish to assure itself on. There was more work to do on this.
- 56.10. **Quality and Patient Safety Committee (QPS):** LB noted that this Committee featured management responses to previous scrutiny items alongside new scrutiny items. Real time quality and safety data was reviewed four times a year but not at this most recent meeting. The QPS had felt it had a degree of assurance regarding patient experience but had become more concerned as there was more work to be done on timeliness, policies and processes. A paper on private ambulance providers had been requested to assure the Committee of the governance in place and the QPS was assured. On Lifepacks (defibrillators) the Committee had wished to explore safety. A long-term defibrillator strategy would come to a subsequent meeting.
- 56.11. On Patient Care Records, there were significant issues in terms of the continued reliance on paper, reconciliation, staffing and the records office. There was still work to be done and the QPS was not assured. Electronic records would solve many problems but there were issues with this regarding links to hospitals.
- 56.12. In relation to EOC complaints, there had been a significant increase, however the rise was not due to the EOC in isolation: it was more about timeliness. The lack of clarity around the recording of data meant that more root-cause analyses were needed to understand the real cause of SIs and complaints. This had been a good discussion.
- 56.13. On safeguarding, the QPS had revisited the area and while there had been progress externally, internal safeguarding processes did not provide full assurance.
- 56.14. A 'Learning from Deaths Policy' was considered in detail. SECAMB were the only ambulance service bringing the policy in: the policy was about learning lessons and was a well-written and timely policy. Further work was needed on the practicalities of learning.

- 56.15. The Quality Account priorities were also presented and there was more assurance on this so far this year.
- 56.16. Everything was on track for the medicines management improvements to meet the CQC's 'must do' deadline of the 22 September.
- 56.17. RF asked about patient records and reconciliation: was the QPS confident that the work would ensure that issues were remedied between now and any future CQC inspection? JG advised that one concern was that an inability to reconcile a patient record with the Computer Aided Despatch (call taking) record meant that the record had been lost, however following investigation the Trust was confident that records were not lost. Rather, there was an inability to match records due to overcomplicated processes and matching parameters. The Trust continued to work on this.
- 56.18. MBG asked about the loss of defibrillators in the past few months, and some due to unlocked vehicles. Was the Trust confident that this could not happen again? DM advised that the thefts on vehicles and stations involved break ins – they were not left unlocked. JG advised however that a potential issue with locks on ambulances had been identified, where the same key would open the back of a number of ambulances. Changes had been implemented to move defibrillators which the thief or thieves had known about and so it appeared there was an inside source for the thefts. The police investigation was ongoing.

57. NHS 111 and Operational restructure

- 57.1. JG advised that the 95th percentile for call answer was 150 seconds with the worst peak at 300 seconds or 5 minutes. BR noted he was pleased this had improved from the previous 17 minutes: it was of great concern if calls went unanswered for periods of time.
- 57.2. JG advised that 111 was a good news story. The 111 team had worked very hard to address a number of issues raised in the CQC inspection last year. SECamb had compared itself with four other ambulance trusts running 111 and SECamb was consistently at the front of the pack, while noting that no-one was achieving national standards. 111 now had a draft CQC report with Good for all domains and Outstanding for the well-led domain. JG would seek to integrate governance aspects within 111 and 999 including audit and quality work.
- 57.3. In December 2016 the Trust had audited 90 calls for the month, this month (September 2017) 1041 calls had been audited – a huge improvement. Poor call control was identified as a factor lengthening call times.
- 57.4. On the 999 service's operational restructure, the core element was the transformation of the Operating Manager and Operational Team Leader (OTL) roles. The Trust had appointed in April 132 of the proposed 150 team leader roles. This role was different and was to become the lynchpin of operational leadership – moving away from being a manager-responder to a team leader role. The Trust had taken the OTL's office hours out of the

response calculation so 50% of their time they should be leading their team. This was key to the effectiveness of the structure.

- 57.5. This new structure and way of managing the response plan was hard for some to understand and get to grips with but that process was starting to embed and the Trust was starting to see the benefit. The traditional methods for identifying team leaders had not been unified across the Trust, leading to risk of nepotism and less than transparent candidate selection. A system of assessment centres had been set up to identify people with the capability of becoming a good future leader: there had been 154 people putting themselves forward and it had taken longer than anticipated to work through this, but this in itself was very positive.
- 57.6. There was no standard development package for first line managers in an ambulance service. The assessment centres tried to do this based on the NHS leadership framework. The pool of successful candidates were now able to apply for the next available promotion opportunities. There had been some hiccups. When advertising the role, the Trust had stated candidates must have 2 years' post-registration experience. Some candidates without this experience had applied anyway: the governance had needed to be more effective. Development needs could now also be identified to progress people to become future leaders.
- 57.7. After two years in post OTLs would be moved to similar roles elsewhere in the Trust, which some people did not react well to. This would stop people becoming stale and enable them to see things with new eyes.
- 57.8. Senior manager portfolios had been reshuffled whilst a full consultation and restructure at this level took place. All of them were willing to undertake those changes. The Trust had also identified the need to strengthen things at an OU Manager level in some areas. One of those was in leadership of CFRs which had been restructured to improve things.
- 57.9. JC asked about needing to be 2 years post registration to qualify for the OTL role. Was the role only open to Paramedics? JG advised that this was the case at present. In future the Trust might be able to broaden things out to offer leadership opportunities more widely. Given the governance needed around medicines management, though, OTLs needed to be registered clinicians in order to undertake some management responsibilities.
- 57.10. JC asked how confident the Trust was that the 50% protected time would be maintained. JG advised that it was not right to have patients waiting while an OTL was sitting on station writing a report, however the Trust had taken all reasonable steps to safeguard the time. JC asked for clarity around the hours put out: were more resources being put into the front line to provide the additional hours lost by removing managers?
- 57.11. BR noted that when the operational changes were announced the message had said there would be further structural changes in 2018. JG confirmed this was correct: a full consultation process would be needed next year if fundamental changes needed to take place.
- 57.12. NC agreed that the OTL position was a good one. He asked about those people who had passed the assessment centre and gone into the pool,

advising that employees were unclear what this meant. JG advised that the first pool of candidates to be approached to act up or fill open positions would be those who had passed the assessment centre. It had also identified training and development needs. Applications would be required for open positions and there might be an interview if there were more than one candidate.

- 57.13. MBG noted that those in the 'pool' should remain there forever due to changes in skills etc. Every couple of years the pool might need to be refreshed. MBG further noted that this churn might be valuable in terms of culture.
- 57.14. JC advised that if there were a significant change in assessment criteria then the pool should also be refreshed. MBG noted that the people in the pool needed to be confident that they were the first people who would be considered for relevant roles, however.
- 57.15. DR advised that the police used a similar process but people did not remain in the pool for long periods: it was reviewed regularly to get the best people. AR advised that there may need to be more clarity for those people in the pool so expectations were not raised.
- 57.16. RF noted that he hoped that part of the assessment centre process was around bullying and harassment and he would like it be part of it going forward if it was not now.

ACTION: JG to ensure there were clear communications about the role of the 'pool' following success in an assessment centre.

ACTION: JG/SG to ensure that bullying and harassment and the promotion of positive cultural attributes were part of the assessment process.

58. External audit reports to the Council

- 58.1. Andy Conlon from Grant Thornton auditors joined the meeting.
- 58.2. RF advised that part of the audit process was to provide specific assurance to the Council and AC would talk about this.
- 58.3. AC advised that he was from GT, the Trust's external auditors. The auditors had issued two opinions, one on the quality report and another on the accounts.
- 58.4. On the quality report, the key messages were positive, and an unqualified opinion had been issued on the report. They had tested the quality of data behind the CatA 8 minute and 19 minute response times and had found the data quality good.
- 58.5. They also checked that the quality report complied with the guidance, was consistent and that appropriate consultation had been carried out.
- 58.6. In addition, they had audited frequent caller management as the indicator selected by the Council. The data was found to be robust however they had found the indicator as presented was not fully comparable with other Trusts.
- 58.7. The auditor gave an opinion on the financial statement, with an unqualified audit opinion. They made no adjustments during the audit. They

made two control recommendations which were minor issues and management had put in plans to address those control weaknesses.

- 58.8. On the value for money opinion, the auditors took into account medium term financial planning and compared SECamb to other Trusts. The auditor had issued an adverse conclusion due to being in special measures and the use of interim directors at the time.
- 58.9. MT referred to page two of the report and queried the estimates relating to the value of land and assets being £37m than was previously thought.
- 58.10. AC noted that the value of property and equipment was a huge figure, and this was not a significant adjustment compared to the overall value. An over-estimate had been made in previous years. The Trust had been valued by a different valuer and the auditor was assured that this valuation was undertaken by someone suitably qualified. The valuation brought SECamb into line with other property valuations and AC advised that the valuation was materially correct.

59. Membership Development Committee (MDC) report:

- 59.1. MH thanked KS for her work on the report.
- 59.2. MH provided an overview of the work of the MDC. Public events had been held in Surrey and West Sussex and the MDC had improved the induction process and Governor handbook.
- 59.3. MH gave an overview of the activities of the Inclusion Hub Advisory Group (IHAG) and Staff Engagement Forum (SEF).
- 59.4. MH recorded thanks to the IHAG and SEF and to those Governors who had left the MDC during the year.
- 59.5. MH noted that application forms for membership would be on the Get Involved stall at the Annual Members Meeting that afternoon.

60. Governor Development Committee (GDC) report:

- 60.1. JC gave an overview of the work of the GDC. He encouraged Governors to attend the Committee when they could.
- 60.2. The Committee had recommended a number of improvements to Council meetings during the year, undertaken work on Governor elections, made recommendations on training and effective questioning, and developed proposals on ways of working with the new Chair.
- 60.3. He thanked all members of the GDC for their input.
- 60.4. **Report on the Finance and Investment Committee:** FD gave very positive feedback. JGP noted the usefulness of attending.
- 60.5. **Audit Committee (AuC):** JC advised that he was very happy that AuC was effective, strongly chaired and inclusive.
- 60.6. **Quality and Patient Safety:** NH advised that he had found it very informative, brilliantly chaired by LB and it had shown that NEDs were challenging effectively and bringing others along with them to make improvements.

60.7. FD added that one strength was bringing department heads to present the work. NH was pleased there were decisive deadlines set for actions agreed.

61. Governor Activities and Queries report:

61.1. JC thanked everyone for all the activity Governors had undertaken. He reminded Governors to complete the online form to let the Trust know what activities had been undertaken as a Governor.

61.2. JC drew attention to the queries Governors had raised during the year.

62. Nominations Committee (NomCom) report:

62.1. RF noted that he had not been present for much of the year however the NomCom was a crucial part of the governance of the organisation. Membership of NomCom was by election by peers on the Council.

62.2. The NomCom had appointed the Chair and also appointed Angela Smith and reappointed Lucy Bloem for three years. In addition, Tim Howe's appointment had been extended for a period and the recruitment of two new Non-Executive Directors (NEDs) was underway.

62.3. LB asked about timescales for the Clinical NED recruitment. The NomCom hoped to bring a recommendation to Council at its November meeting.

63. Any Other Business

63.1. RF invited Staff Governors to give a flavour of how things felt at the front line at present.

63.2. NC advised that sometimes it was hard to explain to staff what was going on and to see things moving forward positively. Initially, frontline staff had seen the issues identified by the CQC as a management problem, but it was important to explain that all staff should be accountable and he felt this was well-understood now.

63.3. RF asked whether it was apparent that the Trust was making improvements. NC felt that it was possible to see changes in the pipeline but staff were waiting to see the results.

63.4. NH felt there were mixed feelings on the frontline. Respect was given to the Board for publishing the Lewis report. There were certain people implicated in that report who were still in management positions.

63.5. Medicines management was a huge cultural change for people. There were teething problems but the controls were better and improvements were seen, however there were a lot of changes coming and people wondered what the next thing would be. Operational Team Leaders (OTLs) were working to nip problems in the bud and staff felt more listened to. There were concerns about staffing levels. It was correct to say that crews felt they were playing catch up but in-roads could be seen and the OTLs needed to keep pushing forward the positive message and explain why things were being done.

- 63.6. In general, NH felt people were positive and while they still had some concerns, there was a better attitude on stations. There was massive demand and pressure on the frontline but overall it was better than the year ago.
- 63.7. JC advised that there was a degree of cynicism about any change programme from the Trust: communications were key and needed improving to the frontline.
- 63.8. RF agreed that the endless stream of communication from the centre was a challenge. He noted the preponderance of communication that was pushed out. NH agreed and noted duplication.
- 63.9. JG noted that the most effective form of communication was face to face, ideally in a group forum. This was part of the challenge with a dispersed workforce. The risk was reversion to sending an email.
- 63.10. CA noted that there were improving relationships between managers and frontline staff in the last six months. Medicines management had been drawing a lot of OTL time.
- 63.11. Training delivery had hugely improved: people wanted to attend, training was better quality and useful. In Chertsey, the Trust had lost a lot of experienced staff because they had gone on to interesting jobs and SECamb needed to turn this into an opportunity to bring new skills in.
- 63.12. From the hospital perspective, everyone respected the quality of the care SECamb provided to the patients seen, and everyone was concerned about the lack of care provided to those patients the Trust couldn't and didn't see. CA was confident that the Trust could do different things to improve.
- 63.13. AS wanted to echo the point with regards to medicines management improvements. Operating Units (OUs) were working well and would aid teamwork when they were bedded in.
- 63.14. TH noted that he had not heard meal breaks and over runs mentioned, which seemed an improvement. NH advised that staff didn't tend to moan as much about their breaks and over runs had reduced. Certain OUs had more overruns than others. A better system was in place for EOC to see what was going on with meal breaks.
- 63.15. NC felt late meal breaks didn't happen as often but there were more complaints about early lunches. He agreed that over runs had been reduced.
- 63.16. JC asked whether the financial loss around meal break payments had exacerbated the retention issue. JG noted that overtime was available but not always taken up. JC noted the use of Facebook to bring people in for overtime.
- 63.17. JG was looking to be innovative about attracting people back into the organisation by offering variation and cycling Paramedic Practitioners (PPs) through a primary care role, ambulance response role and an A&E rotation to provide opportunities. They would be able to manage their own time.

64. Questions from the public

- 64.1. Julian Weekes a CFR from Crowborough: Thermometers had been taken away from CFRs, when would a replacement be given? JC advised

that there had been no instruction to remove thermometers. There had been a misunderstanding in the team leadership structure. JG agreed that Julian had highlighted the variation in approach and lack of governance around CFRs, including with training and in other areas.

- 64.2. JG had moved to make CFRs more locally embedded and driven without really understanding how broken the governance was. CFRs were an integral part of our patient experience and the Trust needed to adapt their use in line with the ARP. JG's aspiration was to enable CFRs to attend any call in the community and the Trust needed to prepare CFRs for that and support them with the right resource.
- 64.3. The ARP was about getting the right resource to the right patient first time. A lot of the detail would be explained in the afternoon session on this.
- 64.4. Julian said the question about thermometers comes up again and again. JG advised that he would be doing something about this.
- 64.5. RF summarised the situation and felt that JG was getting to grips with the issue.

65. Areas to highlight to Non-Executive Directors

- 65.1. There were no areas to highlight to the NEDs.
- 65.2. RF thanked all present and closed the meeting.

Signed:

Date:

Richard Foster (Chair)

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

Meeting Date	Agenda item	AC ref	Action Point	Owner	Completion Date	Report to:	Status: (C, IP, R)	Comments / Update
02.06.17	14.6	199	Source volume/activity figures along with performance by CCG.	IA	27.07.17	CoG	C	Figures provided and circulated to Council 24.11.17
02.06.17	20.2	201	RF to write to the charities who had advised of PAD sites (to thank them) and check that the PAD reporting system was in working order	RF	28.09.17	CoG	IP	Peter Gwilliam has kindly provided details of the 3 organisations. The Trust is reviewing its ability to log new PAD sites and there is a backlog of PAD sites we have been notified of. Once reduced, RF will write to the 3 organisations.
27.07.17	26.4	204	IA to liaise with HR to secure data regarding which areas of the Trust were failing to carry out appraisals.	IA/HR	29.01.18	CoG	IP	Assurance to be provided regarding level of one to ones and appraisals for the January 2018 meeting.
27.07.17	27.26	205	Provide an update on progress with safeguarding training to the Council in September.	Jane Mitchell/Steve Lennox	28.09.17	CoG	C	550 staff have been trained to date which equates to 23.5% of frontline staff. This does not meet the trajectory, of 42%. Unfortunately operational pressures have meant that it has been challenging abstracting the high numbers of staff needed to meet the trajectory (50 staff per week over 2 sessions) which was a known risk to the delivery of this ambitious plan; because of this, a paper has been submitted by Steve Lennox to request that the Exec team discuss and amend the planned delivery during 2017/18. This will include targeting the training to operational management (OTL and above) and control centre and 111 clinical staff in the first instance, with an option to introduce a blended learning approach, with all staff completing an e-learning resource during this year, with face to face training being completed on a 3 yearly rolling programme (in line with the intercollegiate guidelines).
27.07.17	27.30	206	DM to provide update on CFR training compliance and record keeping at September meeting of the Council.	DM	28.09.17	CoG	IP	Information has been provided but does not include figures on training so was not presented to the Council in September. A third request has been made for data on training and also a clear explanation regarding the issues with training, which was not present in the initial response.
27.07.17	31.5	207	IA to follow up re what actions were being taken by the IHAG in relation to expenses payments and the accessibility of chairs in the foyer at the Crawley HQ	IA	28.09.17	CoG	C	This was a result of the payment being held back by the Trust as all suppliers are now required to be on a 30-day payment schedule, even though IHAG members were set up as 7 days. Once the team realised this had happened and they raised it with the finance team and the payment was released. The majority of IHAG expenses are now paid via petty cash on the day. The issue of the chairs in the front reception has been raised by an Inclusion Hub member and needs follow-up from the Trust.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Annual Members' Meeting

Thursday 28 September 2017 at 14:30 hours

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

Minutes

Panel:

Richard Foster	(RF)	Chairman
Daren Mochrie	(DM)	Chief Executive Officer
Dr Fiona Moore	(FM)	Medical Director
Joe Garcia	(JG)	Director of Operations
Chris Stamp	(CS)	Regional Operations Resilience and Specialist Operations
James Crawley	(JC)	Lead Governor & Public Governor for Kent

Officers and Attendees:

Lizzy Adam, Giles Adams, Charlie Adler, Rich Airey, Isobel Allen, Katie Antill, Helen Arnold, Katie Ashdown, Priscilla Ashun-Sarpy, Jon Amos, Tony Armstrong, Priscilla Ashun-Sarpy, Philip Astell, Hayley Astley, Sarah Atkey, Margaret Banks, Brian Banks, Jack Barrett, Cllr Pam Bates, Marguerite Beard-Gould, Lucy Bloem, Richard Bradford, Pamela Bridges, Ruth Burchett, Paul Burchett, Heather Campbell, Carol Campbell, Joanna Cierzniokowska, Nigel Coles, Andy Collen, Penny Compton, Janine Compton, Andy Conlan, Sam Cory, Richard Crouch, Hannah Crush, Wayne Dallimore, Stuart Dane, Steve Dowdall, Hollie Duncan, Alexandria Dyer, David Escudier, Margaret Fermor, Paul Fermor, Adam Finch, Kim Ford, Andrea Frost, Jean Gaston-Parry, Terence Gibson, Peter Gwilliam, Tammy Haines, Jane Hanson, Russell Harris, Nick Harrison, Mike Hill, Barry Hills, Victoria Hilton, Aide Hogan, Tim Howe, Joe Ifill-Hosier, Claire Irving, Asmina Islam Chowdhury, Tayla Jenner, David Jones, Steve Joyce, Jeremy Kean, Robin Kenworthy, Christine Kenworthy, Beverley-Jane Last, Peter Lee, Roger Leonard, Julia Leppard, Francesca Luty, Ludy Lynch, Roy Matthams, Debbie Maynard, David Metcalf, Natalie Millard, Barbara Muir, Frank Northcott, Richard Orme, Julie Ormrod, Jane Page, Andy Pattison, Ed Pearson, Jayne Phoenix, Timothy Poole, Terry Potter, Tom Pullen, Howard Quinnell, Karen Ranmauth, Jen Ratcliffe, Brian Rockell, Fay Rockell, Diane Roskilly, Al Rymer, Michelle Smale, Sean Smith, Josie Smith, Miranda Smith, Derek Smith, Katie Spendiff, Liz Spiers, Janine Starling, Alison Stebbings, Sue Stephens, Leane Stephens, Nigel Sweet, Trevor Thake, Michelle Thompson, Gavin Thompson, Abbie Timms, Hoe Tinkler, Steve Topley, Michael David Townsend DSM, Marian Trendell, Madeleine Vince, Julian Weekes, Chris Wheal, Michael Whitcombe, Pam Williams, Katy Woodhams, Rebecca Davy, Isla MacDonald, Lisa Stephenson, Craig Mortimer, Les Hawksfield, John Kempton, Frank Bradshaw, Ann Osler, Vicky Kypta, Jay Saunders, Sara Cranch, Roy Hopkins, Kevin Hervey.

1. Welcome

- 1.1 RF welcomed everyone to the meeting. In particular, public foundation trust members, staff and volunteers, patients and Deputy Mayor Cllr Pam Bates, commissioners and local organisations with stands, these being Kent Fire and Rescue, Healthwatch, UK Sepsis Trust, Parkinson's UK, Alzheimer's Society and a few others. He then pointed out the various housekeeping arrangements.
- 1.2 RF also advised attendees that the meeting was being live streamed on YouTube and there was a photographer present. If anybody had concerns about having their photo taken they were asked to let a member of staff know.
- 1.3 A number of questions had been submitted earlier for the Q&A session at the end of the meeting, the panel would seek to answer all of these along with questions from the floor if time allowed.

2. Approval of Minutes from the Annual Members' Meeting (AMM) 27 September 2016

- 2.1 The minutes were **approved** as an accurate record of the meeting.

3. Introduction and SECamb Video

- 3.1 RF introduced himself as the new Chair of SECamb having taken up the post in April 2017. RF said he was honoured to have been asked to become Chair. He had been impressed by the governors of the organisation, they had stood by and supported the Trust through an extremely difficult period.
- 3.2 He was equally impressed with the Non-Executive Directors who, in a period when nearly all of the Executive team previously at SECamb had gone and been replaced by interim, temporary or acting up people, the Non-Executives shouldered a great deal of the burden during an extremely difficult 12 months for which he paid tribute to them.
- 3.3 RF also paid tribute to the staff who, day in and day out, perform a difficult job, frequently in challenging circumstances, with great professionalism and a little good humour. They had gone through what has been a difficult period for the Trust but continued to focus on providing a professional duty to patients.
- 3.4 RF then thanked members, volunteers and community first responders, all of whom do so much for the Trust by way of public service.
- 3.5 RF congratulated the current executive team for the work they have been doing in the period since he took over as Chair, led by the new Chief Executive, Daren Mochrie. Last year was a year of exceptionally challenging circumstances; an adverse CQC report, the Trust being put into special measures, a financial deficit, serious bullying and harassment concerns along with not meeting targets. All of that would have been difficult enough in itself, but when conducted in the full glare of the media on the front page of the national press, it was so much more difficult to deal with and more than a little dis-spiriting if you are working in the organisation.

- 3.6 In the 12 months prior to RF's arrival as the incoming Chair, the Trust has had two Chairmen and four Chief Executives. No organisation which is having that amount of churn, uncertainty and instability at the top can possibly give the sort of leadership which staff in the Trust expect and deserve. RF believes the Trust has turned a corner, things have stopped getting worse but problems will persist for a year or two before everything can be put right. The Trust will need everyone's continuing support and forbearance during this period, whilst the problems identified in the CQC report are addressed. RF believes that within two years or so the Trust will be back to where it was and where it should be and where it will be again, which is one of the outstanding Foundation Trust Ambulance Services in the country, if not the outstanding Trust in the country.
- 3.7 In the short term the absolute priority is to do the work already in hand to address all of the issues that were identified in the May 2016 CQC report. Part of that will be addressing the issues of culture and of bullying and harassment.
- 3.8 RF said he was shocked by the findings of the Professor Lewis bullying and harassment report. The Trust Board decided to publish the report as soon as it was received because they wanted to set a new culture going forward, that is a culture of openness and transparency, and also as an acknowledgement as leaders of the organisation that they were aware of these problems and were going to do something about them.
- 3.9 The first thing that has been done is to engage in a major exercise talking with staff, listening to staff, and asking for staff views on how these problems can be sorted out. We are in the process of doing that now and working up an action plan. We will be talking about it at the next board meeting and every board meeting thereafter. RF said he wanted everyone in the room and across the Trust to be in no doubt whatsoever that everybody who works for SECAMB, from the Chairman and Chief Executive down to the most junior newly recruited member of staff, will conduct themselves in accordance with the highest standards of public life. There is no place for bullying or harassment in this organisation. Belittling people because of their sexuality, their race or a disability is not acceptable, bullying is not acceptable.
- 3.10 RF acknowledged the support from staff during what has been a very difficult period. Things are slowly getting better but it will take time before we recover entirely, immediate focus has to be on getting out of special measures. Despite these challenges there is still some great work going on with both staff and volunteers and a new film which will be shown in a few moments reflecting on where the Trust is now and key areas of focus for the forthcoming year.

4.0 Chief Executive's Review of the Year – 2016/17

- 4.1 DM introduced himself and said how delighted he was to be the new Chief Executive. He had been in post for 6 months and one of the initial things that had struck him since joining SECAMB was the care, compassion and professionalism from staff. Another observation was that it takes a system to save a life, and day in day out staff were doing that whether they were front line clinicians, in 111 or back office support staff, it is the whole team working together that saves lives.
- 4.2 DM then gave a presentation looking back over the last 12 months. Key points to note were:

- 4.3 SECAmb, are a provider covering the whole of the South East coast ambulance area, we cover Kent, Surrey and Sussex. Back in 2006 we merged into a regional trust and we are one of ten regional trust providers covering a population of about 5 million people. In addition to our staff we have 2,000-3,000 volunteers, we respond to 999 and 111 calls from the public, which together is a total of approximately 2 million calls per year. In addition to this we have 2 HART teams which cover the east and the west of the county.
- 4.4 Red 1 performance in the year achieved 65.1% within 8 minutes, which is below the standards we should have achieved. Red 2 performance within 8 minutes was 55.2% and 89.2% within 19 minutes. We recognise that this is not good enough and that we need to do much better.
- 4.5 Core income for last year was £198m and we reported a deficit target of 7.1 million in the year. That was disappointing for the Trust because we wanted the balance to break even. Despite this, the good news is that we increased public membership by 1,206 and the total membership is now 14,214 which is great to see.
- 4.6 There has been heightened focus externally on the Trust which means we have to engage continuously with other stakeholders across the NHS to make sure we are articulating exactly what we are good at and what the challenges are. We are continuing to work with our CQC colleagues to work through some of the contractual challenges in relation to money, demand, resources etc.
- 4.7 There is a lot of good work going on across the Trust and we need to get better at selling this and making sure people are well aware of what is going on across the organisation. We have opened a new Trust headquarters and we now have a new emergency operation centre within that building. We have also deployed a brand new command and control system.
- 4.8 This year we are on track to deliver a £15.1m improvement programme which will be a new challenge for us. We have also been doing a lot of restructuring of the operating units in terms of new management teams.
- 4.9 We need to do more work with the system to see what we can do to improve and reduce handover delays, for every ambulance stuck at the hospital they are not available for a 999 call. We are working with our commissioners at the moment in terms of a contract around what we need to be able to provide a timely, good quality service.
- 4.10 The Ambulance Response Programme, to be introduced shortly, is a new programme for all ambulance trusts across England. It will allow us to spend more time triaging calls, so we can focus our resources on sick patients quickly and we should be able to get there much quicker than we currently can.
- 4.11 We launched a new strategy a few months ago after engaging with our staff and stakeholders. Years 1 and 2 of the new strategy will be very much about getting back on our feet in terms of our organisation and years 3-5 will be much more aspirational. The new strategy links to other strategies across the wider system and also to NHS England's 5 year forward view strategy.

- 4.12 Our latest CQC inspection report will be published next week. This will enable us to find out where we have improved, where we have stood still and where we still have work to do.

5.0 Presentation of the Annual Report and Accounts 2016/17

- 5.1 Philip Astell (PA), Associate Director of Finance gave a short presentation on last year's financial performance. He provided a summary of the key points as follows:

Income and expenditure – income actually dropped quite significantly from the previous year. Demand for our 999 service has increased by around 3%, however in 2016/17 we ceased to provide patient transport services and that resulted in a reduction to income of just over £11m. Operating expenses have increased slightly from 2015/16. Because of the loss of the patient transport service our expenditure on that service dropped by around £10m. We had operational costs of just under £5m, and also invested around £2.5m on quality improvements in response to the CQC report. We also spent an additional £2m on the estate. All this left us with an operating loss of £35.5m, which compared to an operating surplus of £2.9m the previous year.

Financing and dividend costs reduced only slightly. We had a gain on sale of assets, through the sale of some ambulance stations that were no longer required. Following an external review on how we were valuing our assets it was recommended we changed to an existing use value which has resulted in a significant reduction in the value of our estate. To put this into context, it is purely an accounting adjustment and does not have any cash impact. As far as the regulator is concerned, this is purely technical and does not count towards the achievement of our control total for the year. So that resulted in an overall reported loss of £36.6m, compared to £3.5m surplus the previous year.

Balance sheet – fixed assets came down significantly from £97.4m to £64.2m, mainly as a result of the change to the way we value our estate. However, we did make a significant investment in the infrastructure of the Trust in that year. The capital programme was £16.2m, of which £11.5m was invested in the estate and in particular, make ready centres and the new HQ. Cash came down slightly to around £3m. We did apply for, and receive, a working capital loan from the Department of Health last year, the balance of which was £6.2m at the end of the year. So cash would have fallen by a greater amount mainly due to the underlying deficit but for that loan injection. Total liabilities less current assets other than cash increased significantly and the main reason for that was the working capital loan from the Department of Health.

The vast bulk of our income is from A&E activity, NHS 111 service (4%) and hazardous area response teams (3%) and commissioning for quality (2%). As you would expect, nearly two thirds of this was spent on pay, the next highest expenditure was on transport and fleet (7%) and then estates (6%). In terms of the audit opinions on the accounts and annual report, the auditors gave a qualified opinion on the value of the money. That was mainly due to the CQC report and the fact that the Trust was in special measures. Other than that, audit opinion was favourable in terms of the reports being properly prepared and the accounts giving a true and fair view of the state of affairs of the Trust.

- 5.2 The Governors received the annual report and accounts for 2016/17.

6.0 Council of Governors' Report

- 6.1 James Crawley (JC) presented the Lead Governor's report on behalf of the Council of Governors.
- 6.2 JC had been elected as Lead Governor a few months ago and this was the first opportunity to publicly thank his predecessor for his hard work over a particularly difficult period.
- 6.3 In the annual report last year governors said they were expecting a challenging financial year, and so it was. However, in addition to the financial pressures, in May 2016 unsurprisingly the Trust was rated as inadequate by the CQC and by the end of 2016 many of the executive directors had moved on and the majority of executive roles were filled by interim appointments. We entered 2017 with an interim Chairman, we also said goodbye to 2 Non-Executive Directors, one at the end of their term of office and another who had brought clinical expertise, an area still requiring continual focus. A recovery plan was developed by the Trust to achieve improvements necessary to meet the regulatory requirements and improve the service to our patients and the working environment to our dedicated staff, thus began the improvement journey.
- 6.4 Significant progress has already been made in many areas but this journey is still in its infancy. The CQC have recently re-inspected the Trust and it's fair to say the initial feedback from the CQC appears to show we have made progress in some areas, albeit not quickly enough, but there is definitely a lot of work still to be done; a focus on improving our medicines management and improved commitment to support our staff and volunteers. In order that they can support our patients, governors and staff alike have raised many of the issues highlighted by the CQC with trust management prior to the initial inspection last year. Our concerns and ideas were not listened to by a succession of executives and senior managers at the time, this will involve changing the culture of the organisation so its leaders listen. Equally the Council must be more robust in ensuring issues raised are followed up and acted upon. This was brought home by the publication of Professor Lewis's report about bullying and harassment in the Trust. The proof of the Trust's commitment to real change will be the implementation of the agreed actions. The Council will be vigilant in demanding evidence that actions are taken, their impact evaluated and that work continues until we see a real long term improvement.
- 6.5 2017 has seen the permanent appointment of our new Chair, Richard Foster, our new Chief Executive Daren Mochrie and our new Director of Operations, Joe Garcia. Early signs of the new board show a much healthier relationship between the Executive and Non-Executive Directors, and a much improved working relationship between the Board and Governors. As a Council of Governors we insist it must be visible and evidence based, not merely hopeful and aspirational. We acknowledge it continues to be a challenging time throughout the NHS and these pressures are equally apparent in ambulance trust delays in handing over patients to hospitals, but we can and must do better. Other Trusts facing similar pressures have been better able to meet performance standards, so we must draw on those lessons, learn from their experiences and apply relevant practices to our own operations.

- 6.6 The Council, alongside staff throughout the organisation play a significant part in helping to define this strategy. The Trust has commissioned KPMG to conduct its own governance review, we very much look forward to the outcomes, including any challenges to the Council to improve our working and effectiveness. We know so many examples every day of high quality services being delivered to our patients and the Council of Governors will continue to challenge and support the Trust in providing the highest quality service to patients, only when that is achieved can the capability be maximised to save lives. We are always keen to hear from members of the public and staff, do get in touch and let us know your views.
- 6.7 During the year we held elections for Governors. We are grateful to those that left us and we warmly welcome 7 new governors and look forward to their contribution to meet our responsibilities and support the Board's endeavours. JC thanked all the governors for their passion and commitment to SECamb. He wished the new Executive team well and confirmed Governors would positively encourage the inevitable change that will be necessary to engage and support staff and volunteers to deliver a quality service people in the South East deserve.
- 7.0 Presentation from Charlie Adler – “Change that Counts” : A Darzi Fellowship Project**
- 7.1 CA introduced himself and gave a short insight into a Darzi Fellowship project he has been participating in with three other colleagues from SECamb since April 2017. As well as being a paramedic, CA is deputy Lead Governor.
- 7.2 Lord Darzi was famous for being one of the first surgeons to buy pioneering robotic surgery. He was asked to develop a strategy across London and most people will be familiar with some of his work. His legacy is the creation of specific pathways for the treatment of stroke, heart attack and major trauma patients resulting in vastly improved outcomes as a result of this change.
- 7.3 The Darzi Fellowship is funded by Health Education England. For the first year it has been running in Kent, Surrey and Sussex. There are 26 participants made up of doctors, surgeons, nurses, midwives, physios, therapists, public health registrars, pharmacists and technicians. Delegates have been matched with service improvement projects across the area, spending a week in London every 6 weeks at the South Bank University, the rest of the time is spent working on service improvement projects across the region.
- 7.4 CA is working on a project linked to the urine catheter, one of the most common medical devices. Across Kent, Surrey and Sussex last year, there were around 5,500 999 calls relating to blocked catheters and urine infections. Over the last 6 months a national catheter project has been created, and the team have gone from knowing nothing to teaching everything there is to know about urine catheters and have shared this information with district nurses, paramedics, hospital staff, A&E staff, surgeons etc. The problems of catheters are probably the problems of frailty. If you try your best to structure a system that keeps these patients out of hospital you will be saving on an average hospital stay of 3-4 days. Yesterday the team were awarded £200,000 of funding to roll out the project.

8.0 Questions from the Public

8.1 RF introduced the panel who would be responding to questions from the public. The following questions were asked:

8.2. Q. What is being done to relieve the pressure on EOC staff and then, more specifically, recruitment? The EOC is not retaining new staff, is that because of pressures, it's losing experienced staff, presumably because they have had enough, it's too much pressure to do more on each EOC role resulting in huge sickness, what are your comments?

A. The EOC is a very important part of what we do in SECamb and it has to be, It's the hub of the wheel and it has to be absolutely running completely freely and we have got some challenges at the moment. We have experienced challenges that we hadn't fully appreciated in the move to Crawley and how that has impacted on the staff that have come to Crawley and realised that the journey is not for them. We are constantly recruiting, we have training sessions for new staff and we are working very hard to look at the whole piece. We have asked for some additional support from the Association of Ambulance Chief Executives to come in and help us look at our processes. What can we do to streamline more? We are looking at what other Trusts are doing that have similar work load and similar workforce but don't seem to be under as much pressure and we are doing everything we can to improve that, including the introduction of a dedicated manager solely for EOCs to give it that central focus that it needs. One of the reasons we have been losing clinicians is a lack of clarity about what the future holds. We are now recruiting to those vacancies. They will be using their clinical experience and a decision support tool in order to triage patients and help us as we move over to the ambulance response programme.

With regard to sickness rates, JG believes it is higher in EOC than elsewhere in the Trust. The rate started to increase as we went into the abstraction for training on the new CAD. The pressure the EMAs are under, where most of the sickness is immense. This is an extremely challenging role and as an industry, we need to reconsider how we resource that first contact with patients. We are doing everything we can to put appropriate numbers of staff in place to ease that particular burden but the levels of sickness we are seeing at the moment are extreme.

8.3. Q. Is the culture of bullying and harassment in the Trust a reflection of how the senior managers and directors treat each other?

A. RF responded – If you are the leadership of the organisation then you have to accept that it's you who set the standards, leaders set standards and if the behaviour in the organisation amongst some people is not as it should be then as the leadership of the organisation we have to take accountability for that. The standards of conduct that apply to anybody in the organisation should apply to the Chairman, the Governors, the Executive Team and so on. It should be no different at the top of the organisation from elsewhere. In my experience in other organisations it's quite important that people feel able to challenge behaviour and to challenge one another. Obviously you need to do it in an appropriate and constructive way, but it is important to do that and people should feel that they have the licence to do that.

DM responded – I don't know what went on in the past in relation to this organisation but certainly since I started the new team have been clear that what we do sets that tone across our organisation, so we are being very much open and

honest with each other and able to challenge each other and making sure this is filtered right the way down through the senior management team, operational management team and beyond.

- 8.4. Q. The cost of private ambulances is £11m and we are only half way through the financial year, why aren't we using that money to expand our fleet and crews?

A. The reality is that we will never be able to do without private ambulances. We should be using them just to hit spikes in our activity and how we profile the use of private providers going forward will change significantly. In response to the comment about using the money internally, we are now at a point where we are underspending on private provider spend and we are increasing our spend on our overtime provision, in June we converted 5,000 private provider hours into additional overtime and we are continuing to review this to ensure we are using as many of our own staff hours before committing to private provider spend.

- 8.5. Q. Why are we using all of these interims, why can't we get rid of interims and get permanent staff? Do you have any plans to move away from Agenda for Change? Directors pay has doubled in the last financial year, is this because of pay offs to Directors who have left?

A. In regard to Directors pay, if you look at the accounts for the year just gone there is quite a bit of a spike. This is linked to the fact that when people have left some have still had leave to take so had additional money paid to them, or they have had a cash lump sum pension entitlement which is payable under the normal rules in those circumstances. Directors pay in general has not gone up and is the same as for the rest of the NHS.

In terms of moving away from Agenda for Change, there are no plans to do this. We are part of the NHS so our terms and conditions will remain.

There are a number of interims working across the Trust, some departments have been more reliant on interims than we would have liked and we are looking to make sure structures are right for those departments and fill those posts on a substantive basis so we don't need to rely on interims going forward.

- 8.6. Q. What is the future of CFRs, what's the impact of the ambulance response programme (ARP) on CFR mobilisations and more particularly, why aren't CFRs given water bottles and flu jabs, why aren't they valued in the same way as staff?

A. CFR deployment will change significantly once the ARP system is live, CFRs will be automatically dispatched and won't rely on human intervention to dispatch them. The Trust's intention is to utilise CRF resource as much as possible but there are a lot of updates that will need to be put in place before CFRs can action and respond to calls. Plans are in place to do that and are being worked through.

With regard to flu jabs, CFRs have always been eligible for flu jabs, anyone requiring one should contact their team leader for details. With regard to thermometers, there has never been a withdrawal. Last year we stopped buying new ones because we were switching over to a different type, we are still in the process of doing that and it is now part of the training package for CRFs. However, CFRs already trained to use a thermometer can continue to use them.

Chris Stamp advised he had recently taken CFRs into his portfolio of work. He will be looking to introduce a 5-day programme which will give people the training and support they need. We also need to ensure we are able to communicate with CFRs: we will be rolling out an email system to allow us to do this and we will be introducing this fairly soon. There are also plans to start issuing CFRs with ID cards, allowing them to enter Trust premises so they can change their kit.

CFRs are a vital and valued part of the business and their role will increase and become more important under ARP. Management of CFRs and valuing them has not been the Trust's finest hour for the last year or two. We are looking to address this but as with other things it will take a bit of time.

8.7. Q. The Trust has reorganised, abandoning the county structure, will the Council of Governors be reviewed to mirror that?

A. This year is the year that we start looking at this within the foundation of the Trust because we are at a cycle point where we have to look at it anyway and we have already started discussions within the Governance Council about are we representing the people correctly, our partners correctly, have we got the right partners represented. That conversation started a few months ago. We are actively looking at it to make sure the Council is made up of the right people that can bring the right level of experience to the Trust.

8.8. Q. SECAMB was placed in special measures the day after the 2016 annual meeting in Brighton. No mention was made about this being about to happen at the meeting, surely the Executive Team knew this was on the cards?

A. DM advised he couldn't speak on behalf of the previous Executive Team. What he could say was that a meeting was arranged with the CQC for next week when their findings from the recent visit would be promulgated. We have had some indications around that but he was not in a position to make them public at this stage. Irrespective of what the current assessment is and what the final decision is, the Trust Board and top team are absolutely focussed on improving this service across the board, whether it is something the CQC have identified or whether its things we have identified for ourselves.

8.9. Q. What is the Trust's position on putting paramedics in with police officers in police cars and paramedics in fire engines?

A. These are areas within the Trust where we operate a combined resource with the mental health triage car with a police officer, ambulance crew and a mental health officer. We are utilising the fire service to assist us in co-responding. We are not locating paramedics in fire engines. A pilot scheme is currently taking place, if this is successful it will be rolled out across the patch.

9. Close

9.1 RF thanked those present for attending and asked that they complete an evaluation form before departing. He thanked all involved in the displays and showcasing and in particular the corporate governance team for organising the event.

9.2 RF then closed the meeting.

.....
Signed (Chair)

.....
Date

DRAFT

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

CHIEF EXECUTIVE'S REPORT

November 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 and Non-Executive Team

2.1.1 Recruitment to the roles of the Director of Human Resources & Organisation Development, the Director of Nursing & Quality and the Director of Strategy & Business Development is underway, with interviews currently taking place.

2.1.2 We have seen a number of strong applications for each position and I hope to be able to provide an up-date on appointments shortly.

2.1.4 Interviews for a Non-Executive Director (NED) with a clinical background took place on the 17th November and for a NED with an organisational development background on the 23rd November.

2.1.5 Stakeholders from our Inclusion Hub Advisory Group, staff-side, the Trust's diversity forum, existing NEDs and members of the Council of Governors participated in the selection process, which included an interview panel made up of three Governors and which was chaired by Richard Foster.

2.1.6 Recommendations to appoint are expected to go to the Council of Governors, who have responsibility for appointing NEDs, at their meeting of 30th November.

2.2 CQC

2.2.1 On 5th October 2017 a Quality Summit was held to consider the findings of the report and how the broader system can help the Trust to address the issues identified. This was led by NHS Improvement and the CQC and was a useful opportunity to gain input from a number of local and regional partners.

2.2.2 During the Summit, support was pledged by a number of partner organisations to provide help and assistance to the Trust in a number of broad areas including:

- Serious Incidents
- Workforce

- Demand Management
- 999 performance including hospital handover
- Medicines Management

2.2.3 Since the Summit, a number of specific work-streams under the areas above are being taken forward. Progress is being monitored via the system-wide monthly Single Oversight Group meetings.

2.2.4 At the beginning of the month, I was very pleased to receive confirmation from the CQC that they had formally recognised the improvements we have made in how we store and manage medicines, as well as in our 999 call recording, by removing conditions they placed on us previously in these two areas. This followed their recent unannounced visits to a number of our sites, as well as consideration of evidence that we submitted to them.

2.2.5 It's important that we maintain the level and pace of improvements in these areas, as well as in others but this feedback was a positive step forwards in the Trust's recovery.

2.3 Operational Performance

2.3.1 As all training in delivering the new CAD and preparation for ARP was reaching a close towards the end of October 2017, the Director of Operations increased the level of scrutiny and oversight being applied to all elements of resourcing, both in EOC and Field Operations, with a view to maximising availability of hours and personnel in both call handling and patient facing operational duties.

2.3.2 The regime of daily conference calls, which includes each weekend day, has resulted in a much higher focus on both the resourcing we are providing, within budget limitations, and subsequently the performance we are delivering. As this is a multi-disciplinary call involving EOCs, Fleet, Scheduling and each Operating Unit, it is a good opportunity to share best practice and learning across the entire SECamb scope of delivery. The results of this scrutiny are now reflected in both an improvement in call handling performance and response performance across all of the particular metrics of Red 1, Red 2, Red 19 and Green 2 performance.

2.3.3 As we move into the new operational requirements of the Ambulance Response Programme (see 2.4 below), this degree of scrutiny is being maintained and will continue until such time as the Director of Operations feels it is appropriate to de-escalate this level of scrutiny.

2.3.4 The very early results from our first few days of going live on ARP are quite positive but we will need to see at least two weeks' worth of data before we can determine any specific trends in performance.

2.4 Ambulance Response Programme (ARP) go-live

2.4.1 On 22nd November 2017, SECamb implemented the new national response standards for ambulance services as part of the Ambulance Response Programme.

2.4.2 The move to ARP went smoothly, with no interruption to the service provided to patients and followed many weeks of planning, training and testing. I would like to thank all staff involved in the implementation for their hard work and commitment.

2.4.3 ARP sees the previous categories of call (Red 1, Red 2, Green) replaced with four new categories of call:

- Category 1 - is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes.
- Category 2 – is for emergency calls. These will be responded to in an average time of 18 minutes. Stroke patients will fall into this category and will get to hospital or a specialist stroke unit quicker because we can send the most appropriate vehicle first time.
- Category 3 – is for urgent calls. In some instances, patients in this category may be treated by ambulance staff in their own home. These types of calls will be responded to at least 9 out of 10 times before 120 minutes
- Category 4 – is for less urgent calls. In some instances, patients may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times before 180 minutes

2.4.4 As we develop our operational deployment approach (e.g. our staff skill-mix and ratios of ambulances and cars) to match the new ARP model, our response to all categories of patients should improve. This will not be an instant change but will develop over a number of months.

2.5 Pause in using the electronic Patient Care Record (ePCR)

2.5.1 During the past couple of weeks, the Executive Team made the decision to ask staff to pause using electronic Patient Care Records (ePCRs) and revert to using the paper version of the Patient Care Record.

2.5.2 This decision was taken following a transmission issue that had been identified with the transfer of data to acute Trusts and although no data had been 'lost', urgent maintenance needed to be undertaken on the ePCR system.

2.5.3 Whilst use of the system is paused to look at the data transfer issue, we have also decided to take the opportunity to address a number of other issues including addressing why the app crashes periodically and up-dating the crew list on the system. This work is already underway and is going well.

2.5.4 Subject to testing, we are planning to re-introduce the ePCR within the next few weeks but this will be on a phased roll-out, to ensure it's working properly.

2.5.5 As a Trust, we remain committed to providing staff with an ePCR system, as we know provides benefits in many areas compared to the paper version but we also need to make sure it's working properly.

2.6 Engagement with local stakeholders

2.6.1 During recent weeks, I have continued to meet with a range of key external stakeholders, including the Kent Police & Crime Commissioner, as part of my programme of meetings all PCCs in our area and a number of local MPs.

2.6.2 These meetings have been extremely constructive and have provided a good opportunity to discuss a number of issues including potential areas for closer working and managing mental health patients in the community with the Police and response times, STPs and system issues including hospital handover with the MPs.

3. Regional issues

3.1 Hospital handover delays

3.1.1 SECAMB has established a system-wide Task and Finish Steering Group to address the issues of hospital handover delays. It is chaired by Paula Head, Chief Executive of Royal Surrey County Hospital NHS Foundation Trust and its scope is to provide a focused and consistent approach for an overall and sustained improvement in delays across SECAMB's region. A Programme Director has been appointed by SECAMB to provide dedicated leadership and support.

3.1.2 The Task and Finish group will have two sub-groups reporting into it that will be responsible for delivering the required, system-wide operational changes needed for improvements to be made. The groups will cover the East and West geographical areas of SECAMB's footprint. Each group will be chaired by a Chief Operating Officer from an identified acute hospital and membership will include the Programme Director, CCG representatives, a representative from each acute trust, a representative from a community trust and senior SECAMB account and operational managers

3.2 Contract up-date

3.2.1 The externally-led Demand and Capacity Review is progressing and will report to the Trust and our Commissioners in the New Year.

3.2.2 In the interim and ahead of the Review concluding, £1.3m of additional funding has been provided to support the provision of additional operational ambulance hours between November 2017 and January 2018. We are also in discussion with our commissioners about additional, one-off funding for February and March 2018.

3.2.3 From April 2018, there is agreement to move to a single regional commissioner for the 999 contract in our area, North West Surrey Clinical Commissioning Group (CCG). Ahead of the formal move, this is already simplifying communication and contract management with our commissioners. Negotiations for the 2018/19 999 contract will begin in the New Year.

4. National issues

4.1 Autumn Budget

4.1.1 In the Autumn Budget, the Chancellor announced an extra £6.3 billion of new funding for the NHS. £2.8 billion of this was going towards improving A&E performance, reducing waiting times for patients and treating more people this winter.

4.1.2 We will now wait to see how this will be applied to ambulance services.

5. Recommendation

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

Daren Mochrie QAM, Chief Executive

23rd November 2017



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












Integrated Performance Dashboard

November 2017 Board Meeting

Contents	
Clinical Safety	3
Clinical Quality	7
Operations Performance	10
Workforce	15
Finance	18

SECamb Regulation Statistics	
Use of Resources Metric (Financial Risk Rating)	3
CQC Compliance Status	Trust: Inadequate (Special Measures) 111 Service: Good
IG Toolkit Assessment	Level 2 - Satisfactory
REAP Level	3

Data Notes

Chart Key:	
 Data Point	This represents the value being measured on the chart
 Run of 8 above average	These points will show on a chart when the value is above or below the average for 8 consecutive points. This is seen as statistically significant and an area that should be reviewed.
 Run of 8 below average	
 Above UCL	When a value point falls above or below the control limits, it is seen as a point of statistical significance and should be investigated for a root cause.
 Below LCL	
 AVERAGE	This line represents the average of all values within the chart.
 UCL	These lines are set two standard deviations above and below the average.
 LCL	
 Target	The target is either an Internal or National target to be met, with the values ideally falling above or below this point.

SECamb Clinical Safety Scorecard

Cardiac ROSC - Utstein

	Apr-17	May-17	Jun-17	12 Month's
Actual %	62.1%	56.8%	44.8%	
Previous Year %	61.1%	61.3%	44.4%	
National Average %	54.8%	48.1%	52.4%	

Cardiac ROSC - ALL

	Apr-17	May-17	Jun-17	12 Month's
Actual %	28.0%	22.8%	28.1%	
Previous Year %	26.3%	26.4%	31.4%	
National Average %	30.2%	28.7%	31.2%	

Cardiac Survival - Utstein

	Apr-17	May-17	Jun-17	12 Month's
Actual %	33.3%	30.3%	17.9%	
Previous Year %	25.7%	33.3%	22.6%	
National Average %	31.1%	22.6%	28.4%	

Cardiac Survival - All

	Apr-17	May-17	Jun-17	12 Month's
Actual %	8.1%	6.3%	5.9%	
Previous Year %	6.2%	8.0%	7.9%	
National Average %	9.1%	8.5%	9.7%	

Acute STEMI Care Bundle Outcome

	Apr-17	May-17	Jun-17	12 Month's
Actual %	59.6%	57.5%	70.5%	
Previous Year %	69.1%	66.7%	65.3%	
National Average %	76.7%	78.4%	76.6%	

Acute STEMI receiving primary angioplasty within 150 minutes

	Apr-17	May-17	Jun-17	12 Month's
Actual %	87.9%	91.7%	88.2%	
Previous Year %	94.2%	88.2%	91.0%	
National Average %	87.6%	86.4%	85.5%	

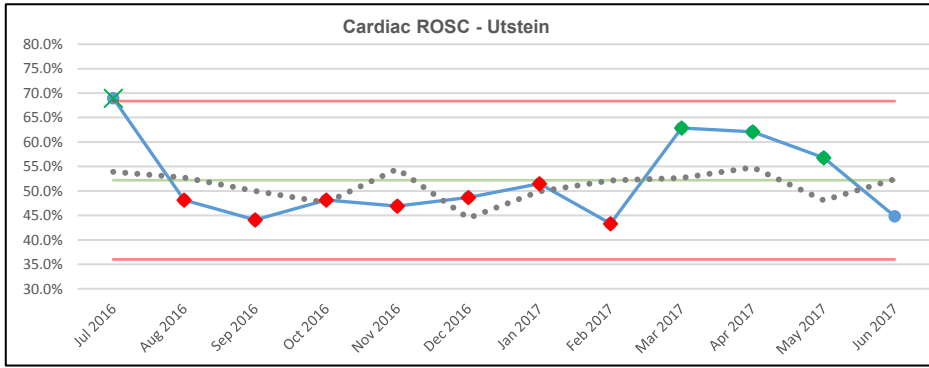
FAST Id'd Stroke - arriving at a hyperacute stroke unit within 60 minutes

	Apr-17	May-17	Jun-17	12 Month's
Actual %	66.8%	64.9%	62.7%	
Previous Year %	76.4%	67.0%	61.9%	
National Average %	58.7%	55.2%	57.0%	

Stroke - assessed F2F receiving care bundle

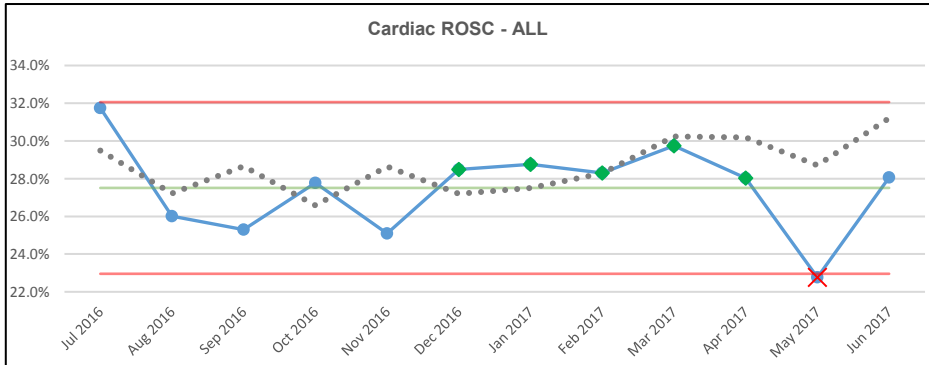
	Apr-17	May-17	Jun-17	12 Month's
Actual %	94.1%	92.3%	94.4%	
Previous Year %	95.8%	95.7%	98.2%	
National Average %	97.3%	96.6%	97.4%	

SECamb Clinical Safety Scorecard

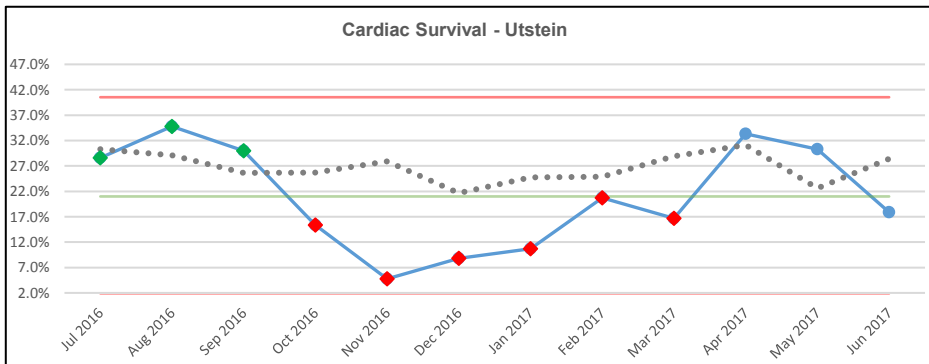


Performance for the cardiac arrest ROSC indicator for the Utstein group for June 2017 declined for a third consecutive month and was below the national average for the first time since February 2017.

A contributing factor to this decline in performance is our response to Red 1 calls in this period. Monthly meetings continue to explore the quality of data.

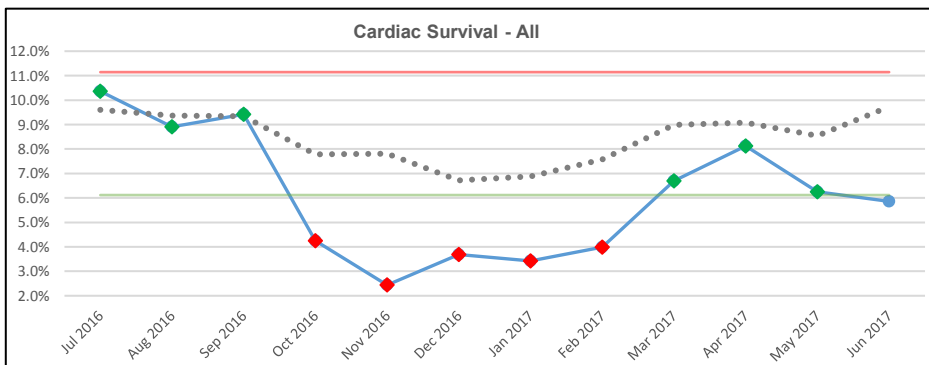


Following last month's decline in performance which was attributed to a high number of non-returns of outcome data from receiving Trusts, our performance is now in line with previous months.

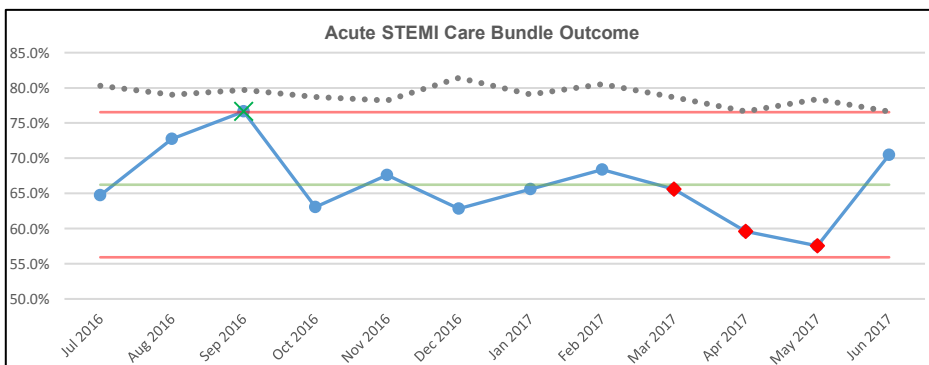


In June 2017 whilst survival to discharge for the Utstein group decreased in relation to the previous two months, performance is higher than the period October 2016 to January 2017 when we saw a decline.

Monthly meetings continue with representation from Clinical Audit, Consultant Paramedic and the Medical Director to review the quality of data and identify areas for improvement prior to submission internally and nationally.

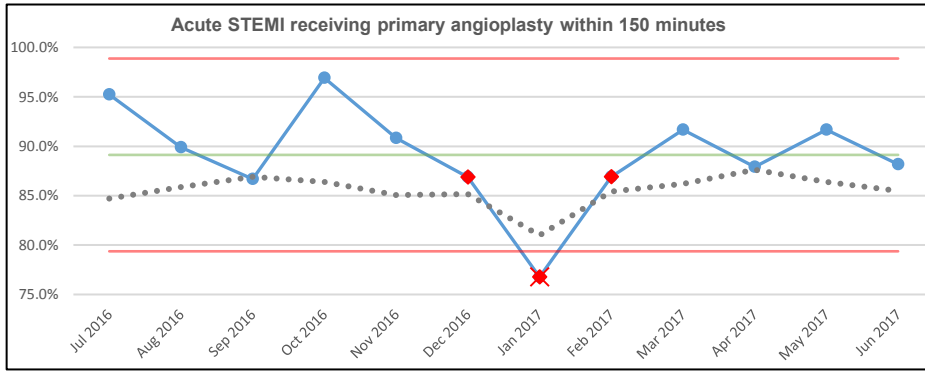


Cardiac survival rates were similar to the previous month but higher than performance recorded during October 2016 to February 2017 when performance previously declined.

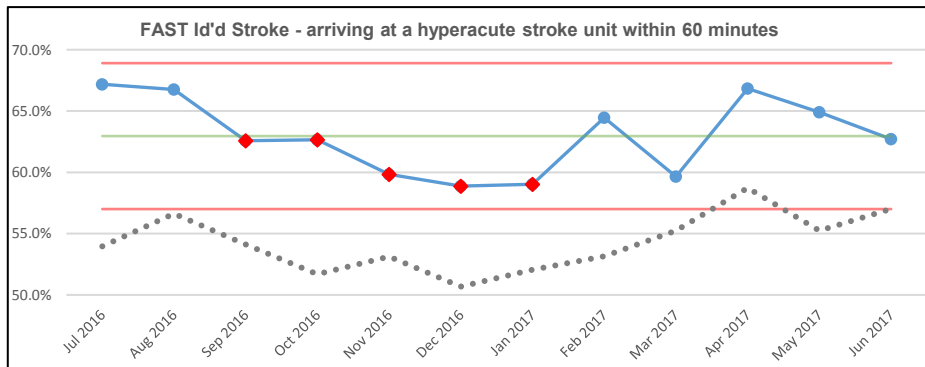


Performance for June 2017 increased to 70%, a level not achieved since September 2016. It was noted that the most frequent elements of the care bundles not fully completed were the recording of two pain scores and administration of analgesia. To address this we will be reviewing performance at OU level to identify high levels of compliance and provide additional education and support in respect of non compliance.

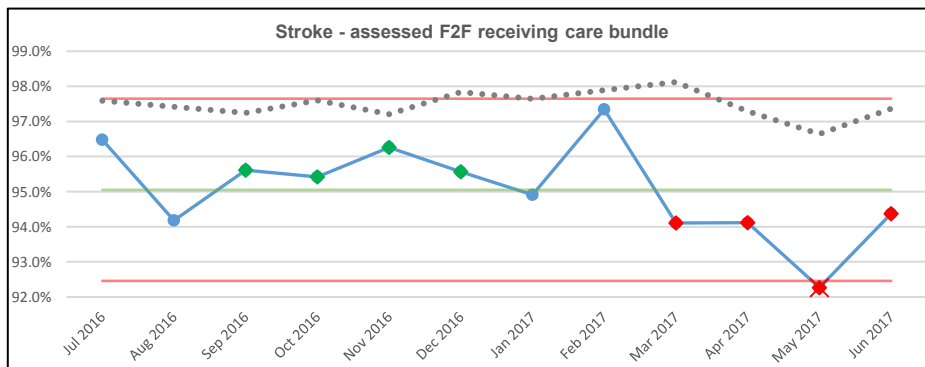
SECAmb Clinical Safety Additional Information



June 2017 performance was slightly lower than May 2017 however remains above the national average.



For June 2017 performance for FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyper acute stroke unit within 60 minutes was 5% above the national average and SECAmb were rated the second best performing ambulance trust nationally. A contributing factor to our decline in performance over the past two months is a failure to meet our Red 2 performance targets.



Compliance with the stroke care bundle has improved. The area of non-compliance with this care bundle was failure to record blood glucose which was recorded in 96.2% of cases. To address non compliance OU level performance will be reviewed to identify areas of good practice and additional education and support to address non compliance.

SECamb Clinical Safety Additional Information

Analysis of Cardiac Arrest Data - June 2017

Number of cardiac arrests identified 288 (incl. 13 DNACPR/38 DOA/ 9 No Resus by SECamb)



Number of resuscitation attempts identified 228 (79%)



Utstein definition
 Bystander Witness Arrest
 Presenting Rhythm - VF
 Arrest - Cardiac in Origin
 Utstein Data = 29 (13%)

Non ROSC Definition transported to
 Patients transported to hospital in cardiac arrest with resuscitation still in progress

ROSC sustained to hospital = 13 (45%)

Overall (incl. Utstein) = 228 (100%)

ROSC (incl. Utstein) sustained to hospital = 64 (28%) + 6 Non ROSC

Outcomes for ROSC at Hospital and Non ROSC at Hospital Patients		
Utstein	Details	Overall
5	Patient survived to discharge	13
7	Patient died in hospital	51
1	Patient still in hospital*	1
0	Patient not found by hospital*	0
0	No reply from hospital*	5 (incl. 4 x St. Peters)
0	Awaiting reply from NHS Spine*	0

Survival to discharge is calculated as a percentage of the overall Utstein figure minus any missing patient outcomes as detailed * above

Survival to Discharge = 5 (18%)

Survival to discharge is calculated as a percentage of the overall figure minus any missing patient outcomes as detailed * above


Survival to Discharge (incl. Utstein) = 13 (6%)

Additional Information - Resuscitation Attempts			
Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	105	16	4
PEA	65	19	2
VF	46	25	0
Non-shockable	7	1	0
Not recorded	5	3	0
CPR Bystander	137		
EMS Witnessed arrest	37		

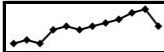
140 Cardiac Arrest downloads received for June 2017
 129 Cardiac Arrest download reports sent to crews for June 2017

SECamb Clinical Quality Scorecard


Number of Incidents Reported

	Aug-17	Sep-17	Oct-17	12 Month's
Actual	579	585	615	
Previous Year	493	466	512	


Number of Incidents Reported that were SI's

	Aug-17	Sep-17	Oct-17	12 Month's
Actual	10	11	6	
Previous Year	4	0	1	


Duty of Candour Compliance (SIs)

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	30%	64%	83%	
Target	100%	100%	100%	


Number of Complaints

	Aug-17	Sep-17	Oct-17	12 Month's
Actual	105	132	129	
Previous Year	144	121	98	
Complaints Timeliness (All Complaints)	47.1%	42.4%	40.1%	
Timeliness Target	95%	95%	95%	

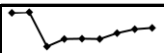
Hand Hygiene

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	77%	85%	78%	


Safeguarding Training Completed (Adult) Level 2

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	34.06%	45.22%	50.82%	
Previous Year %				
Target	42%	50%	58%	

Safeguarding Training Completed (Children) Level 2

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	35.99%	46.62%	50.00%	
Previous Year %				
Target	42%	50%	58%	

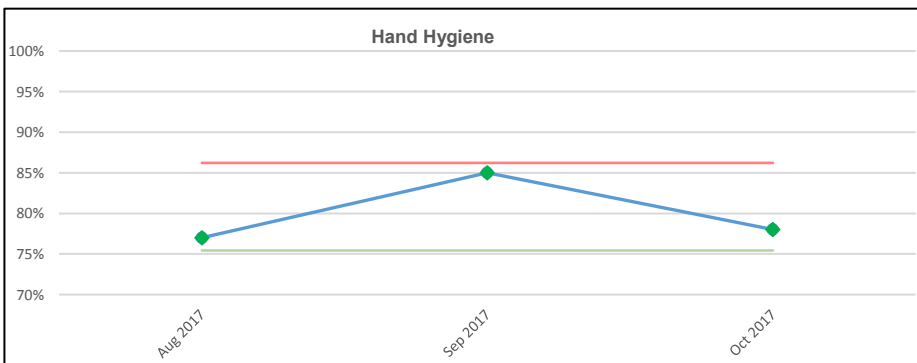
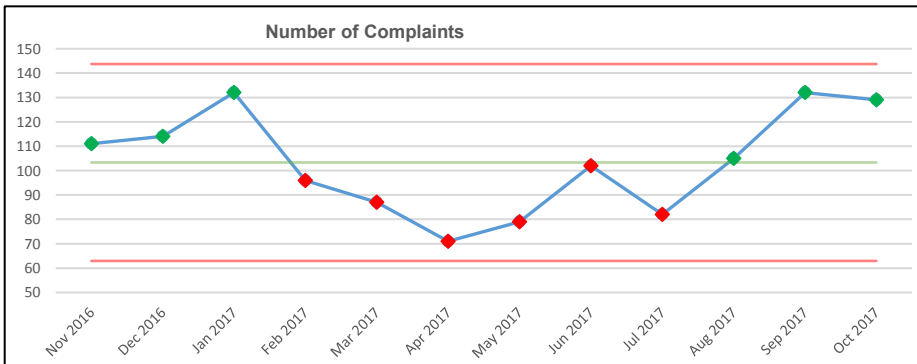
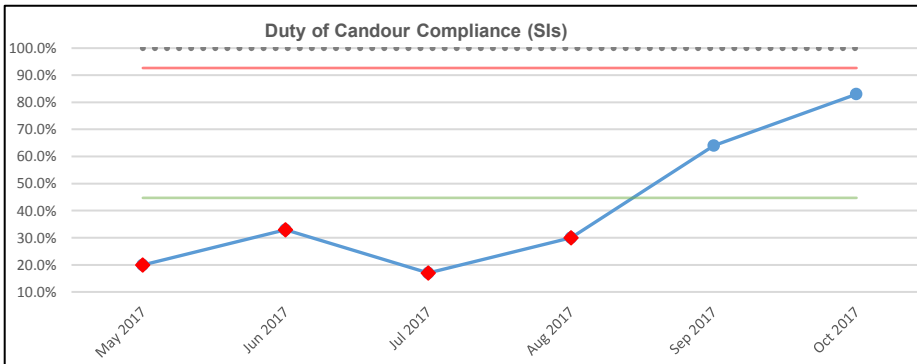
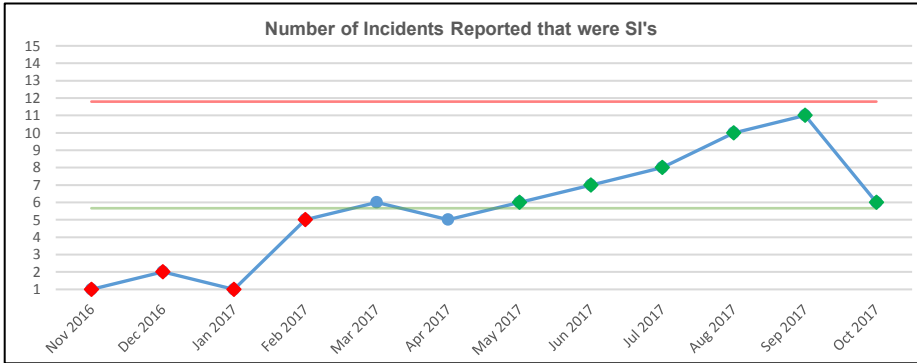
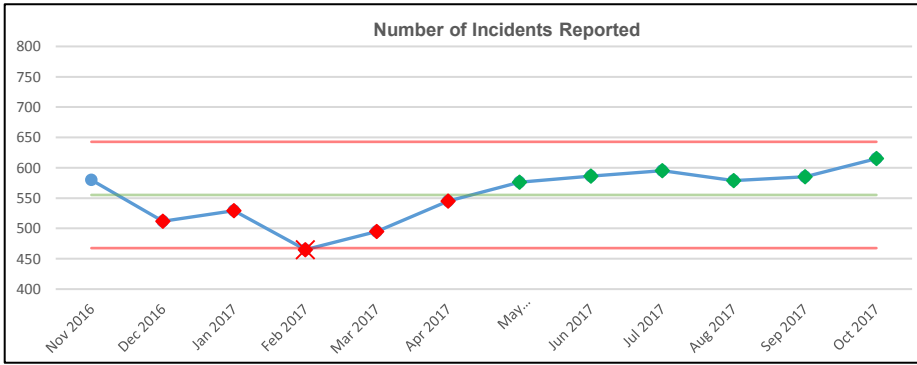
Safeguarding Training Level 3 (Adult/Child)

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	23.75%	26.06%	30.52%	

Medicines Management

	Aug-17	Sep-17	Oct-17	12 Month's
Actual				
Target				

SECamb Clinical Quality Scorecard



There were 13 Serious Incidents in total for the month of September.

6 were regarding delayed dispatch in EOC. 3 were regarding triage or call answering and 2 regarding a delay in call answering.

The remaining 2 incidents were within the 111 service and were regarding triage

The improved compliance for Duty of Candour is reflective of the focussed attention being paid to this aspect of care.

Within the month all staff involved in leading Duty of Candour attended a workshop to ensure everyone who gives advice on candour is consistent in their advice.

In addition, the Lead and the Manager for Serious incidents has been undertaking the responsibility when there has been a delay in assigning an investigating manager.

The number of complaints received has increased significantly this month as a result of two factors. Firstly, there has been an increase in complaints about NHS111 as a result of a spate of complaints from a particular out-of-hours provider (27 total complaints in September compared to 16 in August). SECamb's senior NHS111 management team have made contact to discuss this influx, as it was felt that some of the complaints may be spurious.

Secondly, and of more significance, is an exponential rise in complaints about ambulance delays. Thirty-seven were received in July, 52 in August and 73 in September. The average monthly figure for 16/17 was 36.

Compliance to hand hygiene is based on the 'Five Moments for Hand Hygiene' audit tool and the figures shown come from local audits carried out at each Operating Unit (OU).

Each OU is required to complete at least ten audits per month and the only OU not to have achieved this for October was Guildford. The IPC Lead will be seeking assurances from the OUM that this is rectified for November.

The audit tools will soon be on the I-Pads which will make the process easier for staff to complete these. Once this is in place it will allow the IPC Team to drill down into the areas of non-compliance which can then be used to raise awareness and educate staff.

SECamb 999 Operations Performance Scorecard

Call Handling

	Aug-17	Sep-17	Oct-17	12 Month's
5 Sec EOC Performance	58.3%	48.6%	50.7%	
Previous Year	70.9%	72.4%	82.6%	
National Target	95%	95%	95%	
Average Call Pick Up Time (secs)	9.0	19.1	17.6	
Call Pick Up Time 95th Percentile (Secs)	170	190	230	

Dispatch

	Aug-17	Sep-17	Oct-17	12 Month's
Average Allocation Time - Red 2 (Secs)	116.6136	148.61	142.33	
Allocation Ratio	1.61	1.60	1.67	
Response Ratio	1.13	1.10	1.13	

Red 1 8 Minute Performance

	Aug-17	Sep-17	Oct-17	12 Month's
8 Minute Response	59.4%	50.8%	53.9%	
Previous Year	64.6%	62.6%	64.7%	
95th Percentile Response Time (mins)	16.9	18.7	17.9	
Cardiac/Resp Arrest 8 Minute Performance	63.4%	59.1%	63.7%	

Red 2 8 Minute Performance

	Aug-17	Sep-17	Oct-17	12 Month's
8 Minute Response	46.5%	39.9%	40.9%	
Previous Year	52.5%	52.8%	53.5%	
95th Percentile Response Time (mins)	25.4	27.2	26.7	
Call Volume %	39.5%	42.7%	42.9%	

Green 2 30 Minute Performance

	Aug-17	Sep-17	Oct-17	12 Month's
30 Minute Response	48.4%	37.0%	39.6%	
Previous Year	75.3%	74.0%	71.3%	
95th Percentile Perf Time (hours:mins)	02:29	03:28	03:28	

Incident Outcome (Contract)

	Aug-17	Sep-17	Oct-17	12 Month's
See & Convey Total	54.6%	54.6%	54.2%	
See & Treat	32.1%	31.7%	31.5%	
Hear & Treat	13.4%	13.7%	14.3%	
S&C HCP	16.6%	16.7%	16.2%	
S&C 999	83.4%	83.3%	83.8%	

Demand/Supply

	Aug-17	Sep-17	Oct-17	12 Month's
Call Volume	96596	87520	86300	
Incidents	61011	59512	59901	
Transports	33009	31639	33342	
Staff Hours Provided Against Forecast (UHU)	102%			

Call Cycle Time

	Aug-17	Sep-17	Oct-17	12 Month's
Clear at Scene	72.24	73.82	74.58	
Clear at Hospital	105.2	105.9	105.9	
Hours Lost at Hospital	5242	5253	5482	

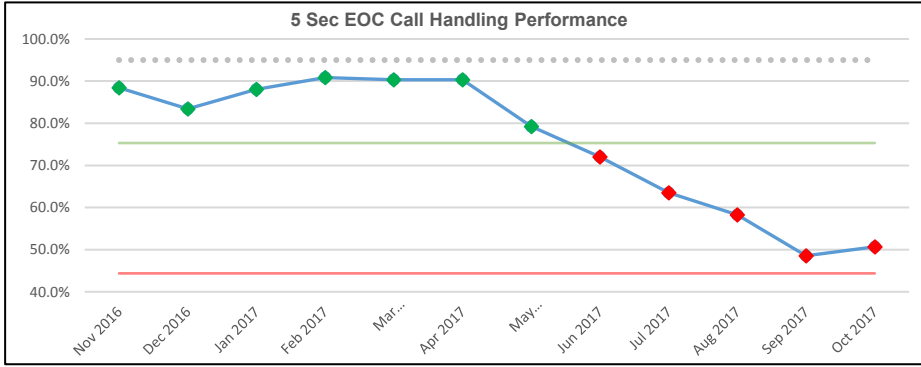
Unique Contribution to Performance

	Aug-17	Sep-17	Oct-17	12 Month's
CFR (Reds)	0.9%	0.8%	0.8%	
PAP (Reds)	1.6%	0.9%	1.2%	
Fire Responder (Red 1)	1.6%	0.9%	0.3%	

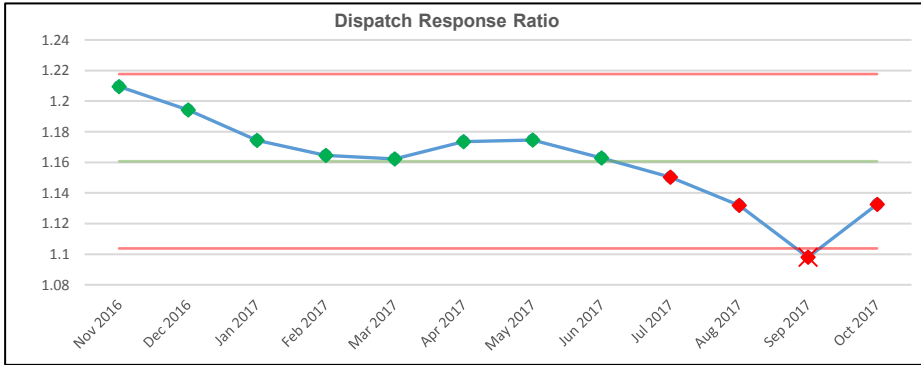
Community First Responders

	Aug-17	Sep-17	Oct-17	12 Month's
Volume of incidents Attended	1110	1189	1246	
Red 1 Attendances	112	118	122	
Hours Provided	24233	20411	20543	

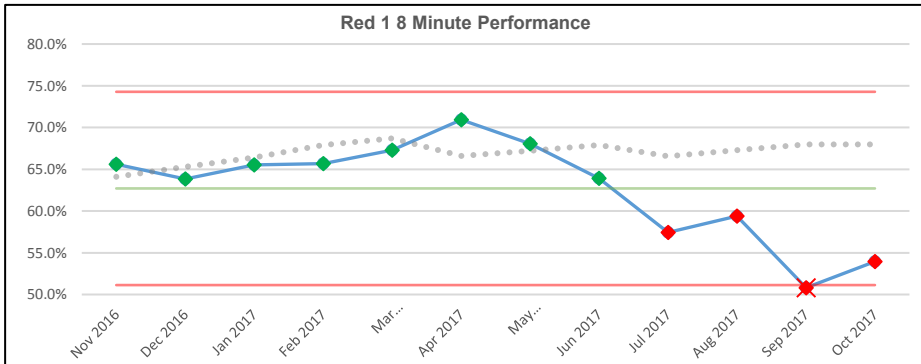
SECAmb 999 Operations Performance Scorecard



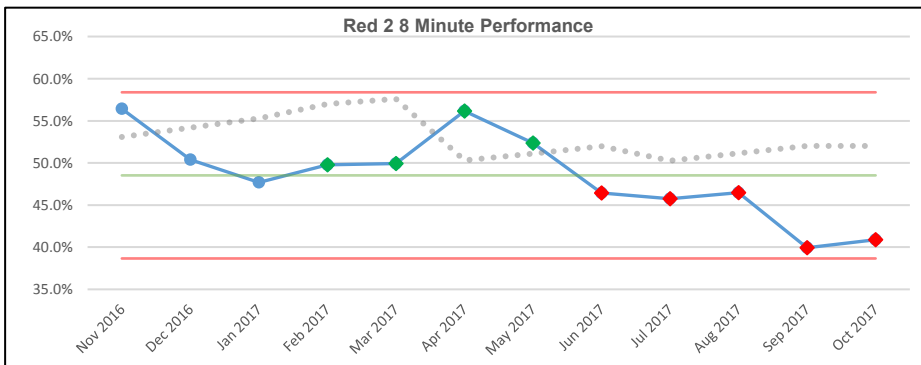
Call handling performance has started to increase over the last month. Call pick up performance is now included in the EOC action plan to address the CQC requirement of improving AQI, recruitment and staff retention. There has also been daily conference calls to drive an immediate improvement to performance which we are already seeing a significant positive impact on for call answer as well as Red 1 & 2 performance.



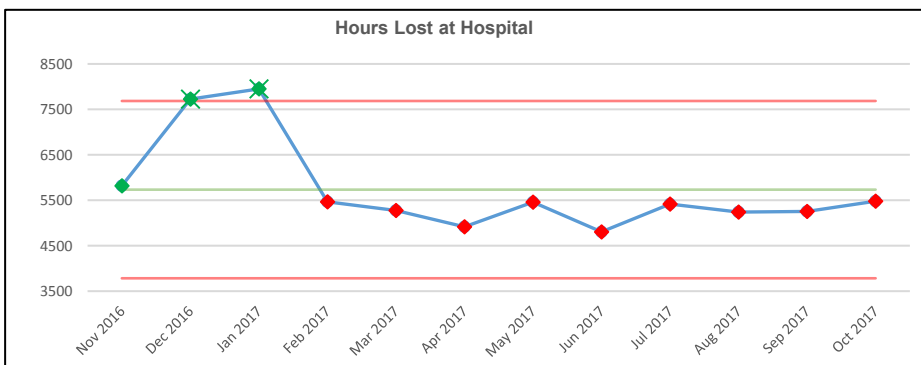
Response ratio has increased, which correlates with the increase in performance.



Red 1 performance has increased to 53.9% for October 2017. A review by AACE is currently being undertaken with the aim of identifying the key areas for improvement. The report should be available shortly on this. The increase in performance is directly correlated to the increase to the call pick up performance.




Red 2 performance also increased to 40.9% for October 2017. Whilst call pickup would have had a factor to play in this, it wouldn't have been as significant as the impact to Red 1. The biggest impact to this for September was the increase in abstractions required to meet the university requirements. Work is being undertaken to review all abstractions, with the aim of maximising the number of operational hours that can be deployed within the current budget.




Handover delays continue to apply a significant pressure to SECAmb, with over 5200 hours lost through handover delays. Work is being undertaken in conjunction with the CCGs by the strategy team to reduce these delays, returning hours back in to the system.

SECAmb 111 Operations Performance Scorecard


Calls Offered

	Aug-17	Sep-17	Oct-17	12 Month's
Actual	80524	80053	84639	
Previous Year	90429	86765	98849	


Calls answered in 60 Seconds

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	93.5%	80.2%	75.3%	
Previous Year %	91.4%	83.7%	83.9%	
Target %	95%	95%	95%	

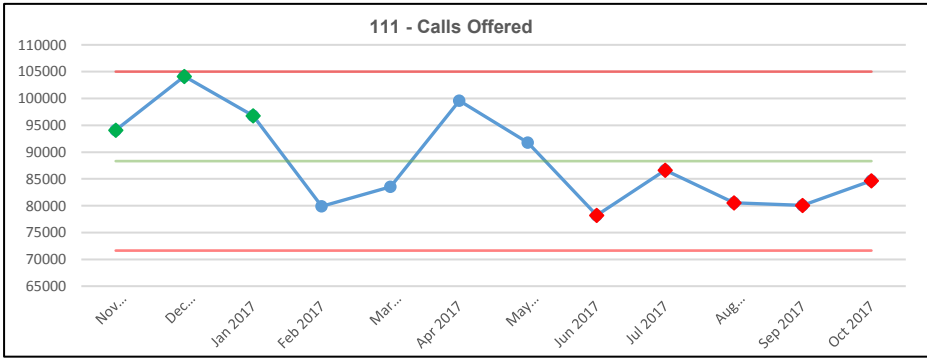
Calls abandoned - (Offered) after 30secs

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	0.6%	2.0%	2.8%	
Previous Year %	0.9%	2.5%	2.2%	
Target %	2%	2%	2%	

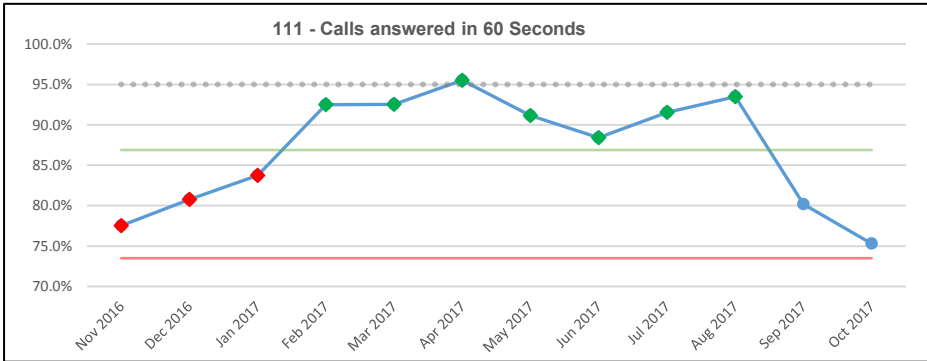
Combined Clinical KPI

	Aug-17	Sep-17	Oct-17	12 Month's
Actual %	80.1%	69.5%	78.2%	
Previous Year %	82.2%	78.1%	68.7%	
Target %	90%	90%	90%	

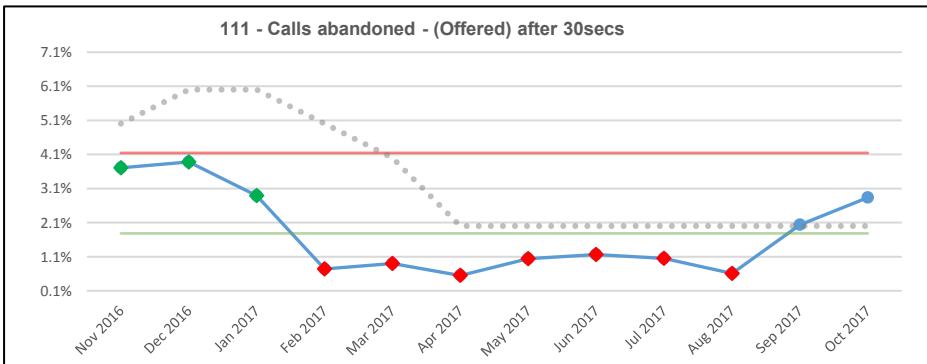
SECAmb 111 Operations Performance Scorecard



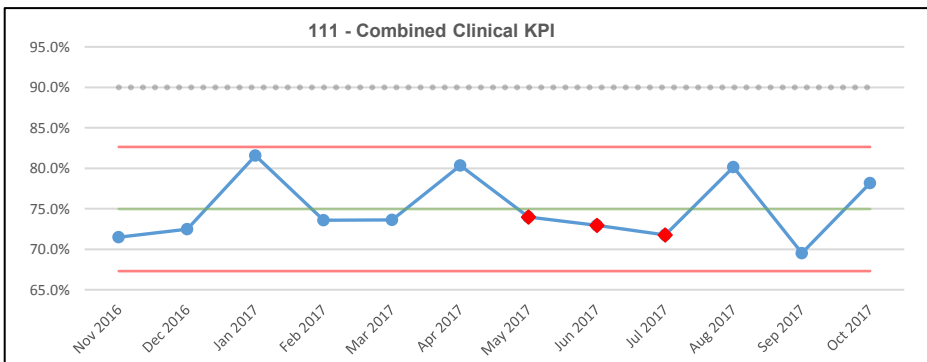
84639 Calls offered in October: up 5.7% vs previous month.



The "Answered in 60" KPI dropped to 75.29%, and the "Average Speed to Answer" increased to 46 seconds. Operational challenges due to rota incongruence, will be fully resolved before Christmas.



Abandonment rate up to 2.83% but still broadly in line with the national average for October (2.72%).



Clinical performance back up to 78.18%, this is 12% better than the national 111 clinical performance. The service has focused on clinical rotas and effective queue management and prioritisation.

SECamb 111 Operations Performance Additional Information

The KMSS 111 Clinical In-line Support (CIS) validation process helped to mitigate the Ambulance referral rate, which at 11.09% was significantly better than the NHS E national average (11.77%) and supported the emergency care system. Despite the strong 999 performance, the service's ED referral rate of 7.69% was also good (the two measures are inversely proportional in terms of disposition outcome) and aligned to the national rate (7.68%).

SECamb Workforce Scorecard

Workforce Capacity

	Aug-17	Sep-17	Oct-17	12 Month's
Number of Staff WTE (Excl bank & agency)	3033.4	3038.0	3043.3	
Number of Staff Headcount (Excl bank and agency)	3310	3313	3318	
Finance Establishment (WTE)	3509.12	3525.24	3525.24	
Vacancy Rate	477.9	490.0	476.4	
Vacancy Rate Previous Year		346.7	318.2	
Adjusted Vacancy Rate + Pipeline recruitment %	9.29%	9.77%	7.70%	

Workforce Compliance

	Aug-17	Sep-17	Oct-17	12 Month's
Objectives & Career Conversations %	34.06%	46.24%	50.66%	
Statutory & Mandatory Training Compliance %	59.99%	65.46%	76.06%	
Previous Year %	67.60%	73.40%	74.60%	

Workforce Costs

	Aug-17	Sep-17	Oct-17	12 Month's
Annual Rolling Turnover Rate %	17.51%	17.77%	18.17%	
Previous Year %	16.90%	16.30%	16.10%	
Annual Rolling Sickness Absence %	4.90%	4.99%	4.93%	

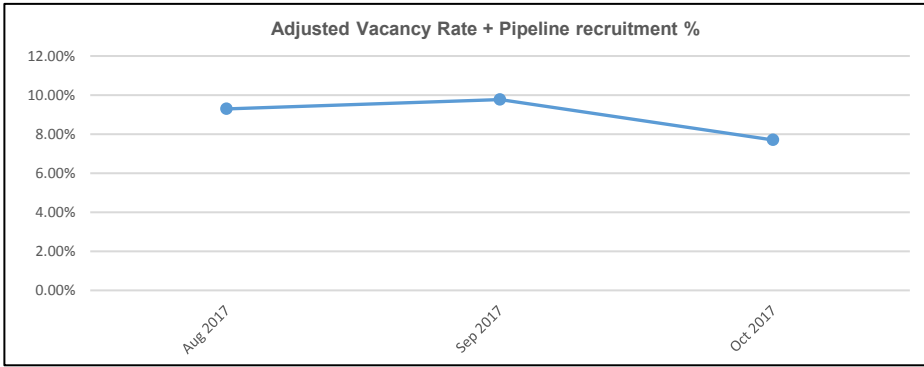
Employee Relations Cases

	Aug-17	Sep-17	Oct-17	12 Month's
Disciplinary Cases	9	4	5	
Individual Grievances	1	8	6	
Collective Grievances	1	0	0	
Bullying & Harrassment	0	1	2	
Bullying & Harrassment Previous Yr	0	0	4	
Whistleblowing	1	0	0	
Whistleblowing Previous Year	0	0	1	

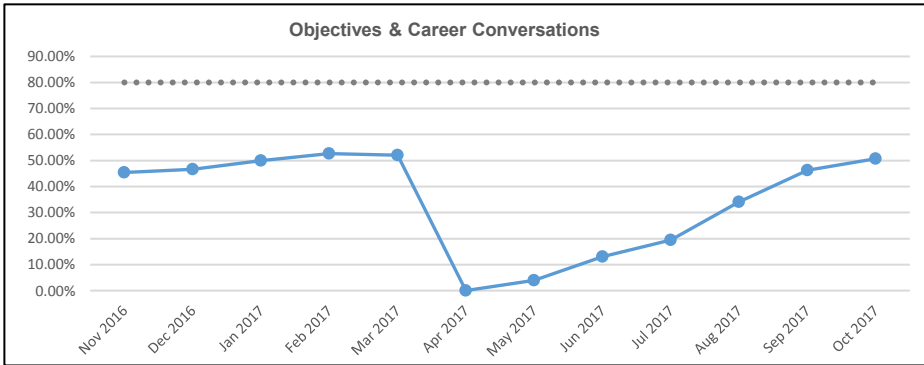
Physical Assaults (Number of victims)

	Aug-17	Sep-17	Oct-17	12 Month's
Sanctions	1	1	0	
Actual	17	8	17	
Previous Year	18	26	18	

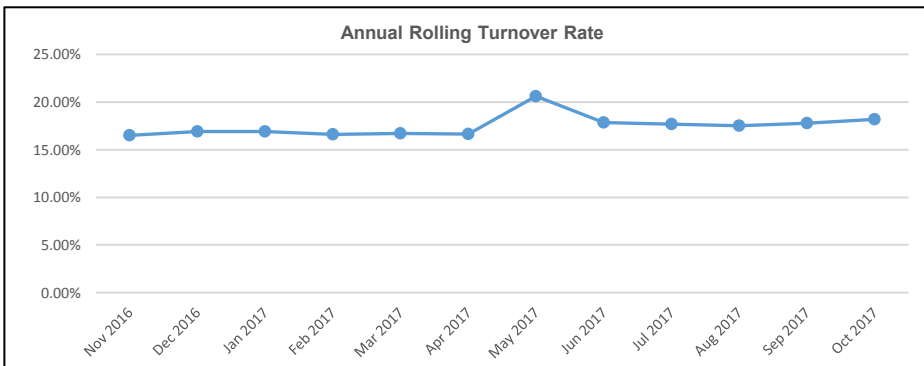
SECAmb Workforce Scorecard



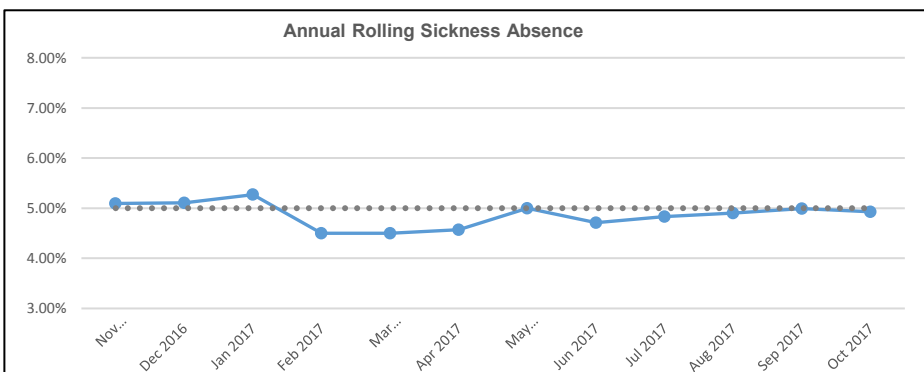
The significant decrease in pipeline vacancy rate is due to repeated and sustained recruitment initiatives, focusing mainly on EOC and 111 roles as these have been historically our hard to fill roles. New approaches include web based job boards, increased visibility locally and attendance at careers events. We are mindful of the starters and leavers monthly ratio and are looking to develop our recording and reporting capabilities.



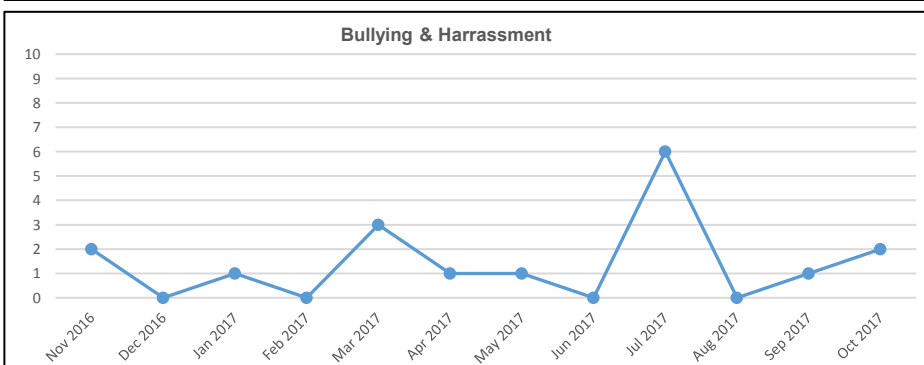
We have had a 4% month on month increase in career conversations recorded in Actus and a 31% increase in the period July - October; momentum is picking up as more staff are trained in the system – over 500 staff (mainly managers) have now been trained. Managers will continue to challenge at a local level to complete their appraisals and career conversations in conjunction with continued Actus training.



The Trust turnover rate remains constant. However there is currently a high turnover rate in EOC, being addressed via the EOC Task and Finish Group.



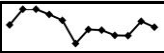
This has remained stable. This is due to the close working relationship between the HR Advisors and Managers. This is being supplemented by additional, more immediate, reporting and monitoring capabilities i.e. weekly not monthly in arrears, as agreed in the AQI Task and Finish Group.




There has been an increase month on month in B&H reports which we would attribute to the ongoing Trust B&H initiatives. There are currently 7 live cases with the longest open case being 3 months. We will be working on a B&H action plan based on the outcomes of the Focus Groups that were shared recently with the Executive. We have procured an external trainer to deliver investigation skills training to line managers to increase the number of available investigators, speeding up case management.

SECAmb Finance Performance Scorecard


Income

	Aug-17	Sep-17	Oct-17	12 Month's
Actual £	£ 15,756	£ 16,716	£ 16,329	
Previous Year £	£ 16,354	£ 16,198	£ 16,370	
Plan £	£ 16,403	£ 15,892	£ 16,602	


Expenditure

	Aug-17	Sep-17	Oct-17	12 Month's
Actual £	£ 16,461	£ 17,319	£ 16,623	
Previous Year £	£ 17,335	£ 17,095	£ 17,655	
Plan £	£ 17,108	£ 16,506	£ 16,913	

Capital Expenditure

	Aug-17	Sep-17	Oct-17	12 Month's
Actual £	£ 225	£ 450	£ 375	
Previous Year £	£ 1,410	£ 1,054	£ 701	
Plan £	£ 855	£ 855	£ 1,865	


Cost Improvement Programme (CIP)

	Aug-17	Sep-17	Oct-17	12 Month's
Actual £	£ 1,491	£ 1,330	£ 1,304	
Previous Year £	£ 537	£ 588	£ 558	
Plan £	£ 1,293	£ 1,302	£ 1,332	


CQUIN (Quarterly)

	Q1 2017	Q2 2017	Q3 2017
Actual £	£ 848	£ 848	£ 282
Previous Year £	£ 952	£ 1,019	£ 716
Plan £	£ 848	£ 848	£ 848

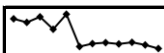
Surplus/(Deficit)

	Aug-17	Sep-17	Oct-17	12 Month's
Actual £	-£ 705	-£ 603	-£ 294	
Actual YTD £	-£ 3,081	-£ 3,685	-£ 3,979	
Plan £	-£ 705	-£ 614	-£ 311	
Plan YTD £	-£ 3,098	-£ 3,712	-£ 4,023	

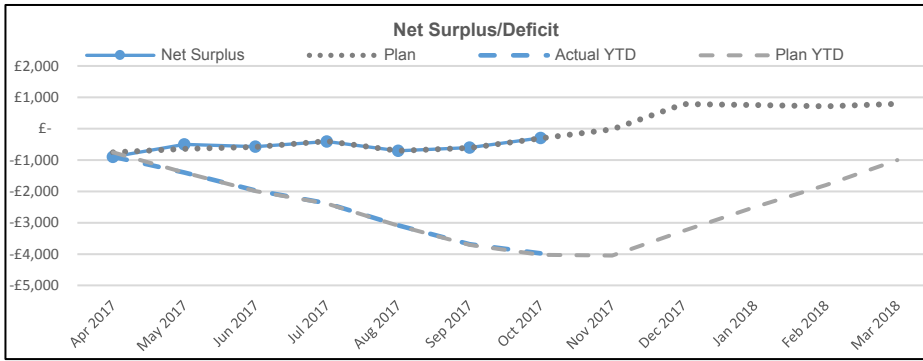
Cash Position

	Aug-17	Sep-17	Oct-17	12 Month's
Actual £	£ 13,146	£ 13,482	£ 14,327	
Previous Year £	£ 10,951	£ 9,847	£ 7,117	
Plan £	£ 5,757	£ 5,413	£ 5,219	

Agency Spend

	Aug-17	Sep-17	Oct-17	12 Month's
Actual £	£ 226	£ 182	£ 127	
Previous Year £	£ 671	£ 556	£ 561	
Plan £	£ 337	£ 336	£ 334	

SECamb Finance Performance Scorecard



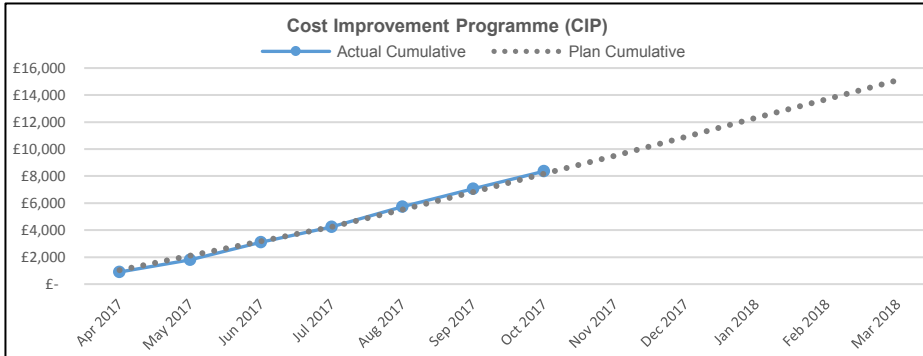
The Trust remains on plan in month and year to date.

Overall Income is £1.6m less than plan, mainly through lower A&E Activity.

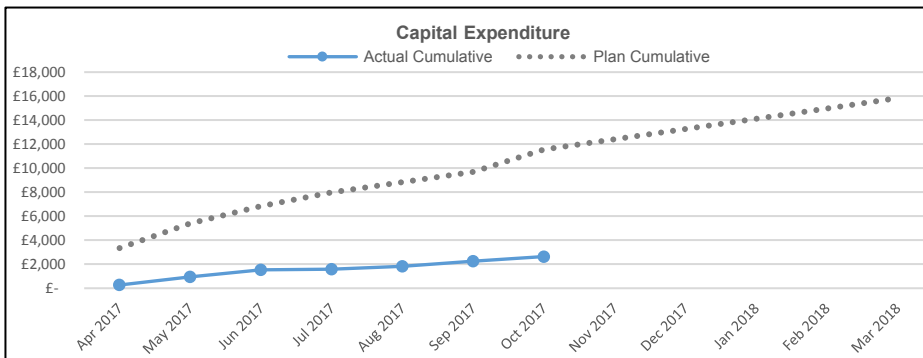
Expenditure has decreased to offset this fall in Income. Again this is mainly through managing frontline hours to match activity.

Further explanation is given below.

We are still expecting to meet our Financial Control Total for 2017/18.



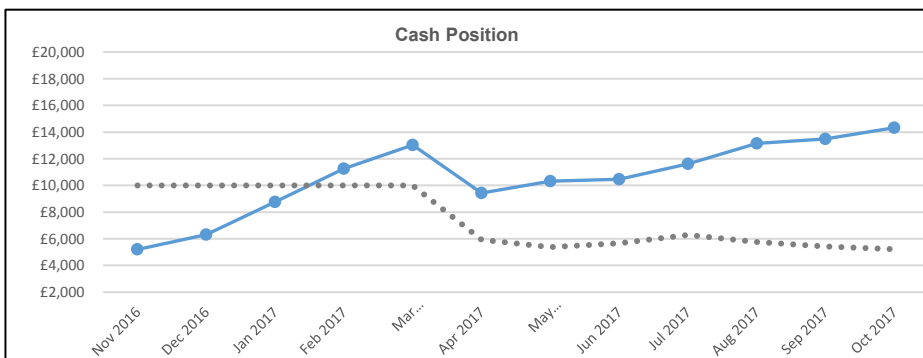
CIP schemes to the value of £15.7m have now been identified, exceeding the target of £15.1m. The latest forecast is to deliver savings of £14.9m, which is just £0.2m below target. The PMO team is continuing to identify and work up additional schemes.



Forecast spend on the capital programme is £7.5m against a plan of £15.8m.

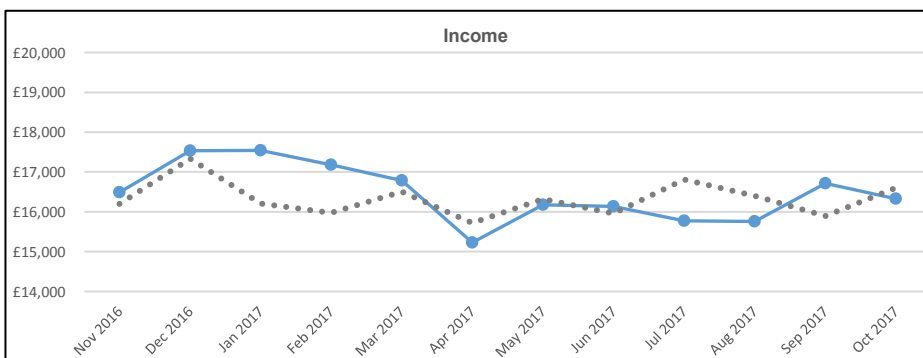
The projected underspend of £8.3m is entirely the result of accounting for vehicle replacement on operating leases, rather than finance leases.

The projected spend includes an element of re-prioritisation for the current year, due to underspending on certain planned schemes. This includes the purchase of 16 ambulances at a cost of £2.3m, which the Board approved in October.



The cash balance at the end of October was £14.3m.

The working capital loan remains at £3.2m, drawn from a total facility of £15m.

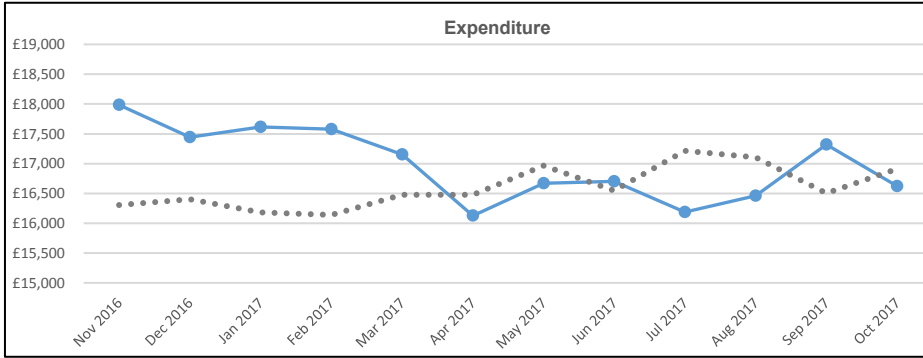


A&E activity in October was 4.3% down against commissioned plan and is 3.4% down year to date. A&E contract income for October was £0.7m or 4.8% below plan in the month and is £3.7m or 3.7% down after 7 months.

111 Income is above plan by £0.3m year to date due to a contract variation to support clinical development.

Other income sources have helped to limit the overall income shortfall to £1.6m for the year to date.

SECAmb Finance Performance Additional Information



The Trust made a positive EBITDA of £0.6m and a deficit of £0.3m in the month. EBITDA for the year to date now stands at a positive £1.9m and the deficit after financing costs is £4.0m, in line with plan.

Pay continues to underspend due to low activity and vacancies. The favourable variance year to date is £1.2m Operational hours remain below plan year to date.

There has been a further catch-up in non-pay expenditure but this remains underspent by £0.2m year to date.

Delivery Plan Dashboard

RAG Key:
■ Red At significant risk of failure due to circumstances which can only be resolved with additional support
■ Amber A risk of failure but mitigating actions are in place and these can be managed and delivered within current capacity
■ Green On track and scheduled to deliver on time and with intended benefits
■ Blue Completed

Progress made to date 21/11/2017

Work stream	Project Name	Project RAG Current Period	Project RAG Previous Period	Project Lead	Executive lead	Project Completion Date	Process / Milestone	Milestone Completion Date	RAG	KPI / Outcome	Actual	Planned	End Target	High-level Commentary
Service Transformation & Delivery Steering Group	Increased Hear and Treat Project	Amber	Amber	Scott Thowney	Joe Garcia	31/03/2018	Development of Clinical Supervisors recruitment and retention plan. Proposal in draft.	30/11/2017	Amber	45 clinical supervisors in post in EOC	29	45	45	Whilst staffing continues to be the predominant challenge within hear and treat currently 64.9% there has been a reduction in attrition over last 4 weeks. Additional resource in place for 2 days a week to support Hear and Treat from 6/11/2017.
							Develop and implement an efficient and identified roster to meet demand	31/05/2018	Green	Obtain staffing Abstraction reports to monitor individual rotas / shift patterns to show and differentiate planned vs actual rota fill and adherence rates	Data development in progress			Workstreams within the Hear and Treat project have been re-assigned to leads to assure delivery of project. Midwifery function secured for developing ICAS.
							Functionality for PDS lookup by EOC Staff with ability to report on usage. (CQUIN)	30/06/2018	Green	Improved access to patient information at point of call will increase efficacy of Hear and Treat process. This will be measured in the overall Hear and Treat performance.				Exit interview process in place to understand why there is a higher than normal attrition rate with clinical supervisors.
	Demand and Capacity review	Green	Green	Jon Amos	Jon Amos	01/01/2018	Tendering process completed for the procurement of an external provider to conduct a review of current demand and capacity	29/09/2017	Complete	External provider appointed and interim report will be published in early January 2018				Review jointly commissioned with CCGs and provided by Deloitte and ORH. The work has commenced and will provide an interim report in late December and final report at the end of January 2018. The outputs will include: - Review of historic demand and provide a future capacity plan aligned to the ARP standards to include rota profiles and vehicle mix. - Case for Change to seek support from the wider system. - New contract process and payment model to support the new standards. - Timeline and transition plan to move from current state to the new rota profile, fleet mix etc.
							The External provider will have established accurate and current interim reporting procedure	29/12/2017	Green					
							Final report submitted with recommendations	30/01/2018	Green					
	Ambulance Response Programme	Amber	Amber	Sue Barlow	Joe Garcia	22/11/2017	A training programme is in place to train dispatch and team leaders in new ARP processes and procedures (new call categorisation, automated dispatch)	22/11/2017	Green	Training plan and materials have been developed and training course is underway	Data not available			ARP is progressing at pace on track to meet the nationally agreed deadline of 22nd November 2017. However ongoing organisation wide issues around recruitment and retention are evident and monitored at Project Board with any escalations to Turnaround Executive on a fortnightly basis. Awaiting final data to evidence completed training.
							Dispatch and Team Leaders will be trained in ARP changes identified in the training programme	06/10/2017	Complete	100% of all dispatch staff trained	Awaiting final Data	100%	100%	
							Develop and implement forecasting models that will enable the impact of ARP to be established and allow for accurate forecasting of demand changes. This will be managed in PHASE 3.	28/02/2018	Green	Forecasting models in place, reporting on a monthly basis	Data not available			
	Sustainability Steering Group (see separate Dashboard for Cost Improvement Programme)	HQ PHASE 2	Red	Green	Ibrahim Razak	David Hammond	30/09/2018	New EOC positions in Coxheath are fully operational and can receive a 999 call	30/11/2017	Red	32 new EOC positions are sufficiently equipped and ready to be used by an EOC member of staff to answer a 999 emergency call.	0%	0%	100%
Relocation of Clinical Education to the chosen solution is completed								31/03/2017	Amber	100% of Clinical Education staff have been relocated and are able to complete their duties	0%	0%	100%	
Relocation of Fleet, Logistics and Production to chosen solution is completed								31/03/2017	Amber	100% of Fleet, Logistics and Production staff have been relocated and are able to complete their duties	0%	0%	100%	
Electronic Patient Clinical Records ("EPCR")		Red	Amber	Steve Topley	Jon Amos	29/03/2018	All hospitals are trained to be able to adopt the new iPad process which will increase efficiency in hospital handover.	30/11/2017	Red	The number of on-boarded hospitals	11	20	25	99% of on boarding completed against original iPad stock Discussions underway with all core acute Trusts to implement transfer of electronic records. All have now accepted the need to do this and trajectories being agreed. Temporary withdrawal of EPCR software to enable stability upgrades. Phased roll-out planned from early December
							ePCR portal is developed and embedded which will allow access to ePCR records and training to all departments.	18/12/2017	Green	All key departments to be trained and this will be measured through weekly tracking by completion of training	0.0%	0.0%	0.0%	
							All policies, procedures and clinical instructions will be signed off so that ePCR is functioning safely in accordance with trust policy. This will ensure the safety of patient information and ensure that staff are clear on how to use the application.	14/02/2018	Amber	There are currently 14 policies/procedures in draft awaiting approval	0.0%	0.0%	0.0%	
CAD		Green	Green	Barry Thurston	Jon Amos	30/11/2017	New Computer Aided Dispatch (CAD) system implemented	05/09/2017	Completed	Data control centres live with new CAD.				The CAD system has now been live across all controls since the beginning of September and following some initial problems around freezing the system is operating as expected. The final elements of the work related to CAD are to now plan the decommissioning of the Banstead datacentre and to relocate the hardware infrastructure into Crawley.
							Banstead decommissioned to allow data centre relocated to Crawley	30/11/2017	Green	Data centre fully relocated to Crawley.				
Informatics		Green	Green	Barry Thurston	Jon Amos	18/12/2017	Design and implement the backend for the database scheme / warehouse.	31/03/2018	Green	Database scheme / warehouse built				The Trust are currently continuing with the existing information system and structures which provides a number of challenges to ensuring the timeliness and appropriateness of information provision. The plan to replace the system is being executed with a new server build now complete and West Midlands Ambulance Service (WMAS) agreeing, and commissioned, to provide a new backend database structure. The project has appointed a temporary database administrator (DBA) to support the implementation of the system internally and work progressing on a new interface programme to extract data from the CAD system and upload into the new data warehouse. In addition, the Trust have just approved the business case for the supply of business intelligence (BI) tools to support a self service portal for Trust managers and appropriate tools for the software developers to provide the more complex reporting, for example, ARP, commissioning/commissioners reports. It is expected that the new system will begin to provide reports, dashboards and screen based information before the end of the calendar year.
							Develop an interface to lift the data off the existing system and export to the new warehouse.	30/11/2017	Green	Interface fully implemented.	0.0%	0.0%	0.0%	
	Developing tools and people to use the new data warehouse.						31/01/2017	Green	Recruitment completed for substantive informatics team. Procurement of front end system.	0.0%	0.0%	0.0%		
Financial Sustainability	Amber	Amber	Kevin Hevey	David Hammond	31/03/2018	CIP schemes totalling £15.1m in line with 2017/18 Plan identified	30/11/2017	Amber	£15.7 million current schemes fully validated	£15.7m	£15.1m	£15.1m	On track to deliver, some CIP schemes under-delivering, additional CIP schemes under development.	
						Achieved projected financial deficit of £1.0m as agreed with NHSI	31/03/2018	Amber	£1.0 million of financial deficit forecast	£1.0m	£1.0m	£1.0m		

					Identified CIP schemes for 2018/19 Plan - target to be agreed	31/03/2018	Not started	To be confirmed.	
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Compliance Steering Group															
Compliance Steering Group	Incident Management	Amber	Amber	Samantha Gradwell	Steve Lennox	01/08/2018	The Trust will be adhering to national policy/guidance and best practice and will be able to demonstrate it has robust processes that facilitate rapid reporting and effective management.	01/08/2018	Red	20% increase in overall incident reporting.	575	548	576	<p>The Care Quality Commission (CQC) identified areas for improvement with the Trust's incident management processes.</p> <p>A project has been mobilised with a Mandate, Quality Impact Assessment, and an Improvement Action Plan.</p> <p>The project aims to embed an effective incident management system, that clearly identifies learning. This learning is valued and shared widely across the Trust to continually drive improvements in safety.</p> <p>Currently not on trajectory to achieve: 90% of Serious Incident investigations will be completed within 60 working days. Focus is on reducing the serious incident backlog. Once this has happened the new process for investigating SFs will ensure that this trajectory is met.</p> <p>Compliance with Duty of Candour is below trajectory.</p>	
							>75% of incidents closed within time target.	68.0%	53.0%	75.0%					
							90% of Serious Incident investigations will be completed within 60 working days.	0.0%	71.0%	90.0%					
							Recording 100% of declared Serious Incidents onto STIES within 48 hours.	69.0%	66.0%	100.0%					
							100% compliance with Duty of Candour for Serious Incidents.	30.0%	70.0%	100.0%					
	Safeguarding	Green	Green	Philip Tremewan	Steve Lennox	23/03/2018	All Policies and procedures required to support safeguarding best practices are in place	31/03/2018	Green	The number of staff trained to level 3 Safeguarding	16.9%	85.0%	85.0%		<p>The Trust's 2016 Care Quality Commission (CQC) report made a number of observations regarding the safeguarding function.</p> <p>This generated an improvement plan and the appropriate actions were completed.</p> <p>The most recent CQC report (October 2017) identified that improvements were required within training for Safeguarding Children level 3 but also identified that further work was still needed to continue this improvement currently 16.9% of staff are trained to level 3 with a target of 85% by 31/03/2018.</p> <p>This project has developed a plan and has a mandate and QIA signed off.</p>
							All learning from internal and external safeguarding work is captured and appropriately shared across the organisation	31/03/2018	Green	95% of staff, when asked on audit, feel adequately prepared to identify safeguarding concerns and know how to obtain assistance. This will be measured through quality assurance visits and feedback through appraisal bulletins, local governance groups. No data as yet	0.0%	0.0%	95.0%		
							Safeguarding best practise is embedded and fully adopted across the trust	31/07/2018	Green	KPIs and Outcomes measures unconfirmed within this reporting period					
							The Trust will have implemented Datix Risk Management system. Standardised reports will be provided to principle risk leads, accountable executives and forums to monitor monthly actions and controls.	01/05/2018	Green	Risk Management functionality within the Trust will be processed via Datix.	Data not available	Data not available	100.0%		
							A baseline assessment will have been undertaken by the Trust of the current status of all recorded risks. The Trust will have agreed roles, responsibilities and forums for the management of risk.	01/05/2018	Green	100% of forums will receive their monthly standardised report.	Data not available	Data not available	100.0%		
	Risk Management	Green	Green	Samantha Gradwell	Steve Lennox	24/03/2018	The Trust will have delivered a training program to identified staff on risk management. Staff feedback and audits will provide assurance and/or identify gaps with risk management.	01/09/2018	Green	Staff within the Risk Team are proficient in the use of Datix for risk management in line with their responsibilities.	Data not available	Data not available	100.0%		<p>Improvement Plan, Mandate and Quality Impact Assessment are in place.</p> <p>Work is underway to capture the current processes for risks management across the Trust.</p> <p>All risks will then be consolidated onto a single platform.</p> <p>Medical equipment - Actual percentage KPI not yet available.</p>
							The Trust will ensure 90% of medical equipment will be serviced in accordance with Medical Equipment Management Policy.	31/01/2018	Amber	Medical equipment will be serviced in accordance with Medical Equipment Management Policy.	Data not available	Data not available	90.0%		
							Patient Clinical Records will be accurately completed, fit for purpose and stored securely.	31/03/2018	Green	Patient Records will be completed accurately and stored securely	Data not available	Data not available	90.0%		
							The Trust Patient Data & Health Records Policy will always be contemporary and reflect national guidelines and best practice.	10/12/2017	Green	Incidents will have Patient Clinical Record linked	Data not available	Data not available	90.0%		
	Governance, Records & Clinical Audit	Green	Green	Fiona Wray	Fionna Moore	25/03/2018	Incidents will have Patient Clinical Record linked so that we can ensure safe and accurate records.	31/03/2018	Green	Records will have a PCR linked.	Data not available	Data not available	90.0%		<p>Task and Finish Group now established and meeting weekly.</p> <p>Progress is on track.</p> <p>There is a need to continue to develop measures of progress to remain assured.</p> <p>Please note risk regarding improvement methodology decision- now raised on Datix.</p>
							Project Mandate and QIA to be signed off	22/11/2017	Green	KPIs and Outcomes measures unconfirmed within this reporting period					
							High level objectives with clear measures identified	22/11/2017	Green						
	Improvement Action Plan developed in draft	22/11/2017	Green												
	Engagement	Green	Green	Mark Power	Steve Graham	TBC	80% of complaints will be concluded within 25 working days.	31/03/2018	Green	Complaints will be concluded within the Trust's target of 25 working days.	40.0%	Data not available	80.0%		<p>There is no national guidance or performance measure; trusts set their own target and they all differ enormously.</p> <p>The Trust target was set at 80% within timescale in 2017, in conjunction with our commissioners (North West Surrey leading) and the action plan reflects this measure.</p> <p>In September, concluded 42% of complaints within deadline and in October 40%. The volume of timeliness complaints, and lack of capacity to investigate them, is the major challenge.</p> <p>The CQC state that the Trust cannot demonstrate evidence of learning, and to help to ensure actions are implemented as a result of complaints that are upheld in any way, the Patient Experience Team now checks every complaint investigation report on receipt.</p>
							We will be able to provide evidence of learning from at least 95% of complaints that are upheld in any way and this will drive improvements to our service.	31/01/2018	Green	Evidence of learning from at least 95% of complaints that are upheld in any way.	Data not available	Data not available	95.0%		
We will have improved the sharing of learning from complaints.							31/01/2018	Green	100% of Area Governance Meetings, Clinical Evaluation & Effectiveness Sub-Group meetings will have shared learning from complaints.	Data not available	Data not available	100.0%			
Complaints	Green	Green	Louise Hutchinson	Steve Lennox	31/03/2018	The Trust will have taken action to ensure there are a sufficient number of clinicians in each EOC at all times in line with evidence-based guidelines.	31/03/2018	Green	Clinical supervisors in post in EOC	29	45	45	<p>Clinical supervisor recruitment and retention is progressing</p> <p>Call audit figures remain significantly adrift of the trajectory that would meet the requirement of approx. 1300 by April 2018. Staffing capacity is an issue, outsourcing the function is being considered but has so far not developed into a sustainable plan/model</p> <p>Call answer is adrift and is impacted heavily by the EMA recruitment issues</p> <p>EMA levels are below trajectory due to shortfall in recruitment target. Plan is in place to bring this back on track</p>		
						The Trust will have taken action to ensure that the minimum amounts of audits are carried out in line with the requirement needed by pathway to maintain the licence.	31/03/2018	Red	The audits will take place on a monthly basis via an audit function on the info system which was created by SEC/Amb	10.0%	31.0%	100.0%			
						The Trust will have improved call answering time to align within the national standard	31/03/2018	Amber	95% of calls answered within 5 seconds.	51.0%	60.0%	95.0%			
EOC	Red	Green	Sue Barlow	Joe Garcia	28/03/2018	Recruitment and retention of EMAs to establishment of 172	31/03/2018	Amber	FTE EMAs in post within EOC	143	153	172			

Culture and Organisational Development Steering Group	Performance Targets and AQI's	Green	Green	Chris Stamp	Joe Garcia	29/03/2018	The trust will minimise operational sickness absences through consistent management of staff under the sickness absence management policy.	14/04/2018	Green	KPIs and Outcome measures unconfirmed within this reporting period	Held an establishment summit last week which identified where there are gaps and will lead to a recruitment drive. (which will be incorporated into the plan). Teams A, B, C ... operational structure has been implemented giving direct communication, issue raising and a new structure of operations management. Have agreed a trial of non-top down management and communication which will be incorporated into the plan.
							The trust will ensure that unit hours provided align with forecast demand, taking into consideration additional requirements to meet national standards.	28/02/2018	Amber		
							The trust will ensure that resources are provided to aid staff in timely clinical decision making. [Time on scene]	30/03/2018	Red		
	Medicine Governance	Green	Green	Carol-Anne Davies-Jones	Fionna Moore	31/03/2018	The Trust will have created and implemented a new Governance structure for medicines management which will take into account relevant regulations, national standards and guidance to support excellent patient outcomes and safety.	31/03/2018	Green	KPIs and Outcome measures unconfirmed within this reporting period	Continuation of workstream surrounding the safe, secure storage of medicines and the culture change around medicines, including further strengthening governance process, pathways, legislation and on-going education/training as well as implementation of NICE good practice guidance. Progress being made. Data still to be defined.
							The Trust will design systems and processes relating to the safe and secure handling of medicines to support excellent patient outcomes and safety.	31/03/2018	Green		
							A training plan will be in place for all staff in medicines governance and management for key skills delivery in 2018/19 to assure staff confidence and competency	31/03/2018	Green		
	999 Call Recording	Green	Green	Barry Thurston	David Hammond	31/03/2018	Completed further testing post voice reorder system update to provide assurance that the system is recording all 999 calls.	Ongoing	Green	100% of all 999 calls recorded	The latest fix from ASC was applied successfully on Monday 6th November 2017. 450 calls were checked immediately following the update and no issues were found. Audit of 24 hours calls undertaken and no issues found. A report is provided to the Execs on a weekly basis to provide update and assurance.
							An ongoing robust auditing procedure embedded of the current system to ensure any emerging issues are flagged and escalated in timely manner	Ongoing	Green	Auditing of calls take place on a weekly basis (circa 2500 calls)	
							Daily sample of calls carried out	Ongoing	Green	Approx. 15 sample calls carried out	
	Infection Prevention and Control	Green	Green	Adrian Hogan	Trevor Hubbard	29/12/2017	Improved station cleaning standards, monitoring/ audit systems and new ATP testing.	31/03/2018	Green	KPIs and Outcome measures unconfirmed within this reporting period	CQC Task and Finish group set up. Identifying membership and involvement. Mandate and QIA including KPIs in progress. Paper presented to SMT for ATP testing equipment.
							Awareness raised to improve vehicle cleaning standards with new monitoring/ audit systems and ATP testing.	31/03/2018	Green		
							Improved hand hygiene, uniform awareness and compliance. New audit tools introduced with partnership working with patients and hospital staff. New hand hygiene equipment for each Operating Unit	28/02/2018	Green		
Culture Change	Green	Green	Mark Power	Steve Graham	TBC	Project Mandate and QIA to be signed off	23/11/2017	Green	KPIs and Outcome measures unconfirmed within this reporting period	Steering group has reconvened.	
						Improvement Action Plan developed in draft	29/11/2017	Green			
Strategy	Enabling Strategy	Green	First reporting period so no previous RAG	Jayne Phoenix	Jon Amos	31/03/2018	Milestones to be defined.		KPIs and Outcome measures unconfirmed within this reporting period.		
	Annual Planning	Green	First reporting period so no previous RAG	Jayne Phoenix, Philip Astell	Jon Amos	31/03/2018	Milestones to be defined.		KPIs and Outcome measures unconfirmed within this reporting period.		
	Quality Improvement	Green	First reporting period so no previous RAG	Jon Amos	Jon Amos	31/01/2018	Milestones to be defined.		KPIs and Outcome measures unconfirmed within this reporting period.		
	Commissioner and Stakeholder Alignment	Green	First reporting period so no previous RAG	Jon Amos	Jon Amos	31/03/2018	Milestones to be defined.		KPIs and Outcome measures unconfirmed within this reporting period.		

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SECAMB Board

Escalation report to the Board from the Finance & Investment Committee

Date of meeting	19 October 2017
Overview of issues/areas covered at the meeting:	<p>Management Responses:</p> <p>A CAD update was given; the new CAD has been up and running since 5 September and implemented under budget. The aim is to conclude the project board shortly moving in to business as usual.</p> <p>An EPCR update was also provided summarising the position against the business case, which is currently on budget. However, there is currently only 10% use of I-pad to-date which management confirmed it is working to improve. A trial is being started to help establish the blockages, which QPS will consider in December given link to the patient care record quality issues.</p> <p>Scrutiny:</p> <p>Financial Performance M6 is in line with plan and the committee was assured by the delivery of CIPs. The emerging risks and mitigation was discussed, including the fall in activity in the last two months and its impact on income.</p> <p>Business Planning The executive set out the approach this year, noting that the national guidance isn't expected until the New Year; the indication is that it will be a one-year plan and the control total will continue to apply. The committee noted the engagement plan with key stakeholders and the associated milestones.</p> <p>Capital Planning The committee reviewed the approach to capital planning for 2018/19 and 2019-2022. This included the Trust HQ Phase 2 Project, which predominantly relates to plans for Banstead.</p> <p>Performance:</p> <p>In terms of operational performance (how we invest in ensuring timely access to our services) the committee focussed on call answering performance given the current average call answering times and challenges with recruitment and retention. Management set out the different approaches it is exploring, including potential financial incentives.</p> <p>999 voice recording was also considered and the committee was assured that regular audits continue and issues identified are being corrected, included working with the provider who is applying a new patch scheduled for 19 October. As discussed at the Board in September, a business case is being developed to explore whether there is a</p>

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	need to replace the telephony and /or voice recorder systems.
Reports <i>not</i> received as per the annual work plan and action required	None
Changes to significant risk profile of the trust identified and actions required	The committee continues to be concerned about being commissioned to levels below national standards, and by the current challenge in falling below the revised trajectories agreed with commissioners.
Weaknesses in the design or effectiveness of the system of internal control identified and action required	None
Any other matters the Committee wishes to escalate to the Board	The committee discussed the need to develop a digital enabling strategy to align with EPCR, I-pad and the new CAD. The aim is to develop this with external expertise by July 2018. In the meantime, the initial thinking will be reviewed by the committee in January 2018 and will form part of the Board strategy discussion scheduled for February 2018.

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SECAMB Board

Escalation report to the Board from the Workforce and Wellbeing Committee

Date of meeting	20 October 2017
Overview of issues/areas covered at the meeting:	<p>Bank Staff The committee discussed the merits of the Bank at an organisation like ours, and whether we are getting value from it. The executive was asked to review this and come back with a recommendation at the committee meeting in December.</p> <p>Change Management The committee asked for a paper setting out the change management principles and process, ensuring distinction between organisational change and impact on people.</p> <p>Appraisals The committee explored in detail the historical definition of appraisal - end of year meeting with your line manager – and the approach we are taking to ensure through career conversations that appraisal is continuous throughout the year. This requires an element of education among our people so that recognise this different approach.</p> <p>Workforce Plan The committee was assured that management has a monthly resourcing report and meeting to help ensure we meet recruitment trajectories. This plan is based on the funded establishment. Management confirmed that it is nearing completion of the workforce enabling strategy and the workforce plan will then be developed to deliver this strategy. However, in terms of timing, the committee acknowledged that the workforce plan for 2018/19 and beyond needs to await the outcome of the demand and capacity review and introduction of ARP.</p> <p>Disciplinary & Grievances Timeliness The committee was assured that timeliness is improving and some of the recurring issues are starting to resolve.</p> <p>Dashboard Committee considered the workforce dashboard and specific issues included;</p> <ul style="list-style-type: none"> ▪ Turnover in EOC ▪ Difficulty recruiting in to some management and specialist posts. ▪ Reduction in sickness rates; possibly linked to the improvement in meal break / shift overruns.
Reports <i>not</i> received as per the annual work plan and action required	None although items from the draft agenda were withdrawn due to staff holiday.

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Changes to significant risk profile of the trust identified and actions required	None
Weaknesses in the design or effectiveness of the system of internal control identified and action required	In consideration of the Risk Register, while the committee felt the main risks are reflective, it needed to have better visibility of the mitigations so that it would judge whether they are effective.
Any other matters the Committee wishes to escalate to the Board	At its meeting in July the Board asked the committee to seek assurance that the controls in place to manage vacancies allowed for efficient recruitment. The committee explored the control put in place by management to ensure managers operate within budgeted establishment; this is where all posts require approval of the finance and HR directors. DH and SG meet weekly to consider all requests for posts; the committee concluded that this is a well-established and efficient process. The intention is to release this control in due course when there is greater confidence in budget management. WWC felt it important that a timeline should be established leading up to this point.

SECAMB Board

QPS Escalation report to the Board

Date of meeting	20 October 2017
Overview of issues/areas covered at the meeting:	<p>This meeting considered:</p> <p>Management Responses (<i>response to previous items scrutinised by the committee</i>)</p> <p>MDT SI Action Plan The committee reviewed the action plan and was assured with the actions. It asked to bring back an update in March 2018.</p> <p>Complaints Improvement Plan The committee has been concerned about a number of issues regarding complaints handling, including timeliness and learning. The committee is not assured with quality of complaints management but is assured the plan in place has the right actions.</p> <p>Patient Care Records The committee is still not assured with patient care records and acknowledged the amount of work still needed in this area. An update was provided specifically on the reconciliation of paper records with the CAD. The improvement plan which includes clinical records will come back to the Committee in December.</p> <p>Scrutiny Items (<i>where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas</i>)</p> <p>Serious Incidents A detailed paper was received setting out the position with incidents and SIs, following the ongoing improvement work. The committee also received the revised improvement plan and the recent outcome of a CCG assurance visit. The latter identified a need to look at an integrated process with CCGs.</p> <p>The committee is not assured with where we are with incidents, but assured there is a plan in place to ensure understanding of issues and management grip.</p> <p>Quality Account Progress Update The update was noted along with the management steps to develop measures for next year.</p>
Reports <i>not</i> received as per the annual work plan and action required	The quarter 2 quality report was not completed in time for the committee. An extraordinary meeting will be scheduled for late October / early November to take this single item.
Changes to significant risk profile of the trust identified and actions required	None

Weaknesses in the design or effectiveness of the system of internal control identified and action required	<p>The committee explored the current gap in a quality improvement strategy, which the executive is in the process of developing. It discussed the theme of learning, which runs through the compliance element of the unified improvement plan, suggesting a need to pull this out and approach it more systematically. The committee was told about a learning framework from LAS which management would consider as part of its review.</p>
Any other matters the Committee wishes to escalate to the Board	<p>The committee noted that we are still under 10% with the roll out of electronic paper records and was informed by management that a pilot was due to start in Thanet, to help establish the blockers. The outcome of this pilot will be considered by the committee at its meeting in December.</p> <p>There has been much improvement in the backlog of incidents. There is higher reporting and some evidence that there is greater awareness of how to report an incident.</p> <p>The committee was concerned that some of the targets within elements of the unified improvement plan appear over optimistic and asked management to consider describing some of the improvement in stages, so it is clearer for the Board to establish when improvements are likely to be more embedded. In other words, the plan should better describe the improvement journey.</p>

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

E - Membership Development Committee Report

1. Introduction

1.1. The Membership Development Committee is a Committee of the Council that advises the Trust on its communications and engagement with members (including staff) and the public and on recruiting more members to the Trust.

1.2. The duties of the MDC are to:

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

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

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

Discussion at and recommendations from the most recent MDC meeting (if one has taken place since the previous Council meeting);

- Reports on membership engagement at the **Inclusion Hub Advisory Group (public FT members)**, **Staff Engagement Forum (staff FT members)** and **Patient Experience Group (patient FT members)**;
- Reports on other public and membership engagement and involvement;
- A summary of our current public membership numbers and geographical representation to inform Public Governors' membership recruitment;
- Anything else relevant to the Council regarding membership and engagement.

1.5. **Please do take the time to read at least the summary reports of these items and also the full minutes (if possible). This is our opportunity to triangulate the areas of focus in the Trust from the point of view of different stakeholders. It provides a really good overview of possible areas that Governors may want to seek assurance or further information on.**

1.6. The Membership Development Committee (MDC) met on the 20 November 2017 and a summary of the meeting is below, the draft minutes are included in this report as Appendix 1.

1.7. MDC meeting summary:

1.8. The November meeting focussed on reviewing feedback on the Annual Members Meeting and two other member engagement events earlier in the year and discussing tentative recommendations for future events.

1.9. The dissemination of a list of key stakeholder organisations by constituency that had been produced by the Membership Office to all Governors electronically to encourage Governors to get involved in their localities.

1.10. A piece of work was carried out by the MDC on a potential work plan for raising the profile of the Council both inside and outside the organisation in line with the Trust's Investing In Volunteers audit that it was undertaking. The Trust is in the process of hoping to attain the Investing In Volunteers (IIV) quality standard and an audit is part of this. IIV is the UK quality standard for all organisations involving volunteers.

1.11. The areas highlighted for improvement through this audit specific to the Governor volunteer role were as follows:

- Increasing staff knowledge of the Governor role.
- Recognition and support of the role of the Council by the Board and Exec.
- Formal recognition of Governors' contribution.
- Feedback from Governors on their volunteering experience at the end of their term of office.

The merit and effectiveness of suggestions around these four key areas were discussed and recommendations were made by the MDC including live tweeting at Council meetings and the creation of a leavers survey for Governors to complete at the end of their term.

1.12. The MDC raised concerns around the lack of communication from the Voluntary Services Team about a re-launch of the Trust's Volunteer Charter which some MDC members had been key in the creation of. It was felt that the original team who created the charter should be consulted with prior to any relaunch and an action was taken on this.

1.13. The MDC also made suggestions for content for a future member newsletter and committed to contributing Council of Governors Blogs to these editions and Nigel Coles – Staff Elected Governor was confirmed as Deputy Chair of the MDC.

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

2. Membership Update

2.1. Current public membership by constituency (at 22.11.17):

Constituency	No. of members	Member numbers percentage increase or decrease compared to previous report	Proportion of the population who are members
Brighton & Hove	517	1.14%	0.20
East Sussex	1732	3.56%	0.35
Kent	3081	2.56%	0.24
Medway	644	0.77%	0.25
Surrey	2336	2.62%	0.19
West Sussex	1597	2.56%	0.21
Total	9,907	2.56%	0.23

Decreases in all areas are due to data cleanses that take place prior to the newsletter going out which check our member data for deceased members and possible 'Gone-Aways' and remove the records as necessary. We also do not actively do any member recruitment from a Trust perspective in winter outside of the Annual Members Meeting, as this usually takes place over the summer months at 999 events etc. The focus has always been on quality rather than quantity. However, this does not stop Governors from carrying out membership recruitment locally if they wish to bump their numbers up! Please contact the membership office if you would like member forms and promotional materials.

2.2. The total staff membership as of 31.10.17 is 3,318.

3. Membership engagement summary

3.1. The next member newsletter is due out in early December. Subjects covered in that issue will include the CQC report, Ambulance response programme, the Trust's 5-year strategy, AMM review, CoG Blog, SECamb news (includes bullying & harassment article) and some winter health tips.

3.2. The annual membership survey will be accompanying the December newsletter and the results of this will be reviewed at the MDC meeting on the 15th February. The results contribute to the formulation of the annual membership engagement plan which is reviewed by the MDC. It also provides a temperature check on how members feel about their membership

and highlights what we are doing well and what can be improved with membership. We have had another challenging year in the Trust so one of the questions in the survey is if members feel they have been kept up to date on our improvement plans.

- 3.3. The Annual Members Meeting (AMM) took place on the 28th September 2017 at Ditton Community Centre in Kent. 180 people signed up to attend the AMM (this figure includes Council, stall holders and presenters), of that number 70 were members/members of the public (that number doesn't include staff or council – solely public). 137 people actually attended on the day.
- 3.4. The MDC reviewed the evaluations from the event and in summary, 81% of attendees found the AMM 'very interesting' with 19% finding it 'somewhat interesting'. There were also positive scores for the exhibition area with 86% finding it 'very interesting'. Members who attended the Council meeting noted it to be 'very interesting' with only one person noting it was 'somewhat interesting'. There was not one rating of 'not at all interesting' for any part of the event.
- 3.5. The MDC noted it have been a very successful and informative event and thanked Katie Spendiff for her work on the event.
- 3.6. Recommendations for improvements to next year's event centred on:
Providing guidance on presentations around font size and readability;
Think hard about stall layout to promote movement through and around stalls; and consider a wider Communications Plan to promote the event including Tweets and other local messaging.
- 3.7. If the Council have any further feedback on the event, please provide this at the meeting.

4. Public Members' Views

- 4.1. The **Inclusion Hub Advisory Group (IHAG)** is a diverse group of our public Foundation Trust members who bring a wide range of views and perspectives from across the South East Coast area. SECAMB staff brief the group on plans and service changes and seek the group's advice on whether wider community engagement is necessary or simply gather the views of the IHAG to inform the Trusts' plans. This group are also able to feed information on issues of importance to them into the Trust.
- 4.2. **IHAG meeting summary:**
- 4.3. Since the last report the Inclusion Hub Advisory Group of public members have met on 13th July & 19th October 2017. Marguerite Beard-Gould is a

representative from the Council at IHAG meetings and a further representative will shortly be confirmed. Jean, Alison, Gary & Charlie observed the October IHAG meeting.

4.4. The July minutes are included below as Appendix 2 for reference. The October minutes will be in the next MDC report to the Council in January.

4.5. July's meeting focussed on:

- An introduction to the Chairman of the Trust and his areas of focus.
- Information on the 'Investing in Volunteers programme' and an invitation for the IHAG to be involved in the stakeholder meetings.
- The need for a NED to be in regular attendance at the IHAG which the chairman took away as an action.
- Jon Amos requested the support of the IHAG on ensuring the correct messaging for patients and staff on the Trust's strategy goals and objectives.

4.6. Octobers meeting focussed on:

- An update on patient experience and plans for the patient experience group. Louise Hutchinson (patient experience lead) advised that it was due to start up again in November and a date would be circulated soon. It was confirmed that Felicity Dennis would be the Governor representation with Gary Lavan in her absence, and that Penny Blackbourne and Ann Osler would be the IHAG reps. The IHAG were keen to receive detail on the aims of the group from Louise as this was not yet available.
- Introduction to Chief Executive Officer, Daren Mochrie. The role of the IHAG within SECAMB.
- IHAGs feedback was sort on new branding for the Trust and also views and feedback on the strategy delivery plan.

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

4.8. The next IHAG meeting takes place on the 17th January 2018.

5. Staff Members' Views

5.1. The **Staff Engagement Forum (SEF)** is the Trust's staff forum, which meets quarterly. It consists of a cross-section of staff members with different roles and from different parts of the Trust and enables the Trust to gather views

and test ideas. The Staff-Elected Governors are permanent members of the SEF and it also provides them with a forum to hear the views of their members and share their learning from the SEF. The Chief Executive is also a permanent member.

5.2. SEF meeting summary:

5.3. Since the last Council meeting, the SEF met on the 13th October 2017. Management of the SEF now sits with the Trust's Staff Engagement Advisors; Kim Blakeburn & Lucy Greaves. Izzy Allen is current Chair of the SEF.

5.4. The July meeting focussed on:

- Introductions to the Staff Engagement Advisors, their areas of work and vision for how the SEF could contribute to their plans for wider engagement. Plus, the SEF's vision of how it could be part of a wider engagement programme.
- Discussion primarily centred around the purpose of the SEF, how should it work and who should attend.
- It was agreed that a member of the Exec should always be present at the SEF to enable opportunity for two-way communication and early sighting on possible issues and also positive examples of where things were working well.

5.5. The October meeting focussed on:

- Staff Engagement Advisors work to improve CFR engagement, including introducing a regular CFR pulse survey and working to set up email addresses for CFRs.
- CFRs had contacted the staff engagement advisers about their experience of bullying and harassment on scene and wished to have workshops similar to staff members – Kim would be setting these up in the near future. Kim is going to continue to work on CFR communications and engagement, including an induction for CFRs to EOC.
- In addition, the SEF discussed the importance of clear actions from the Trust in the follow-up to Professor Lewis' report and will be making recommendations to the Trust in that regard.
- The SEF also fed back on staff perceptions and awareness of the Trust's five-year strategy and how we could support Jayne Phoenix and her team to spread the word.
- The SEF received a presentation on the launch of a new online learning platform.
- Finally, the SEF discussed how the new operational staff engagement 'champions' could be brought into the SEF alongside existing members to

ensure a joined-up approach and effective representation when discussing Trust-wide issues with a view to Trust-wide solutions.

5.6. Izzy and Katie were invigorated at the October meeting about the potential of the SEF in the future – and hope that the Staff Governors will prioritise attendance at the next meeting on 12 February 2018.

5.7. The July and October SEF meeting minutes are available and shared below as Appendix 3 & 4. I would strongly recommend reading the October minutes.

6. Patient Members' Views

6.1. The second **Patient Experience Group (PEG)** meeting will take place on 14th December. Feedback on the activities of the Patient Experience Group will be reported back on at MDC meetings and a summary included in this report to the wider Council. Felicity Dennis & Gary Lavan are the Governor representatives on this group.

7. Recommendations

7.1. The Council of Governors is asked to:

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

7.3. Provide any additional feedback on the Annual Members Meeting.

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

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

Detailed below are:

Appendix 1 MDC November minutes

Appendix 2 - IHAG July minutes

Appendix 3 - SEF July minutes

Appendix 4 - SEF October minutes

Appendix 1

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors Membership Development Committee

20 November 2017 – 14:00 – 16:00

Present:

Mike Hill	(MH)	Public Governor, Surrey/NE Hants (Chair)
Katie Spendiff	(KS)	Membership Coordinator
Alison Stebbings	(AS)	Staff Governor, Non-Operational
Izzy Allen	(IA)	Assistant Company Secretary, and Secretariat
Nigel Coles	(NC)	Staff Governor, Operational
Felicity Dennis	(FD)	Public Governor
James Crawley	(JC)	Public Governor
Francis Pole	(FP)	Public Governor, West Sussex
Brian Rockell	(BR)	Public Governor, East Sussex and Lead Governor
Charlie Adler	(CA)	Staff Governor, Operational

1. Welcome

1.1. MH welcomed members to the meeting.

2. Apologies

2.1. Apologies were received from:

Marguerite Beard-Gould	(MBG)	Public Governor, Kent
Jean Gaston-Parry	(JGP)	Public Governor, Brighton and Hove

3. Declarations of interest

3.1. There were no declarations of interest.

4. Minutes, matters arising and action log

4.1. The minutes were taken as an accurate record

4.2. The following was noted:

4.3. On 6. MH noted that the film produced was actually a SECAmb strategy film, now available on You Tube.

- 4.4. On 7.7, KS advised that an exercise had been undertaken to improve the quality of our membership data. After a final data cleanse, there remained 200 people with incorrect email addresses. These members were cross-referenced against members who had voted in Governor elections and, as there were a number of cross-overs, it was decided that these members' communication preferences would be update to 'postal' and a further exercise to cross-reference would be undertaken following the next large-scale Governor election.
- 4.5. AS asked about whether there had been an outcome in relation to continuing to use the newsletter branding, given the new Trust strategy and strapline. KS had checked with Janine Compton (Head of Communications) and it was felt that the member newsletter could continue to use its own branding however KS was keen that the newsletter would gradually adopt the Trust's new look and feel, but at a pace so as not to alienate readers.
- 4.6. The action log was reviewed and it was noted that all actions had been completed.
- 4.7. MH noted that NC had become Deputy Chair of the MDC.
- 4.8. MH noted that KS had produced a fantastic list of organisations in local constituencies for Governors to use to support their local engagement. The information would be circulated to encourage Governors to potentially join in with Clinical Commissioning Group (CCG) meetings and other organisations in their area.
- 4.9. KS advised that constituency maps were also included, to help people see where the borders of their constituencies were. KS would circulate this electronically and further noted that it would be good to build links with Black and Minority Ethnic (BME) and carers' organisations because they were under-represented among the membership.
- 4.10. KS would ensure that membership materials were brought up to date with the most relevant logos e.g. Stonewall accreditation was now out of date.
- 4.11. KS noted that she would update the full Governor toolkit prior to Summer to ensure it worked as well as possible.
- 4.12. KS would bring the toolkit to the next MDC.

ACTIONS:

- **KS would circulate the list of organisations by constituency to all Governors electronically to encourage Governors to get involved in their localities**
- **KS would update the Governor toolkit in early Spring (including revising any out of date logos) and would bring the toolkit to the next MDC to enable Governors to feed back**

5. Membership update

- 5.1. KS advised that the October Staff Engagement Forum minutes would be coming to the Council in November and she recommended that Governors read them as they contained lots of interesting discussion.

- 5.2. FD advised that the Patient Experience Group would be meeting on 14 December. FD noted that it would be important to understand the purpose of the group: she believed that the group should pull together all aspects of patient engagement with some learning outcomes and initiatives.
- 5.3. JC suggested that the dashboard at the beginning of the membership paper should include an indication of whether membership numbers were going up or down.
- 5.4. BR noted that It would be important to define what a patient is, for the purposes of the group: everyone could potentially be a patient in the future, and did you still count as a patient if you had been in an ambulance as a child, for example?

ACTION:

- **Add trend analysis to membership by constituency data in membership paper**

6. Annual Members Meeting (AMM) feedback

- 6.1. Members reviewed feedback from participants at the AMM in 2017.
- 6.2. JC had received good feedback on his presentation.
- 6.3. FD and KS noted that doing more local promotion would be good, for example FD would like to do more tweeting. KS noted that it was entirely possible to do more local promotion, however there had not been the capacity in the team prior to the AMM.
- 6.4. There was discussion about the stalls' space being a little crowded.
- 6.5. Most feedback had been received about unreadable PowerPoint slides. KS would in future provide presenters with guidance on the minimum size of text to ensure that presentations were readable.
- 6.6. CA had received good feedback on his presentation.
- 6.7. FD advised that she felt that people wanted to hear more about the Trust's innovations, for example IBIS. There could have been more focus on investments over the year, for example new vehicles and Paramedics being recruited.
- 6.8. The MDC understood the need for balance and nuance while in special measures and with lots of areas to improve, however the group discussed their hope that the following year the Trust would be in more of a position to be positive.
- 6.9. The MDC discussed whether it was possible to be more proactive about promoting the Trust's work. IA advised that the Communications Team did send out a lot of press releases. CA noted the data protection implications of promoting work with patients, which were not as strenuous for the Fire Service.
- 6.10. KS noted that she would like our Twitter feed to be a bit more exciting and interesting. JC agreed. KS advised that she had asked the

Communications Team to promote the AMM, however there were no Twitter specialists in the team.

- 6.11. BR noted that he had professional knowledge of the area and that SECAMB had a range of challenges in not being proactive enough when we should be but also the press was particularly alert to negative stories. Long waits for vehicles eroded good news stories.
- 6.12. KS reflected that she had heard three things from the MDC:
 - 6.12.1. Provide guidance on presentations around font size and readability;
 - 6.12.2. Think hard about stall layout to promote movement through and around stalls; and
 - 6.12.3. consider more of a Communications Plan to promote the event including Tweets and other messaging.
- 6.13. BR noted that he felt that the AMMs had improved year on year. FD congratulated KS on a good job.

7. Representation on the Inclusion Hub Advisory Group (IHAG)

- 7.1. KS advised that there were two positions for Governors to attend IHAG meetings and feed back to all Governors through the MDC and on to the Council.
- 7.2. MBG already held one of the two Governor places.
- 7.3. Expressions of interest were sought and BR, FD and NC volunteered. IA would advise Angela Rayner.
- 7.4. BR advised that what was important was that someone attend who could provide feedback to the Council.
- 7.5. IA noted that Staff Governors were encouraged to attend the Staff Engagement Forum (SEF) regularly, rather than the IHAG
- 7.6. FP advised that he occasionally stepped in on the IHAG when the Lead Chaplain could not attend.

ACTION:

- **IA to advise Angela Rayner about the volunteers for MDC representative on the IHAG**

8. Your Call events

- 8.1. KS noted that the outcomes of the forthcoming membership survey would be coming through in the new year, and these would include questions about what members wanted from events. However, the MDC was asked to provide feedback in relation to the two events held in 2017 and what types of events Governor would like to hold in the future.
- 8.2. JC was concerned that too many public events may be taking place: were there more innovative ways to think about reaching out to the public?
- 8.3. IA noted that it would make sense to consider the purpose of public events before considering the format/structure of them.

- 8.4. BR advised that he felt that public events provided an opportunity to meet members of the public. The Your Call events had provided such an opportunity, in his opinion.
- 8.5. JC noted that he believed that the Your Call events were great however it may be worth combining membership outreach with, for example, a Council meeting. This might encourage attendance at council meetings. KS was unsure whether the audience for CoG and for Your Call were the same.
- 8.6. FP noted that he was inclined to believe that Your Call events were useful for meeting members.
- 8.7. KS noted the possibility of doing joint events and sharing meeting space with Trusts in other parts of the patch. CA advised that the natural progression would be to stop engaging in silos and instead work as part of STP groupings where public/membership engagement could be done across STP footprints.
- 8.8. MH noted that blue light events were good for recruitment.
- 8.9. IA noted the level of resource needed to put on big events and that while the events were very effective and well-received, there were relatively few attendees. She also reiterated JC's point that the draw for the public was to meet staff and hear about the service, not meet Governors.
- 8.10. KS would draw up recommendations based on feedback from the membership survey.

9. Promoting the role of the Council

- 9.1. KS explained that she would like to raise awareness of the Council within the Trust, as it would both be useful in terms of the Council's reputation and profile, and also was something that could be improved upon in line with the Investing in Volunteers programme.
- 9.2. KS asked Governors what opportunities there were to improve staff awareness of the Council.
- 9.3. IA noted that it was important to agree why it was important to promote the Council: so for staff it might be important to understand the role of Staff Governors and also the role of the Council in holding the Board to account. FD advised that the role of a Non-Executive was hard enough to understand, let alone a Council of Governors.
- 9.4. The MDC discussed the importance of simplicity of language.
- 9.5. BR believed that it was important for staff to understand the core role of Governors: to represent the interests of members, the public and patients.
- 9.6. FP noted that the average person was only interested in whether they would get an ambulance when they dialled 999.
- 9.7. The idea of highlighting the work of the Council in the Staff Bulletin was discussed: The MDC discussed the purpose and content of any such communication. Preferred suggestions included the top three issues/Governors' areas of focus, live tweeting through Council meeting, and to investigate working alongside the STPs further down the line.

- 9.8. CA emphasised the benefit of Twitter for real engagement: it was not just a tool to push messages out.
- 9.9. The MDC discussed the relevance of using posters in this electronic age. It was felt that this was not the best way to engage – it was more about pushing messages out.
- 9.10. IA suggested that should the Chair start doing a monthly email it would make sense to include information about the Council's activities.
- 9.11. CA noted that there was likely more engagement going on than we identify as engagement. CA did not follow his local hospital's engagement strategy. JC and CA discussed how effectively social media could be used to promote the Council.
- 9.12. A Governor leaver survey should be set up on Survey Monkey and used whenever a Governor left the Trust.

ACTION:

- **IA/KS to set up a leaving survey for Governors leaving the Council so we can learn from their feedback**

10. Suggested content for upcoming newsletter

- 10.1. KS asked FD to write a Governor blog for the next newsletter.
- 10.2. MH noted that something should be done on Investing in Volunteers.
- 10.3. On CFRs, it was agreed that it would be worth promoting them if recruitment was underway, and in specific areas where people were being sought.
- 10.4. KS suggested HART as a topic for the newsletter.
- 10.5. All members of the MDC would write a piece for the CoG Blog.

ACTION:

- **All members of the MDC would write a short piece on their Governor work for the newsletter CoG Blog**

11. Any other business

- 11.1. BR drew attention to paragraph 7.5 of the IHAG minutes regarding the Volunteer Charter being updated by members of the Volunteering Team with stakeholders.
- 11.2. BR noted that the Volunteer Charter had been developed by stakeholders under the auspices of the MDC. What was lacking was implementation of the Charter, which had been endorsed by the Board. BR was surprised to see that the minutes noted that Emma Ray would be updating the Volunteer Charter, with or without input from volunteers.
- 11.3. JC advised that the Executive owned the Charter and had delegated its overview to the Volunteering Team. BR noted his concern that the issue had been with implementation – not the Charter itself.

11.4. KS noted that she was concerned that those working on Investing in Volunteers were not engaging with volunteers or people working with volunteers. IA agreed.

11.5. IA would follow up with Karen Ramnauth about what was happening with the Volunteer Charter. It was agreed that the Charter was not properly implemented at the time however there were various views on whether it was the right time to seek to be involved in reviewing the Volunteer Charter.

ACTION:

- **IA to contact Karen Ramnauth to find out what was happening in relation to the Volunteer Charter.**

12. Review of meeting effectiveness

12.1. It was agreed to have been successful meeting.

The next meeting would be held on 15 February 10:00 in Crawley HQ

Appendix 2

South East Coast Ambulance Service NHS Foundation Trust

Inclusion Hub Advisory Group (IHAG)

Notes of a meeting held on 13th July 2017
At Nexus House, Gatwick Road, Crawley: 09:30 to 16:00 hours

Attendees:

Andy Weller	(AWe)	Leslie Bulman	(LBU)	Simon Hughes	(SH)
Angela Rayner	(AR)	Marguerite Beard-Gould	(MBG)	Suzanne Akram	(SA)
David Atkins	(DA)	Mo Reece	(MR)	Sarah Pickard	(SP)
Jim Reece	(JR)	Penny Blackburn	(PB)		
John Rivers	(JRI)	Sarah Pickard	(SP)		

Presenters & Guests:

Alexandria Dyer	(AD)	Jayne Phoenix	(JP)	Jon Amos	(JA)
Karen Ramnauth	(KR)	Louise Hutchinson	(LH)	Richard Foster	(RC)

Secretariat:

Asmina Islam Chowdhury (AIC)

Apologies:

Ann Osler	(AO)	Ann Wilson	(AW)	Hilda Brazil	(HB)
Izzy Allen	(IA)	Jane Watson	(JW)	Katie Spendiff	(KS)
Karen Mann	(KM)	Lucy Bloem	(LB)	Leslie Bulman	(LBu)
Mark Kelner	(MK)	Nick Goh	(NG)	Ollie Walsh	(OW)
Patrick Wolter	(PW)	Stephen Merriman	(SM)		

- **Welcome and introductions**
 - AR opened the meeting welcoming all present
 - Round table introductions were made, and AR welcomed guests, Trust Chairman Richard Foster, and Organisation Consultant Alexandria Dyer, both of whom were attending to gain a better understanding of the role of the IHAG.
 - AR also welcomed SA who had observed the IHAG meeting in April and now was joining the IHAG as the nominated representative from pur new partnership organisation, Surrey Minority Ethnic Forum (SMEF).
 - AR tabled apologies as given above, and noted that due to other work commitments IA would be deputising her attendance on the group to KS going forward.
- **Introduction to Chair, Richard Foster. The role of the IHAG within SECAMB.**

- AR opened the item, outlining that this was an opportunity for the IHAG talk about their work and provide examples of where SECAMB staff had benefitted from advice and appropriate engagement in their projects.
- The purpose of the IHAG is also to advise and make recommendations to the Trust, and report to the Inclusion Working Group about:
 - Implementing and measuring the success of the Trust's Inclusion Strategy.
 - Embedding the principles and practice of involvement and engagement in the Trust.
 - Working with stakeholders in an effective, integrated way.
 - How and when stakeholder involvement is beneficial and necessary.
 - Involving relevant stakeholders at the appropriate time and in appropriate ways.
 - Participating in the Equality Delivery System 2 process, by acting as the Trust's 'Community of Interest'
 - Providing appropriate feedback to those the Trust has engaged and involved.
 - Providing advice to staff on appropriate engagement regarding their current work streams.
- Members of the IHAG provided overview of work streams they had been involved in including; Vehicle and Ambulance Make ready design, Learning Disability Alert Card and 999 answer message (JR), development of Procedure and guidance to support Transgender staff and service users, Experts by Experience training (both of which enabled Trust staff to support colleagues through the transition process,PD), review of the Trust Equality Objective(s) and the EDS2, as well as involvement on a number of other working groups within the Trust (PB).
- SH noted the benefits of the IHAG as members are often involved with a number of partnership agencies and are able to raise the profile of work within SECAMB. It also supports the development of a two-way dialogue with the Trust helping improve patient outcomes, particularly for marginalised communities.
- RF thanked members for the invitation to the group and noted that he was pleased that the IHAG had such a strong focus on Equality, Diversity and Inclusion.

- RF shared early feedback from the CQC re-inspection which had taken place in May. This feedback had been shared by the inspectors with RF, Daren Mochrie Chief Executive Officer and Joe Garcia as Chief Operating Officer, and acknowledged that the Trust was moving in the right direction. RF also noted the positive feedback around 111. However, there were still significant issues around medicines management and the voice recording of emergency calls.
- RF advised that with regards to voice recording, the initial issues picked up during the first inspection had been resolved. A new issue had been identified shortly prior to the 2nd visit and a fix put in place to address the issue. This information was shared with the CQC but was raised in the report as a concern, despite the measures taken.
- The medicines management issues that had been identified a year ago were still ongoing, but improvements had been made. This work was being overseen by the Medical Director Fionna Moore and Trust Pharmacist. RF noted that medicines management was a sector wide issue as there was not enough focus on this within training in the same way there was for nurses.
- RF outlined his three main priorities for the Trust as given below;
 - The appointment of a substantive Executive team. Portfolios for the Executive Directors had been clarified, and RF noted that the current post holders were very good, but there was a need to get a permanent team in place.
 - RF noted that the Trust had number of large projects ongoing at present, including the rollout of a new Computer Aided Dispatch (CAD) system, move to a new HQ and EOC, rollout of iPad and e-PCR. It was essential that the Trust effectively managed its way through these change processes.
 - Improvement of medicines management across the Trust.
- RF took questions from members;
 - RF advised that the next two years would be focussed on the delivery of the Unified Recovery Plan, and then the team would need to look forward to planning for the next decade.
 - RF would also be looking at the Non-Executive Director (NED) portfolio's and were currently looking for a NED with a clinical background.
- AR thanked RF for attending and engaging with the group. AR noted that LB was the appointed NED for the IHAG, however she had been unable to attend for a number of meetings now and the group were keen to retain the support of the NED's. RF took away an action to appoint a NED to the group.

Action:	RF to appoint NED to IHAG and advise AIC.
Date:	July/ August 2017

- **Minutes of the previous meeting**

- The notes of the meeting held on 12th April 2017 were reviewed for accuracy.
- It was noted that the last line of the apologies was repeated and required removal. AR proposed that the minutes of the last meeting be taken as an accurate record with this amendment. JRi seconded and the agreement was carried.

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

- Action 198.3 – Draft meeting etiquette: IA updated that although this was still a need, it was not a priority at the present time given more pressing issues and that this would be re-prioritised accordingly.
- Action 199.3 – Trust Governance update: No further update, action carried forward.
- Action 207.1 – Serious Incident Review Process: AIC advised that Interim Director for Quality and Safety had been approached for advice on how to take this work forward now that Sara Songhurst is no longer with the Trust.
- Action 207.2 – CEO Invitation: It was agreed an item similar to that planned for the Chairman would be planned for the CEO's Introduction to IHAG. Action carried forward.
- Action 209 – Sustainable Transformation Plans: It was agreed that as no questions had been raised by members this action could now be closed.
- Action 211 – Q-Volunteering Workshop: No further update, action carried forward.
- It was **agreed** to close all other actions which had been noted as completed in the Action Log since the last meeting: 208, 210 and 212.

- **Review of activities undertaken by members**

- Members updated the group on the activities since the last meeting and these included: History marking sub-Group, Inclusion Working Group; patient Experience Group, Medicines Management Review group, review of Equality Diversity & Inclusion Policy, and Procedure and guidance to support Transgender Staff and Service Users, Sussex Patient Transport Service Forum and East Sussex Planning and Partnership Workshop.
- LB had also been in contact with Operating Units Managers in Kent as a follow up to the rural response times agenda item in April, and a follow up presentation was delivered to the Shepway locality patient participation group.
- PB advised that a meeting of the Clinical Risk Subgroup had not taken place since January and requested assurance that the work of the group is being picked up in the meantime.

- **Patient Experience Update**

- AR welcomed Louise Hutchinson (LH), Patient Experience Lead to the meeting. LH provided an update on Patient Experience noting that there had been a number of directorate changes over the last 18 months, but this work stream now sat under Steve Lennox, Interim Director of Quality and Safety. LH noted that the Patient Experience manager had recently left the organisation and interviews for a replacement would be taking place on 14th July. It was noted that there would not be any patient representatives on the interview panel and although recognising it was very short notice, LH invited any members of the IHAG to be part of the panel.
- LH noted that there had been a reduction in the number of complaints under the previous manager. This was seen as a result of the introduction of a new category known as “concerns” that had not been counted in the overall complaints figures. LH advised that this had now been reverted, so that all concerns and complaints were counted.
- Overall up until June 2017 the number of complaints had seen a reduction. The largest reasons for complaint being staff attitude and conduct. It was noted that this was sometimes a result of a mismatch of expectations from both staff and patients. The Datix system used to log complaints allows us to identify the one off incidents and those who had a number of concerns raised against them.
- LH advised that 95% of complaints require a response within 25 working days, however this was currently at 52%. It was acknowledged that this was in part due to the capacity of the Patient Experience Team (PET) and the changing operational structure and responsibilities. The investigation of complaints now sits with the Operational Team Leaders (OTLs) rather than the Operating Managers (OM). Concerns were raised regarding training of OTL’s to investigate complaints, but it was noted that the increase in off road time for OTLs would support improvements in timeliness.
- The group were also provided with an update on work being undertaken to improve Datix, and it was queried whether updates could include a search by nature of complaints with protected characteristics being an option.

Action: LH to investigate possibility of having a record/search by the theme/nature of the complaint in relation to a protected characteristic on Datix and report back to the group.
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Date: Aug / Sept 2017

- The group received a brief update on the eight complaints that were taken to the Ombudsman last year of which one was upheld, one partially upheld and one was ongoing. CQC had picked up on a lack of evidence around completion of actions & learning taken following complaints, and LH advised that improvements to the Datix system supported better evidencing of this.

- IHAG members noted that people often wished to share feedback rather than complain, and LH took an action to review whether “feedback” rather than concerns or complaints was invited on the internet pages.

Action: LH to check current wording on the website, around providing feedback / suggestions on improving our services.

Date: Aug / Sept 2017

- LH advised that a Patient Experience Group (PEG) had also been newly formed within the Trust, of which PB was the IHAG rep and AO the deputy. The PEG will be drafting a patient experience leaflet as part of its work stream. It was agreed that this would be circulated to IHAG members for comment. Due to time AR invited LH to attend the October IHAG with the new Patient Experience Manager and provides further update on progress made and the work of the PEG. AR thanked LH for attending.

Action: LH to circulate draft patient experience leaflet to members of the IHAG for comment.

Date: Aug / Sept 2017

Action: AIC to invite LH to October IHAG meeting.

Date: July 2017

- **Investing in Volunteers**

- AR introduced Karen Ramnauth (KR) who provided an overview of her areas of responsibility, including Community First Responders, Chaplains, Public access Defibrillators, Retirement Services, Community Guardians and Quality Volunteering management.
- KR provided an overview of Q-Volunteering which was aimed at ambulance services, and funded by the cabinet office following a successful bid. Nine of 10 ambulance trusts had been awarded grants following successful bids. SECAMB had received funding for a new volunteer role ‘Community Guardian’. In addition to this further funding had been made available to Trusts taking on the role of system lead for a specific project. SECAMB had been awarded a further £100,000 to be the lead for volunteer management and would help the ambulance trust sector to achieve the Investing in Volunteers Standard.
- KR provided an overview of the standard and its aims, along with the indicators and the criteria which need to be met to ensure achievement. KR advised that part of the funding had been used to fund an Investing in Volunteers lead, Emma Ray, and to fund other Trusts to achieve the standard alongside SECAMB. Of these, six of the nine other ambulance trusts have signed up as partners so far.

- KR outlined next steps, advising that the Trust was currently awaiting an allocation of an assessor and would be looking to have an introductory workshop in September. This will be followed by quarterly meetings for members of the stakeholder group. KR and Emma Ray would be inviting volunteers from across all the Trust's voluntary groups to be part of the stakeholder group and advised there were two spaces for members of the IHAG interested in joining.

Action: AIC to circulate invitation for expression of interest in Investing in Volunteers Stakeholder group to all members.

Date: July / Aug 2017

- KR advised that the Investing in Volunteers would help build on volunteer satisfaction within the Trust. It was also noted that Emma Ray would be updating the Volunteer Charter with a group of stakeholders, and there was scope for the development of a Volunteer Strategy as a result of this work in the future. AR thanked KR for attending. A copy of KR's presentation is included below;



IHAG Presentation
Investing in Volunte

- **SECamb Strategic Objectives and priorities for the Project Management Office**
- AR welcomed Jon Amos (JA), Interim Director of Strategy and Jayne Phoenix, Associate Director of Strategy (JP) to the meeting. JA advised that the strategy was due to be signed off at the upcoming board meeting on 25th July, however with the announcement of the [Ambulance Response Program](#) (ARP) earlier in the day there was a need to make a few small amendments to the document. Engagement on the strategy had begun in November 2016 and further amendments will take into account any workforce requirements under the ARP.
- The strategy has four five year goals and 16 objectives for delivery in the first two years, JA requested the support of the IHAG on ensuring the correct messaging for patients and staff. JA noted the feedback that had been provided by the IHAG in relation to the strapline, but also acknowledged that the Trust acknowledged that staff needed to see that they are a priority - this is also in line with the three priorities for the NHS as given by Jeremy Hunt, which all focussed on better support for our staff.
- A short workshop session was held to look at the public messaging in relation to the four objectives under "Our Patients" (slide 5), with feedback collated at the end.

Five Year Goal, Our Patients; We will develop and deliver an integrated clinical model that meets the needs of our communities whilst ensuring we provide

consistent care which achieves our quality and performance standards	
Objective 1: Develop and deliver a clinically led process to prioritise patient need at the point of call, increasing referral to alternative services where clinically appropriate	<ul style="list-style-type: none"> • Reassurance that patients will get a good quality assessment. • Commitment that we will provide you with the most appropriate response • Use personalisation “ Our EMA’s”
Objective 2: Further integrate and share best practice between NHS 111 and 999 services, striving for Integrated Urgent Care service where this is considered viable	<ul style="list-style-type: none"> • The language in the objective is a nice to do and in the hands of commissioners. • Are people confident in the 111 service, what is the public perception. • Furthermore 999 is the entry point to all emergency services. Is there scope for a national move to non-emergency number for police, fire and ambulance? • Patients want assurance that they will get the right support and treatment for their needs.
Objective 3: Further improve and embed governance and quality systems across the organisation, building capacity and capability for continuous improvement	<ul style="list-style-type: none"> • Reword – providing consistency of care. • Clarify what does “continuous improvement” actually mean to patients. • Recommended - Conduct ourselves professionally and with integrity.
Objective 4: Improve clinical outcomes and operational performance, with a particular focus on life threatening emergencies	<ul style="list-style-type: none"> • Recommended rewording to “Improve operational performance to improve patient outcomes” • Noted a lack of communications to the general public, a risk of raising public expectations without clarifying what the messages mean.

- Further general feedback was provided as below;
 - No mention of communication within the goals or objectives. JA advised that a communications strategy was in development but this needs to link back to the objectives.
 - “Our Patients” goal and objectives need to be in plain English, and need to address the “so what”
 - Need to identify target audience

- AR invited JA to return to the October IHAG to outline the delivery plan for the strategy and thanked both him and JP for attending. A copy of the presentation can be found below;



Strategy slides
13717.pdf

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

- Staff Engagement Forum – AR provided an update advising that SEF would be meeting on 24th July and the agenda was focussed around how the forum would look moving forwards.
- AR provided feedback from the IWG with regards to promoting the role of the IHAG to staff via both the weekly bulletin and SECamb news. It was agreed that an article would focus on what the IHAG can offer, quotes from colleagues who have made changes to their projects based on IHAG engagement, and other areas of work that IHAG members are involved in.

Action: AIC to draft an article for Weekly bulletin and liaise with Liz Spiers re SECamb News article.

Date: Aug / Sept 2017

- AR shared an invitation to IHAG members to be part of upcoming Executive Director stakeholder panels and advised that these would be circulated via an IHAG update to allow everybody the opportunity to get involved.
- AR advised members that the Trust would shortly be publishing its Workforce Race Equality Standard (WRES) return for 2016/17. Yvonne Coghill, England Director of WRES Implementation would be presenting to the Trust board on the WRES on 25th July. A link to this year's WRES data can be found below;

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

- AR shared dates for upcoming events as below and requested members advise AIC should they wish to attend;
- National Ambulance LGBT Network Conference, Friday 4th August 2017
AmEx Brighton
- Brighton & Hove Pride Parade, Saturday 5th August 2017
- Annual Members meeting – late September, date to be circulated by AIC.

Action: AIC to circulate date of AMM to IHAG members within update.

Date: July 2017

- Members raised concerns regarding “volunteer appraisals” which had been mentioned by both KR and JA during their presentation. AD noted that this was

likely as a result of Actus (appraisal software) being used to log the feedback conversations with volunteers and this had resulted in confusion.

Action: AD to ensure feedback given re the use of phrase “volunteer appraisals”

Date: July 2017

- JR noted a lack of visible management support for Kent CFR’s and AR agreed this would be taken as an action to follow up and provide feedback.

Action: AIC to request an update on the management of CFR’s within Kent going forwards from Chris Stamp and Karen Ramnauth.

Date: July 2017

- PB shared concerns that had been raised at the IWG regarding lack of communication with patient public members when working groups were disbanded or absorbed into other work streams. AR advised that this had been escalated to the Executive team and CEO.

- **Meeting effectiveness**

- Members felt that it had been a good meeting but noted the accessibility issues presented by lack of screen when viewing presentations.

Action: AIC to request an update from ICT on fitting of screens in McIndoe suite.

Date: August 2017

- **AOB**

- No AOB raised.

- **Date of next meeting**

The next meeting will be held on **19th October 2017**, 09:30 to 16:00 hours.

Appendix 3

Staff Engagement Forum

24th July 2017 - The Charis Centre, Crawley

Present:

Angela Rayner	(AR)	Inclusion Manager,
Tim Howe	(TH)	Non-Executive Director
Izzy Allen (Chair)	(IA)	Membership & Governor Engagement Manager
Nigel Sweet	(NS)	Trade Union Representative, Technician
Alison Stebbings	(AS)	Staff-Elected Governor, Logistics Manager
Kim Blakeburn	(KB)	Staff Engagement Advisor
Lucy Greaves	(LG)	Staff Engagement Advisor
Katy Larkin	(KL)	Learning & Development Trainer
Sally Robinson	(SR)	PA to Director of Medical & Quality
Emma Ray	(ER)	Investing in Volunteers Lead
Danny Dixon	(DD)	Transition to Practice Manager
Katie Spendiff	(KS)	Corporate Services Coordinator
Dave Atkins	(DA)	Operations Manager
Steve Singer	(SS)	Head of Learning & Organisation Development
Lee Warwick	(LW)	HART Paramedic
Lee-Ann Witney	(LAW)	Fleet Administrator

Apologies: Debbie Evans, Geoff Fitch, Louise Chambers, Karen Lavender, John Waghorn, Nigel Coles, Melissa Adasa, Alexandria Dyer, Liz Spiers, Asmina IChowdury, Roseann Fright, Charles Adler.

1. Welcome, introductions & apologies

1.1 IA welcomed members to the SEF and started by recognising that the organisation has recently been going through a significant period of change, and that this was a time to embrace the new things that were happening and welcome new ways of working. In particular, the appointment of two Staff Engagement Advisors was a welcome commitment to staff engagement from the Trust.

2. Action Log

2.1 IA advised that there was still an active action log from previous forums, and that whilst they weren't to be dropped, they weren't going to be revisited at this forum as they hadn't been updated and suggested that IA, KB & LG get together outside of the

SEF to decide what was still relevant to carry forward. To be fed back to members at next SEF.

ACTION: IA, KB and LG to meet to review the SEF action log and make recommendations to close or take forward actions

3. Steve Singer

3.1 SS gave an overview of how staff engagement had become a recent focus of the Trust, how the Staff Engagement Advisors were recruited and where he would like these roles to sit within the Learning & Organisational Development team and their relationship to the SEF.

4. Kim Blakeburn & Lucy Greaves

4.1 KB & LG gave an overview of the projects they were undertaking in order to implement effective staff engagement across the organisation. These included executive team engagement, engaging with volunteers, pulse surveys, corporate inductions and local engagement champions & toolkits.

4.2 KB & LG gave an overview of the Staff Engagement Champion role, the process of recruiting them, their list of responsibilities, plans to review their performance, how they will fit into the SEF and agreed that SEF members did not have to become SEC if they did not wish, but it would be welcomed

5. Horizon Scanning

5.1 AS suggested attendance from governors and the Workforce Committee at future forums. Members agreed.

5.2 TH made the point that LG/KB may face a lot of cynicism from staff around some of the initiatives to be implemented to engage staff. TH suggested most ideas had been bought up before but had failed, therefore they should look at what the barriers were, what obstacles had come up in the past and how they could be overcome.

5.3 TH suggested we asked a member of the Executive team to every SEF and asked the Exec team what they thought could usefully be discussed at future SEF meetings. LG advised she was meeting with Daren next week and would suggest that the SEF became an agenda item at each Board meeting.

ACTION: LG to follow up with DM regarding how the Executive and Board should have input to and outputs from the SEF

5.4 AR advised that it worked well when the SEF were consulted on key pieces of work going on within the organisation, such as bullying & harassment. IA stated that previously the SEF had also been used to enable staff to consult on policies and procedures, to ensure they would be effective. She asked whether members felt this should carry on going forward. AR said that this was an important aspect of the SEF and should not be lost. KB suggested that there should be an item on the agenda for each forum allocated to this. LG advised on a piece of work coming up with Jon Amos to launch the new Trust strategy to staff and that he would like to attend a future SEF to discuss it.

5.5 TH suggested that the SEF should be included as a tick box within the Programme Management Office's Quality Impact Assessments so that the forum was consulted before a project began, in order to consider the impact on staff. LG

suggested that this may not always be possible as this may delay projects considerably. LG also advised that not every project would have an impact on staff so won't be appropriate for the SEF. TH also suggested that LG/KB be prepared to challenge the Exec/PMO regarding confidentiality as we were often not as transparent as we should be. LG/KB agreed.

5.6 DA asked how volunteers fitted into staff engagement, as we let them use Trust buildings for meetings but don't give them ID card access – we are only going halfway. KB advised this was a project she was working on and would explore that further. KB also agreed that we should invite volunteers to the SEF.

ACTION: KB to propose whether and if so how volunteers should be incorporated into the staff engagement work and the SEF

6. Three Key Questions - IA proposed the following questions to the group;

6.1 What is the purpose of the SEF? Members called out suggestions to the group, IA wrote on whiteboard (photo attached)

6.1.1 Members agreed that purpose remained the same as originally written when SEF founded. The only new addition was Staff Engagement Champions

6.2 How should the SEF work? Members called out suggestions to the group, IA wrote on whiteboard (photo attached)

6.3 Who should attend the SEF? Members called out suggestions to the group, IA wrote on whiteboard (photo attached)

7. Open Session

7.1 AR suggested that we set up a SharePoint page for SEF members to use to share documents such as minutes and agenda. LG agreed to set up

ACTION: LG to create a SharePoint page for the SEF

7.2 AR suggested we keep a list of successes/achievements of the SEF to be shared with staff in order to demonstrate the benefits of the SEF

7.3 LG asked the group whether they thought future SEF should be held in Crawley – members agreed

7.4 LAW asked KB/LG whether they had met with the support staff managers, as well as operational managers in order to talk them through the staff engagement plan and gain their support to attend the SEF. KB advised that they hadn't met with all of them yet, as they were waiting for replies to emails, but were in the process of doing so.

7.5 NS suggested that as bullying & harassment was a very current issue within the organisation, perhaps the report should have been shared with the SEF for consultation on how to deal with the issue going forward before making it public. AR stated that we should be engaging and consulting with staff on this report and that the SEF could help advise on how to do this. AR suggested a letter from the SEF Chair to the Executive team to suggest this.

ACTION: IA to write to the Executive on behalf of the SEF suggesting SEF involvement in moving forward from the bullying and harassment report

8. Suggestions for future agenda items

8.1 LW asked to include plans for winter pressures at next SEF

8.2 NS advised he has spoken to Communications team on setting up a campaign to raise awareness of the funding gap and to inform staff of the different budgets. DA advised that operational staff asked why we were spending money on certain things when we should be spending it on the fundamentals such as getting resources on the road. AR advised that staff weren't always aware that some schemes come from CQC Special Measures funding. IA stated that that's where KB/LG can help bridge the gap and give staff an idea of the bigger picture.

8.3 AR stated that the SEF should have been consulted on the strategy prior to it going out. LG advised it would be a good idea for Jon Amos & Jayne Phoenix to come along to the next SEF to discuss the impact of the strategy on staff and give more information regarding funding/budgets. Members agreed.

ACTION: Invite Jon Amos and/or Jayne Phoenix to the SEF to discuss the strategy and funding issues

8,4 7.5 It became apparent that not all SEF members were aware of the new SECamb E-Learning platform being developed. DD spoke about issues with current platform and express importance of SEF members promoting new platform in positive light. KB advised Andrew Hartley was leading on this and she would invite him along to next SEF to gain feedback and discuss how it is going to be communicated to staff.

ACTION: Invite Andrew Hartley to the next SEF to discuss communication of the new e-learning platform to staff

9. A.O.B

9.1 AR consulted the SEF on the Wellbeing Hub & TRIM, invited them to give feedback on effectiveness of the proposed hub and whether it would improve on the previous approach. Members agreed that this project would only have a positive impact on staff due to some lack of support for staff wellbeing in previous years.

9.3 9.3 IA informed the group that future Board meetings and Council of Governors meetings will mostly be held at Crawley HQ, giving staff more opportunity to attend or propose questions to them. DA expressed concerns regarding previous questions proposed to the Board being vetted. IA/KS assured that questions were not vetted.

9.2. IA/KS invited SEF members to the next Annual Members Meeting on the 28th Sept 2017 at the Ditton Community Centre in Kent.

9.3 SR advised this will be her last SEF meeting. IA thanked SR for her participation in the SEF and invited any others to email her with SEF resignation if necessary.

10. Review of meeting effectiveness

10.1 Members agreed meeting effective and thanked KB/LG for attending. KB/LG thanked members for welcoming them and are looking forward to working together.

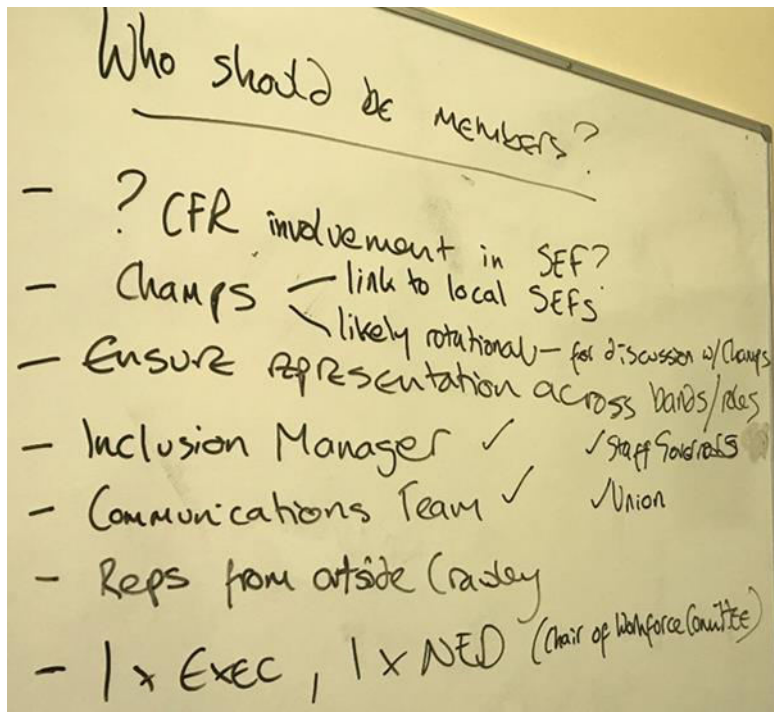
Date for next meeting: 13th October 2017 – McIndoe 2 & 3, Crawley HQ

Purpose of SEF

- Trust forum to consult on major change
- facilitate comms/engagement
- Reduce silo working
- Provide a mechanism to feed out info
- Link between Forum + wider Trust, including Champions
- Resource for staff to engage/consult with diverse staff = business as usual
- Advise on appropriate level of staff engagement
- Facilitate staff governor knowledge/sharing info with staff.

How would it work

- Mechanism to ensure flows + accountability
- Need minute-taker!
- Enable virtual engagement
- Be part of better future planning to enable considered Trust developments
- Exec Team involvement
- Trust support to enable attendance
- ensure + abstraction
- ensure annual report to Board, formalise reporting
- 12 month notice of meeting dates
- Action log - updates from fellow Champs
- Commitment to transparency
- SEF shared point page - read only for all - write for champs
- keep it in Crawley



Appendix 4

Staff Engagement Forum

13th October 2017

SECamb HQ, Crawley

Present:

Izzy Allen (Chair)	(IA)	Assistant Company Secretary
Tim Howe	(TH)	Non-Executive Director
Nigel Sweet	(NS)	Trade Union Representative, Technician
Kim Blakeburn	(KB)	Staff Engagement Advisor
Lucy Greaves	(LG)	Staff Engagement Advisor
Danny Dixon	(DD)	Transition to Practice Manager
Katie Spendiff Coordinator	(KS)	Corporate Governance & Membership
Alexandria Dyer	(AD)	OD Consultant
Asmina I Chowdhury	(AIC)	Inclusion Coordinator
Rebecca Denne taker)	(RD)	Quality and Compliance Administrator (Minute

Apologies: Melissa Adasa, Charles Adler, Dave Atkins, Louise Chambers, Nigel Coles, Debbie Evans, Geoff Fitch, Roseann Fright, Katy Larkin, Karen Lavender, Emma Ray, Angela Rayner, Liz Spiers, Alison Stebbings, John Waghorn, Lee Warwick.

1. Welcome, introductions & apologies

1.1 IA welcomed everyone to the SEF and informed group about a number of apologies. IA asked everyone to introduce themselves around the room. IA also asked everyone to look over minutes from previous meeting and asked members to say if there were any issues regarding accuracy. There were no comments so the minutes were accepted as an accurate record.

2. Action Log

2.2 IA explained that most actions on action log were completed and needed to be archived but it was important to review actions from previous SEF meetings so that important issues were not missed

Action 210-Completed-Archived.

Action 211- Completed-Group decided there should always be an Executive present at SEF meeting, Jon Amos has hoped to come today but Jayne Phoenix, his deputy, would be here instead. Archived.

Action 212-Completed-Representative of voluntary services to attend meeting and to feedback to rest of the team-today is KB. Archived.

Action 213-Completed- Jayne Phoenix is attending today. Archived.

Action 214-Completed-Andrew Hartley is attending today. Archived.

Action 215-Completed-LG created SharePoint, has everyone got access? If not, then please ask to join and LG will accept. Archived.

Action 216-IA apologised as this action not been completed yet.

Action 217-LG and KB met with Joe Garcia, waiting for tactical plan. (Will be written and ready in 2 weeks) Trust wide communication to go out when completed.

Action 159-Closed. Archived.

Action 160-Closed. Archived.

Action 161-Closed. Archived. (We are paid for scrap metal)

Action 167-Closed. Archived.

Action 169-Closed. Archived.

Action 174-Close but to make new action.

Action 176- Closed. No facilities to run fitness tests, trust don't want to pay for area to do this. Trust looking at new process. No video but guidance sent out. Archived.

Action 194.1-Closed. Archived.

Action 194.3- Closed. To be adopted by Staff engagement advisors in their practice. Archived.

Action 194.5-Closed. To be adopted by Staff engagement advisors in their practice. Fundamental part of the job. Archived.

Action 195.2-About to be developed. Succession of interim risk people, staff don't understand risk management. Can we help to shape messaging to staff?

Action 196-Closed. Used to have staff suggestion scheme (Bright ideas scheme). New scheme in 6 months for LG and KB to launch. Discuss at next meeting with more information. Archived.

Action 197.3-Old admin, good idea to get communication out- Link on intranet maybe? For all staff as bulletin not read by everyone. Link on twitter too?

Action 199-Steve Graham to provide update on ESR self-service- currently being trialled on HR team and going live on 7/11/2017. This means no longer paper pay slips. New communications will be sent round with all login details soon.

Action 200.1-Out of date. Archived.

Action 200.2-Duplicate. Archived.

Action 201-Closed. General principle that we follow anyway. Archived.

Action 202-Send note to HR? LG and KB to send email to Sophie May. DD told group there is going to be a bigger focus on career development in the next year. Career pathways may be resolved with this new idea. It is brilliant that people can train to degree level and for it all to be paid by employer. Trust will gain loyalty. This is a work in progress and is heading in the right direction.

Action 203.1-Jayne Phoenix going to talk through CQC report later in the meeting.

Action 203.2-We need some way of getting feedback? Speak to ARP team, is this in their plans? There is guidance for staff on intranet and FAQ but not a feedback option. LG and KB to check.

Action 204.1-Closed. Archived.

Action 204.2-Year out of date. Closed. Archived.

Action 206-Completed. Archived.

Action 207-Completed. Archived.

Action 208-Out of date. Archived.

Action 209-Closed. Archived.

ACTIONS:

1. NS to look into base allocation in recruitment adverts. (Look at previous action-174)

2. IA to speak to Samantha Gradwell to involve SEF. (See previous action-195.2)

3. LG and KB to discuss with SEF about ideas for a new staff suggestion scheme at next meeting. (See previous action 196)

4. LG and KB to send out via bulletin-send to everyone in SEF to check everyone happy. (See previous action 197.3)

5. LG and KB to check if feedback is in plans for APR op's staff. (See previous action 203.2)

3. Update on Bullying and Harassment (Kim Blakeburn & Lucy Greaves)

3.1 KB and LG updated group, they have had a lot of involvement, engaging with staff and forming an action plan. This has been completed and passed on to the executive team. KG and LG have hosted 40 bullying and harassment report follow-up sessions across the trust with around 150 members of staff. A member of the HR team and a director has attended each of these sessions and the L & D team have hosted workshops which have involved what staff want, behaviours and values, and what staff want from their manager. They have had great feedback and all reports have been collated by Steve Singer to produce a detailed report to go to the board.

- 3.2 KB explained that a number of volunteers have contacted them directly and via communications. They raised shared concerns about bullying and harassment so they too will have workshop sessions. Unfortunately, this is too late to include in the report but still very important. It came up a lot that the volunteers were treated badly on scene so Daren has given support for all volunteers (CFR's, Chaplin's) to have B &H sessions over the next few months.
- 3.3 Group raised that there is no tangible outcome so far, no one is aware of what staff have said at the workshops. There had been no feedback and no communications. LG and KB told group that they had completed the workshops and it is now sitting with the Board as it is for them to decide what happens next. IA had met with Steve Singer to discuss Governor involvement in the solutions and SS noted the following main themes coming through the B&H sessions: Staff engagement; leadership development; discrimination (HR policies); and employee welfare and wellbeing.
- 3.4 SS would meet with Ian Jeffries (new HR Deputy Director) to discuss how this can be moved forward. The SEF was very clear that staff needed to see a clear link made between Prof. Lewis' report and action taken by the Trust: following good practice format such as you said, we did!
- 3.5 TH thought staff engagement should be a regular agenda item at board meetings. B&H session feedback/report had not gone to board yet. Needs to be raised back to board as soon as possible. IA to check with Terry Parkin and suggest to Terry that workforce committee should hear this. NS thinks staff need to know what is happening as staff will begin to get frustrated.
- 3.6 Group discussed Duncan Lewis report, the feeling in the room was that staff were expecting more to be done. Staff generally feel demoralised and let down as no one seems to be being investigated for their actions. Senior staff seemed to have just been moved sideways which didn't feel like achieving any real change many staff members feel as though someone needs to be held accountable.
- 3.7 On a positive side the feedback we got was that staff felt it was a positive and it needs to be remembered that it was the Trust that asked for this report to be done and it was the Trust that identified this issue. Some staff had not experienced or seen any B&H and have been here a long time.
- 3.8 TH noted that it is very hard to discipline staff over B&H that has happened years ago but staff need to be reassured that any new evidence/allegations will now be dealt with. It is felt that it is important that the Chief Executive needs to say he will not allow this and needs to make a point of saying this often, including on visits around the Trust etc. The SEF think it is a good idea to draft a recommendation letter to the Executive Team. LG and KB to have a look into this and draft something for agreement with the SEF to then be sent to Daren.
- 3.9 Group agreed that communications should be sent out soon to staff in regards to B&H. LG and KB to have conversation with coms and Steve Singer regarding this.
- 3.10 The SEF discussed communications. LG and KB were still working with the Comms Team and going to all relevant meetings etc. They would like to do their own communications but unfortunately have no capacity to do this. Only have two people in their team so it makes it a lot harder. LG and KB are very happy with how much staff engagement has grown. They see themselves as the ears of the Trust (listening to staff) and the Communications Team should be the voice. The SEF believed that Communications need to improve as the voice is vital! IA suggested that LG and KB work with Communications to develop agreed messaging, and as part of the actions on B&H and culture to ensure that Comms

and Engagement were both singing from the same hymn sheet in terms of the values all our comms/engagement should seek to promote and should embody. Everything we do revolves around good coms going out. Maybe we need an agreement on messaging? TH suggested that LG and KB should be invited to WWC to talk about their work.

ACTIONS:

1. SS to meet with Ian Jeffries regarding moving B&H session feedback forward. (Refer to 3.4)

2. IA to check with Terry Parkin regarding B&H session feedback/report being sent to board and suggest to Terry for workforce committee to also hear this. (Refer to 3.5)

3. LG and KB to have a look into doing a recommendation letter to execs, to bring to group to then be sent on to Daren. (Refer to 3.8)

4. LG and KB to have conversation with coms and Steve Singer regarding this. (Refer to 3.9)

4. Business Strategy/CQC update (Jayne Phoenix)

- 4.1 Jayne Phoenix joined the group and gave a presentation updating the group on our trust strategy.
- 4.2 Questions for SEF- How does the SEF want to be involved? What would you like to know more about through articles and future meetings? SEF to be a check in point for enabling strategies and to advise on messaging and how those are shared.
- 4.3 Strategy poster coming out, draft almost ready it just needs finalising. KB collated all responses on which poster SEF preferred. Group was split, 50% of group preferred poster 1 and 50% of group preferred poster 2. KB to email comments to Jayne Phoenix. KB also wants poster in next corporate induction and KS wants poster in public newsletter by November.
- 4.4 Jayne doing series of articles on Sustainability and Transformation Partnerships over next couple of months, KS suggested it may be a good idea to put these on twitter account.
- 4.5 TH is unsure whether staff understand strategy, have staff even heard about it? Do they understand? and can they relate to it? Is it for SEF to find this out? Group decided it may be a good idea to use the pulse surveys as a way of asking staff. LG to talk with Jayne about what question to put into the pulse survey in January and does it need to be different for different localities. KB to put this in volunteer survey too.
- 4.6 Jayne Phoenix also gave a presentation regarding the recent CQC report. She gave an overview of the report and the must do's. We were inspected in May and it is now October so there has already been lots of improvements. Staff engagement/culture is not on must dos but it is still a major one that is still a priority of the trust. Addressing B&H is in should dos but for SECamb it is a must do! Good improvements should be sent out to staff as these positive messages are not reaching staff and they seem to be only getting negatives back. Jayne to check what info we can use as positive coms. IA explained SEF is very keen to help with improvement plan in any way possible. Group thanked Jayne for her presentation.

ACTIONS:

1.KB to email Jayne Phoenix comments from group on the strategy posters. (Refer to 4.3)

2. LG to talk with Jayne about what question to put into the pulse survey in January and does it need to be different for different localities. KB to put this in volunteer survey too. (Refer to 4.5)

3.SEF to be a check in point for enabling staff strategies and to advise on messaging and how those are shared. (Refer to 4.2)

5. New E-learning Platform-Discover (Andrew Hartley)

5.1 Andrew Hartley has been seconded to Steve Singer's team to produce the new e-learning platform called Discover. The previous e learning was called SECamb live and was not fit for purpose. Discover will have 5,000 users (Including CFR colleagues and fire fighters). The idea for Discover was that the page would be a dashboard which makes it easier to find what you are looking for and it also suits all different types of users. Andrew showed the group the new site and explained the team have made more interactive pages which includes lots of pictures from actual clinical sites/ambulances within SECamb. Lots of positive feedback and the team is providing daily and weekly reports to each OUM/admin person so that they can get up to date info on their teams. This page is a work in progress and if team comes up with new ideas for the future to be added then to let Andrew know. Andrew explained that the next big things to be added to the site were a new resus strategy and short videos. Group thanked Andrew for his presentation.

6. Horizon Scanning-Anything coming up or of interest to other staff, including suggestions for future agenda items

6.1 AIC told group about the next Inclusion Hub Advisory Group (IHAG) meeting, Daren is attending and they will receive an update on CQC and find out more about IHAG. Louise is also coming to talk about patient experience and KB and LG attending too to share highlights from today's meeting.

6.2 AIC advised that the wellbeing hub was launching on 2nd January. The team were trying to find a famous patron for the opening day. Suggestions made included: Joe Wicks? James and Ola Jordan? Prince Harry? The SEF offered any help that AIC required to get the hub up and running and promote it to colleagues.

6.3 It was also explained to the group that the wellbeing hub has to show in 6 months it is making a difference otherwise they may not get more funding. The SEF agreed that wellbeing was one of the most important things for the Trust to improve. The SEF discussed the opportunity to present to the Workforce Committee on this issue.

6.4 KB and LG wanted the next SEF meeting to focus on staff engagement champions. They had been able to secure 6 hours' overtime for champions to attend these meetings. They would need to evidence their achievements. Support staff were able to participate with line manager approval in their normal working hours. Everyone needed their line manager's approval.

6.5 The SEF discussed how best to integrate the SEF and the Staff Engagement Champions: the ideal model was to have local engagement forums which then fed into the SEF as the corporate central forum, which fed back out to the local forums. The SEF felt that it was important to ensure Champions had a space on the SEF agenda. And have at least 4 staff champions at each meeting? The SEF agreed that champions should be able to come to all meetings as this is the time to get together and discuss. They should be able to come in as members.

- 6.6 There were a large number of champions in EOC (2 locations) and in fact some areas in the Trust had too many champions. We need champions everywhere and including among support staff.
- 6.7 LG and KB provided support to operational teams, introducing OM's and OUM's to their engagement champions, promoting social events, local recognition and promoting each other. Small changes make big differences.
- 6.8 TH recommends KB and LG write up the champion process, setting out escalation and sharing processes so it is clear. Champions should raise issues locally but if not resolved locally then they should bring them to the SEF, or if they think the issue is wider. If they have raised it locally then they should be told that they will receive an answer to the issue within 24 hours. TH also recommends that KB and LG seek Executive attendance and provide a meeting schedule to Directors as soon as possible.
- 6.9 IA noted that members of SEF should become staff engagement champions. The SEF agreed
- 6.10 IA advised that the SEF was part of the Trust's Inclusion Strategy. It was important that it had mechanisms to learn locally and also to escalate and report issues, in a similar way to the Inclusion Hub Advisory Group. These types of reporting structure gave groups more traction. IA suggested that KB and LG could use the SEF as a steering group for implementation of their staff engagement strategy – the SEF would both support them and help evaluate progress. It was suggested that KB and LG attend the subsequent Inclusion Hub Advisory Group meeting.
- 6.11 The Forum's Terms of Reference needs to be reviewed. Champions are to be part of group from now on as this is so much more engaging. Different people bring more to the group and it is an opportunity to tell the group how everything is working. Next meeting is going to have half the meeting designated for the champion side of things.
- 6.12 KB and LG advised that they often heard lots of negative things; they want to hear positives too. Positive ideas can be shared in the future between everyone. Good idea to have a pit and peak approach.
- 6.13 Small group (Sub group) to go through everything discussed today. i.e. staff engagement champions, structure of next meeting and TOR. Sub Group-Nigel, Katie, Lucy and Kim.
- 6.14 KB gave group an update on her work to improve volunteer engagement. Videos have been made for corporate induction as an engagement piece. It was felt that the corporate induction had lost its way. We wanted to promote roles, promote staff and career pathway. KB to show videos to group at next meeting.
- 6.15 Pulse survey for volunteers to go alongside staff survey in future. KB trying to set up communication link as volunteers use own email addresses. Trust didn't want to offer SECAmb addresses. South central fund many charity email addresses. IT and HR have signed off, just waiting for someone to input data.
- 6.16 KB would like to introduce EOC induction for CFR's- they need a day to understand what they do and has made a visitor handbook to be used to volunteers and any visitors.
- 6.17 IA has agenda item for next meeting- Ambulance response programme- are staff clear, do they understand? Do they know where to raise issues?
- 6.18 LG told group about staff annual survey. Action plan and results may be a last minute agenda item for next meeting but also may not have them for next meeting.

- 6.19 Group agreed that for future meetings we should leave a little bit of time at the end of each agenda for any last minute agenda items.
- 6.20 AD spoke about new appraisal system- to discuss impact of actus at next forum.

ACTIONS:

- 1.KB and LG to make up presentation for non-execs to present to them to engage them. (Refer to 6.8)**
- 2. KB and LG to go to next week's inclusion hub meeting. (Refer to 6.10)**
- 3. KB and LG to set up sub group to discuss everything before next meeting. (Refer to 6.13)**
- 4. IA to do key highlights of TOR and proposal for new way forward for forum. (Refer to 6.11)**
- 5. KB to show group new corporate induction videos at next meeting. (Refer to 6.14)**

7. Any other business

- 7.1 No other business from any other members.

8. Review of meeting effectiveness

- 8.1 Members agreed meeting effective.

Date for next meeting: Monday 12th February 2018

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

F – Governor Development Committee

1. Introduction

- 1.1. The Governor Development Committee is a Committee of the Council that advises the Trust on its interaction with the Council of Governors, and Governors' information, training and development needs.
- 1.2. The duties of the GDC are to:
 - Advise on and develop strategies for ensuring Governors have the information and expertise needed to fulfil their role;
 - Advise on the content of development sessions of the Council;
 - Advise on and develop strategies for effective interaction between governors and Trust staff;
 - Propose agenda items for Council meetings.
- 1.3. The Lead Governor Chairs the Committee and both the Lead and Deputy Lead Governor attend meetings.
- 1.4. All Governors are entitled to join the Committee, since it is an area of interest to all Governors. The Chair of the Trust is invited to attend all meetings.
- 1.5. The GDC met on 5 September 2017 to plan the Council meeting prior to the Annual Members Meeting and on 9 November 2017 to plan this meeting (November). Both sets of minutes are provided for the Council as an appendix to this paper.
- 1.6. The GDC meetings both covered: feedback from the previous Council meeting and setting the agenda for the next Council meeting.
- 1.7. The meeting on 5 September also focused on:
- 1.8. The meeting 9 November focused on:

2. Feedback from the previous CoG

- 2.1. The GDC felt that Fionna Moore's input on medicines management improvements at the July Council meeting had been extremely welcome, as had Lucy Bloem's contribution on how serious incidents (SIs) were managed. There was more to do on using the learning from SIs, however and the GDC wished to understand more about this.
- 2.2. At the September meeting, it was noted that the input from the Trust's external auditor had been somewhat dry, however it was clear that the Council should have a relationship with the Trust's external auditor and the GDC felt this would be an appropriate conversation for an afternoon workshop following the January Council meeting.

3. Agenda setting

- 3.1. The GDC prioritised seeking assurance around the Trust's operational performance in November, with a particular eye on winter planning, workforce, the impact of the Ambulance Response Programme (ARP) and the contribution of volunteers.

3.2. The GDC noted that a Volunteer Strategy had been promised by November and the Council should ask for sight of this.

3.3. The importance of utilising the Council meeting to discuss concerns and issues with the NEDs present was discussed. The NEDs provided their 'escalation reports' however it was completely relevant for Governors to ask questions about any areas of concern during this session (not just those raised by NEDs in their reports), and it would be welcomed should the Governors use this session for more robust discussion.

4. Prof. Lewis' Bullying and Harassment report

4.1. The GDC reviewed the report in full with a focus on the sections where Prof. Lewis indicated the Council and/or Governors may have a role in helping improve things.

4.2. The GDC were keen that their input was sought and utilised in any emerging plans to respond to the Report. Subsequent to the meeting Izzy Allen met with the person leading the culture workstream to present the discussion at the GDC and was advised that Governor representatives would be asked to join the steering group for this piece of work to ensure relevant Governor involvement. Despite chasing this had yet to happen.

5. Governor attendance at Council meetings and Appointed Governor organisations

5.1. Following initial review at a previous meeting, in September the GDC reviewed responses from Governors after discussion of the issue at the Council and used this to inform discussion about Appointed Governor organisations and their continued relevance.

5.2. A paper on the GDC's views in relation to appropriate organisations is on the agenda for the Part Two Council meeting.

6. Council annual self-assessment 2017 planning

6.1. The GDC reflected on the proposed process for undertaking the Council's annual self-assessment of effectiveness. The GDC agreed that the proposed anonymous survey would provide useful information and that Governors would be pleased to incorporate '360-degree feedback' from Non-Executives and the CEO.

6.2. Draft timescales were proposed with the aim of bringing draft outcomes to the GDC in February.

7. Constituency meetings with the Chair

7.1. The GDC reviewed the notes from the meetings held with Richard in the previous few months. The topics under discussion were varied and there had been no follow-up as yet.

7.2. Actions and responses would be sought to the areas outlined in discussion and presented to the next GDC prior to presentation to the full Council in January.

8. Other business

8.1. The GDC noted frustration at the perceived pace of cultural change and work to improve things for the workforce within the Trust. More information would be sought from NEDs at the Council meeting in November.

9. Recommendations:

9.1. The Council is asked to note this report.

9.2. Governors are invited to join the next meeting of the Committee on 18 December, 14:00-16:00 at Crawley HQ.

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

See over for the minutes of the GDC meetings

South East Coast Ambulance Service NHS Foundation Trust

Minutes of the Governor Development Committee

Crawley HQ – 5th September 2017

Present:

James Crawley	(JC)	Lead Governor & Public Governor for Kent
Brian Rockell	(BR)	Public Governor for East Sussex
Mike Hill	(MH)	Public Governor for Surrey & N.E Hampshire
Isobel Allen	(IA)	Assistant Company Secretary
Felicity Dennis	(FD)	Public Governor for Surrey & N.E Hampshire

Apologies: Jean Gaston-Parry, Alison Stebbings, Charlie Adler.

Minute taker: Katie Spendiff

Observer: Dean Gibbs from KPMG

1. Welcome, DOIs, Minutes & Action Log

- 1.1. JC welcomed members to the meeting and members introduced themselves to the observer present. Dean Gibbs advised he was in attendance as part of the Trust's Governance review work carried out by KPMG.
- 1.2. No declarations of interests from members were received.
- 1.3. The minutes of the last meeting were reviewed. BR requested that on point 8.5 the word 'noted' should be changed to: advised that the Lead Governor has no primacy over any other Governor.
- 1.4. FD queried point 7.3 and whether there should be an action around increased engagement with the NEDs. JC noted he felt the progress made with NED engagement had come a long way, so felt it was more to do with just continuing the opportunities to engage. Observing the NED committee meetings now offered opportunity for engagement pre and post meeting and to get a better understanding of the NEDs' working role.
- 1.5. FD queried the regularity of attendance at NED Committee meetings. IA advised that 4 Governors can attend one meeting of each committee per annum. She noted the need to seek support from the Chair and the NEDs to increase the volume of meetings Governors could observe if this is something the Council wished to pursue. JC advised that this could be raised at his meeting with the Chair later that week. IA noted that not all observation places had been filled for this year. JC noted NEDs had reinforced positive aspects of having Governors to observe at the meetings he had attended. He further noted that he would like to see all NED committee meetings open to Governors to observe in line with the Trust's aims for transparency and fostering a trusting relationship between the Council and the Board. The GDC agreed.
- 1.6. BR noted he would like to see increased attendance of NEDs at Council meetings. JC noted that it should always be two NEDs and each NED should have attended two meetings over the year. FD questioned whether attendance was in the NED job

description. IA noted that it hadn't been in the job description and that required attendance had possibly caused an issue previously. BR advised that the Council could require NEDs to attend the meetings, and that some NEDs had been heavily involved in the Trust's remedial work; the Council had seen the benefit of Tim Howe's consistent engagement and he would be keen for other NEDs to mirror this.

- 1.7. IA noted that a schedule was already in place for two NEDs to attend each Council meeting. There had been occasions when NEDs had been unable to attend due to other SECamb work but overall attendance was ok.
- 1.8. The action log was reviewed as follows.
Action 103 'KS/IA to look into creating 'core skills' training course for new Governors' KS advised that she had emailed recently-elected Governors to gauge interest and had only heard back from FD. KS was keen to offer training to FD so suggested reverting to sending FD on the two NHS Provider courses she was interested in. FD noted she would be happy to go on courses. KS advised that bespoke in-house training for Governors had been approved and that she would start to canvass dates for this training to take place with the provider and the Council. BR noted observing other Trust's Council meetings had been beneficial in gaining further insight into the role of a Governor.
- 1.9. Action 107 BR noted that it would be useful for Governors observing NED Committees to have a hard copy of the papers for the meeting. The GDC agreed. KS noted she would update the existing action and feed back to her colleague who was responsible.
- 1.10. Action 108 on seeking additional points for coverage in Lead Governors AMM speech. IA advised an email had been sent to the Council including a copy of the Lead Governor's report in the Annual Report and no further comment had been received. IA advised she had sent a draft copy of the speech to JC for review. KS noted the speech could include a line about how many members the Trust recruited over the year and would forward details to IA.

Action:

Feed back to the Chair the GDC views on increasing volume of NED committee meeting observation opportunities JC CA & IA

KS to canvass date availability for NHSP in-house workshop with provider and Council.

KS to forward member data for inclusion in Lead Governor speech to IA.

2. Discussion of any feedback from the previous Council meeting

- 2.1. The GDC noted that they felt Fionna Moore's presentation on medicines management had been very strong and that the questions the Council asked in response had been very good. IA noted the Council had effectively questioned and challenged and that she had been impressed with Governors' participation at the meeting.
- 2.2. FD noted she felt reassured by the information provided by Lucy Bloem on how Serious Incidents (SIs) were now managed within the Trust. FD noted that Fionna Moore had shown how they would take progress in this area forward. FD questioned the flow of outcome learning from SIs. IA advised that this was a good question and that Joe Garcia would be in attendance at the next Council meeting, so it would be fitting if FD could raise the question at the meeting.

3. Agenda items for the Council meeting on the 28 September

- 3.1. JC noted the next meeting was the Annual Members Meeting. The Trust was in the process of Investing in Volunteer accreditation (IIV) and was the national champion for the programme for ambulance services which he felt slightly uncomfortable about. Based on a recent meeting he had attended, JC believed that Joe Garcia and Daren Mochrie had slightly opposing views on the vision and strategy for volunteers. BR noted the Council were still unaware of a vision and strategy for volunteers. JC noted that a volunteer strategy group had been formed which he was part of and would feed back to the Council on this in due course.
- 3.2. BR noted a drop in volunteer hours given due to lack of support from the Trust. BR noted that one of his local CFR teams had summoned him to meet the entire team, and that he came away appalled at the way the Trust did not support its volunteers. BR noted that a member of the interim HR team was investigating some issues he had raised after this meeting.
- 3.3. JC noted that the Trust has 647 CFRs who were first on scene for 0.4% of responses currently. With the CFR desk project last year it had risen to 2%. JC provided context in that private ambulance providers are at 3% response rate. JC noted the management of CFRs had moved to operating units which had not been helped by a lack of strategy, consistency and training. JC noted concern at Community Partnership Lead roles having been removed. JC noted his concern that this all resulted in potential danger of harm to a CFR, or harm to a patient both due to lack of training and support, and had raised his concerns with Daren & Joe. He clarified that the perceived risk was around new CFRs starting with a lack of training and support in the role.
- 3.4. JC advised that Daren had asked Joe Garcia to prepare a volunteer strategy within the next three months. JC proposed that information on the strategy and funding for volunteer management and training could be presented to the Council at the November meeting. FD queried whether this was on the risk register. JC advised elements of the problem were on the register. He noted concern that no one was on the CFR desk last week; which may have resulted in no support or welfare checks on volunteers.
- 3.5. BR noted the risk of the issue of being exposed within the volunteer sector in line with similar issues identified in the bullying and harassment report. BR was aware of CFRs being trained on items outside of their scope of practice and that this was a serious area of concern. BR noted previous Executives had taken on change in volunteer services but their commitments had not been seen through. JC noted Daren was fully appraised of the situation and it was in hand with HR.
- 3.6. IA gave overview of suggested agenda items detailed in the paper.
- 3.7. NHS 111: IA noted the future of the service was changing and would be of interest to the public. This agenda item had been rolled over a number of times so it was important time was given to it. BR noted he would be keen to hear about performance against targets, and the potential changes to NHS111 services and the Trust's interest in continuing to provide it strategically. MH noted that Surrey were looking to actively re-tender in 2018 and was interested in hearing what the Trust would do if they lost the contract. IA advised it may be wise to look at the 5-year strategy and what it says about NHS 111 in preparation for the presentation.
- 3.8. IA advised that the Trusts external auditors would need to be in attendance to present their reports to the Council for 2016-17 financial year.
- 3.9. MH noted he was keen to hear if the ePCR role out was complete. JC noted interest in hearing how it works when a CFR is first on scene and also how the system is integrated with hospitals for handover. FD noted it would be of interest to the public as a potential patient benefit.

- 3.10. The patient experience group was likely something that could be covered at the November meeting due to restricted capacity within patient experience team currently. FD advised that she would talk to Lucy Bloem about this when observing the Quality and Patient Safety committee that week.
- 3.11. FD asked if Daren could cover Exec appointments in his report to the Council. FD noted disappointment that numerous positions were not appointed to recently despite a full recruitment process and assessment centre days with candidates being held. FD sought reassurance on the Trust's HR processes. IA noted that reassurance should be sought from the NEDs at the Council meeting. JC noted he was reassured that the Trust was not appointing unnecessarily in his view and were focussed on seeking the best candidate. MH queried if the Trust should consider using a different head hunter firm. IA advised that head hunters weren't used in the last round of Exec recruitment and would be for future senior appointments.
- 3.12. IA noted uncertainty around the publication date for recent CQC report. and queried the need for space to be allocated on the agenda for a potential update. BR noted this could be covered in the Chief Executive's report. The GDC agreed. The GDC further noted the report should cover a strategy update, and bullying & harassment update.

Action:

Information on the volunteer strategy and funding for volunteer management and training to be added to proposed agenda items for the November Council meeting.

4. Prof. Lewis' Bullying and Harassment report

- 4.1. JC advised that he had met and read the report with Daren Mochrie and Steve Graham (Director of HR). JC advised that they had been supportive of engagement with Governors on outcomes from the report and how Governors could help. IA summarised the options for Governor involvement as detailed in the report.
- 4.2. IA noted that she felt the two key points from the report were around practical solutions so Governors could support the change needed within the Trust; and the question of what assurance and oversight the Council would want on the process for addressing the issues highlighted.
- 4.3. FD noted concern over the speak up guardian being a Director of the Trust: She felt it should be a NED. She advised that she could contact the national speak up guardian to seek a view on this. Her concern was around staff confidence in contacting a Director in light of the content of the B&H report. The GDC agreed it was an area that could be looked into regarding national guidance.
- 4.4. The GDC noted they were content with recommendations 8.1 'CEO and Executive Team to engage with Governors to demonstrate clear commitment to dealing with B&H' and 10.5 'Potential to involve a Governor (and NED) in the steering group responsible for driving forward change in response to the report'.
- 4.5. The GDC queried if 8.5.1 'Potential to involve a Governor (and NED) in providing independence in whistleblowing while demonstrating that the Trust is listening' should be a trained professional role. The GDC did not feel it sat within the Governors remit. IA noted her personal view that this outcome was about if staff felt they didn't have somewhere to turn, for example if it was their manager or directors who were bullying them; then Governors could be a beacon within the organisation. A shining light when staff or volunteers didn't know where to go for help. IA noted clarity was required on a possible process to see if Governors could support it. JC noted Steve Graham could talk to the

Council on how Governors could support the work on the outcomes of the survey at the November Council meeting. IA noted Governors could look at the action plan when it was released and see where they could add value if that would be easier to interpret.

- 4.6. BR noted need for Council to demonstrate positive behaviours to support the culture change.
- 4.7. JC reaffirmed that the whole Council needed to feed in their views on the B&H action plan. FD noted an appropriate amount of time should be allocated to the B&H action plan at a future Council meeting. FD would look to the Staff Governors to be the 'eyes and ears' amongst staff regarding implementation of the plan.
- 4.8. MH asked who was analysing the outputs from the 40 B&H workshops that the Trust were running. IA noted thematic trends were being collated and that HR were taking notes on the sessions. The sessions focussed on staff helping to provide solutions.
- 4.9. FD noted she sought assurance and evidence that critical issues in the report had been addressed and would like to see this picked up in the Chief Executive's report at the September Council meeting. BR noted staff concern if critical areas highlighted in the report were not addressed appropriately and in a timely fashion.

Action:

FD to contact national speak up guardian regarding suitability of a Director in the position vs NED.

IA to look at timescales re action plan and Steve coming to do a session with how the Council can add value to B&H action plan.

5. Review of Governor attendance at Council meetings

- 5.1. IA noted this had been an agenda item at the previous GDC meeting, this then went to the Council and was then returned for further discussion at the GDC. IA noted there had never been a vote re non-attendance previously. Governors should feel assured that attendance of Governors listed in the paper would improve as outlined in the considerations.
- 5.2. IA advised that Geoff Lovell had resigned from the Council. Dr Peter Beaumont had a busy full time job, but contributed outside of meetings and had met with the Chair. The GDC agreed and noted his contribution was valued.
- 5.3. IA noted Chief Superintendent Di Roskilly's recent promotion and that there was ongoing discussion with Di about her capacity to attend as she recognised it was hard at present. The GDC noted her contribution at the meetings she could attend was valued.
- 5.4. IA advised that Matt Alsbury-Morris was currently unwell and had been unable to attend a Council meeting He was regularly in touch and hoped he'd be in a position to be fully engaged once recovered. The GDC agreed.
- 5.5. IA noted that Mike Hewgill had a steady decline in attendance at meetings, but did always send apologies. IA noted the GDC may want to consider asking him to nominate someone else from his organisation, or select another organisation representative as per the following agenda item. IA advised the Chair could write to Mike, dependent on the Board's review of the Appointed Governor organisations.

6. Appointed Governors

- 6.1. IA gave an overview of the role of an Appointed Governor. IA noted that although the Trust selects the organisations by which Appointed Governors were nominated, it sought Governors' views to make a submission on this for consideration by the Board.
- 6.2. The types of Appointed Governors were reviewed by the GDC. IA advised that the Category 1 Responders Network representative was currently the Police. IA noted the Council benefitted from having a Fire Service representative as a Public Governor at the moment.
- 6.3. Partnership Trusts (mental health and social care). The GDC noted the strong attendance, senior experience and contribution the current representative brought to NomCom and Council.
- 6.4. Local Authority – IA noted Graham Gibbons was proactive in and outside of meetings. JC advised Graham was re-elected locally to continue to be the representative Local Authority rep at SECamb. The GDC noted Graham's contribution at meetings.
- 6.5. IA noted she saw four potential vacancies – a university the Trust works with, a rep from the charity/voluntary sector and two acute hospital/community trust reps. JC advised that it would be useful to have a representative from the university that supplied the Trust with the most paramedics. The GDC noted the University of Surrey's previous representative had contributed very effectively to meetings.
- 6.6. The GDC had interest in extending representation from category 1 responders rather than a charitable/voluntary organisation. IA advised that a charity/ volunteer org brought a specific area of expertise to the Council and that this could be tied into what the Trust's key clinical outcomes were in the strategy. BR noted that Carers UK had a direct interface with the organisation. The GDC agreed.
- 6.7. MH queried CCG representation. IA noted this would be a conflict of interest, there would also be a need to then have all CCGs represented. JC noted an IHAG member could become an Appointed Governor. JC queried if the IHAG Chair would be a suitable option for building a connection with the Council. MH advised IHAG feeds back to the Council via the Membership Development Committee.
- 6.8. FD noted an interest in system stakeholders such as hospitals. IA advised that the Board would be well placed to decide which acute trusts should be represented/ relationships needed to be developed with. IA advised she hoped to put a summary paper of the GDC discussions to the Council in September, but may it may be demoted to the November meeting dependent on capacity. GDC agreed.

Action:

IA to submit a paper on the GDC discussions on Appointed Governors to the Council at September or November meeting, prior to using it to inform Board discussions.

7. Discussion about the principles to consider when moving pre-existing meeting dates

7.1. KS advised that her usual protocol was to send date change options to the affected committee for selection prior to moving a meeting. The GDC proposed that if KS had not heard from all Governor/s affected after two working days, the date change would be based on the responses received or alternatively if no response was received the date change would be actioned as per one of the suggested dates in the email that was sent. KS and the GDC agreed this.

7.2. The next GDC takes place on the 9th November from 1- 3pm in McIndoe 2 at the Crawley HQ.

8. Any other business

8.1. MH noted that MBG had raised the issue of parking at the Trust HQ and surrounding areas if the carpark was full. MH advised he had taken the last parking space at the HQ that day. JC noted there was a corporate induction happening that day so there were 40 extra staff onsite presently. KS advised there was a map which highlighted additional parking in the Manor Royal area within the ways of working pack. KS advised she would resend the map to Governors.

8.2. IA advised that Julia Leppard was on secondment to the Communications team. There was a restructure taking place within the corporate governance team which primarily focussed on Julia's & Shelley Hartridge's roles in supporting the Board and its committees. IA noted that any further information would be shared as appropriate and in due course. IA advised that resources within the team were stretched at the moment, but hoped this would be resolved after the consultation had taken place.

Action:

KS to circulate map which highlights additional parking in the Manor Royal area to Governors.

9. Review of meeting effectiveness

9.1. The GDC noted the meeting finished just slightly past the scheduled time but had been effective.

The next GDC meeting is on the 9th November from 1- 3pm in McIndoe 2 at the Crawley HQ.

Signed:

Name & Position: James Crawley - Chair of the GDC & Lead Governor

Date:

South East Coast Ambulance Service NHS Foundation Trust

Minutes of the Governor Development Committee

Gatwick MRC – 9th November 2017

Present:

James Crawley	(JC)	Lead Governor & Public Governor for Kent
Brian Rockell	(BR)	Public Governor for East Sussex
Mike Hill	(MH)	Public Governor for Surrey & N.E Hampshire
Isobel Allen	(IA)	Assistant Company Secretary
Felicity Dennis	(FD)	Public Governor for Surrey & N.E Hampshire
Mike Hill	(MH)	Public Governor for Surrey & N.E Hampshire
Jean Gaston Parry	(JGP)	Public Governor for Brighton & Hove
Alison Stebbings	(AS)	Staff Elected Governor – Non Ops
Charlie Adler	(CA)	Staff Elected Governor – Ops

Gary Lavan (GL) Public Governor for Surrey & N.E Hampshire
Marguerite Beard-Gould (MBG) Public Governor for Kent

In attendance:

Peter Lee (PL) Company Secretary
Tim Howe (TH) Non-Exec Director & Senior Independent Director

Apologies: Francis Pole, Nick Harrison & Matt Alsbury Morris

Minute taker: Katie Spendiff

1. Welcome and apologies for absence

1.1. JC welcomed members to the meeting and thanked them for their flexibility on the change in meeting venue. JC advised he had received apologies from Francis Pole, Nick Harrison & Matt Alsbury Morris. IA advised Matt Alsbury Morris's health had improved: he was disappointed to not be able to attend the GDC but hoped to attend the November Council meeting. MBG would need to leave at 1.30pm.

2. Declarations of interest

2.1. No new declarations of interest were received.

3. Minutes from the previous meeting and action log

3.1. The minutes of the last meeting were reviewed and were taken as an accurate record of the meeting.

Regarding action 109 on a timetable for review of the Trust's constitution, IA advised that the review was lower priority than the current work being undertaken by the team on the Trust's policies and ensuring their effectiveness. Following the conclusion of the majority of this work and the return to 'business as usual' in reviewing and creating policies, the constitution review would be scheduled into plans.

3.2. Regarding action 110 on GDC views on increasing volume of NED committee observation opportunities, IA advised this had been fed back to the Chair and that he had advised he would raise it with NEDs at a meeting later that week.

3.3. Regarding action 114 on the suitability of having a Director in the position of Speak Up Guardian vs NED. FD advised she spoke to the Speak Up office and was directed to a national survey on the position which detailed who's in the post nationally and the level of effectiveness. FD noted there was no prescription about who should be in the position and that it would be for the Trust to consider. FD sought views on Executive suitability for the role in SECamb. PL noted there was a distinct difference between the Freedom to Speak Up Guardian, which is specifically related to patient safety issues, and the 'speak in confidence' *whistleblowing* service which was separate and a different contact number. AS advised she had heard of staff not receiving a response from the speak up guardian. TH noted staff may be confused between what was appropriate to be sent to each service and clarity was sought on how this could perhaps be better communicated to staff to highlight the difference and reasons for contacting each service/steps staff could take prior to this. BR noted disappointment in lack of signposting for staff as highlighted by AS. GL reiterated disappointment in staff still being unsure of where to turn due to lack of clear communication on the services as this was initially raised 6 months ago.

3.4. PL noted need for discussion at different levels within the Trust to ascertain best way to proceed. The current policy on the Speak Up Guardian role will be reviewed and will pick up the points raised. The Trust's whistleblowing policy was currently not in line with best practice guidance and needed to be reviewed and realigned. Usually the Speak Up Guardian would be a NED with a nursing or medical background. PL noted this was likely to be looked at in quarter 4. TH advised that the policy would come to the Quality and Patient Safety Committee and that they would likely be keen to address this swiftly. It was noted that this would take place before the end of the financial year.

ACTION: Freedom to speak up policy and whistleblowing policy to be reviewed by the Exec by the end of the financial year 17/18.

4. Discussion of any feedback from the previous Council meeting(s)

4.1. The GDC discussed the previous Council meeting. IA advised that external audit do a lot of work to provide assurance to the Council as presented at the September Council. It was one of the Council's statutory duties to appoint and, if appropriate, remove the NHS foundation trust's auditor; and receive the NHS foundation trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the Council of Governors. To assist in this duty, IA suggested a conversation with the new auditors KPMG about how the Council wish to work with them. JC asked the GDC if they would like the new auditors to come to the PM session of a future Council meeting to work on this. The GDC agreed that they would be content for the auditors to come to a future Council meeting – likely January.

ACTION: KPMG auditors to be invited to PM session of a future Council meeting (January if possible) to discuss ways of working with the Council.

5. Agenda items for the Council meeting of 30 November 2017

5.1. IA gave an overview of the suggested agenda items.

5.2. The GDC agreed that items on Appointed Governor proposals and the Chair's appraisal and objective setting should come to the private part 2 meeting. IA advised that there was an additional item that would likely need to come to the part 2 meeting on recommendations to the Council to appoint two NEDs as per interviews in the coming weeks. A reasonable amount of time would be required to cover these three points in the part 2 meeting.

5.3. JC noted two key themes coming through from the Governor WhatsApp group. One being the volunteer's strategy and the other - winter resilience and working with third sector partners (4x4 search and rescue etc.). JC noted disappointment in Joe Garcia's responses to questioning on winter resilience at the Board and sought further assurance from the NEDs. IA noted that these two areas ultimately fed in to performance, and this could this be considered in a broader context under the recovery plan improvement actions.

5.4. BR noted as a public Governor his interest lay in the service our communities receive throughout the year, the indicator of which is ultimately operational performance. TH noted the Ambulance Response Programme (ARP) will change the way we respond as a Trust. Governors should be focussed on seeking an answer on what impact the ARP will have on the communities the Trust serves.

5.5. JGP queried the effectiveness of ARP given understaffing in EOC. BR noted the need to seek assurance around recruitment and retention in EOC. PL noted that again this related

back to concern over performance, and that performance was part of the improvement plan. Governors should seek assurance from NEDs that plans are in place and they are assured of the ARP introduction process and effectiveness. IA noted there would be a useful article on ARP in next member newsletter which did not avoid the difficult questions around the ARP that the public would want to know (i.e. will I have to wait longer for an ambulance?).

- 5.6. IA noted that a commitment was made publicly to the Council regarding the volunteer strategy where they were advised it would be available in November. TH noted that it was supposed to have come to the October Board but hadn't. JC noted that Governors should request an update on this at the next meeting. The GDC agreed. GL noted a conflict between the Trust saying they were engaging and working with volunteers within the Trust when the strategy was not ready. GL queried how the Trust could know that the work they were currently doing with volunteers was for the best when they were not working to a signed off strategy.
- 5.7. BR noted he had asked about the tail on call answering and been advised it was at 17 minutes at the last Board. He asked what the trajectories for call answering looked like and if it was getting better or worse. BR noted he would present this as a question to the Board.
- 5.8. There was a difference of opinion about whether Governors should submit questions to the Board or whether they should by preference raise issues at Council meetings, since that is what they were for. Views differed in relation to this, with some members acknowledging that in an ideal world it would not be necessary to ask questions at the Board too, however in some circumstances it was acceptable, if not ideal. TH noted need for wider Non-Executive representation at Council meetings to provide greater oversight of challenges.
- 5.9. PL noted that he felt it was a sign that a Council were not working well if questions were frequently being submitted to the Board as the Council have a right to ask questions of the Exec and NEDs at any time. JC noted the time delay of solely questioning at Council meetings. IA noted focus should be on how the Council hold the NEDs to account around any change not happening in the Trust. BR noted it gave opportunity for the whole Board to hear the question rather than a single director. JC noted that the Council did not abuse this privilege at all.
- 5.10. The GDC agreed that Joe Garcia should be invited to the Council meeting to cover the volunteer strategy, improvement plan and ARP and the interaction with performance. The GDC noted that call tail information should be included in the performance dashboard. PL advised DM was aware of this and that he would pick this up with him.
- 5.11. The GDC agreed that along with performance and the volunteer strategy the other area the Council wished to hear on was ePCR and that this should be covered in the public meeting in November.
- 5.12. TH noted his personal view that the NED committee escalation reports were not being used by the Council to their full effect. TH advised that the reports are where NEDs detail what they are and aren't assured on so the Council should be picking this report apart and seeking assurance from the NEDs on these reports. PL strongly agreed. TH noted RF was keen to rectify NED attendance at Council meetings to enable this to happen effectively.
- 5.13. BR noted importance of reiterating the expectation of Council attendance during the new NED recruitment process. TH advised that any item relating to the NEDs' committee areas can be asked during the escalation reports section of the council meeting, even if it was not mentioned in the report itself. For example, if you sought assurance on plans to address understaffing in EOC as the call tails were not positive you could ask the NEDs responsible for the workforce and wellbeing committee. This was Governors' opportunity to seek assurance from NEDs on any areas of concern.

- 5.14. Regarding item 2 on patient experience and the patient experience group; the GDC agreed they could seek assurance on this during the QPS escalation report at the next Council meeting.

ACTION: Include call tail information in the performance dashboard report.

6. Governors' annual self-assessment 2017 planning

- 6.1. IA advised that the Council undertakes a self-assessment annually and that it provided the opportunity for useful reflection and can highlight areas for improvement for discussion at the GDC.
- 6.2. JC queried if the KPMG report on the Trust's Governance processes could be useful to review as part of the process. PL advised that a draft report went to the Board part 2 meeting in October. The report was still being finalised and a management response was being drafted to the 9 recommendations. PL noted it was relatively positive on the work of the Board committees and Council. TH noted that the report should be finalised around December. JC noted the KPMG report could be considered at the January Council meeting.
- 6.3. IA advised of the process as detailed in the paper at point 2.2. Previously it included constituency meetings with the Chair, an online survey (anonymous), a survey sent to NEDs & CEO (this element while planned did not happen) and a review and collation of all feedback with the GDC prior to sharing with the Council & Board.
- 6.4. The GDC were keen to maintain the process of a '360' style review to seek full rounded picture of their performance as perceived by others as well.
- 6.5. The GDC supported the survey content and format of the self-assessment with the caveat that they did not need to have another constituency meeting. The GDC noted it would be useful for IA to circulate an opportunity for Governor's who missed these meetings to attend a further meeting with Chair.
- 6.6. JC noted fluidity on date to review the self-assessment, IA aimed to work to the timeline detailed where possible. GDC noted it was more important to get the process right than meet a deadline on this occasion.

ACTION: Date to be sourced for any Governors who were unable to attend recent constituency meetings to meet with the Chair as part of self-assessment.

7. Review of Governors' constituency meetings with Richard Foster

- 7.1. The GDC reviewed the paper which included summaries of the discussions that took place. FD queried whether there had been actions taken and responses sought since the meeting.
- 7.2. IA proposed to take an updated version of the document to the Council which would include responses to the Governors questions within the discussions.
- 7.3. GDC agreed that constituency meetings with the Chair would be welcomed annually.

ACTION: IA to take an updated version of the review of Governors' constituency meetings with Richard Foster to the Council which would include responses to the Governors questions within the discussions.

8. Any other business

- 8.1. JC noted questions had been raised by Governors on the pace of cultural change. PL noted need for Council to be better briefed on the improvement plan around these key points and that this could be covered at the Council meeting.
- 8.2. JC advised a Governor had queried Operational Team Leader (OTL) funding and the appointment or lack thereof, appointing permanent OTLs in particular areas. IA noted this could be considered as part of a wider issue within the Trust's workforce plan.
- 8.3. JC noted he had heard from various Governors regarding the lack of positive news stories and increase in negative stories impacting on staff morale and more widely on the Trust's reputation. JC also advised he had heard about issues with the quality of internal communications; with confusion over the whistleblowing process as discussed earlier in the meeting as an example. TH noted it was an area of focus for the Chairman and CEO. TH noted it had not been a priority within the Trust for a while but would be reviewed. TH noted it would be wise for the Council to diarise that they would like to receive an update on this around the end of the financial year.
- 8.4. FD noted that progress as reported at the Board was not being felt on an operational level and that staff morale was low.
- 8.5. AS noted frustration around processes, decision-making and silo-working within her area of work and was unsure whether to raise the issue as a Governor. JC noted that a fellow staff Governor had reported similar challenges. TH noted need to follow the appropriate process and report a grievance to their line manager initially and if grievances were not dealt with appropriately it should be escalated up through the chain. If it then gets to the Chief Executive and still no action happens only then would NEDs seek to intervene.
- 8.6. FD asked if the culture 'barometer group' should be the place to seek information on staff concerns. IA noted that information was available through the Staff Engagement Forum minutes which come to the Council and Staff Governors.
- 8.7. PL noted that at a very top line, the fundamental issues in the Trust could all be described as coming back to gaps in the workforce and the suitability of people in certain posts. PL advised that until the Trust can address these challenges, it will not be able to fix everything else. He noted that the Executive in the Trust were too operational which disempowered staff below them. Conversely, the Trust is in special measures, and so undergoes regulatory scrutiny weekly, and the regulators are expecting the Exec to be in to the operational detail. Until and unless the Executive can step back when the Trust is out of special measures and allow colleagues to make decisions for themselves, it won't be fixed and this will take a long time. The GDC noted they would like to see this picked up in the Council meeting under the improvement plan.
- 8.8. JC advised that MBG had questioned RF's availability and visibility within the Trust. IA noted that the summary of the Chair's appraisal and points from the Council have been fed back to him.
- 8.9. IA noted that the NomCom had suggested a weekly/monthly article on the Chair's areas of focus. RF would like to write his own and was keen to do this. JC advised that the Chief Executive's weekly letter was to be shared with volunteers which was a positive step if not somewhat long awaited.
- 8.10. MBG queried the Chief Executive's move south from Scotland. PL noted the Council were told that the expectation was that he would be relocating and this seemed to be the case. TH noted he had raised this with RF and was awaiting an update.
- 8.11. PL noted difficulties in sourcing a date for the Chief Nurse interviews that all candidates could make. It was with regret that the date that worked for all candidates unfortunately clashed with the November Council meeting. PL advised the GDC that there were two options – source others in place of CEO & Chair (who would be interviewing the Chief Nurse), or change the date. PL advised that the Deputy Chair was unavailable. BR

advised that according to the constitution it then fell to the Lead Governor to Chair. The GDC agreed to keep the date with the changes to those in attendance as discussed. The meeting would take place at the HQ as planned.

- 8.12. MH queried why Trust wasn't communicating positive feedback from the recent CQC spot visits more widely. TH noted the Trust didn't want to blow its own trumpet too soon due to the narrow area of focus of spot inspections and lots of further work still to take place.
- 8.13. TH advised that he felt the Senior Independent Director (SID) role should be an area of focus for Council as he would soon be leaving the Trust and the position would be vacant. TH sought the GDC's view on the effectiveness of the way he had carried out the role and any areas for improvement. BR noted TH had maintained a very good balancing act between his role on the Board and as SID. BR was unsure he currently saw a suitable candidate for replacement within his NED colleagues.
- 8.14. JC noted that TH had maintained a level of impartiality and had worked at developing a good relationship with the Council and these traits should be sought for the next SID.
- 8.15. IA advised that this could be summarised as needing to be honest and nuanced in communication and to be there for the Council, which was not a small commitment.
- 8.16. PL noted the relationship with the SID should be there if relations break down with the Chairman. TH noted that he had been deeply involved in wider areas than the traditional SID role and wondered if this had caused any issues. JC noted danger of SID coming to things in place of Chairman. TH noted he'd had a discussion with Chair on this. The GDC noted it would like the Chair to be in attendance at the GDC.
- 8.17. FD queried when Governors would receive private Board minutes. PL noted there was no reason not to circulate the minutes after they had been signed.

Action: Council to receive update on a review of the effectiveness of the Trust's internal and external communications by the end of 17/18 financial year.

9. Review of meeting effectiveness

- 9.1. The meeting was deemed to have been effective.

Signed:

Name & Position: James Crawley – Lead Governor & GDC Chair

Date:

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

G – Governor Activities and Queries

1. Governor activities

- 1.1 This report captures membership engagement and recruitment activities undertaken by governors (in some cases with support from the Trust – noted by initials in brackets), and any training or learning about the Trust Governors have participated in, or any extraordinary activity with the Trust.
- 1.2 It is compiled from Governors' updating of an online form and other activities of which the Assistant Company Secretary has been made aware.
- 1.3 The Trust would like to thank all Governors for everything they do to represent the Council and talk with staff and the public.
- 1.4 **Governors are asked to please remember to update the online form after participating in any such activity:** www.surveymonkey.com/s/governorfeedback

Date	Activity	Governor(s)
10.07.17	Healthwatch Surrey – Meeting with the Chair of the group to discuss SECamb informally	Mike Hill, Felicity Dennis
24.07.17	North West Surrey CCG, public meeting, Weybridge - spoke to people informally about SECamb, fed back to the trust on issues raised	Mike Hill
24.07.17	Participation in recruitment process for Director of Quality. Member of the SECamb staff group to whom the candidates presented their view of Quality implementation at SECamb - the participation of Governors in the recruitment process for substantive members of the Trust Executive team is an extremely welcome opportunity, given the impact and influence the post holders have on the whole organisation for patients and staff alike. I would encourage the Trust to continue to offer this opportunity to members of the COG and highly recommend that all Governors participate if the opportunity arises .	Felicity Dennis
28.07.17	Surrey Downs CCG, public meeting, Leatherhead - spoke to people informally about SECamb, fed back to the Trust on issues raised	Mike Hill
14.09.17	North Westt Surrey CCG Annual General Meeting, Weybridge - spoke to people informally about SECamb, fed back to the trust on issues raised	Mike Hill
21.09.17	Surrey and Borders Mental Health Foundation Trust COG meeting - This was useful for me to explore how to be effective in my role & how to capture service users' experiences with fellow governors working within a different organisation but one	Felicity Dennis

	similar to SECAMB i.e. a large geographical area and staff working in small isolated teams. Proactive networking with colleagues, patient groups and health organisations across the health economy was useful advice in terms of issue awareness. I found it useful to observe their COG meetings & to discuss the COG operational issues e.g. NED relationship development etc. with the Lead Governor.	
03.10.17	EOC visit at Crawley HQ - This was a very useful opportunity to listen in to 999 calls and watch the Dispatcher at work and also to ask staff about their work, SECAMB as a place to work etc. Staff were welcoming and friendly and keen to share their work with me. I highly recommend the experience to all governors.	Felicity Dennis
05.10.17	CQC Quality Summit – Felicity says: As a public governor, attendance at this key CQC led stakeholder meeting was very interesting and useful. It provided me with insight into the action planning for quality and performance improvement following findings of the recent CQC Report on SECAMB’s services. I feel that we as a COG and the public should be heartened by the commitment shown by the organisation to deliver the required changes in a timely manner. Limited acute trust attendance at the meeting is a concern plus how much impact NHSE and NHSI can really have on driving forward and effective solution to lengthy hospital handover delays which is a key resource issue for SECAMB.	James Crawley. Felicity Dennis
No date given	MacMillan Coffee morning, Dover – talked to people informally about SECAMB and recruited members. David says it was a very positive meeting.	David Escudier
No date given	To try to raise awareness about the impact of Hospital handover delays on SECAMB’s ability to response to 999 calls I emailed Surrey CCGs under the FOI Act asking for information regarding their Commissioner actions to resolve hospital handover delays between SECAMB and acute trusts. I emailed COG members at ASPH/ RSCH Guildford and FPH to ask if they were confident that their NED's were assured that their Trust Board was fully engaged in seeking to reduce the delays in handing over patients in A&E.	Felicity Dennis
09.10.17	Restart a heart – spoke to people about SECAMB informally and recruited members	David Escudier
19.10.17	Governors’ networking event in Kent – Learned about the role of a Governor, spoke about SECAMB informally, learned about Sustainability and Transformation Partnerships. David says he made good contacts in his area for public engagement	David Escudier, James Crawley
06.11.17	999 Call Listening at SECAMB West EOC – Matt	Matt Alsbury

	says: It was very insightful listening to the calls the 999 call handlers take, seeing how they interacted with the callers and understanding the benefits of the new CAD system, as well as hearing about the changes from the old CAD system.	Morris
07.11.17	Dover Health and Wellbeing Board – recruited members and spoke about SECamb informally. David says it was a good forum to engage with CCGs and learn of District Council priorities	David Escudier
21.11.17	Governwell NHS Providers national governor training session on core skills – learned more about the Governor role. Felicity says: All governors should attend a early on in their tenure as possible	Felicity Dennis

2. Governor Enquiries and Information Requests

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

	<p>Follow up from mention of issues private ambulance providers have with handovers between crews where the SECamb crew has left and completed an ePCR, which PAP crews do not have access to.</p>	<p>Response provided from Jon Amos as follows: Having spoken to the team this shouldn't be occurring as crews should be leaving a paper form where delayed back-up is requested. If there are specific instances that can be shared we'd be happy to follow these up. I'll also ask that this issue is highlighted in some of the upcoming comms material the team is planning.</p> <p>With regard to the question of hospital handover, the ePCR wouldn't be transferred to the hospital in these circumstances so there should be no risk of duplication. The resolution, though following the correct process of completing a paper form in the first place should resolve the other issues and remove the need for the other proposed mitigations. We will of course keep this process under review as the project develops.</p>
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30.08.17	I have a real concern that the August Board meeting has been cancelled .	<p>It's worth noting that Board meetings used to be held 6 times per year until recently, and the ramping up to monthly Board meetings has happened in response to the need you identify, to have a stronger grip on the organisation.</p> <p>However, August is a notoriously difficult time to bring people together for meetings, and so it was felt that given many people would be away on leave, it was sensible not to hold the meeting. This would also apply to Governors and to other managers required to produce papers for the meeting. The rest of the Trust's governance structures continue unabated, including Executive meetings every week and the Committees of the Board continue to meet.</p> <p>Most importantly, Richard would like to assure you that he and Daren remained in regular contact during the month, and would have retained or re-instated the meeting if circumstances had required it.</p>
15.09.17	<p>At yesterday's ESCCG AGM one of the presentations was about Domestic Abuse (DA). As it appears to be on the increase, or at least more cases are being reported, I wondered what training our staff receive for when they come across any instances of it?</p> <p>It's not an area I've ever had any experience of but I suspect quite a few ambulance staff have. Is there a protocol for reporting it? Should they alert the police or other public agency? Or do they just note it, "keep their noses out", and advise their immediate manager?</p>	<p>Yes, it is covered in the face to face L3 training we are delivering. Victim safety is the most important thing, so we wouldn't necessarily always report it on to another agency as doing that can increase the risk to the victim. If it is safe and we have permission to do so though, we can make referrals directly into Domestic Abuse services to support victims. Police would be routinely called to assault calls, however, a lot of our DA cases come through as less obvious reasons during the initial call.</p> <p>It's a very complex area and yes, it's included in safeguarding.</p>

<p>10.10.17</p>	<p>I have been listening to the Board meeting recording of 29th Sept 2017 and would like to ask Graham as chair of the Finance and Investment Committee , a couple of questions about issues discussed in the 999 call recording board paper.</p> <p>The issues and action section lists several areas of contract poor management and governance by SECamb and I should like to ask Graham if he is assured that the executive team have improved their grip and governance framework in this area.</p> <p>The list included the following :</p> <ul style="list-style-type: none"> • There is no robust contracts management framework holding suppliers to account embedded within IT function - is this now in place? • Those making procurement decisions did not have the appropriate level of knowledge - • Silo working between IT and the EOC without clear service level agreements in place etc • Resources required by IT and the EOC to deliver projects were not included in business cases -will be included in future business cases? • Out- sourced providers were not managed in a professional manner with good oversight and robust compliance monitoring in place - are they now? 	<p>Thank you for your questions. I am increasingly assured that the Executive Team are working effectively together and in particular that they have improved their grip and governance of the wider aspects of IT project and supplier management. All outsourced IT contracts are being reviewed by the interim AD of IT and we are now embedding a specialist contract management function within the Trust to ensure that we are managing both suppliers and internal procedures and requests in line with the agreed processes. Some additional work is required to provide assurance that all business critical systems have been reviewed.</p> <p>David Hammond (exec responsible for IT and Procurement) and Joe Garcia (exec responsible for EOC) have given FIC their assurance that their respective departments are working effectively together. Some good evidence to support this is the delivery of the new Computer Aided Dispatch (CAD) project that has recently been delivered (as discussed at the Board). It's now important that the new ways of working that the project has engendered continue.</p> <p>The CAD project was also an example of getting the appropriate knowledge into the organisation to make the right decision. Before developing the Business Case, we employed a project manager who had the experience of implementing similar systems elsewhere.</p> <p>Please let me know if you have any follow up questions.</p>
<p>26.10.17</p>	<p>Query for Angela as Chair of the Audit Committee - from her Audit Committee summary report (4th Sept meeting) to the Board it is apparent that Angela does not feel the BAF and RR are good enough and I wondered if her offer of a training workshop in both these key aspects of corporate governance have been take up by the executive team?</p>	<p>Whilst I do not think that of themselves the BAF papers and RR represent a sufficient board assurance framework, I hope it was clear that I appreciated the work that had gone into the papers and further that the papers would form part of a sufficient assurance framework.</p> <p>For personal reasons my time has been constrained in September and October. Thus, I asked the executive if we could look at planning from the second week in November. Once the executive has finished planning for the busy winter period I am sure we will be able to get a workshop in the diary. Of course I am entirely comfortable if the executive would prefer a commercial provider to give a second opinion</p>

		Thank you for your question. I hope you will feel that the NED and the executive are working together ever more effectively under the leadership of Daren and Richard.
01.11.17	Please can I ask you about the Surrey Heartlands Winter Resilience Plan and how that support the SECamb one which Joe presented to the recent Board meeting.	There is not an overall Surrey Heartlands Winter plan however there is work going on to align each organisations plans to each other via the STP programme board and this has been a key item on the agenda at the last two meetings. This includes investment from transformation funding to support the system which is being finalised at present. There is work also taking place in each sub system cross agency to ensure we have plans that align with each and support the whole system. As an example tomorrow a cross agency group of us are meeting in the system in the Chertsey area to work on optimising winter flow in and out of the hospital system. Surrey Heartlands have now developed a monthly update that will be sent out for all from later this week on all aspects of the STPs work including winter. As soon as this is available I will send it to you
22.11.17	Query regarding use of clamping signage at Paddock Wood MRC	Reported to Estates who say: as I understand the signage has been put up by someone from Ops here at the MRC, not an Estates action. We do not have a Clamp, nor as correctly stated is it legal to clamp anyone, I assume it has therefore been displayed only to deter unauthorised users - we have seen people parking and using the local station and van hire. We are working on possible solutions with the landlords for the Ind. Estate, however there is a Travel Plan, which identifies car parking in the town and station which can/should be used, also any training events staff should park at the Hop Farm and shuttle/ car share.

3. Recommendations

3.1. The Council is asked to note this report.

3.2. Governors are reminded to please complete the online form after undertaking any activity in their role as a Governor so that work can be captured.

James Crawley
Lead Governor & Public Governor for Kent