



## Council of Governors Meeting to be held in public

29 March 2018 10:00-13:00

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

### Agenda

Item No.	Time	Item	Enc	Purpose	Lead
<b>Introduction and matters arising</b>					
111/17	10:00	Chair's Introduction	-	-	Richard Foster (Chair)
112/17	-	Apologies for Absence	-	-	RF
113/17	-	Declarations of Interest	-	-	RF
114/17	-	Minutes from the previous meeting, action log and matters arising	<b>A</b> <b>A1</b>	-	RF
<b>Statutory duties: performance and holding to account</b>					
115/17	10:15	Chief Executive's Report: - Integrated Performance Report - Questions from the Council	<b>B</b> <b>B1</b>	Information and discussion	Daren Mochrie (CEO)
116/17	10:45	Reflections on the past year and looking into 2018-19	-	Information and discussion	DM
<b>11:10 Comfort break</b>					
117/17	11:10	'Fit to sit' – an overview: - What it's all about; and - The impact on patients.	<b>C</b>	Information, assurance and discussion	Jerry Penn-Ashman – Improvement Manager, Emergency Care Improvement Programme (West Mids Ambulance Service)
118/17	11:40	Staff Engagement update: - Progress and new initiatives; and - Future plans.	-	Information and discussion	Kim Blakeburn – Staff Engagement Advisor
119/17	12:10	Board Assurance Committees' escalation reports:  Finance and Investment Committee - 5 March Audit Committee - 5 March Workforce and Wellbeing Committee - 8 March Quality and Patient Safety Committee	<b>D1</b> <b>D2</b> <b>D3</b> <b>D4</b>	Information, assurance and discussion	All Non-Executive Directors present



		- 8 March			
<b>Statutory duties: member and public engagement</b>					
120/17	12:40	Membership Development Committee Report: - Membership and public/staff engagement	<b>E</b>	Information	Mike Hill (MDC Chair and Public Governor for Surrey)
<b>Committees and reports</b>					
121/17		Governor Development Committee report:	<b>F</b>	Information	James Crawley (Lead Governor and Public Governor Kent)
122/17		Governor Activities and Queries report	<b>G</b>	Information	James Crawley (Lead Governor and Public Governor Kent)
<b>General</b>					
123/17	12:50	Any Other Business (AOB)	-	-	RF
124/17	-	Questions from the public	-	Public accountability	RF
125/17	-	Areas to highlight to Non-Executive Directors	-	Assurance	RF
		Date of Next Meeting: Thursday 31 May	-	-	RF

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

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

**13:45-15:30**

**Afternoon session: Council workshop (held in private)**

A number of independent Non-Executive Directors and the Chair will join the Council to discuss their impressions of the Trust (early impressions from new NEDs), it's progress on its improvement journey, and priorities for the coming year.

## South East Coast Ambulance Service NHS Foundation Trust

### Council of Governors

#### Meeting held in public – 29 January 2018

##### Present:

Richard Foster	(RF)	Chair
James Crawley	(JC)	Public Governor, Kent – Lead Governor (Chair)
Nick Harrison	(NH)	Staff-Elected Governor (Operational)
Alison Stebbings	(AS)	Staff-Elected Governor (Non-Operational)
Charlie Adler	(CA)	Staff-Elected Governor (Operational) – Deputy Lead Governor
Nigel Coles	(NC)	Staff-Elected Governor (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
Matt Alsbury-Morris	(MAM)	Public Governor, West Sussex
Francis Pole	(FP)	Public Governor, West Sussex
Brian Rockell	(BR)	Public Governor, East Sussex
Marguerite Beard-Gould	(MBG)	Public Governor, Kent
David Escudier	(DE)	Public Governor, Kent
Marian Trendell	(MT)	Appointed Governor, Sussex Partnership NHS FT
Mike Hewgill	(MH)	Appointed Governor – East Kent Hospitals
Graham Gibbens	(GG)	Appointed Governor, Kent County Council

##### In attendance:

Tim Howe	(TH)	Non-Executive Director and Senior Independent Director
Lucy Bloem	(LB)	Non-Executive Director
Terry Parkin	(TP)	Non-Executive Director
Daren Mochrie	(DM)	Chief Executive

##### Minutes:

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

Peter Gwilliam	(PG)	Public Governor, East Sussex
Stuart Dane	(SD)	Public Governor, Medway
Gary Lavan	(GL)	Public Governor, Surrey & N.E Hants
Dr Peter Beaumont	(PB)	Public Governor, Surrey & N.E Hants

##### Declarations of interest

There were no declarations of interest.

##### 99. Minutes of the meeting of 30 November 2017

- 99.1. The minutes were agreed as an accurate record.

- 99.2. The action log was reviewed and updated.
- 99.3. MT advised in relation to Section 136 (mental health transfers), SECamb had established mental health patients as Category 2 under the new Ambulance Response Programme (ARP). MT's Trust had been in discussion with SECamb as for the most part mental health patients were being transported by the police.
- 99.4. DM noted that under ARP response times for the most critical (category 1 and 2) patients had improved. He asked whether section 136 had improved. MT was delighted that for most patients, times were improving, but for mental health patients they were not. DM would pick this up with MT outside the meeting.

**ACTION: DM and MT to discuss section 136 transfers.**

**100. Chief Executive Officer's report**

- 100.1. DM advised that recruitment to the Executive Team continued and the new Director of Nursing and Quality should start on 1 April. Details would be confirmed shortly.
- 100.2. It had been a busy time for the health service as a whole over the Christmas period and for the most part the Trust's contingency planning had worked reasonably well. Challenges had included handover delays and issues with availability of out of hours services. DM thanked all staff and volunteers for the fantastic job they had done. A 'lessons learned' exercise would be undertaken and presented to the Quality and Patient Safety Committee (QPS).
- 100.3. The ARP had gone live on 22 November 2017. Relatively good performance had been sustained:
- Category 1 – the Trust was 5<sup>th</sup> out of the ten ambulance Trusts in the country
  - Category 2 – 2<sup>nd</sup> or 3<sup>rd</sup> nationally
  - Category 3 – 5<sup>th</sup> nationally
  - Category 4 – 8<sup>th</sup> nationally
- 100.4. The Trust had secured additional funding to try and improve Category 3 and 4 responses.
- 100.5. 999 call answering challenges continued in November and December. The Trust was now back up to 87% for call answering (target of 95% in 5 seconds) and had a clear trajectory in place for further improvement.
- 100.6. The Wellbeing Hub had been launched in January providing a one-stop-shop for support for staff. It was a pilot but nonetheless was likely to be funded going forward and DM will be speaking to the Director of Finance about how to make funding available.
- 100.7. DM had been visiting the CEOs of other Trusts, MPs and spending time in stations and EOC, including over Christmas and the New Year.

- 100.8. On flu vaccinations, the Trust had reached 64% compliance. He encouraged more take up.
- 100.9. Nationally, DM was on weekly conference calls regarding winter and handover delays.
- 100.10. BR noted that improvements in call pick up performance were to be welcomed but he continued to worry about the people in his community whose calls were not answered. The 95<sup>th</sup> percentile waiting time for a 999 call to be answered was 3 minutes and 40 seconds. He wished to know how many outliers there were past this? How many patients were affected?
- 100.11. DM noted that he would get this information: he too was disappointed that call answer times slid back over Christmas but noted it was now back up where it needed to be. He wished to see the Trust over-recruit for Emergency Operations Centre (EOC) call handlers to avoid falling below the Whole Time Equivalent ratio and would be looking at all the ways technology could be used to speed things up. This was being looked at nationally too, and it was under weekly discussion at the Executive Team.

**ACTION: DM to provide BR with figures for the 95-100<sup>th</sup> percentile outliers in call answer time waits and figures about how many patients this affected.**

- 100.12. BR noted the letter from Prof Keith Willet in November had placed responsibility on acute trusts to facilitate crews to handover patients at Accident and Emergency (A&E) within 15 minutes. What mechanism existed to escalate failures to meet this target? DM advised that a Community Trust Director had come into the Trust to look at handover from a whole system perspective. It was not right to blame other parts of the system but rather work together to solve the problem.
- 100.13. DM noted that Serious Incidents (SI) were being raised for some extended delays but it would not be practical to raise an SI for each delay. The specialist that had been brought in was escalating delays herself and DM had done so too when he saw the impacts. BR would like to be clear that Prof Keith Willetts knew the extent of acute Trusts missing the target.
- 100.14. BR noted that he could see that in terms of training and appraisals there was more to do. Was this on DM's radar? DM assured the Council that it was firmly on his radar. There was some very good practice with compliance – which DM had noted as examples to raise with Operating Unit Managers (OUMs) to try and understand what the blockages were and what more the Trust could do to help.
- 100.15. JC noted that DM was right to thank volunteers for their efforts over Christmas, but it had still been achieved by Community First Responders (CFRs) in spite of issues at the Trust:
- 100.16. EOC despatch and the CFR response desk were very variable in how well they worked;
- 100.17. Changes in scope of practice happened without CFRs being informed and instructed;

- 100.18. The appointment of the additional resource to the CFR Team was all well and good but the individual was still also doing their original job and didn't have time to dedicate to it;
- 100.19. The model of the Operational Team Leader (OTL) having responsibility for local CFRs was not working – most OTLs did not have time to make that connection;
- 100.20. Equipment roll-out was slow. For example, thermometers and the need for a training package; and
- 100.21. CFRs have been given an email address but not one which allows access to the intranet which would enable CFRs to access key documents.
- 100.22. DM was disappointed to hear that progress with CFRs was so slow. He had brought in a change in leadership but he would speak to the Team and work out what was happening.
- 100.23. DM noted that it was also the case that the Trust had a lot of priorities including delivery of the Care Quality Commission (CQC) must dos, as well as financial pressures.
- 100.24. JC noted that the CFR meetings had just been set in stone for the year at 6pm. Most CFRs did not get home from work in time to get these meetings. There was no decent communication.

**ACTION: DM to follow up with CFR Team regarding continued issues with support, despatch and communication with/for CFRs and speak to the Director of Operations about resourcing.**

- 100.25. RF noted that this discussion should be had at the Board as it kept coming up. If priority could not be given the CFRs then we should be clear about that, however we should deliver on it if we feel it should be a priority. RF felt that this was in the end a cultural issue, and about how the Trust related to people.

**ACTION: PL to add CFRs to the Board agenda for discussion in terms of prioritisation, adequate resourcing and effective support.**

- 100.26. LB advised that CFR governance would be coming to QPS (the Committee she chaired), to ensure things were operating in the right way. This was scheduled for its April 6 meeting.
- 100.27. BR agreed entirely with JC's comments but noted this type of thing had been said for many years previously. The reality was that the Trust had lost volunteers that should not have gone and whilst he understood the issues he did not see that the Trust was any nearer to getting it right.
- 100.28. JC noted that three members of his CFR team had gone on to be Emergency Care Support Workers (ECSWs). Volunteering was an amazing recruitment tool for the organisation, which could be made more of.
- 100.29. MBG noted that the common thread here was poor communication. MBG regularly mentioned it. She sought assurance that the Communications Team were doing the best they could.

- 100.30. FD wanted to talk about the clinical safety scorecard and specifically STEMI (ST-Elevation Myocardial Infarction – a serious type of heart attack) outcomes which had not improved since she became a Governor. She was concerned that crews were not filling in scores and also the Trust's apparent inability to improve clinical care in this case, as this measure might be symptomatic of other issues.
- 100.31. DM advised that the Trust had a new Head of Clinical Audit to look at all of these scores and whether it was a recording issue or there was more to it.
- 100.32. FD asked whether systems to implement clinical care improvements were in place? How would this happen? DM advised that the Medical Director and Head of Clinical Audit were looking at this. LB advised that the Clinical Audit plan had come to QPS. It was a key indicator to try and move and LB had not seen it improve in her time.
- 100.33. What QPS talked about was exactly as DM described in terms of understanding where the problems were coming from. The indicator was important as a bell-weather.
- 100.34. RF agreed and noted that CFRs had also come up at each Council meeting and a step-change was needed.
- 100.35. JGP noted that there was a lot of evidence about best practice regarding supporting volunteers.
- 100.36. FP noted that communication had been mentioned and he felt that DM's weekly email was a vast improvement on anything in the past: he would like to see the readership extended.
- 100.37. Regarding care bundles and staff compliance with reporting, in his view staff did not tick all the boxes precisely because they saw it as a tick box exercise. If staff understood the clinical benefit, they would do it – they want to understand the clinical benefit. This had worked really well with sepsis audits. Someone needed to travel around stations to explain the benefits.
- 100.38. MHe advised that with anything where compliance is required, it should be promoted on the basis that it changes practice to improve patient outcomes. It was also useful to use ideas from within teams themselves in order to effect change.
- 100.39. CA commented on call answering and new Categories of performance under the ARP. He was really pleased to see Category 1 and 2 performance improved: the emergency side of Trust work was performing well. Category 3-4 was the unscheduled transport work i.e. not the emergency part of the organisation. Were the pathways professionals used to transfer people within the system working effectively? The routes into SECamb's EOC apart from calling 999 were varied. DM agreed and noted that he would like to see a breakdown of every line that came into SECamb but the telephony did not allow this to happen at present. When the new telephony is in place from April this would be possible. He would have the team focusing on this going forward to stop other professionals coming through on 999 as a last resort.
- 100.40. DM also wanted to make sure that the call scripts in EOC were correct and that calls were put through to the right numbers. We need to be able to

ensure that a call regarding a non-breathing patient could get through e.g. on the red phone if the BT call handler knows that someone was waiting with a genuine life-threatening emergency.

- 100.41. GG noted that call handling performance had deteriorated. Safeguarding compliance was not getting any better. Would the Trust reach the CQC's target on safeguarding by March? The target appeared to have been abandoned, in which case the Trust should say this.
- 100.42. Cardiac survival rates had shown a really welcome improvement. There should be learning from this which could be shared and used in other contexts. On call answer times, was this down to winter pressures solely: was the phrase 'exceptional volume' accurate or simply what the Trust should expect December/January?
- 100.43. DM noted that on 60 second call answering within 111 there had indeed been exceptional demand with over 9500 calls taken Boxing Day, almost double the calls predicted. System challenges had also contributed. Until then 111 had been doing really well.
- 100.44. Cardiac survival rates had improved, the Trust believed, because we were getting to patients who were very unwell more quickly under ARP. The Trust would continue to try and improve.
- 100.45. On safeguarding, the CQC had been in to conduct a deep dive on this. The trajectory was in place for achievement in Summer but DM would make sure he kept a close eye on this.
- 100.46. GG noted that if 111 calls were at the level DM advised, this should be fed into the whole system as local care should help mitigate this.
- 100.47. RF advised that the Trust was feeding back to the Clinical Commissioning Groups (CCGs). The issue with 111 performance was that other providers were not providing services that would have helped.
- 100.48. NH advised that he believed that improvement on cardiac survival rates were down to education, as Key Skills last year had contained a large element on cardiac survival. Critical Care Paramedics (CCPs) had contributed to this, as CCPs had a rate of cardiac survival 10% higher than the national rate.

## **101. Trust Improvement Plan**

- 101.1. DM noted that the improvement plan covered the 17 must do elements of the CQC action plan as well as culture and organisational development and overarching strategies.
- 101.2. The Trust met monthly with the CQC with a programme of deep dives underway to gain assurance we are making sufficient progress. The Trust had received limited feedback so far but if the CQC had pressing concerns they would likely have let us know.
- 101.3. The CQC would likely return around May-July.
- 101.4. RF noted that the CQC would have two key questions in mind when they visited again: did the Trust now meet the standard required and also was the improvement sustainable.



- 101.5. FD advised that at the Board meeting Steve Emerton (Director of Strategy and Business development) had noted the importance of the rigour of our plans. Would he be looking at the plan and Programme Management Office capacity and capability? DM agreed, and noted that the Trust would likely bring in extra capability.
- 101.6. JC asked about the rates of mandatory training in EOC: given the volume of new staff, one would expect higher rates of training to be reported. DM agreed that this was peculiar and would take this away.

**ACTION: DM to check regarding the accuracy of training rates reported in EOC, given the volume of new staff who should have recently been trained.**

## **102. Workforce Assurance**

- 102.1. FD asked whether there were any preliminary results from the staff 'Pulse' survey. She also noted that a barometer group was planned and she wondered whether this had been set up.
- 102.2. TP noted that he believed that the data from the Pulse survey was available but being prepared for presentation. DM advised that the Pulse survey had been undertaken with staff and the key themes were being collated. The national NHS Staff Survey outcomes were embargoed by NHS England as yet.
- 102.3. FD asked what the percentage uptake for the Pulse survey was. TH believed it was 44% uptake.
- 102.4. FD asked whether metrics were being developed to measure the delivery and impact of the intentions of the cultural workstream actions.
- 102.5. DM advised that the Organisational Development presentation provided to the Council was very much in draft and Council feedback would be welcome within the next few weeks.

**ACTION: Council to review and feed back on the Organisational Development presentation.**

- 102.6. TP noted that there was a strong feeling that we should look overall at how the Trust behaved internally and externally. There was a strong steer from the Board that there was a need to respond to the Lewis report (on bullying and harassment), with clear metrics.
- 102.7. FD asked about appraisals and noted the number of outstanding appraisals. Were they scheduled? TP advised that this had been a key driver of the Workforce and Wellbeing Committee (WWC) this year. The safeguarding training figures were for training in financial year. The appraisal data also measured the appraisals in this year, so the figures were a little deceptive as they did not go back the full 12 months. TP advised that WWC and the Board had been assured the trajectory would be met.
- 102.8. MH asked who the Freedom to Speak Up Guardian was and how did they publicise this? DM noted it was Steve Lennox (Director of Nursing and Quality) and there was a task and finish group looking at this in more detail,

including whether it should be an Executive Director in the longer term. The Trust had someone from NHS Improvement helping to review this.

- 102.9. TP was participating in quality assurance visits at present and this was one of the standard questions staff were asked. He had yet to find anyone who didn't know.
- 102.10. JC asked whether there had been a resolution to Governor involvement in moving forward the work from the Lewis report.
- 102.11. DM suggested that Governors might be involved in the work going forward, perhaps on the Steering Group. The Trust would take an action on this prior to the Governor Development Committee (GDC).

**ACTION: Trust to establish how Governors can be involved in the work to take forward Prof Lewis' report, prior to the GDC**

- 102.12. MBG was pleased to see the appraisals data presented transparently.
- 102.13. GG noted that on appraisals, it must be disheartening for teams to see that some teams have appraisals 98% undertaken while others were not getting anywhere near that.
- 102.14. TP noted that this was the measure of the number of appraisals formally recorded on the Actus system. The WWC had been assured that more had been carried out on paper. GG believed that it was important for staff to have their work recorded.
- 102.15. JC asked whether these gaps were down to lack of management availability. MT noted that at her Trust there were also issues about how appraisals were recorded. TP advised that Joe Garcia was very conscious of the workload on operational managers. This had been a focus of that Directorate. There was a trajectory in place, which was being met.
- 102.16. TH noted that he was less concerned about the formal recording of appraisals than whether staff had the opportunity to talk to their line managers. The Trust asked staff in a Pulse survey whether they had had an appraisal conversation in the last 12 months, and he was happier with this as an indicator.
- 102.17. DM noted that the system was really easy to use and it was about getting into the mind set of doing it.

**103. Quality Account**

- 103.1. Kirsty Booth joined the meeting.
- 103.2. KB advised that the recommendation for the auditable indicator for selection by the Council was to look at learning from incidents and improving patient safety.
- 103.3. The indicator was approved by the Council.
- 103.4. IA advised that KPMG would do some more work with the Council on the specifics of the audit that afternoon.

**104. Board Assurance Committee Escalation Reports**

**104.1. QPS Escalation Report**

- 104.2. LB advised that Patient Clinical Records (PCRs) were a standing item at the QPS. The Committee were assured there were no significant losses of PCRs but there were still a large number that went unreconciled with the incident on the Computer Aided Despatch (CAD) system.
- 104.3. The QPS had asked for a management response showing the numbers missing for e.g. coroners' requests to assess the practical impact on the system.
- 104.4. The reliability of training data: LB advised that it was clear that there were issues with getting data uploaded at different Trust sites. The data therefore presented at Board might not be accurate.
- 104.5. Quality Impact Assessments (QIAs): The Committee felt the system was working. There were some examples of lessons learned from it. The Committee were now looking at QIA's that had been approved 3 months down the line.
- 104.6. Medical equipment: This would come back but on the face of it was a lot better than when the CQC last visited. Additional data would come from the quality assurance visits.
- 104.7. Hear and Treat: Key to that was the Pathways audit, so this had morphed into an item on audit and a new trajectory for these was in place – good thinking had taken place using learning from 111.
- 104.8. Infection Prevention and Control: We were not meeting the required standards on hand-washing. The Trust would seek to approach this by promoting why it was important and as part of being safe to practice.
- 104.9. Medicines management: This was a massive success story and staff were to be congratulated.
- 104.10. Reflective practice: LB noted that it was clear that it was done but not in a consistent and regulated way, so this had been referred to the WWC to follow up.
- 104.11. Quality Account: It was important to include the 'so what' of why we were making the quality improvements.
- 104.12. Clinical Audit: It was great to see we had completed the plan so far for the year.
- 104.13. The conversations at QPS had moved up a level, which was to be welcomed.
- 104.14. JC asked whether there was any expected impact on crews and their reflective practice following a recent case that went through the courts. FM noted that she was not sure yet what impact it might have but it was more relevant to the junior doctor community. However, the case seemed to FM not to impact on reflective practice, and may even encourage it.
- 104.15. NH noted that many people did not understand with reflective practice meant. It was about honesty, learning and reviewing. He was concerned that managers might use it to avoid disciplinary actions.
- 104.16. TP agreed that this would be picked up at WWC, because registered professionals had a right to professional clinical supervision. He agreed that not all Paramedics understood reflective practice, which reflected the

emerging nature of the profession. There was a lot of learning from others that we could do.

- 104.17. CA noted that there were some early positive signs on the Facebook SECamb community page, with clinicians from across the Trust talking openly about learning from mistakes. He found discussions on the Facebook site very welcome and impressive and also a really good early warning system.
- 104.18. CA asked about the Electronic Patient Clinical Record (EPCR): was it good enough? He noted that the Trust saw a million patients a year with no access to their summary care record nor NHS number. We could not transfer patients between episodes of care with the EPCR. Was the platform good enough?
- 104.19. DM wanted to get the Trust to a place where it had the benefit of the PCR online and with a fit for purpose platform. The current version was being tested in Thanet to see whether it did what it set out to do. If it could at least do this it would get staff used to using an EPCR, enable better data quality and then enable the Trust to consider what was needed going forward. It was too early to completely throw it out.
- 104.20. BR noted that if reflective practice is only felt to be about what went wrong then we were missing the point – it was also about what could be done better, it was not just about fault finding.
- 104.21. MHe noted that it was also about ensuring there really was a learning culture. FP advised that some staff felt there was a blame culture. He agreed that reflective practice was about what went right too.
- 104.22. RF asked LB on behalf of the Council whether she believed the Trust was ready for the CQC visit. He reflected what he had heard back to LB: that LB felt that there had been some leaps and bounds, but other areas where there had been less progress. For example, on patient clinical records, the Trust was not there yet, despite having generally a better grip. Did LB feel that we would get there in time or was there not time? LB advised that it depended how one defined 'there'. On PCRs, the problem was now known but the right measures needed to be put in place. Could this happen in 12 weeks? This might be optimistic.
- 104.23. If the CQC would accept a plan being in place to resolve issues, then yes we were there. There had been substantial amounts of progress in terms. The Trust was much more sighted on things, but LB was not 100% certain where the bar was.
- 104.24. DM noted that the Trust was not aiming for an Outstanding rating in 12 weeks. He was pleased with the grip, pace and focus. The CQC expected us to have a grip.
- 104.25. The main focal points would be on the 'well led' and 'safe' key lines of enquiry.
- 104.26. MT asked about the pressure everyone was under and whether there was regular supervision every month or six weeks, including to undertake reflective practice at supervision. DM would like to think that with the

additional staffing in place operationally with clinical supervisors at station level, this would have improved for staff.

104.27. NH noted that there was learning for those managers to enable them to do their job to the best of their ability, however they were more visible and staff appreciated that.

#### **104.28. Audit Committee Escalation Report**

104.29. TH advised he would be happy to take any questions. There were no questions.

#### **104.30. Workforce and Wellbeing Committee**

104.31. TP noted that he was confident that the risk register reflected the key risks, but the Committee were less assured that the mitigation was in place.

104.32. WWC had asked for a workforce plan and was advised that it would not be worth the paper it was written on. WWC were convinced that the issues with Crawley were well-understood. This has not been fully the case previously.

104.33. TP noted that Trust staff demographics did not reflect the place in which we are i.e. Crawley is young and ethnically diverse. We were finding it a much more competitive environment than the organisation expected.

104.34. Some assurances had been received around IR35 implementation (legislation around off-payroll workers), but the Trust needed to be clearer about requirements on employing people correctly.

104.35. The Committee felt the Trust knew more than it had before in relation to the workforce.

104.36. JC asked about the Trust's confidence levels in overcoming the Crawley/Gatwick issues. TP stated that Crawley had always been an interesting place to base an organisation, with huge competition. He thought the things being done about the type of organisation we want to be would help, by aiming to be the best employers in Crawley. This was about supervision and it was about promoting the worthwhileness of what SECamb does.

104.37. FP asked whether it was possible to pay Emergency Medical Advisers (EMAs – who answer 999 calls) more money: they had huge responsibility but low wages. He was unsurprised that a lot of EMAs left quickly.

104.38. TP advised that in his view the working conditions ought to be improved. He did not think paying more would solve the problem. The Trust was not a commercial organisation. It was about what we offered in addition to pay. Staff turnover might now be a fact of life that we must manage.

104.39. FP noted that he was unsure if leavers were asked why they left. TP noted that he understood exit interviews were offered to everyone leaving. DM advised that the Executive had looked at this, and TP was correct, it was not pay that was the top issue. The right supervision, support, training, working conditions etc. could make a difference. Pay was also being looked at nationally.

- 104.40. BR noted that some members of the Council would remember that BR had sought assurance that all staff from Banstead would accept the move to Crawley and that the potential for turnover had been taken into account when planning the move to Crawley. Assurance was given yet it appeared that his predictions had come to pass: but we were where we were. BR agreed that the trust should consider the package as a whole for EMAs and use our unique selling point.
- 104.41. He noted that he had previously been assured that recruitment was ahead of the curve only to find that more people left than were new starters. He suggested, using reflective practice, that we learn and be more imaginative.
- 104.42. JGP noted that the Trust had lost our way regarding compassion. Many staff left because they were not valued or supported. She had seen some green shoots around supporting staff better, though.

#### **104.43. Finance and Investment Committee report**

- 104.44. JC asked what the mood music was around the contract negotiations. DM noted that the Trust was on track to deliver our control deficit for this year and £15.1m cost improvement programme, but had secured an additional £2m investment from the CCGs to help improve category 3-4 response times, as previously noted.
- 104.45. The Trust was in a much better place around coming to a consensus on the planning round in general. We needed to be clear about what investment in SECamb returns to patients in relation to investment in other parts of the system.
- 104.46. The Trust was also able to promote its conveyance rates, which were better than lots of other Trusts. This saved 100,000 patients from going to A&E each year. If we did not receive the relevant financing, we may not be able to continue with this model.
- 104.47. RF was pleased that the appointment of Steve Emerton was giving extra capacity and he was showing a real grip: he had experience on the commissioning side.
- 104.48. FP asked about the number of private ambulances being used. DM noted that he would like to see dependence on private providers reduce. With more investment we might see private usage to go up in the short term while we procure more vehicles and recruit more staff. Privates should only be used to manage surges and in extremis.
- 104.49. MHe noted that 44% of the CiP schemes were non-recurrent savings. What was the effect of this on financial planning? DM was confident that further savings could be found next year, given he expected the total required would not be as high next year.

#### **105. Membership Development Committee (MDC)**

- 105.1. MH thanked colleagues for their well wishes while he had been poorly.
- 105.2. He noted membership numbers. The next MDC was Thursday 15 February, and everyone was welcome.

- 105.3. He thanked Governors for attending the festive lunch with the Inclusion Hub Advisory Group (IHAG).
- 105.4. MBG provided an update on the recent IHAG meeting. The new branding ideas were shown to the IHAG and the question had been raised about the necessity of rebranding at this juncture.
- 105.5. IHAG had also been looking at CFR documents, including a CFR engagement document and Volunteer Strategy document too. The IHAG had questioned whether they were first drafts or the finished item, and it was felt the group could add value to it and make the language a bit more user-friendly.
- 105.6. The Staff Engagement Forum (SEF) had not met since the previous Council meeting. Staff elected governors were expected to attend SEF meetings to represent the Council and feed back.
- 105.7. FD had been to the new Patient Experience Group which had not met for six months prior. There had been good attendance from staff and patient representatives. She was still hazy about the exact outputs of the meeting, and in March the group would start to draft a patient experience strategy and from that a work plan. FD had some concern that in the Terms of Reference it had initially been expected that the group reported into the QPS but would now report into a Clinical Effectiveness Group. There was a lack of clarity about where the Group sat within the wider structure.
- 105.8. JC asked about the GDPR and the Trust membership and whether we would be compliant. IA confirmed that work was underway with the Information Governance Team to achieve compliance.
- 105.9. JC noted that "Volunteer Strategy" was a misnomer as it did not exist at present. More work was needed.

#### **106. Governor Development Committee (GDC)**

- 106.1. JC advised that the main conversation at the meeting had been around the change to the constitution to accommodate more Non-Executive Directors, however the most interesting part of the meeting had been the staff engagement advisers informing the GDC on what was being done. The GDC were pleased to hear about this work.
- 106.2. JC further advised that the Committee had discussed the importance of the Chair attending Council regularly.

#### **107. Governor Activities and Queries**

- 107.1. JC reminded Governors to complete the Survey Monkey on their activities to share ideas.

#### **108. Any Other Business**

- 108.1. There was no other business.

#### **109. Areas to highlight to the NEDs**

- 109.1. JC advised that a paper on the Volunteer Strategy had not yet gone to the Board.

109.2. DM advised this came down to capacity and priorities.

Signed:

Richard Foster, Chair

Date:

Draft



Meeting Date	Agenda item	AC ref	Action Point	Owner	Completion Date	Report to:	Status: (C, IP, R)	Comments / Update
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	The PAD team are now up to date on putting details of PAD sites we have been notified about onto the CAD. Information about two of the three sites that Peter Gwilliam advised us about have not been found and the team are writing to the organisations that informed us in order to apologise and request that they send the details in again. The third is now on the CAD and details will be provided to the Chair for all three in order to write to them and thank them and apologise for the delay. Improving PAD processes is on Tim Fellows' to do list as part of his responsibility for CFRs etc. and he says: The registering of PAD sites was reported as up-to-date at our Team C meeting on 4th January 2018. There is a challenge if a call is diverted to another Trust as can happen at times of pressure. We are looking to see how we can migrate the data to applications such as The Good Sam App as long as we can satisfy the governance issues.
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	C	Information provided regarding level of one to ones and appraisals for the January 2018 meeting.
30.11.17	79.19	210	DH to request an update on the volunteering strategy that had been due to come to the Board in November.	DH	29.01.18	CoG	IP	Volunteer Managers involved in initial scoping work have requested clarification from the Executive regarding the appropriate scope and focus of such a strategy.
30.11.17	80.42	214	Provide the Council with an update on Section 136 negotiations and outcomes.	MT	29.01.18	CoG	C	Marian Trendell provided a verbal update at the January Council meeting.
30.11.17	83.50	215	Provide the Council with the latest figures on disciplinary and grievance processes	Workforce Directorate	29.01.18	CoG	C	Paper and discussion with NEDs around assurance on timeliness of these processes provided at January Council meeting.
29.01.18	99.40	217	DM to pick up re Section 136 transfers with MT	DM/MT	29.03.18	CoG	IP	MT is meeting with Joe Garcia and Steve Emerton on March 8th and with ACC and Joe Garcia on 2nd March.
29.01.18	100.11	218	Provide BR with figures for the 95-100th percentile of the tail regarding call pick-up waiting times and figures about how many patients are affected	Joe Garcia	29.03.18	CoG	C	Figures provided and discussed at the Governor Development Committee on 28 February.
29.01.18	100.24	219	DM to follow up with the CFR Team regarding continued issues with support, despatch and communication with/for CFRs and speak to the Director of Operations about resourcing of the team	DM	29.03.18	CoG	IP	
29.03.18	100.25	220	PL to add CFRs to the Board agenda for discussion in terms of prioritisation, adequate resourcing and effective support	PL	29.03.18	CoG	IP	
29.03.18	101.60	221	DM to check regarding the accuracy of training rates reported in EOC, given the volume of new staff who should have recently been trained	DM/Sue Barlow	29.03.18	CoG	IP	
29.03.18	102.50	222	Council to review and feed back on the organisational development presentation	Council	29.03.18	CoG	C	Presentation sent to Governors in early February and feedback was requested. Detailed feedback received to date from Felicity Dennis.
29.03.18	102.11	223	Trust to establish how Governors can be involved in the work to take forward Prof. Lewis' report	SG/ignite	28.02.18	CoG	C	Staff Governors are to be part of the Barometer Group, which will advise the Trust on whether the culture change programme is having an impact.



**SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**  
**B - CHIEF EXECUTIVE'S REPORT**

**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 during February 2018.

**2. Local issues**

**2.1 Recruitment to the Executive Team**

2.1.1 Following previous up-dates, I am pleased to confirm that Ed Griffin, our new Executive Director of HR & Organisation Development has now started with the Trust. Mark Power, who has been supporting the Trust in this area in the interim, will also remain with the Trust in the short term to provide additional support to Ed.

2.1.2 As reported previously, Bethan Haskins will be joining the Trust on 1<sup>st</sup> April 2018 as the Executive Director of Nursing & Quality. Bethan has a broad range of experience and worked most recently as Chief Nurse across a number of Kent Clinical Commissioning Groups.

2.1.3 Ahead of Bethan joining the Trust, Steve Lennox will continue in the role of Interim Director and will be remaining with the Trust for a number of months to provide additional capacity in addressing the quality issues highlighted previously by the CQC.

2.1.4 We have also now begun the selection and recruitment process for the substantive Executive Medical Director post. The advert will close on 9<sup>th</sup> April 2018, with the plan to hold interviews later on that month.

**2.2 Engagement with local stakeholders**

2.2.1 During recent weeks, I have continued to meet with a range of key internal and external stakeholders. On 21<sup>st</sup> February 2018, we held an 'Exec to Exec' session with colleagues from Surrey & Sussex Healthcare NHS Trust at East Surrey Hospital at Redhill, who are our formal 'buddy' Trust. This was an extremely useful and informative session and provided a good opportunity to discuss ways in which we can provide support to each other.

2.2.2 Internally, I continued my programme of station visits, with visits to Tongham, Staines, Walton on Thames and Esher on 5<sup>th</sup> March 2018. I enjoyed spending time chatting with staff during these visits and discussing the key issues that are important to them.

**2.3 Recent bad weather**

2.3.1 During the recent cold weather and snow, and following the Trust's Adverse Weather Plan, the Trust took a number of actions and decisions to ensure any potential impacts were managed as safely as possible. This included periods of escalation, including the declaration of a number of Business Continuity Incidents (BCIs).

2.3.2 Actions taken included:

- Proactive internal and external communications
- The setting up of the Strategic Command Hub to co-ordinate the Trust's response to the potential impacts of the bad weather and increased demand
- Identifying additional senior management support to cover the Hub
- Procuring additional 4x4 capacity, to ensure could get staff to and from work, as and when required
- Close working with colleagues from NHS England and NHS Improvement, as well as local NHS partners, to ensure system-wide resilience was maintained throughout the event

2.3.3 As always, our staff and volunteers showed real dedication and commitment during this period, despite the extremely challenging weather conditions. I was really heartened to hear so many examples of our people going 'above and beyond' - to get into work despite poor road conditions, supporting their colleagues with accommodation and transport, coming in when off-duty and extending their shifts. I know that our CFRs also did an absolutely sterling job in supporting their local communities.

2.3.4 As part of our structured debrief and on-going clinical reviews, we are continuing to closely review all actions taken during this period to identify any opportunities for learning.

## **2.4 Award Ceremonies**

2.4.1 Along with a number of other Executive and Non-Executive Directors, I was delighted to attend the two recent Trust Awards Ceremonies, held in Maidstone, Kent on 22<sup>nd</sup> February and in Cobham, Surrey on 8<sup>th</sup> March.

2.4.2 In total, 300 people attended the award ceremonies, with each event recognising the long service of our staff and volunteers, as well as those who have gone 'above and beyond' in a number of different ways through the Chief Executive Commendations. I was pleased that the Awards recognise staff right across the Trust in all roles, who all play a vital role in how we deliver services to our patients.

2.4.3 47 Members of staff, volunteers, members of the public and a firefighter received Chief Executive Commendations, recognising clinical care, leadership, team working and bravery amongst many other notable achievements. It was truly heartening to hear the stories behind each award, as well as to meet some of the patients who were saved by some of the award recipients.

2.4.4 In total, 73 members of staff and Community First Responders (CFRs) also collected long service awards - ranging from 10 years for CFRs, through 20, 30 and

40-year awards for staff. I noted that in total, our staff recognised during the ceremonies had given 1,700 years' service between them – a fantastic achievement!

2.4.5 With the up-and-coming launch of the new values and behaviours, the Communications Team, which organises the event, will be looking to see how we can embed these into the Award Ceremonies moving forward. However, the Team should be congratulated on two well-organised events.

### **3. Regional issues**

#### **3.1 Stroke provision in Kent & Medway**

3.1.1 As I shared previously, on 2<sup>nd</sup> February 2018, the eight Clinical Commissioning Groups (CCGs) across Kent & Medway, as well as Bexley and High Weald Lewes Haven CCGs, launched a ten-week consultation exercise into the provision of stroke services across the county.

3.1.2 The proposals being consulted on focus on establishing three, new 'hyper-acute' stroke units across Kent & Medway and the location of these units. The consultation will close on 13<sup>th</sup> April 2018.

3.1.3 SECAMB is continuing to engage in all of the 'Listening Events' being undertaken across the region as part of the consultation process. We will continue to work closely with the CCGs during the consultation period to ensure that the impact on ambulance services is properly understood and, as a Trust, will respond formally to the consultation in due course.

### **4. National issues**

4.1 Following the recent period of bad weather and the continuing high demand being experienced nationally, we are continuing to work closely with the Association of Ambulance Chief Executives, other ambulance Trusts and NHS England on regular, system-wide conference calls.

4.2 There is now a particular focus across England on handover delays and the impact on ambulance Trusts and patients and we are participating fully in this.

### **5. Recommendation**

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

**Daren Mochrie QAM, Chief Executive**

14<sup>th</sup> March 2018



**NHS**

South East Coast  
Ambulance Service  
NHS Foundation Trust



# Integrated Performance Report

Performance  
Data for our  
999 and 111  
Services



Aspiring to be  
**Better Today and  
Even Better Tomorrow**  
for our people and our patients

## Board Meeting

March 2018



## SECamb Executive Summary

This Integrated Performance Report continues to respond to the feedback given at Trust Boards held in January 2018. It is intended to develop this report such that updates on data and supporting narrative in all areas are included under the headings of CQC domains. This will ensure that the reader and the Trust Board have a clear line of sight on recovery and sustained delivery by domain.

A new template report is now available and is being reviewed. The Director for Strategy and Business Development for SECamb will work with SECamb Non-Executive Directors, Commissioners, NHS Improvement and NHS England to ensure that reporting and information sharing on a monthly cycle will deliver the required assurance for the Trust Board our Regulators and stakeholders.

It is clear that SECamb and our NHS Provider colleagues across our geography continue to operate in a highly volatile environment and in different settings of patient care. As such, SECamb and Lead Commissioners are strengthening the joint review of performance via weekly calls to examine performance data, the triangulation of SECamb's response times with the day to day targeted allocation of additional hours, the assessment of competing operational pressures and clinical / quality indicators to mitigate clinical risk.

A key component of ensuring delivery is the jointly commissioned Demand and Capacity review which is intended to demonstrate how the Trust (with the support of Commissioners) will sustainably deliver all operational and clinical performance targets.

### Clinical Safety

The clinical safety data continues to show normal patterns of variation. Completion of care bundles remains below the national average; these care elements will be given increased focus now they have been added as an objective on the governance, health records and clinical audit improvement action plan. Our time quality indicators continue to be affected by any reduction in performance Red / Category 1 and 2 response times.

### Clinical Quality

The Quality metrics illustrate improved compliance. Duty of Candour remains at 100% for the most serious incidents. The next phase of the improvement work is to consider the less serious incidents and the team are reviewing the process for undertaking this. Safeguarding Level 2 and Level 3 training has reached the 85% target associated with mandatory training. Whilst this is a significant contribution to our safeguarding improvements there remains work to be done. The team are currently developing the bespoke training for the coming year.

Serious Incident investigations still remain below plan for their completion time but the reported numbers have returned to more normal levels in February. The new Infection prevention ready plan has been completed and is being implemented. Improvements in hand hygiene have been made but there are other IPC work streams such as uniform policy and vehicle cleaning that the team are strengthening their oversight for. The complaint portfolio has reached the target set within the Improvement Plan of 80% of complaints being responded to within 25 working days. This is a considerable achievement and the attention will now focus on being able to evidence the Trust is learning and implementing actions from the complaints process.

### Operational Performance

Continued emphasis is being placed on our ability to deploy additional and targeted hours. As reported to the Board in February, the Trust continually monitors and seeks to mitigate risk in EOC operations. A number of areas are highlighted together with the Trust's response on page 22 of this report.

### Workforce

A set of priorities has been established for the HR Directorate. These are:

- **Fit for Purpose HR** - Including the review and update of process and policies. We will prioritise the areas of work including the Trust's end-to-end ability to attract, select, offer, on-board and educate frontline staff to meet current demands
- **Workforce Plan** - We will have a workforce plan for how we resource up to achieve the new performance targets by September. In line with the Demand and Capacity Review, we will have a strategic workforce plan quarter by quarter through to 2021. This will also drive the resource requirements for us in HR
- **Culture and OD** - Our Culture and OD programme is being re-positioned to ensure it is well lead with pace and grip. This will draw in a number of already running areas of work including the Lewis Report recommendations, Staff Survey follow-up and well-being.
- **Workforce Strategy** – The Trust will finalise its Workforce Strategy. This will then influence a clear plan for the work of HR.

The above will be under-pinned by the work of Protecting the Organisation on People-related risk.

The Trust Board is asked to note this report.

## SECamb CQC Rating and oversight framework

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

## SECamb Financial Performance

With one month of the financial year to go, the Trust continues to forecast achievement of its control total of £1.0m deficit for the year. This is after receipt of planned Sustainability and Transformation Funding (STF) of £1.3m. The forecast before STF is £2.3m.

Following the conclusion of contract settlement discussions with commissioners, the Trust is projecting that the full contracted income value will be achieved. The Trust is also forecasting full delivery of its £15.1m cost improvement target.

Further details of financial performance are included in this report. A more detailed reporting pack is provided to directors, senior managers and regulators and this is closely monitored through the Finance & Investment Committee, a subcommittee of the Board.

Risks associated with delivery of the control total are now considered to be low.

## SECamb Issues and Points of Note

As stated above, reporting content, format and detail will be discussed and finalised through a working group. It remains the intention to report under the domains of safe, caring, effective, responsive and well led (in Workforce, Finance and Efficiency)

## Contents

Clinical Safety	4
Clinical Quality	9
Operations Performance	12
Workforce	16
Finance	19

## 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 Return of Spontaneous Circulation (ROSC) - Utstein (a set of guidelines for uniform reporting of cardiac arrest)

	Aug-17	Sep-17	Oct-17	12 Month's
<b>Actual %</b>	54.5%	50.0%	50.0%	
<b>Previous Year %</b>	48.1%	44.1%	48.1%	
<b>National Average %</b>	53.8%	51.0%	55.1%	

### Cardiac ROSC - ALL

	Aug-17	Sep-17	Oct-17	12 Month's
<b>Actual %</b>	25.6%	25.7%	25.2%	
<b>Previous Year %</b>	26.0%	25.3%	27.8%	
<b>National Average %</b>	30.8%	32.0%	30.2%	

### Cardiac Survival - Utstein

	Aug-17	Sep-17	Oct-17	12 Month's
<b>Actual %</b>	40.6%	26.3%	30.8%	
<b>Previous Year %</b>	34.8%	30.0%	15.4%	
<b>National Average %</b>	28.8%	32.8%	28.3%	

### Cardiac Survival - All

	Aug-17	Sep-17	Oct-17	12 Month's
<b>Actual %</b>	10.0%	5.7%	10.9%	
<b>Previous Year %</b>	8.9%	9.4%	4.3%	
<b>National Average %</b>	10.0%	10.6%	10.2%	

### Acute ST-Elevation Myocardial Infarction (STEMI) Care Bundle Outcome

	Aug-17	Sep-17	Oct-17	12 Month's
<b>Actual %</b>	64.4%	71.9%	57.4%	
<b>Previous Year %</b>	72.7%	76.6%	63.1%	
<b>National Average %</b>	73.8%	76.9%	76.4%	

### Acute STEMI receiving primary angioplasty within 150 minutes

	Aug-17	Sep-17	Oct-17	12 Month's
<b>Actual %</b>	86.5%	79.5%	87.4%	
<b>Previous Year %</b>	89.9%	86.7%	96.9%	
<b>National Average %</b>	86.7%	83.6%	84.3%	

### FAST Identified Stroke - arriving at a hyper acute stroke unit within 60 minutes

	Aug-17	Sep-17	Oct-17	12 Month's
<b>Actual %</b>	57.5%	48.0%	53.6%	
<b>Previous Year %</b>	66.8%	62.6%	62.6%	
<b>National Average %</b>	54.0%	50.0%	49.3%	

### Stroke - assessed F2F receiving care bundle

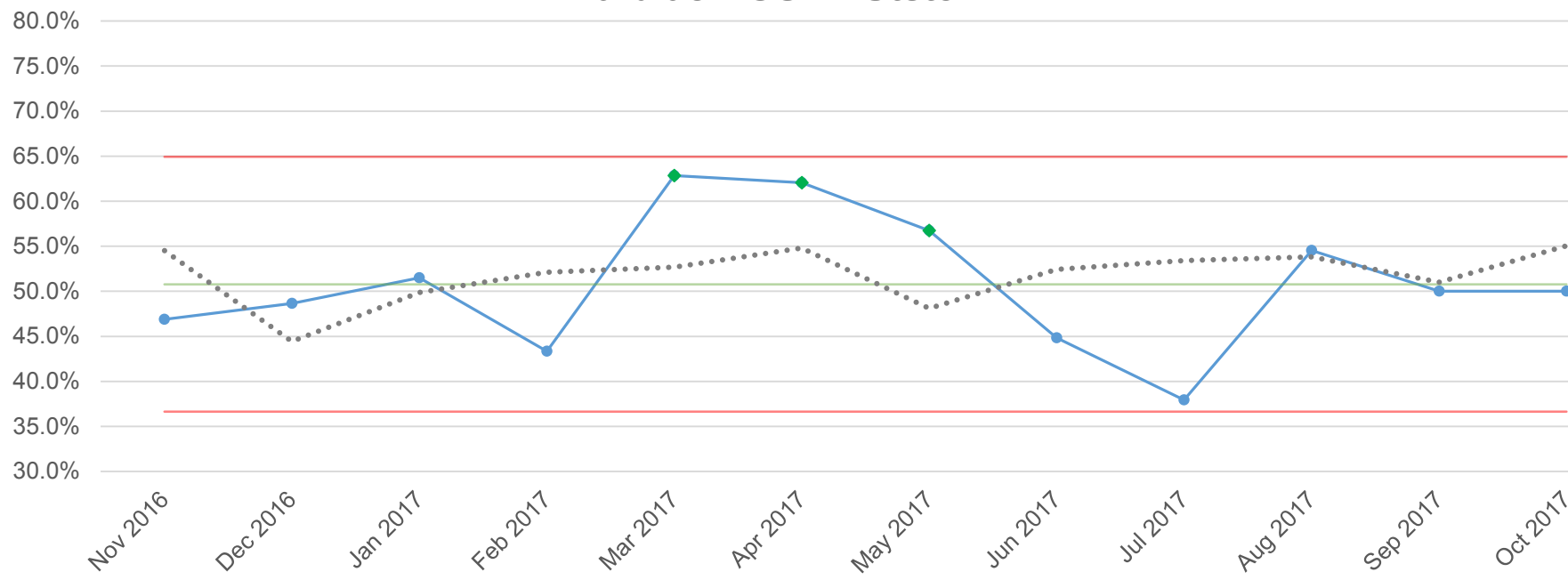
	Aug-17	Sep-17	Oct-17	12 Month's
<b>Actual %</b>	95.6%	93.1%	93.5%	
<b>Previous Year %</b>	94.2%	95.6%	95.4%	
<b>National Average %</b>	97.5%	96.7%	97.1%	

### Medicines Management

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual</b>	96.70%	97.76%	97.57%	
<b>Number of audits</b>	218	201	190	

## SECamb Clinical Safety Charts

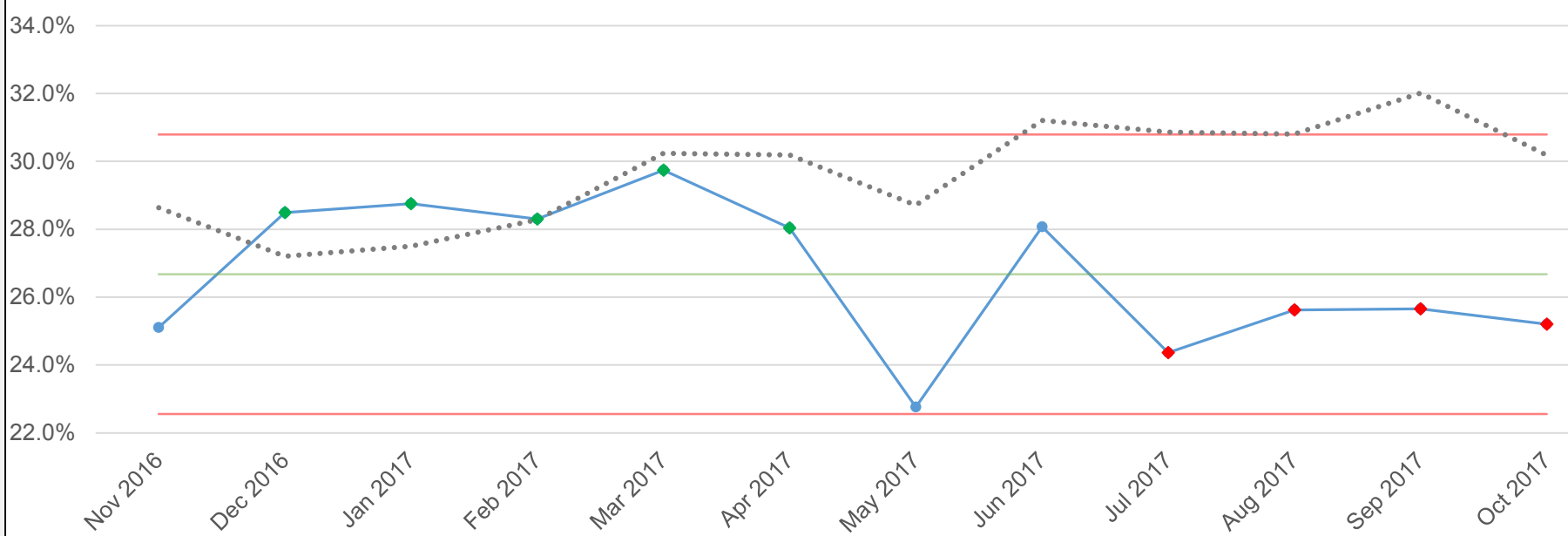
### Cardiac ROSC - Utstein



Performance for the cardiac arrest ROSC indicator for the Utstein group for October 2017 is in line with SECamb YTD and below the national average.

The medical directorate continue to explore potential quality improvement opportunities. Opportunities for improved data collection and analysis for continuous improvement will be explored when the 2018/2019 clinical audit plan is developed.

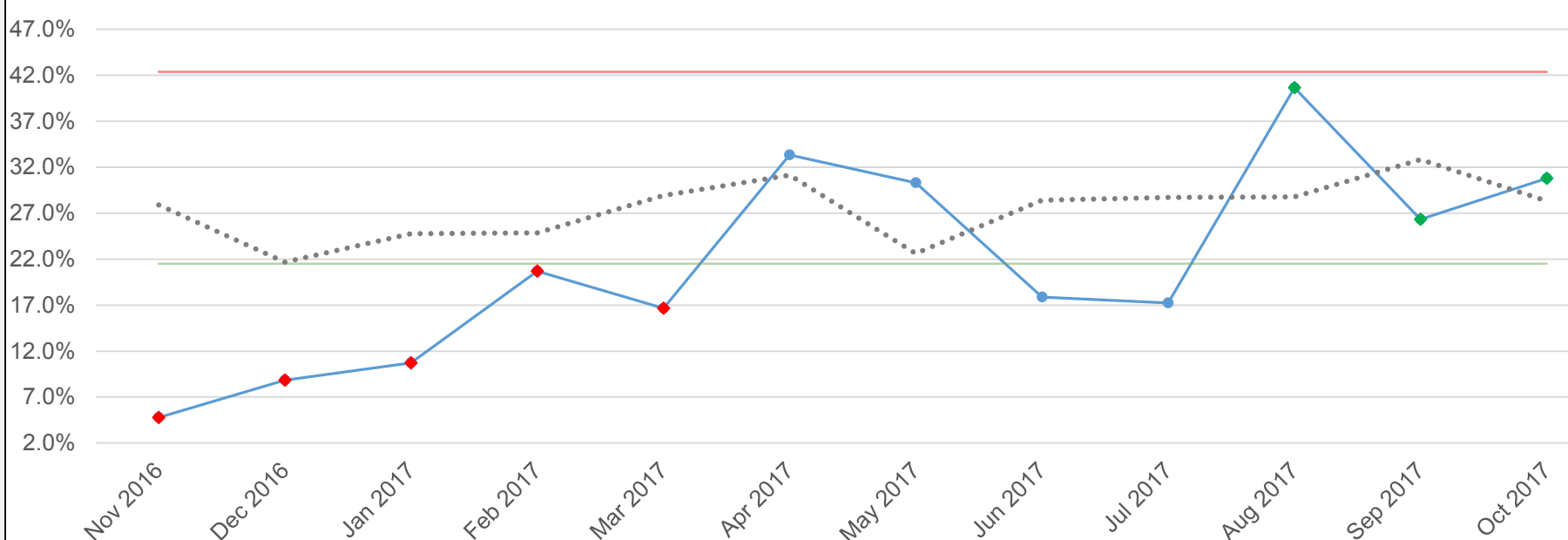
### Cardiac ROSC - ALL



In October 2017 our performance for ROSC in all patient groups remains below the SECamb YTD average.

Additional resuscitation training has been delivered to Operational Team Leaders who will cascade this learning to operational staff as part of the 18/19 'Key Skills' education programme.

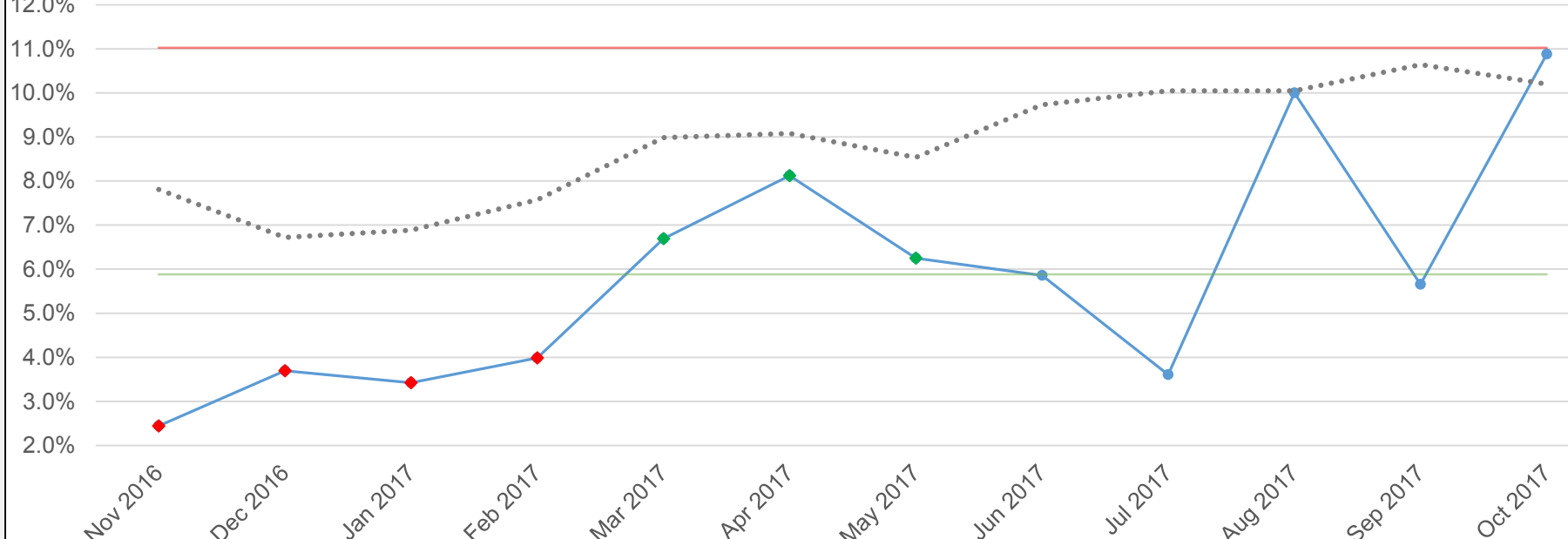
### Cardiac Survival - Utstein



In October 2017, survival to discharge for the Utstein group was above our mean and above the national average. The data continues to show normal patterns of variation.

Our relatively strong performance in this patient group suggests that there are greater opportunities for improvement in patients with an initial rhythm that is non-shockable.

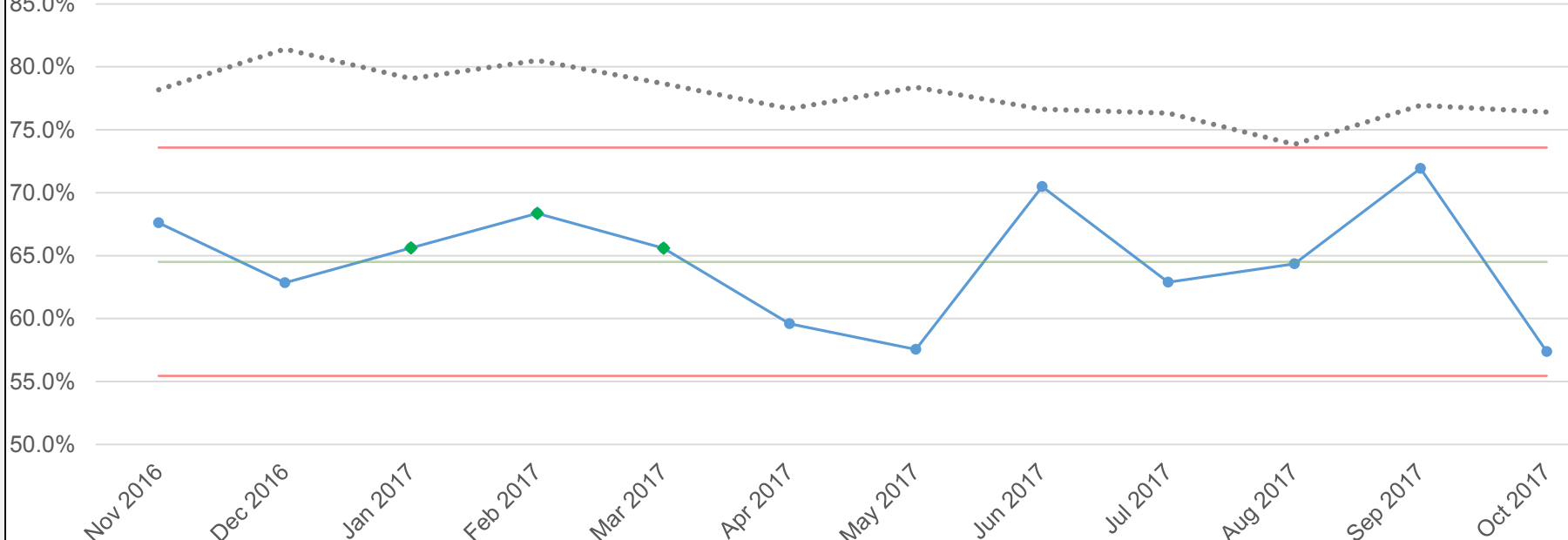
### Cardiac Survival - All



In October 2017, our cardiac survival for all cardiac arrest patients was above our average and above the national average.

This appears to be in line with normal patterns of variation.

### Acute STEMI Care Bundle Outcome



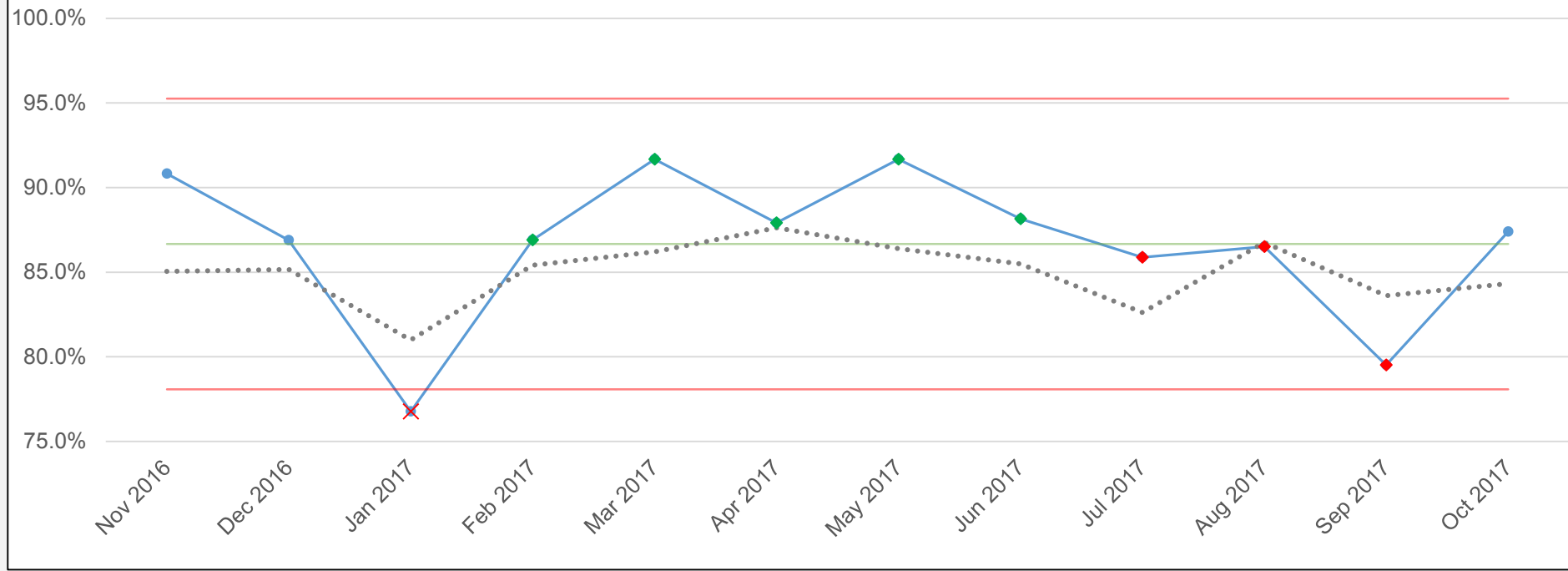
Performance for October 2017 was below our YTD and the national average.

Dashboards and quality scorecards showing local performance levels are now routinely being shared with Operating Units (OUs) to facilitate focussed quality improvement.

It has been identified that morphine and GTN are being withheld by some clinicians when managing inferior STEMI. Clinical Education will arrange for the Head of Clinical Education to meet our higher education partners to discuss possible inconsistencies in messaging.

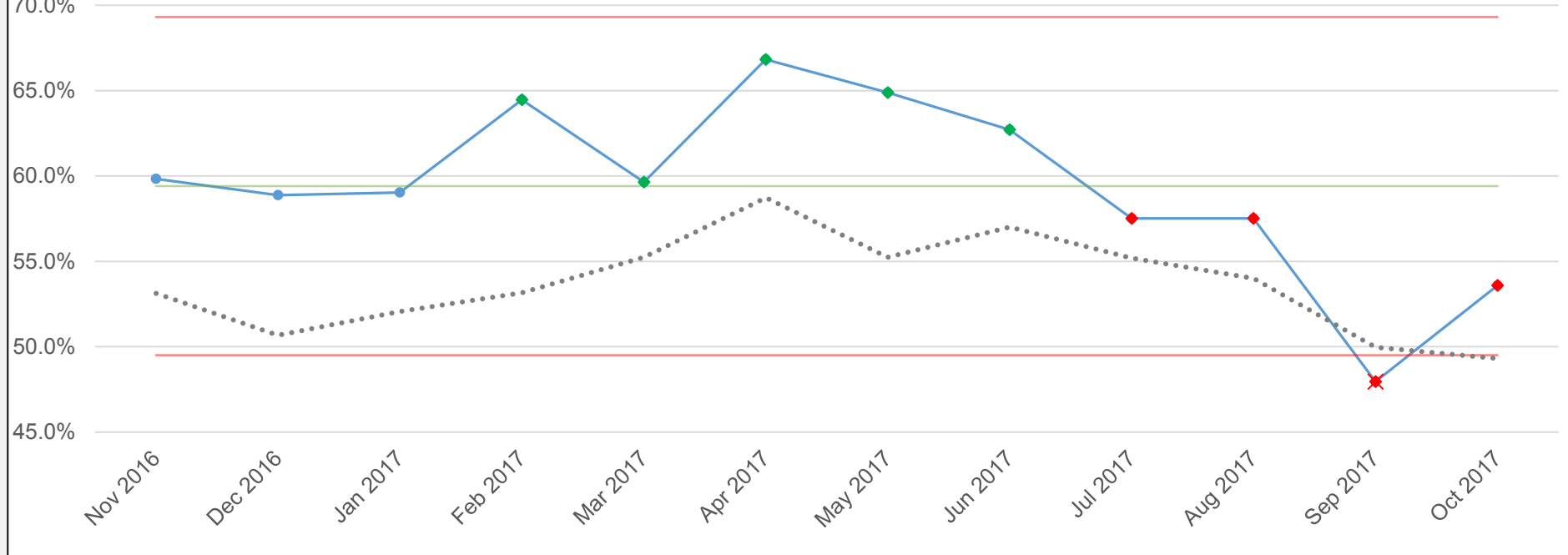
## SECamb Clinical Safety Charts

**Acute STEMI receiving primary angioplasty within 150 minutes**



October 2017 saw an increase on the previous month's performance against this indicator. We are once again above the national average and our own average.

**FAST Identified Stroke - arriving at a hyper acute stroke unit within 60min**

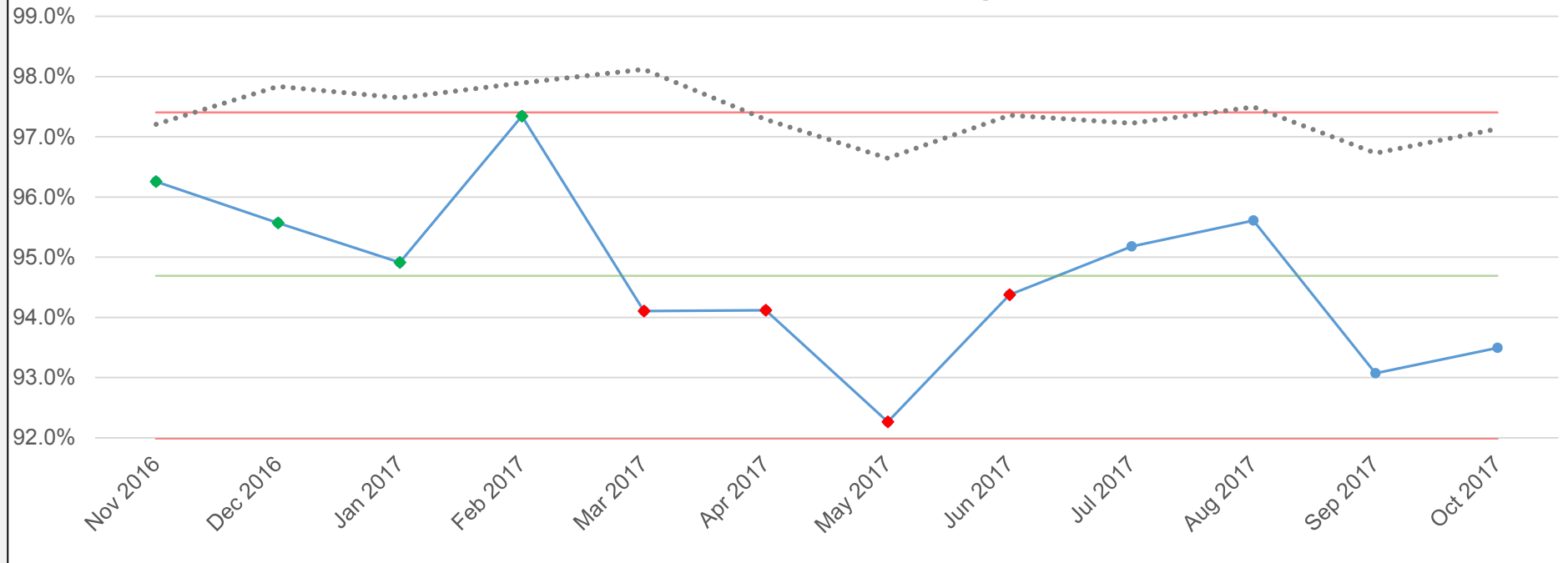


October 2017 performance for FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyper acute stroke unit (HASU) within 60 minutes was below our mean, but above the national average.

The reduction in performance against this indicator is in line with a reduction in our performance against the red 1 & 2 targets.

The importance of reducing time on scene in stroke and STEMI patients is being emphasised in training delivered by our education team.

**Stroke - assessed F2F receiving care bundle**



Performance in completing the stroke care bundle is below national and our YTD average.

Dashboards showing local performance levels have now been shared with OUs to facilitate focussed quality improvement. Regular reminders of the importance of the completion of care bundles are placed in staff communications.

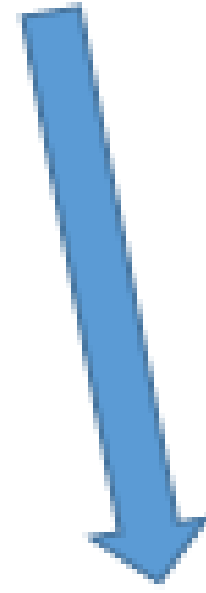
An objective to improve the completion of Stroke and STEMI care bundles has now been added to the Governance, Health Records and Clinical Audit Improvement Action Plan, which will result in an increased focus on these elements of care.

**Analysis of Cardiac Arrest Data - October 2017**

Number of cardiac arrests identified = 667  
 including DNACPR 28 / DOA 378 / No Resus by SECamb 13 / Post Arrest 4 / In hospital arrest 2



Number of resuscitation attempts = 247 (37%)



**Utstein definition**

Bystander witnessed  
 Presenting rhythm VF  
 Cardiac in origin

**Non ROSC Definition**

Patients transported to hospital in cardiac arrest with resuscitation still in progress

Utstein Data = 40 (16%)

Overall = 242 (98%)

ROSC sustained to hospital = 20 (50%) + 2 Non ROSC

ROSC (incl. Utstein) sustained to hospital 61 = (25%) + 10 Non ROSC

**Outcomes for ROSC at Hospital and Non ROSC at Hospital Patients**

Utstein	Details	Overall
12	Patient survived to discharge	26
9	Patient died in hospital	42
0	Patient still in hospital*	1
1	Patient record not found by	2
0	No reply from hospital*	0

Survival to discharge is calculated as a percentage of the Overall or Utstein figures minus any missing patient outcomes as detailed \* above

Survival to Discharge = 12 (31%)

Survival to Discharge (incl. Utstein)= 26 (11%)

**Additional Information - Resuscitation Attempts**

Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	114 (47%)	10	6
PEA	51 (21%)	11	1
VF	64 (26%)	34	2
Non-shockable	3 (1%)	1	0
Not recorded	10 (4%)	5	1

CPR Bystander - 134 (55%)

EMS Witnessed arrest - 39 (16%)

Cardiac Arrest downloads received for Oct-17	0
Cardiac Arrest download reports sent to crews	0

**Analysis of Cardiac Arrest Data by area - October 2017**

Number of Resuscitation attempts = 241 (1 inc was PAS crew)

Utstein Data East = 16 (7%)

Utstein Data West = 24 (10%)

Overall East = 121 (50%)

Overall West = 120 (50%)

ROSC sustained to Hospital East  
= 10 (62.5%) + 0 non ROSC

ROSC sustained to Hospital West  
= 10 (42%) + 2 non ROSC

ROSC (incl. Utstein sustained to Hospital East  
= 33 (27%) + 5 non ROSC

ROSC (incl. Utstein sustained to Hospital West  
= 28 (24%) + 5 non ROSC

**Outcomes for ROSC at Hospital and Non ROSC at Hospital Patients**

Area	Utstein	Details	Overall
East	5	Patient survived to discharge	12
West	7		14
East	5	Patient died in hospital	25
West	5		19
East	0	Patient still in hospital*	1
West	0		0
East	1	Patient record not found by hospital*	2
West	0		0
East	0	No reply from hospital*	0
West	0		0

Survival to discharge is calculated as a percentage of the Overall and Utstein figures minus any missing patient outcomes as detailed \* above

Survival to Discharge East  
= 5 (31%)


Survival to Discharge West  
= 7 (29%)

Survival to Discharge (Incl. Utstein) East  
= 12 (10%)


Survival to Discharge (Incl. Utstein) West  
= 14 (12%)

## SECAmb Clinical Quality Scorecard


### Number of Incidents Reported

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual</b>	811	748	591	
<b>Previous Year</b>	512	529	465	


### Number of Incidents Reported that were SI's

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual</b>	7	22	6	
<b>Previous Year</b>	2	1	5	

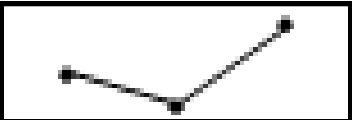
### Duty of Candour Compliance (SIs)

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual %</b>	80%	100%	100%	
<b>Target</b>	100%	100%	100%	


### Number of Complaints

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual</b>	93	111	127	
<b>Previous Year</b>	114	132	96	
<b>Complaints Timeliness (All)</b>	44.0%	59.6%	98.2%	
<b>Timeliness Target</b>	95%	95%	95%	


### Compliments

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual</b>	121	109	139	


### Safeguarding Training Completed (Adult) Level 2

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual %</b>	59.65%	69.33%	85.66%	
<b>Previous Year %</b>	N/A	76.20%	89.07%	
<b>Target</b>	75%	83%	92%	


### Safeguarding Training Completed (Children) Level 2

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual %</b>	59.07%	69.63%	84.36%	
<b>Previous Year %</b>	N/A	75.90%	89.79%	
<b>Target</b>	75%	83%	92%	

### Safeguarding Training Level 3 (Adult/Child)

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual %</b>	54.41%	77.58%	92.15%	

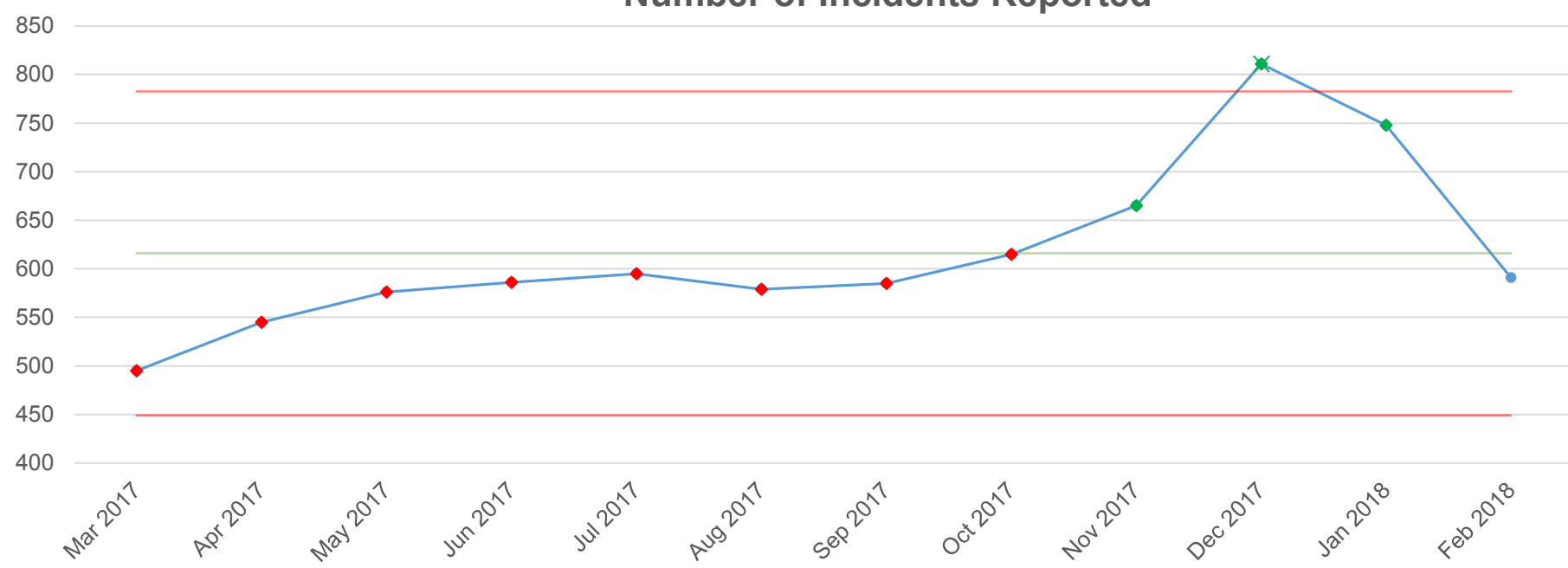
### Hand Hygiene

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual %</b>	83%	84%	89%	
<b>Target</b>	90%	90%	90%	



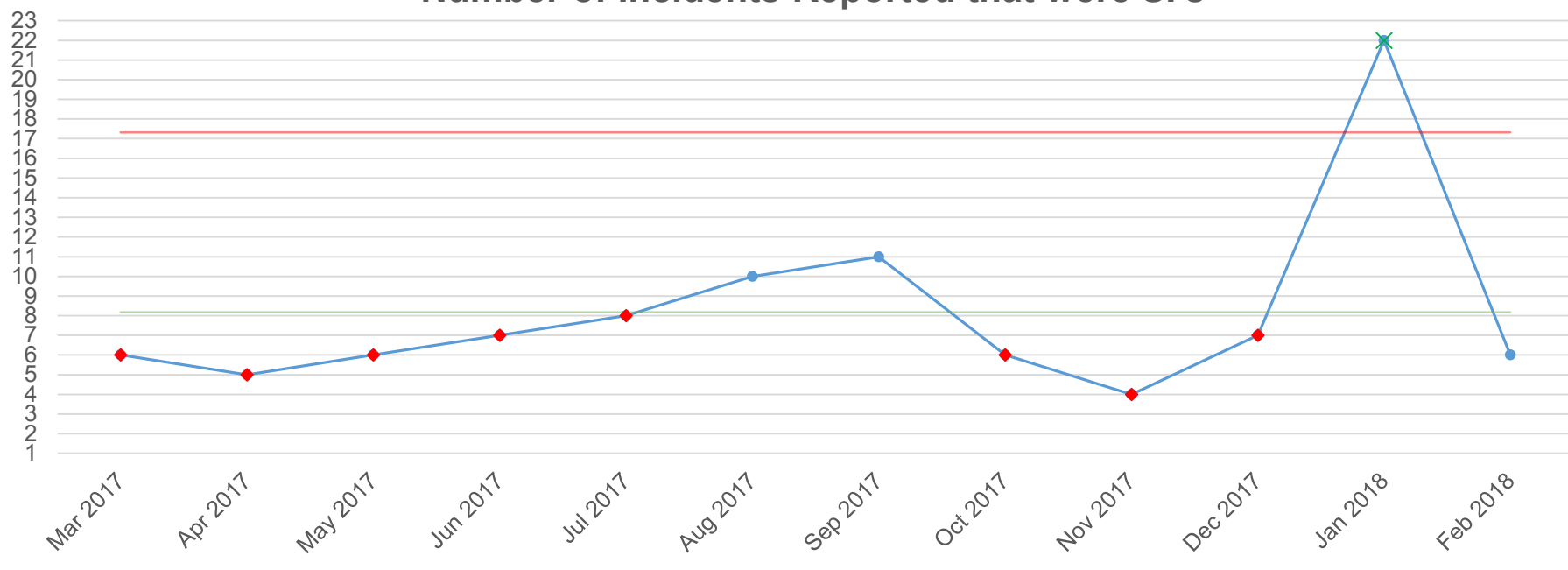
## SECamb Clinical Quality Charts

### Number of Incidents Reported



Incident reporting rates have dropped this month. February is a shorter month and there was a peak in reporting for incidents over the Christmas and New Year period. During the next quarter we aim to further increase incident reporting across the trust by including complaints that are incidents and Community First Responders being able to report directly via the Datix system. We will also be including RTC's to be reported directly onto the Datix system rather than via a road traffic accident report form which is submitted to fleet. We anticipate a steady rise over the next few months again.

### Number of Incidents Reported that were SI's

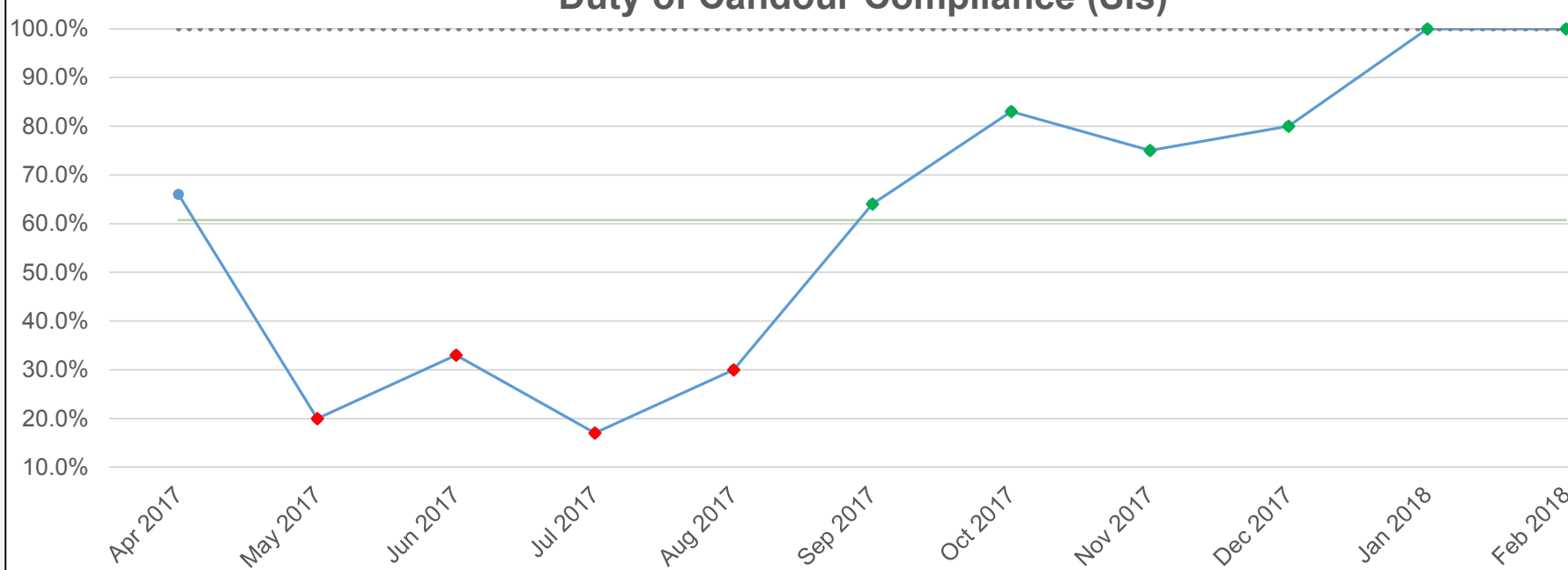


A significant decrease in the numbers reported this month following a large increase in January.

6 SIs were reported for the following reasons:

- Call Answer delay – 1
  - Patient Care – 1
  - RTC – 1
  - Patient Injury – 1
  - Triage – 1
  - Safeguarding – 1
- Service Areas reporting were:
- A&E Ops – 3
  - EOC – 1
  - Trustwide – 1
  - KMSS111 -1

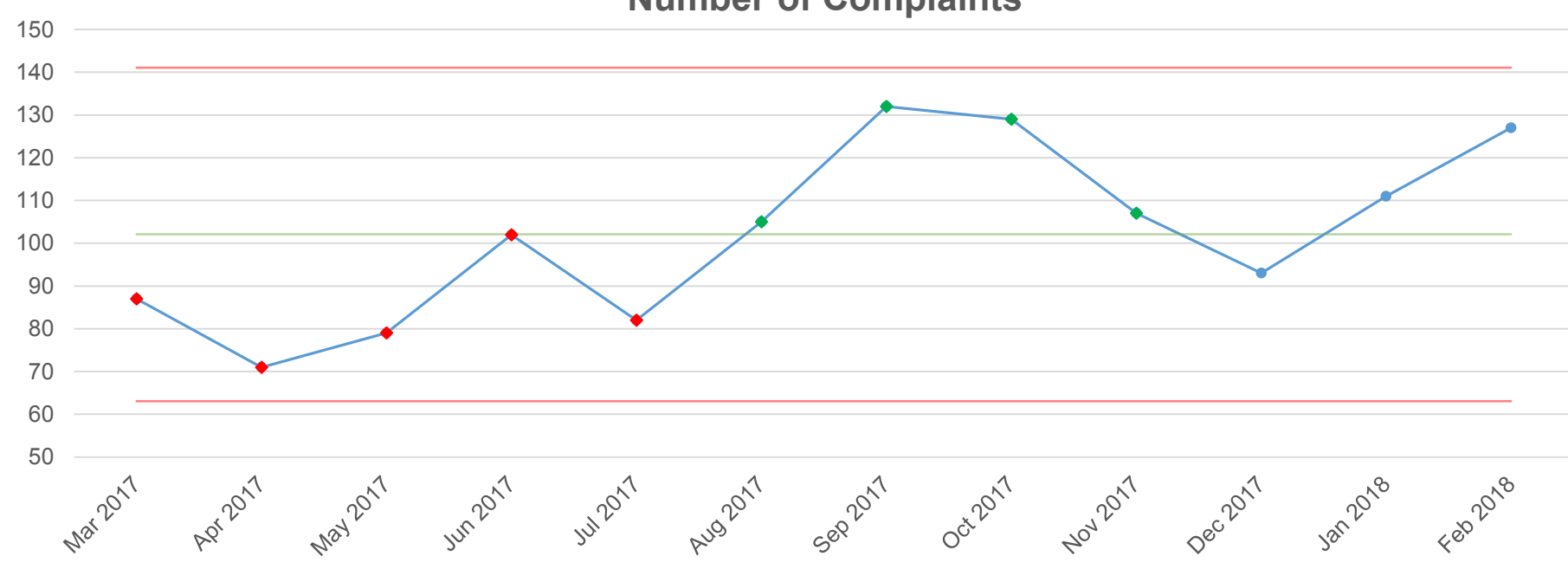
### Duty of Candour Compliance (SIs)



Reporting on this indicator has changed to reflect the due date during the month to meet DoC (previously reported on the SIs reported during the month).

100% of timeframes for those SIs requiring Duty of Candour were met this month.

### Number of Complaints

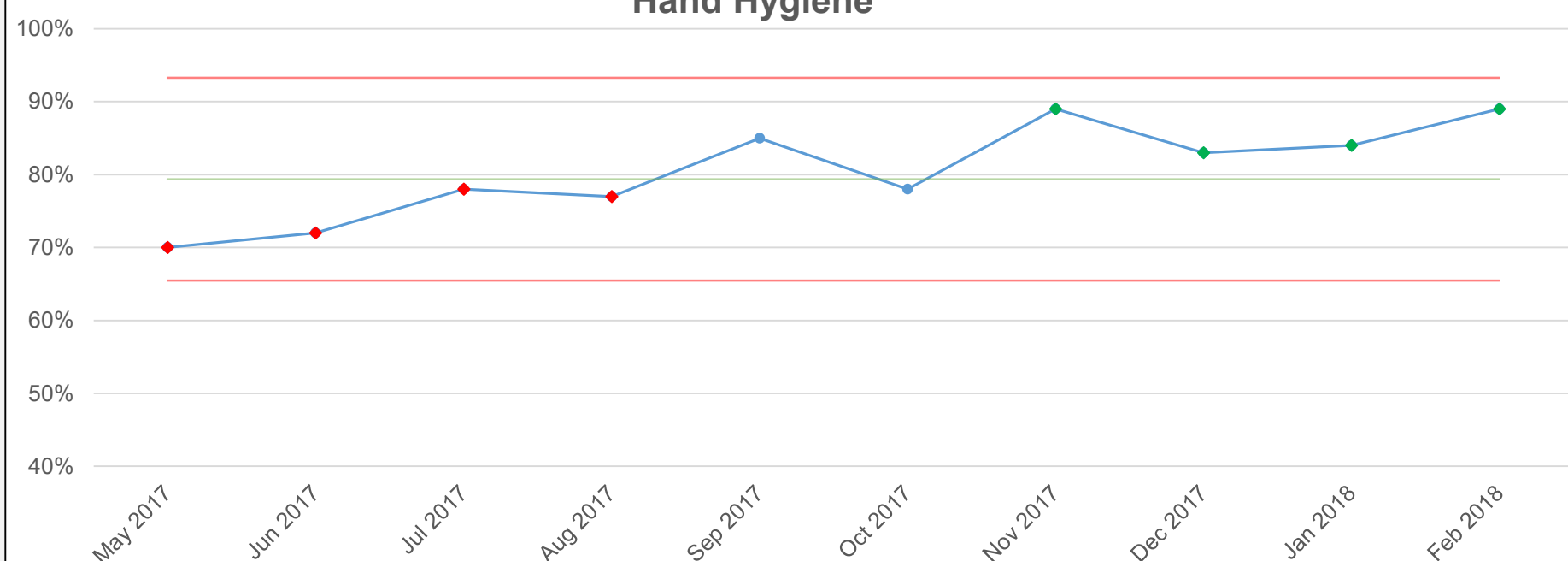


The number of complaints received in February was 127; a significant increase on the 111 received in January, and the highest number since September and October, when 127 were recorded in both months. Thirty-one percent of complaints received (n=42) were about timeliness of response, compared to 32% (n=36) in January, and the highest number received since September 2017.

Twenty-one per cent of complaints were about call triage (n=28; 11 NHS111 and 17 EOC); 19% about staff behaviours; and 15% about patient care.

In February, 98.16% of complaints were responded to within timescale (107/109), compared to 59.4% in January.

### Hand Hygiene



We have seen a 5% improvement in the Trusts overall Hand Hygiene compliance for February and we are just 1% away from the 90% compliance target. However, some Operating Units are still not maintaining the requirement of ten audits per week. They were – Ashford, Brighton, Chertsey, Guildford, Paddock Wood and North Kent. The IPC Team have asked the IPC Champions in each area to liaise with the OTL's in the OU to rectify this for March.

We have now separated the two HART teams from the OU reports and asked that they carry out five audits per week, which they both achieved in February. HART Ashford were 71% compliant and HART Gatwick achieved 96% compliance.

## Health and Safety (H&S)

### Introduction

The Head of H&S advert has closed and interviews are scheduled for March 2018. The external review of our H&S provision continues with a number of location based visits and interviews having taken place.

As the area H&S meetings begin in March the central H&S working group will focus on the issues that are on the corporate risk register.

The review of risk assessments and policies continues with a new fire safety policy now agreed and the moving and handling and bariatric policies due to be presented to the JPF this month.

A revised Leadership patient and staff safety walk round proposal with further clarity and a proposed schedule will return to the Board this month.

The first IOSH for leading safely for directors course took place in February with six Non Executive Directors and two Executive directors in attendance.

As a result of the increased interest generated by the IOSH course the first quarterly H&S report will go to the Board this month.

Following the visit from the health and safety executive (HSE) a formal response was sent by Daren Mochrie highlighting the areas that we will be working on as a result.

### Violence and Aggression Incidents - See Figure 1 below

The number of reported incidents of violence and aggression toward our people continues to show a slow downward trend.

These incidents range from verbal abuse to actual physical assault. The lone worker policy is in draft written by the operations team with input from the quality improvement hub. A report has been produced by our security lead to understand how we benchmark against other ambulance trusts and to explain actions in place and to be developed to further mitigate the risk and reduce occurrences. The Health and Safety executive suggested that we should look to our local mental health colleagues for advice on managing this risk as experts in the field.

### Manual handling Incidents - See Figure 2 below

Manual handling incidents remain high especially given that February is a short month. The visit from the HSE in February focused on this area as it is a national problem for ambulance services which given the nature of the work is not surprising. There are other Trusts that have made improvements in certain areas such as care homes with no-lift policies which we can learn from. We also need to look at how we safeguard our community first responders. Access to Datix is the first step and is being facilitated by the CFR leads. 9 clinical education staff have level 3 training in manual handling and will be used to ensure that OTLs delivering key skills are suitably informed of best practice.

### Manual Handling reported incidents by Operating Unit - See Figure 5 below

There has not been capacity due to sickness in the H&S team to further interrogate this data and begin to understand the reasons for the variation.

### H&S incidents - See Figure 3 below

An upward trend continues to be seen in the reporting of H&S incidents which is in line with the Trust's intention to increase the number of low/no harm incident reports. The area H&S meetings and the plan to carry out H&S training for all OTLs will increase awareness of the need to record all issues on Datix and should further drive up reporting rates. IOSH training for Board members this month has increased awareness and it is hoped that a program of patient and staff leadership walk rounds will be agreed to further emphasise the importance of safety in the workplace at all levels of the Trust

### Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) - See Figure 4 below

While RIDDOR reports continue to fall, they are small numbers. We still do not regularly meet our target to report these within 15 days. It is believed that the training for OTLs, the changes to the moving and handling policy once published and communicated and a letter from the director of operations to all the leadership teams will improve this.

Figure 1

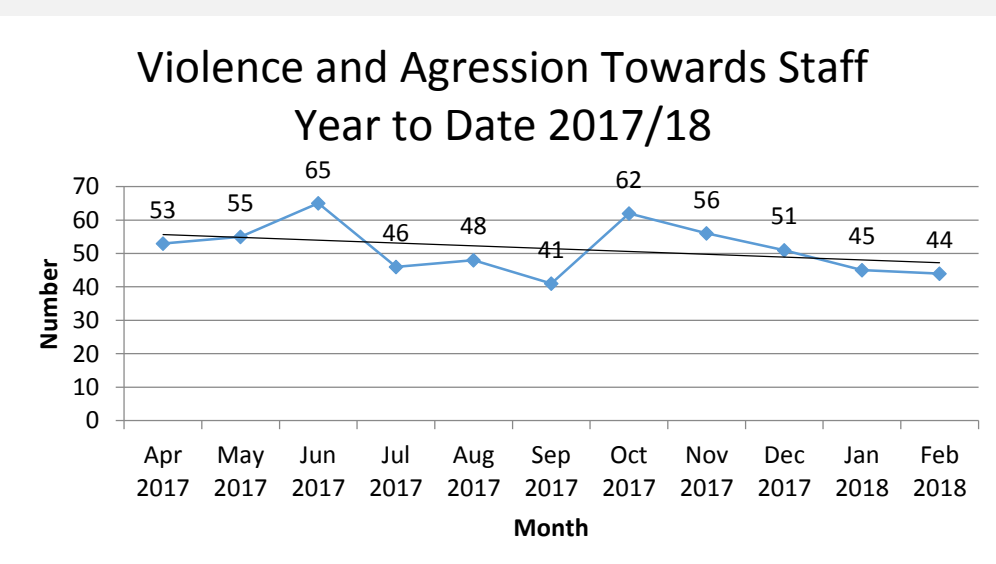


Figure 2

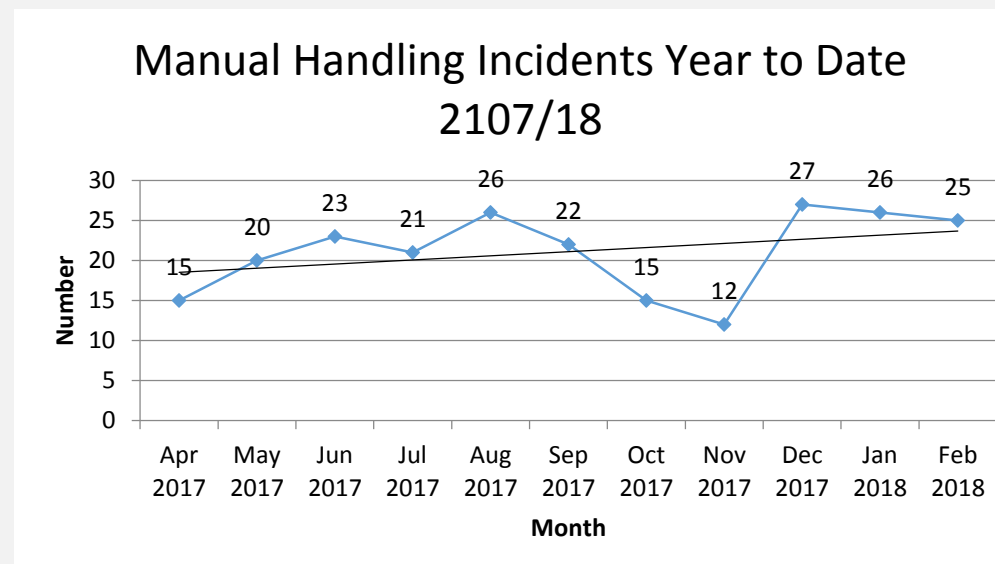


Figure 3

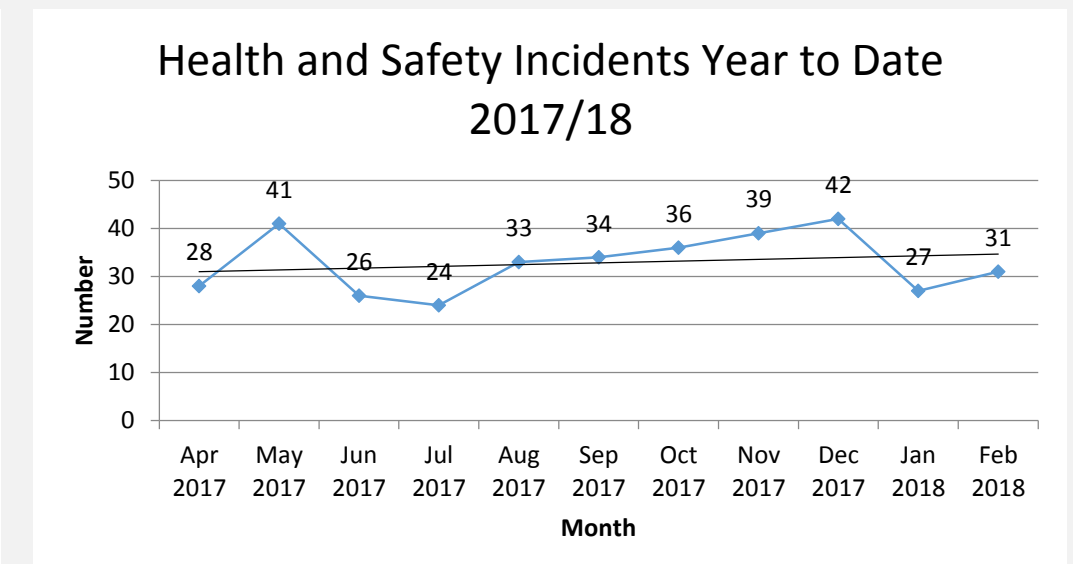


Figure 4

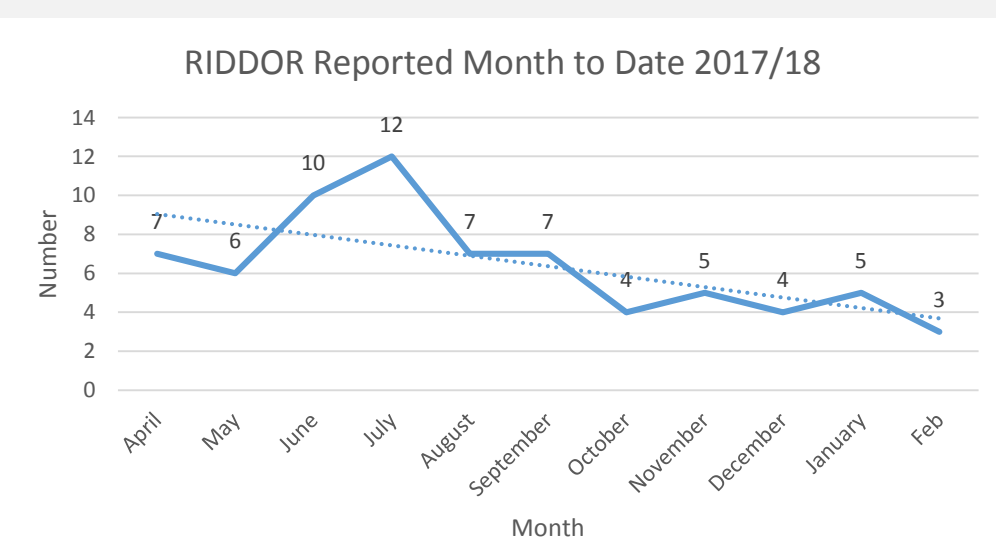
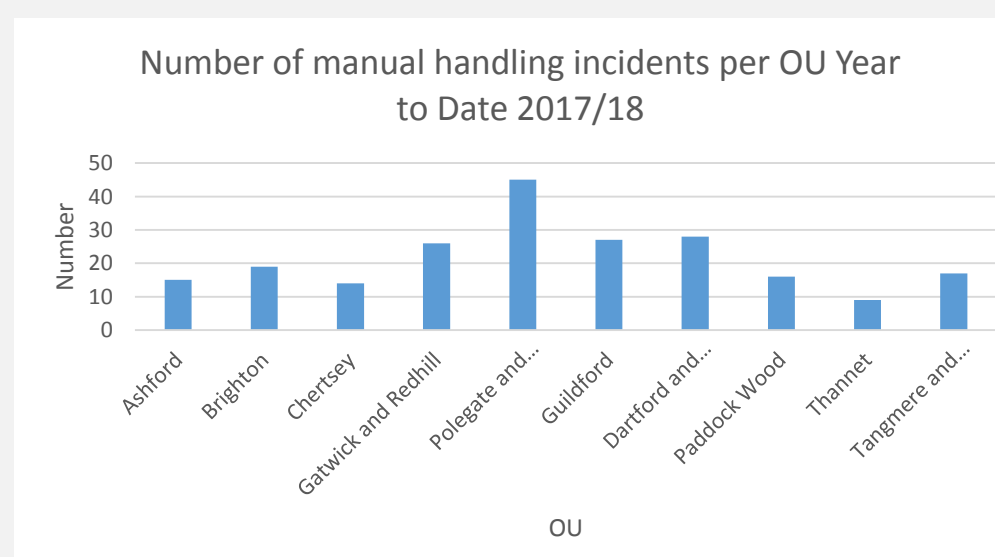


Figure 5





# SECAmb 999 Operations Performance Scorecard

## Call Handling

	Dec-17	Jan-18	Feb-18	12 Month's
<b>5 Sec EOC Performance (95%)</b>	42.7%	74.9%	60.5%	
<b>Average Call Pick Up Time</b>	00:01:10	00:00:28	00:00:41	
<b>Call Pick Up Time 95th Percentile</b>	258	155	185	

## Dispatch

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Average Allocation Time - Cat 1 (Secs)</b>	tbc	tbc	tbc	tbc
<b>Allocation Ratio</b>	tbc	tbc	tbc	tbc
<b>Response Ratio</b>	1.84	1.85	1.83	

## Cat 1 Performance

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Mean (00:07:00)</b>	00:08:31	00:07:51	00:08:19	
<b>90th Percentile (00:15:00)</b>	00:15:16	00:14:05	00:14:51	

## Cat 1T Performance

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Mean (00:19:00)</b>	00:11:50	00:10:35	00:11:20	
<b>90th Percentile (00:30:00)</b>	00:21:01	00:18:59	00:20:26	

## Cat 2 Performance

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Mean (00:18:00)</b>	00:18:41	00:16:13	00:17:44	
<b>90th Percentile (00:40:00)</b>	00:34:58	00:30:11	00:33:01	

## Cat 3 Performance

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Mean</b>	01:39:34	01:04:04	01:27:53	
<b>90th Percentile (02:00:00)</b>	03:47:52	02:23:34	03:19:44	

## Cat 4 Performance

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Mean</b>	02:30:33	01:41:24	02:26:10	
<b>90th Percentile (03:00:00)</b>	05:54:29	04:02:33	05:40:58	

## HCP

	Dec-17	Jan-18	Feb-18	12 Month's
<b>HCP 60 (75%)</b>	33.5%	45.6%	43.1%	
<b>HCP 120 (75%)</b>	42.4%	56.7%	48.2%	
<b>HCP 240 (75%)</b>	51.7%	73.7%	65.9%	

## Demand/Supply

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Call Volume</b>	98436	86023	80740	
<b>Incidents</b>	63341	59870	52890	
<b>Transports</b>	40027	38351	34069	

## Incident Outcome AQI

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Hear &amp; Treat</b>	4.9%	4.7%	5.2%	
<b>See &amp; Treat</b>	34.3%	34.4%	33.9%	
<b>S&amp;C</b>	60.8%	60.9%	60.9%	

## Community First Responders

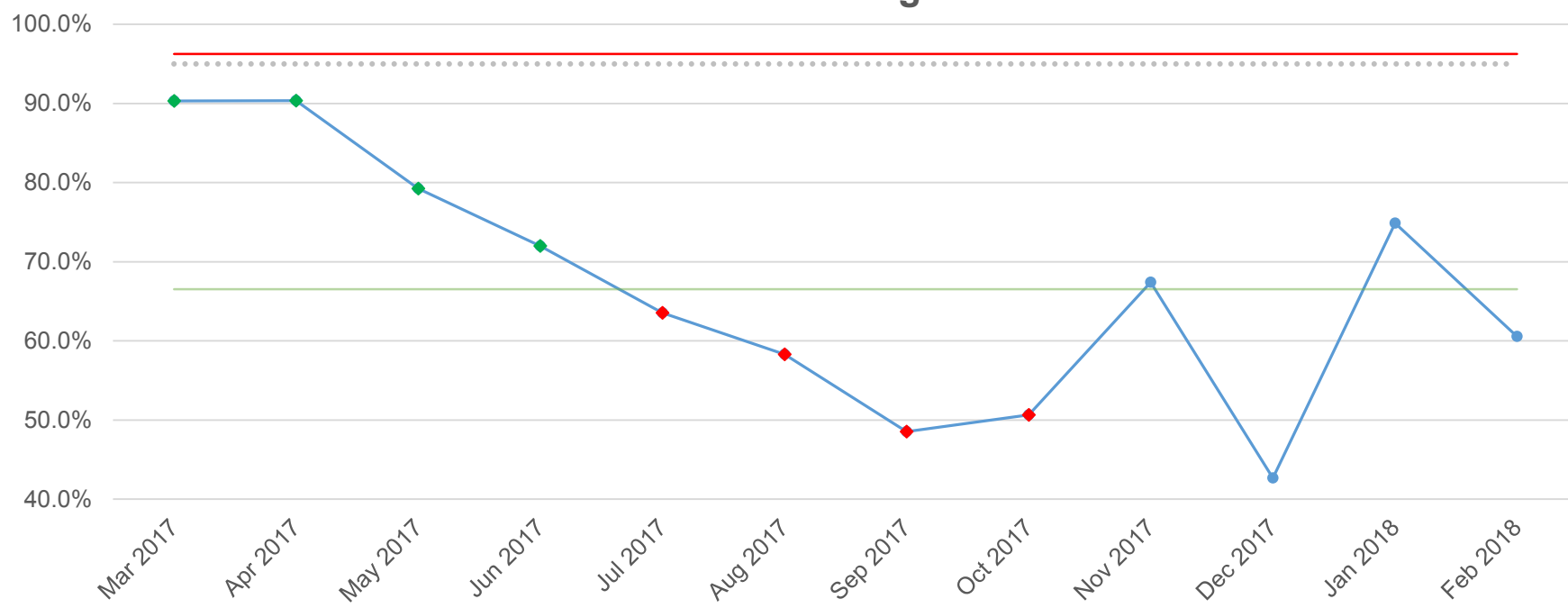
	Dec-17	Jan-18	Feb-18	12 Month's
<b>Volume of incidents Attended</b>	1518	1263	1121	
<b>Cat 1 Attendances</b>	tbc	tbc	tbc	tbc
<b>Hours Provided</b>	16216	19469	15150	

## Call Cycle Time

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Clear at Scene (mins)</b>	75.84	75.74	75.30	
<b>Clear at Hospital (mins)</b>	110.3	110.1	109.2	
<b>Handover Hrs Lost at Hospital (over</b>	7636	7093	5697	
<b>Number of Handovers &gt;60mins</b>	1433	1209	875	

## SECAmb 999 Operations Performance Charts

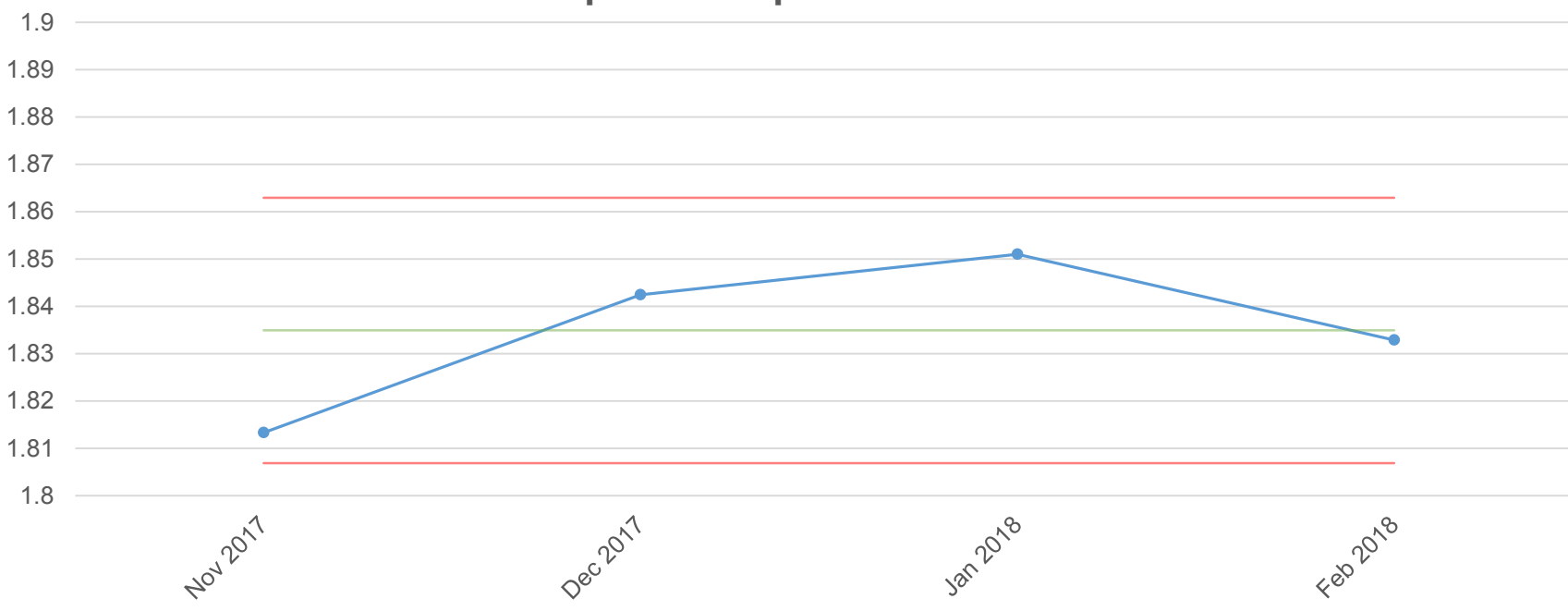
### 5 Sec ECO Call Handling Performance



After the improvement in call handling performance recorded in January, performance for February decreased significantly to 60.5%. This is similar to the level in July and August 2017. This drop in call answer performance came despite a decrease in call volume. The average call pick up time has increased compared to last month.

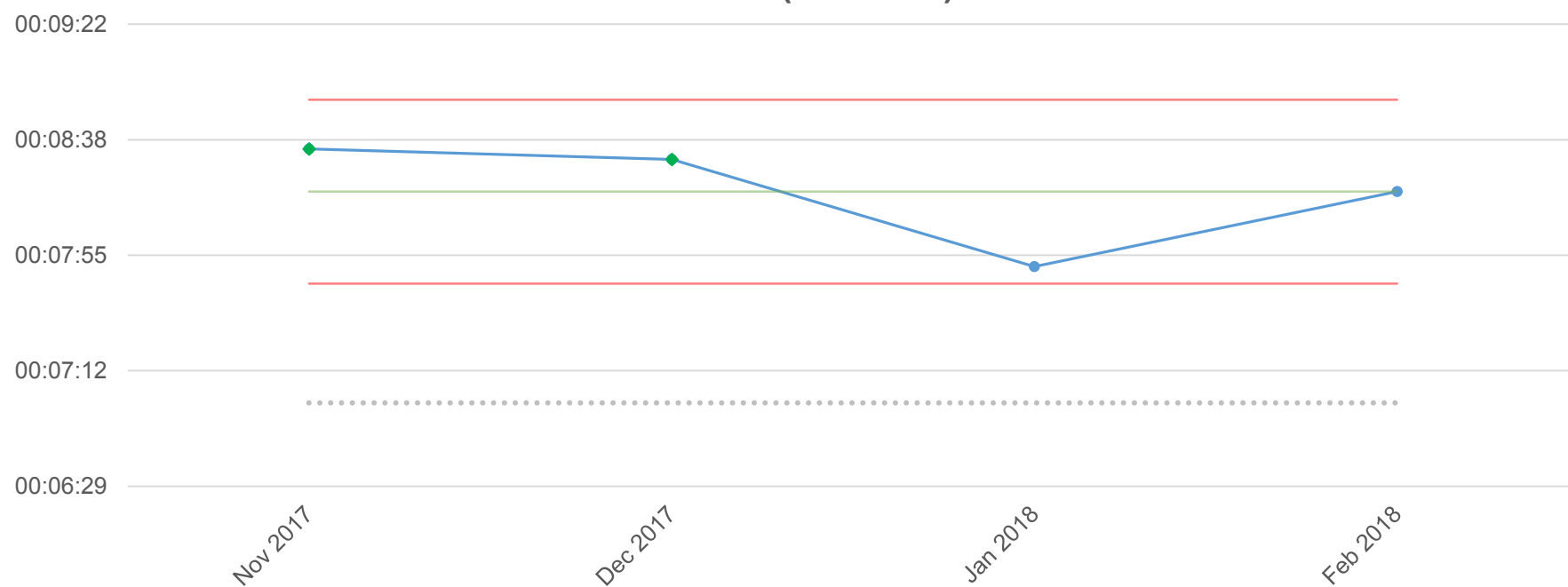
Call pick up performance is now included in the EOC action plan to address the CQC requirement of improving AQI, recruitment and staff retention. Significant scrutiny is still being placed on call handling performance with all efforts being made to improve this. There has been an additional cohort of call takers recruited, that can take routine calls, to improve the efficiency of the emergency medical advisors.

### Dispatch Response Ratio



Response ratio continues to decrease. This metric will be referred to as Responses per Incident going forward as it comes under greater scrutiny with the ARP.

### Cat 1 Mean (00:07:00) Performance

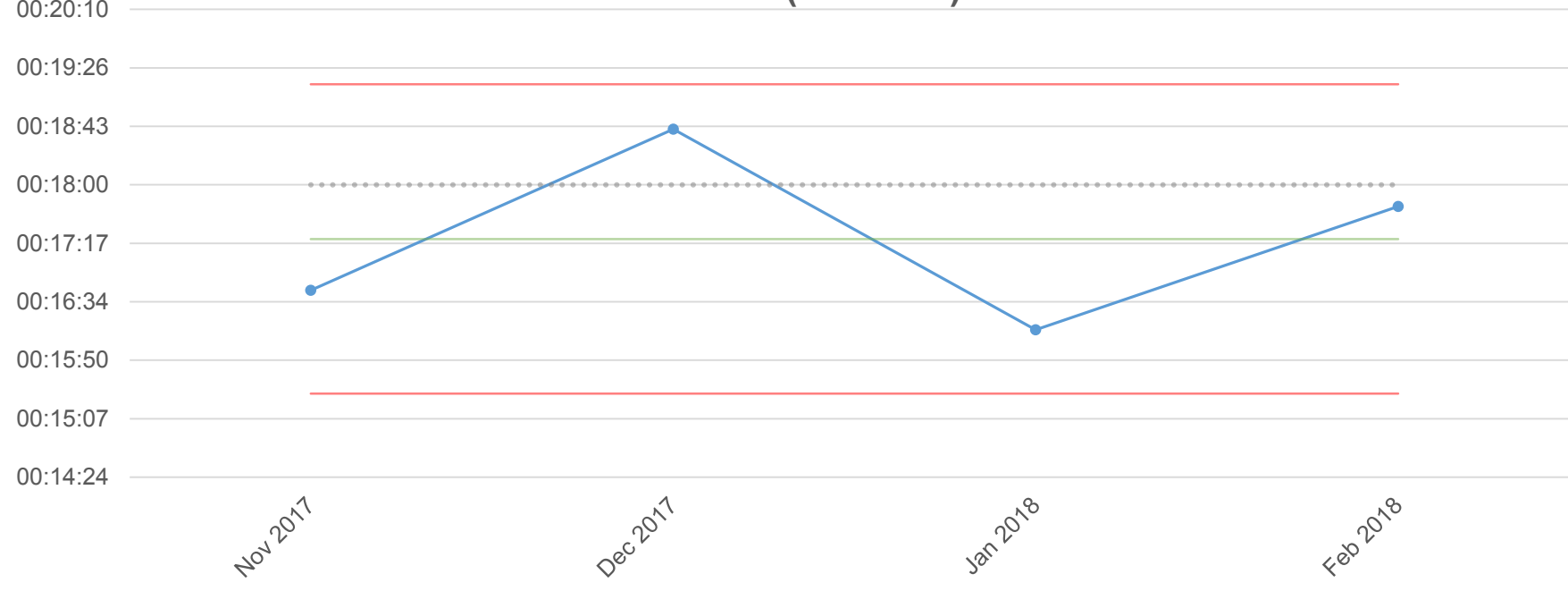


The Trust is currently 00:01:19 over the target mean for Cat 1 and we have achieved our 90th Centile target at 00:14:51.

Response time increased in February, bearing in mind we had snowfall for just over a week towards the end of the month. The monthly mean response time is still lower than what was reported in November and December. Continued improvement is needed to meet the required mean of 7 minutes. The Cat 1 mean did not go below 7 minutes in February, the lowest mean time reached was 00:07:02 and highest 00:10:32.

The average Cat 1 performance was slightly better for West EOC (00:08:16 mean) than for East EOC (00:08:23). East did not meet the required 90th Centile target (00:15:11).

### Cat 2 Mean (00:18:00) Performance

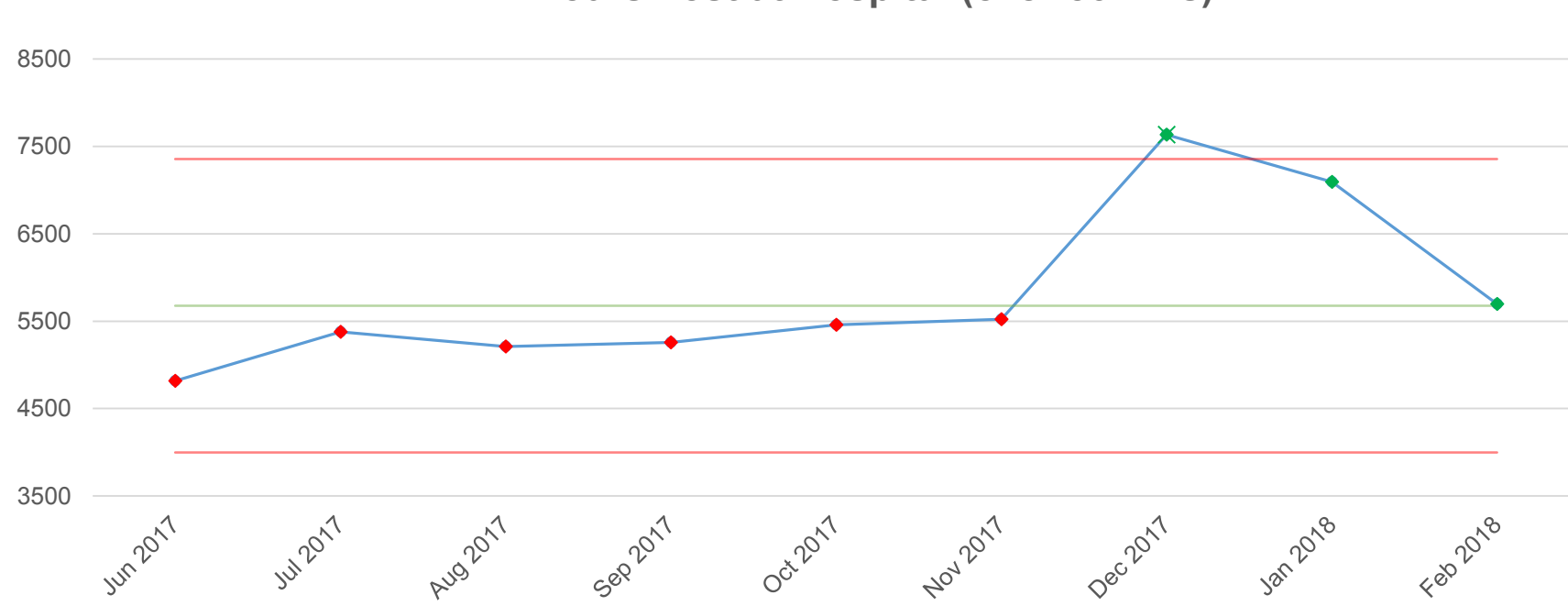


Cat 2 mean performance for January was achieved at 00:17:44. We are still continuing to achieve our target for the 90th centile with February at 00:33:01.

In December the mean response time for Cat 2 incidents was higher than the required standard (00:18:41) we have increased slightly for February compared to January but we still remain within target which shows a clear improvement. This correlates with a decrease in demand from December to February.

Cat 2 performance was similar for both EOCs with East (00:17:12 mean; 00:31:21 90th Centile) outperforming West (00:17:59 mean; 00:34:05 90th Centile).

### Hours Lost at Hospital (over 30mins)



There were 875 patient handovers over 60mins for February (daily average 31) this is a decrease compared to January 1209 (daily average 39). Similarly the hours lost over 30 mins due to delays has decreased in February to 5697hrs (average 203.5) from January which was 7093hrs (average 228.8).


Comparing February 2018 to February 2017 there has been an increase of 228 hours.

The handover delays have an impact on both patient safety and experience. This also has an effect on SECAmb responses to public 999 calls.

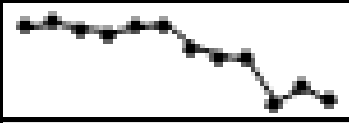
To address this system wide issue, SECAmb and NHSI have appointed a dedicated Programme Director for 6 months to provide additional leadership and focus. A system wide Task and Finish group is in place together with two (East and West) operational groups who are responsible for delivering the changes needed to ensure improvement.

## SECAmb 111 Operations Performance Scorecard


### Calls Offered

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual</b>	124624	99868	92798	
<b>Previous Year</b>	104132	96799	79876	

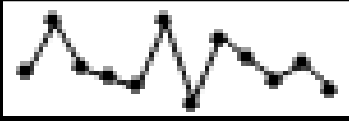
### Calls answered in 60 Seconds

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual %</b>	47.9%	56.9%	49.2%	
<b>Previous Year %</b>	80.8%	83.7%	92.5%	
<b>Target %</b>	95%	95%	95%	

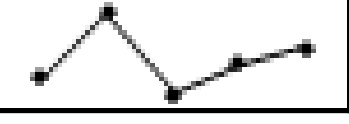
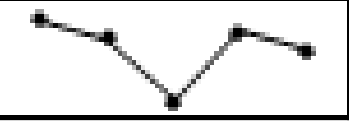
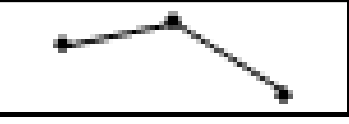
### Calls abandoned - (Offered) after 30secs

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual %</b>	14.3%	8.4%	13.4%	
<b>Previous Year %</b>	3.9%	2.9%	0.7%	
<b>Target %</b>	2%	2%	2%	

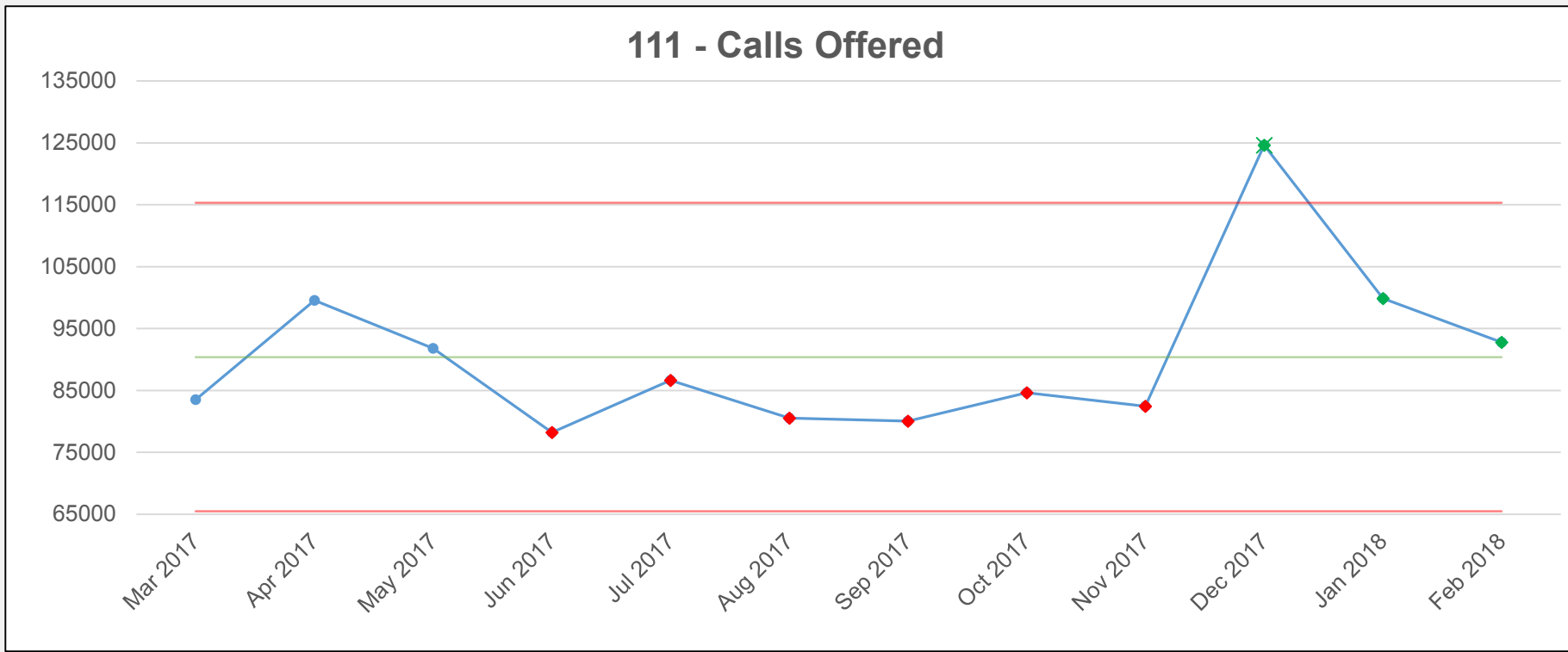
### Combined Clinical KPI

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual %</b>	72.5%	74.7%	71.4%	
<b>Previous Year %</b>	72.5%	81.6%	73.6%	
<b>Target %</b>	90%	90%	90%	

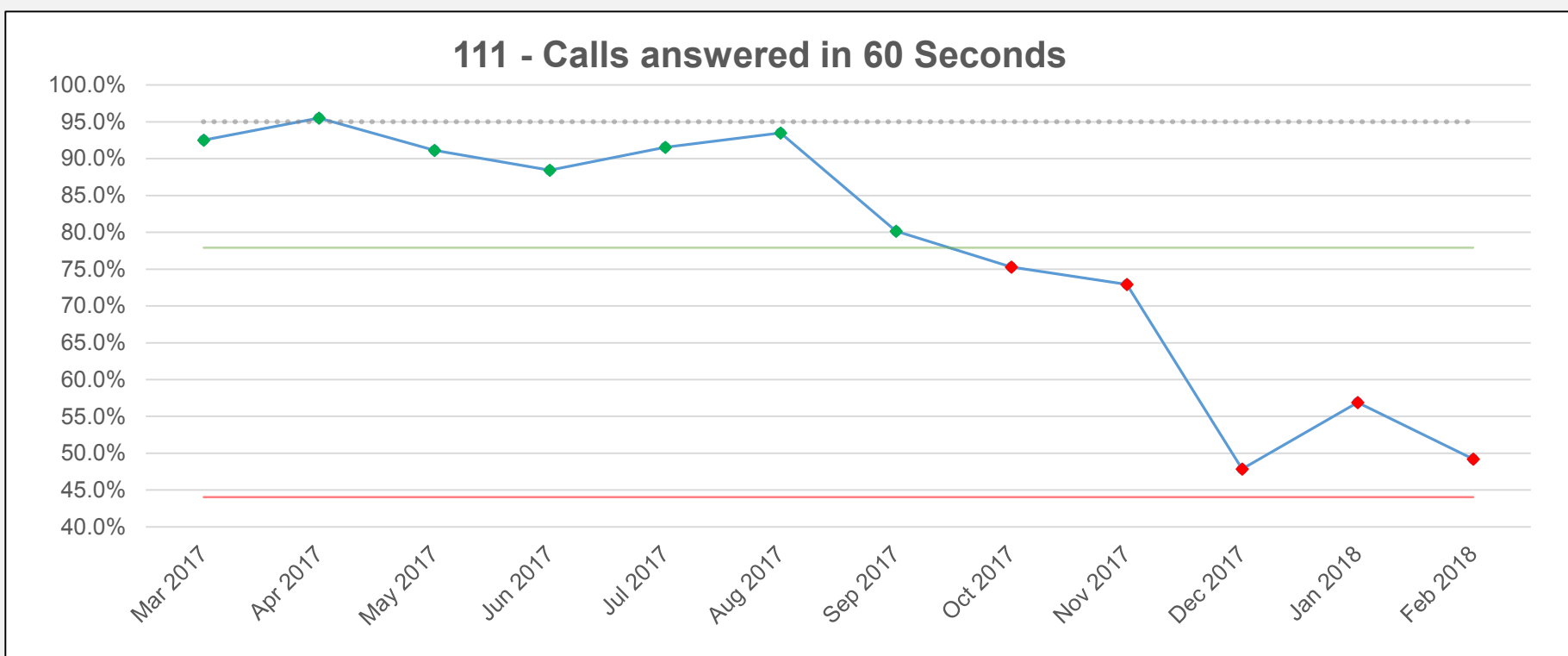
### Outcomes

	Dec-17	Jan-18	Feb-18	12 Month's
<b>999 Referrals % (Answered Calls)</b>	10.8%	11.4%	11.7%	
<b>999 Referrals (Actual)</b>	10954	10048	9129	
<b>A&amp;E Dispositions % (Answered Calls)</b>	6.4%	7.5%	7.2%	
<b>A&amp;E Dispositions (Actual)</b>	6540	6610	5604	
<b>Home Management %</b>	5.8%	TBC	TBC	

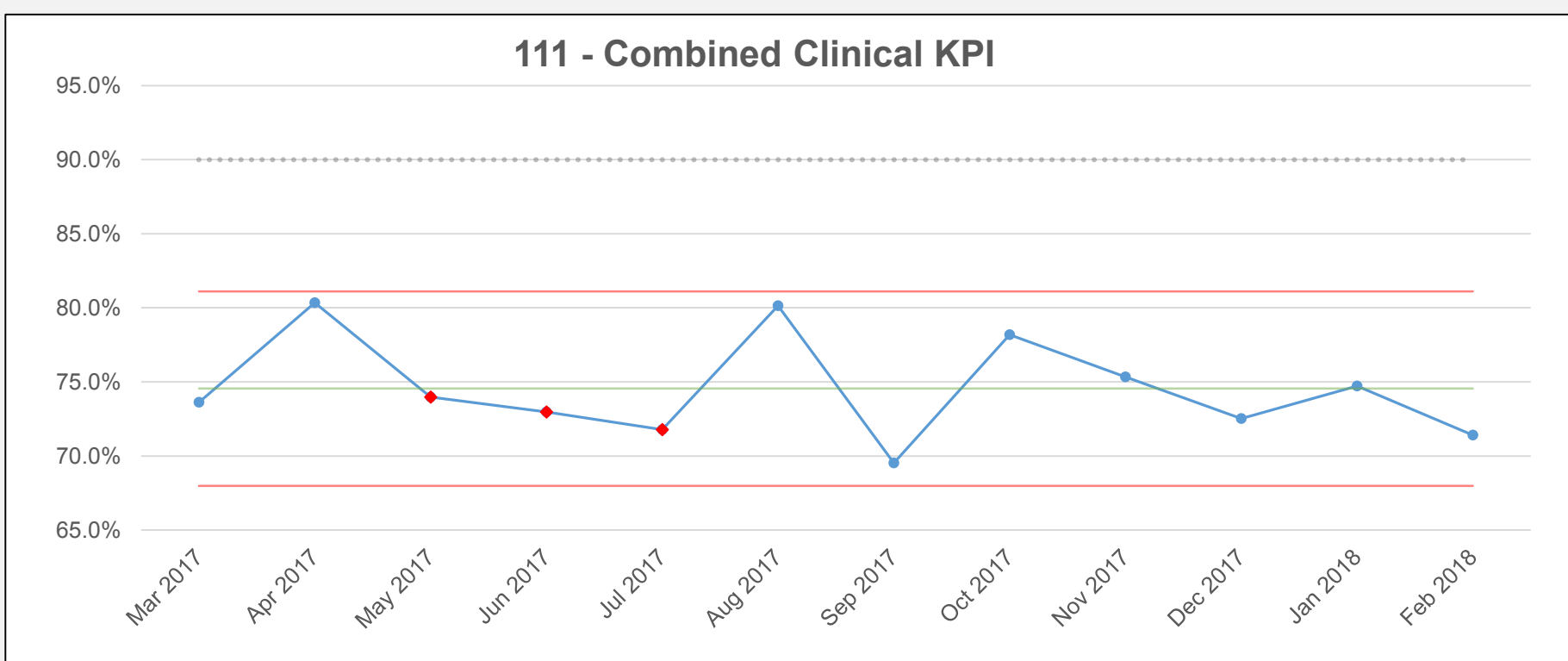
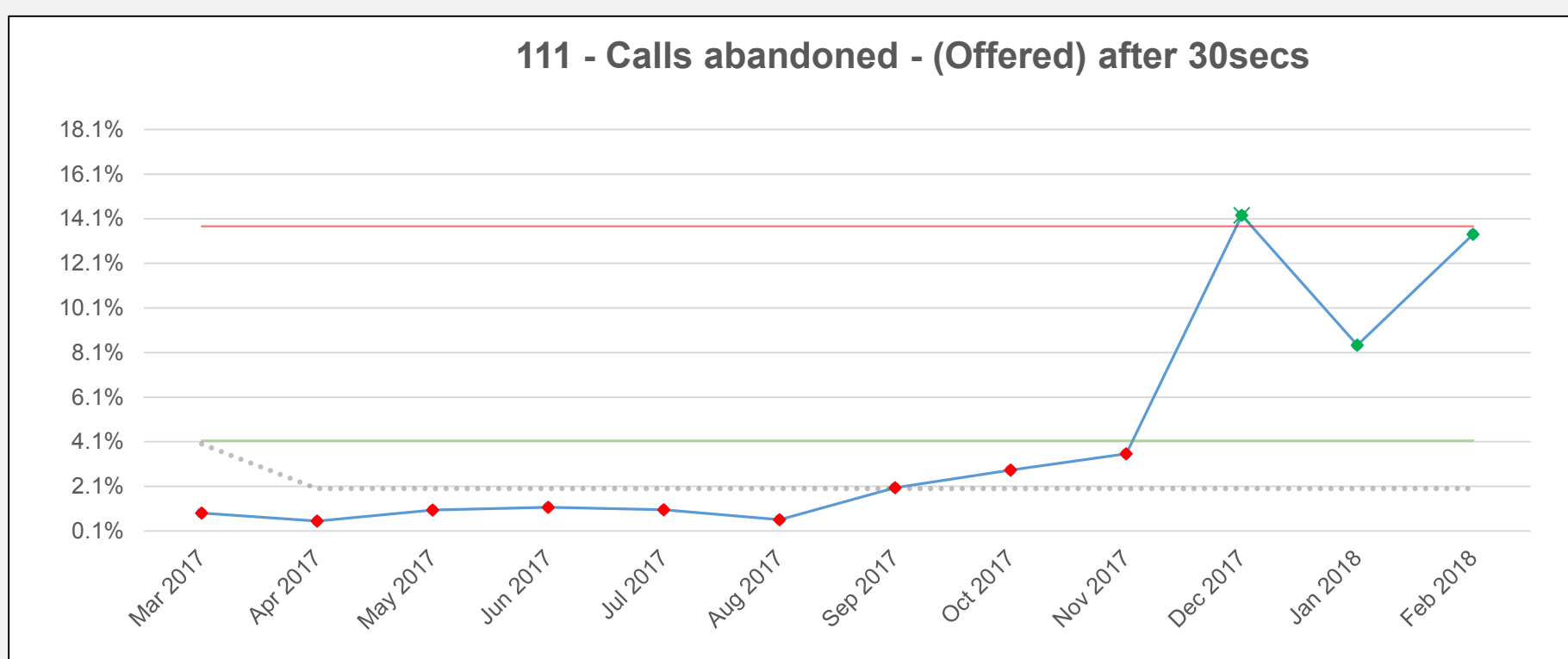
## SECAmb 111 Operations Performance Charts



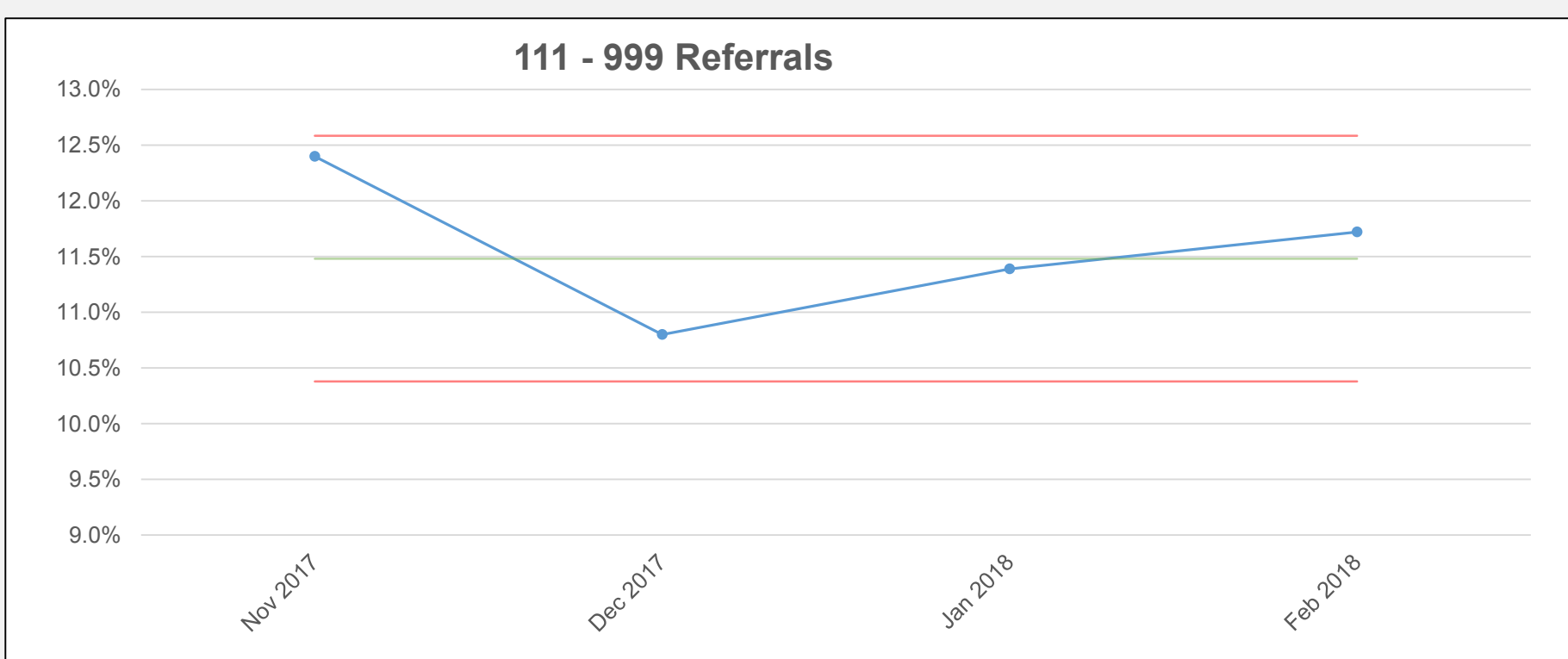
Call volumes climbed to 92798 for the month, representing a 16% year-on-year increase in demand since February 2017.



The "Answered in 60" KPI consequently declined to 49.2%, due to issues arising from rota fill, productivity, and sickness levels.



Clinical performance at 71.4% again outperformed the national average by a significant margin, emphasising our status as a clinically-driven service.



The KMSS 111 Ambulance referral rate rose to 11.7% but the service continues to mitigate AMB referrals via Clinical Inline Support.



## SECAmb Workforce Scorecard

### Workforce Capacity

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Number of Staff WTE (Excl bank &amp; agency)</b>	3039.0	3057.6	3079.8	
<b>Number of Staff Headcount (Excl bank and agency)</b>	3308	3330	3350	
<b>Finance Establishment (WTE)</b>	3526.29	3525.29	3527.29	
<b>Vacancy Rate</b>	13.46%	13.40%	12.65%	
<b>Vacancy Rate Previous Year</b>	9.35%	9.28%	8.23%	
<b>Adjusted Vacancy Rate + Pipeline recruitment %</b>	10.53%	10.67%	9.20%	

### Workforce Compliance

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Objectives &amp; Career Conversations %</b>	65.08%	78.81%	83.95%	
<b>Statutory &amp; Mandatory Training Compliance %</b>	73.61%	79.12%	86.32%	
<b>Previous Year %</b>	77.30%	78.50%	81.90%	

### Workforce Costs

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Annual Rolling Turnover Rate %</b>	17.77%	17.85%	17.74%	
<b>Previous Year %</b>	16.90%	16.90%	16.60%	
<b>Annual Rolling Sickness Absence</b>	4.92%	5.22%	5.26%	

### Employee Relations Cases

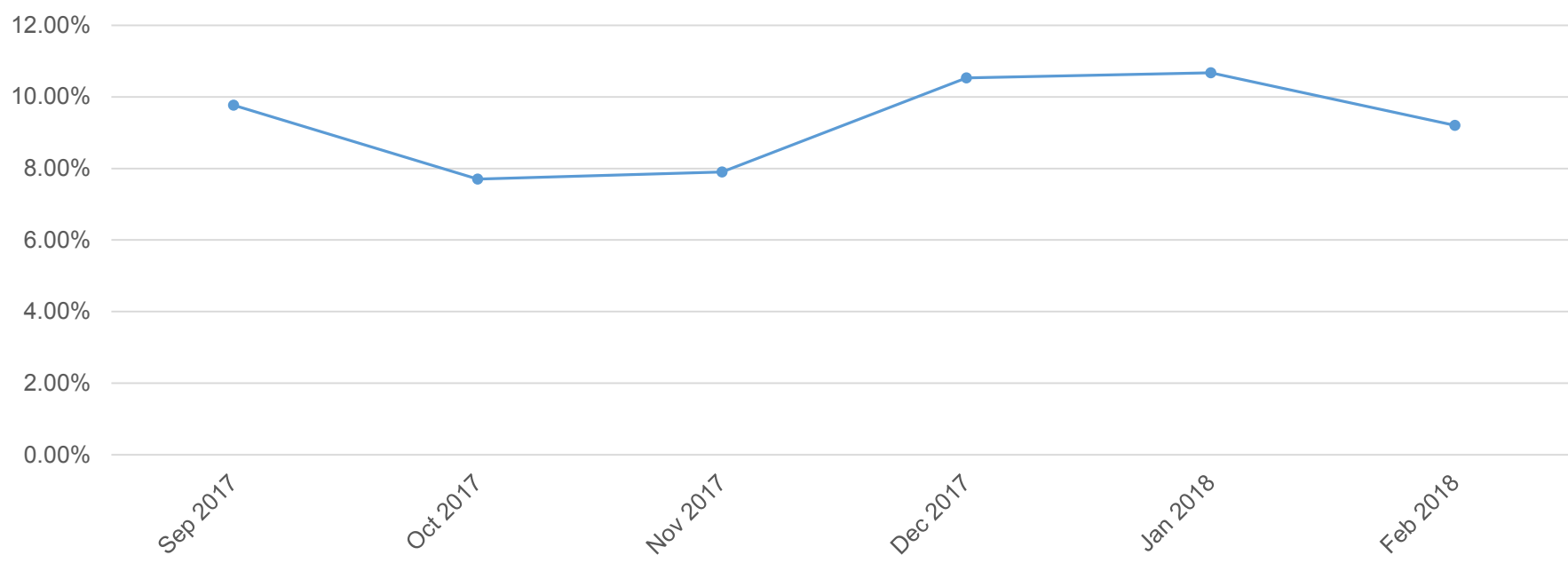
	Dec-17	Jan-18	Feb-18	12 Month's
<b>Disciplinary Cases</b>	2	1	6	
<b>Individual Grievances</b>	5	16	6	
<b>Collective Grievances</b>	0	1	1	
<b>Bullying &amp; Harassment</b>	2	0	2	
<b>Bullying &amp; Harassment Prev Yr</b>	0	1	0	
<b>Whistleblowing</b>	0	0	1	
<b>Whistleblowing Previous Year</b>	0	1	0	

### Physical Assaults (Number of victims)

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual</b>	17	16	15	
<b>Previous Year</b>	19	17	16	
<b>Sanctions</b>	1	3	3	

## SECAmb Workforce Charts

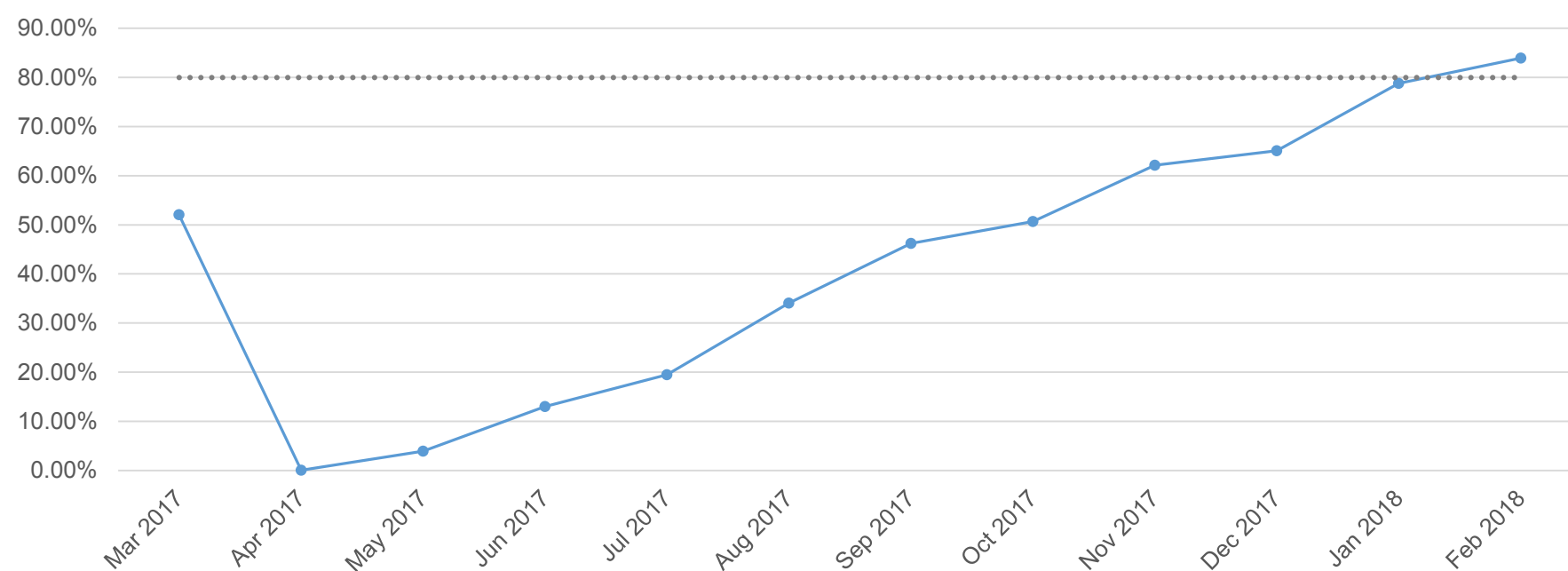
### Adjusted Vacancy Rate + Pipeline recruitment %



The increase in assessment centres and other recruitment activities has resulted in an increase in pipeline (offers of employment) for March/April.

Monthly Recruitment Summit meetings look to address the short term resourcing gaps for operational staff. Action plan(s) are being put in place, closely monitored to and bi weekly recruitment conference calls are being used to deep dive into areas with larger ongoing recruitment needs.

### Objectives & Career Conversations

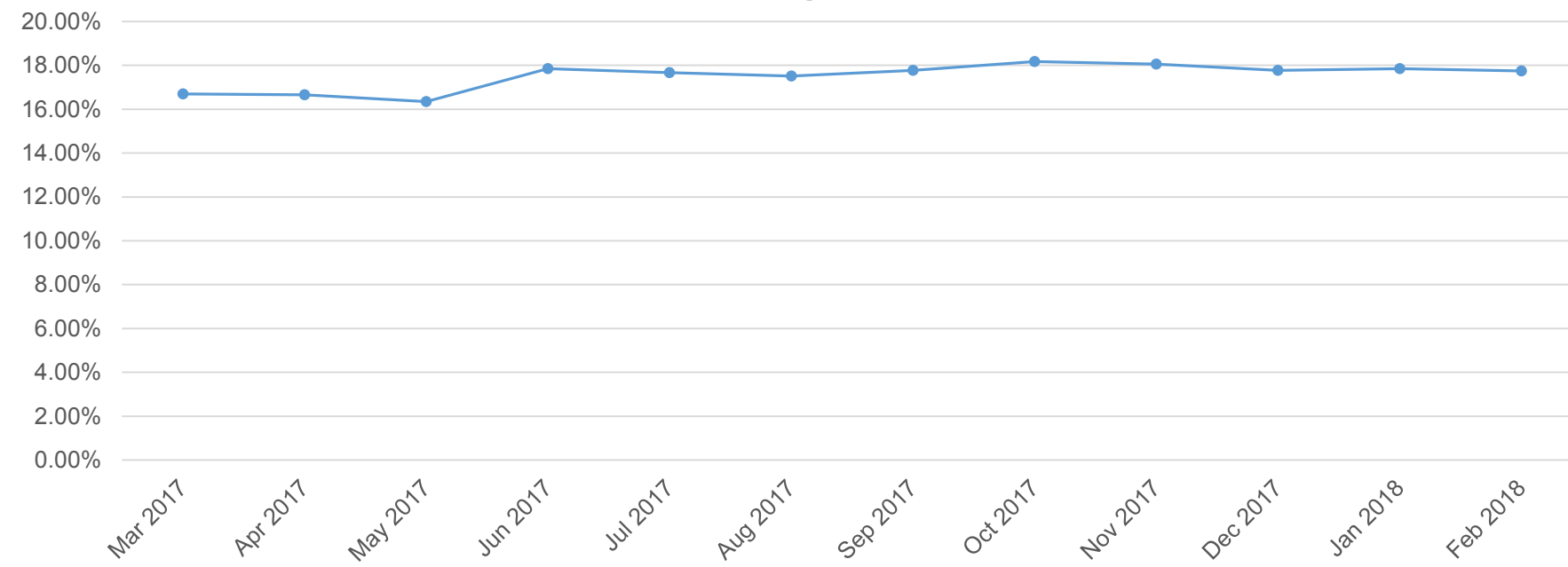


A significant increase in compliance was seen during January and this continued in February resulting in the Trust reaching its 80% compliance one month early.

Managers continue to be supported to deliver on objectives and fully understand their accountability in this regard via area Governance.

Training on the delivery of good appraisals has been commissioned and is currently being delivered to managers during March/April.

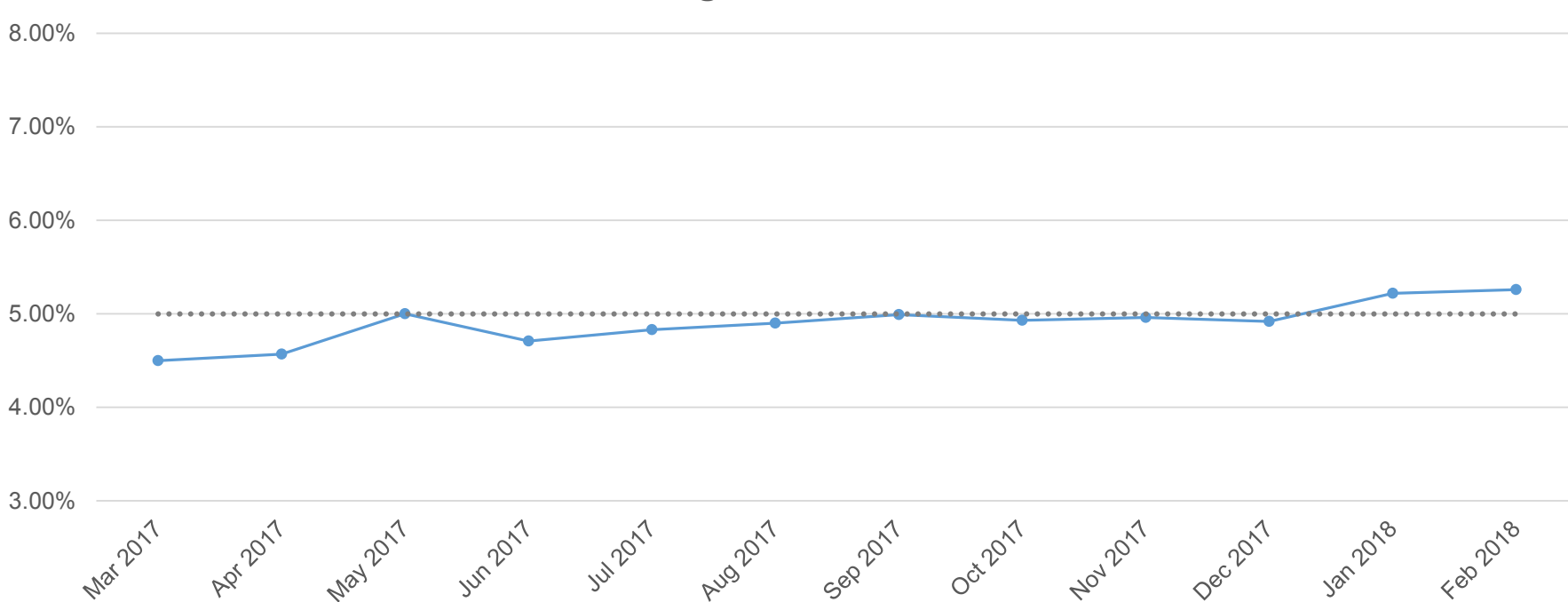
### Annual Rolling Turnover Rate



The Trust turnover rate remains constant although a high turnover rate is still seen in EOC and 111 should be noted. This continues to be monitored by the EOC Task and Finish Group.

Further analysis has been provided i.e. Trust, Directorate and Operating Unit (OU) level and a paper for the Board is being provided for further discussion.

### Annual Rolling Sickness Absence

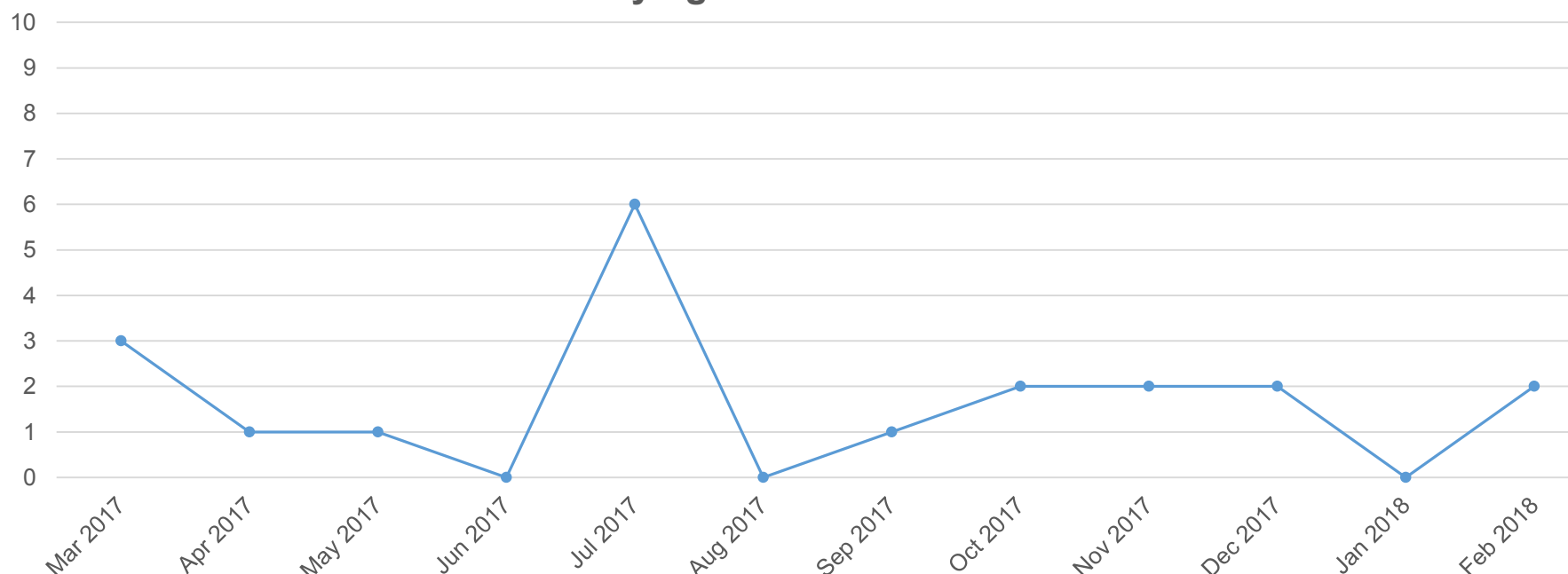


The trusts sickness rate stayed above 5% this month. During winter months we usually see peaks in seasonal reasons i.e. colds and flu however Gastrointestinal problems account for the majority of absence occurrences.

There continues to be focus on supporting staff and managers in the EOC with a dedicated HR Advisor working hard to conclude outstanding sickness hearings. The impact of the HR Advisor in the EOC has seen a significant reduction in sickness absence, so it is recommended that this be introduced in 111.

The Wellbeing hub continues to promote alternative duties. There are currently 2 pathways which are monitored and managed by a multidisciplinary team (MDT).

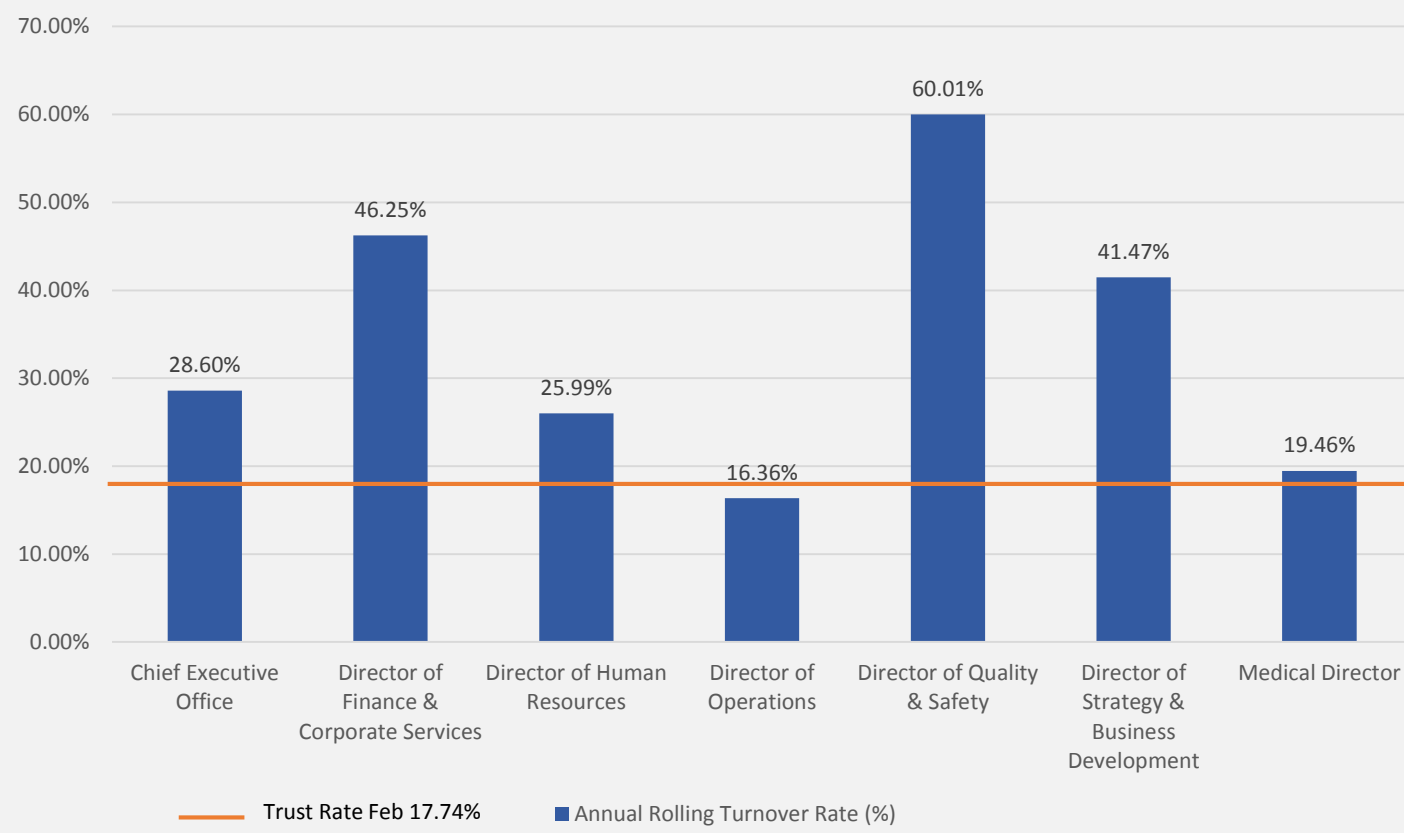
### Bullying & Harassment



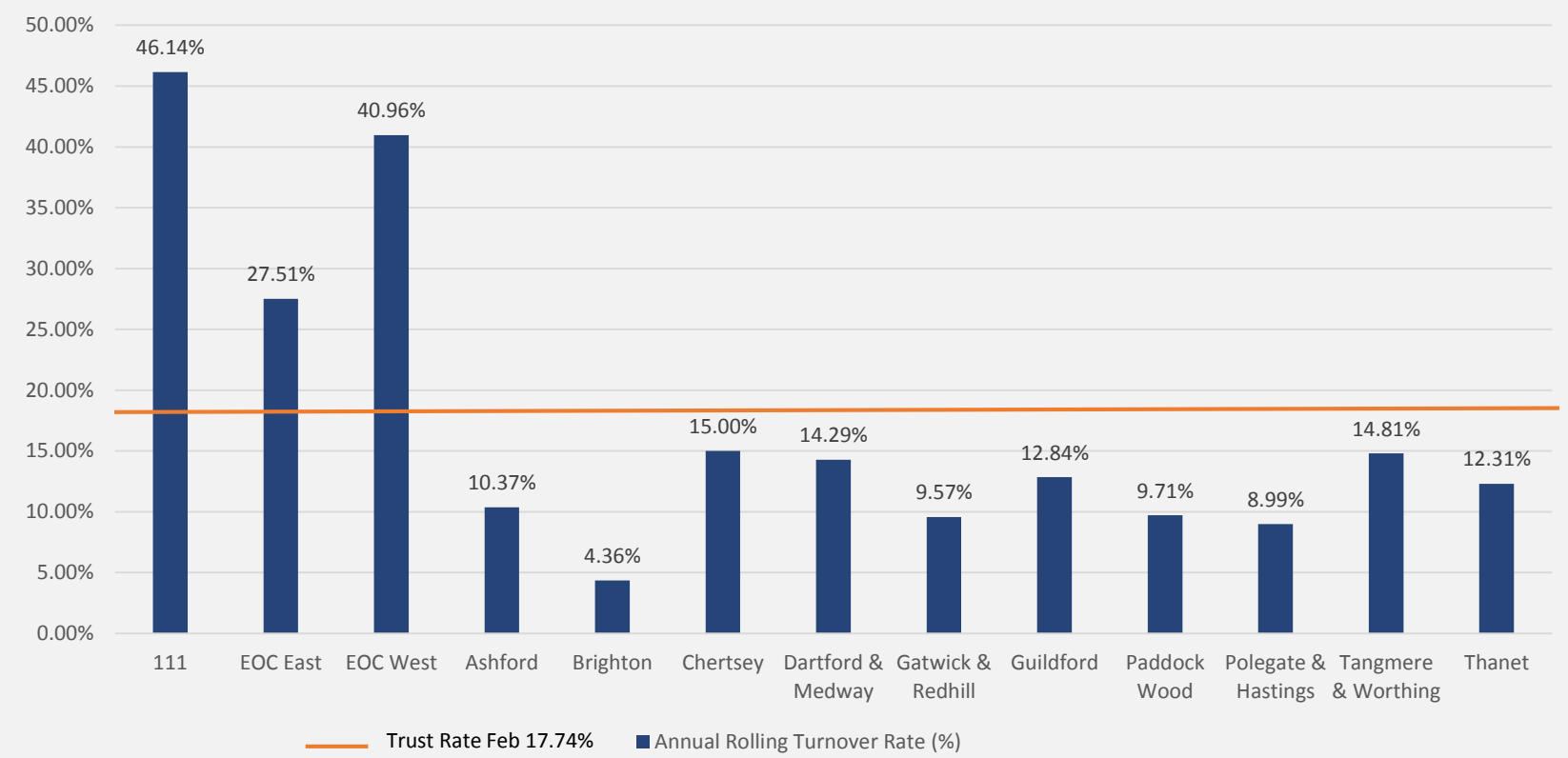
There were two new B&H cases in February.. A review of the Exit Interview Data (February 2018) shows a decline in Bullying and Harassment as a reason for leaving when compared to the December 2017 report which is positive. However, the 2017 Staff Survey results show that 430 respondents have experienced bullying/harassment/abuse from managers over the last 12 months but according to our data only 20 cases were reported. We will look at this as part of the Staff Survey Action Planning.

## SECAmb Turnover Rate – Deep Dive

Annual Rolling Turnover Rate (%) by Directorate



Annual Rolling Turnover Rate (%) by OU, 111 and EOC



The table below shows the Annual Rolling Turnover Rate WTE by Directorate (Number of staff WTE)

Chief Executive Office	Finance & Corporate Services	HR	Operations	Quality & Safety	Strategy & Business Development	Medical
11.5 (40.35)	18.2 (39.36)	19.8 (76.16)	464.3 (2837.93)	16.8 (28)	5.5 (13.33)	8.7 (44.63)

The table below shows the Annual Rolling Turnover Rate WTE by OU, 111 & EOC (Number of Staff WTE)

111	EOC East	EOC West	Ashford	Brighton	Chertsey	Dartford & Medway	Gatwick & Redhill	Guildford	Paddock Wood	Polegate & Hastings	Tangmere & Worthing	Thanet
69.6 (150.9)	39 (141.65)	89.7 (219.1)	13.3 (128.2)	7.3 (167.85)	21.4 (142.73)	31.4 (219.4)	24.4 (255.40)	19.8 (154.52)	13.2 (135.52)	20 (223.12)	31 (209.89)	21 (169.92)

### Key Area's:

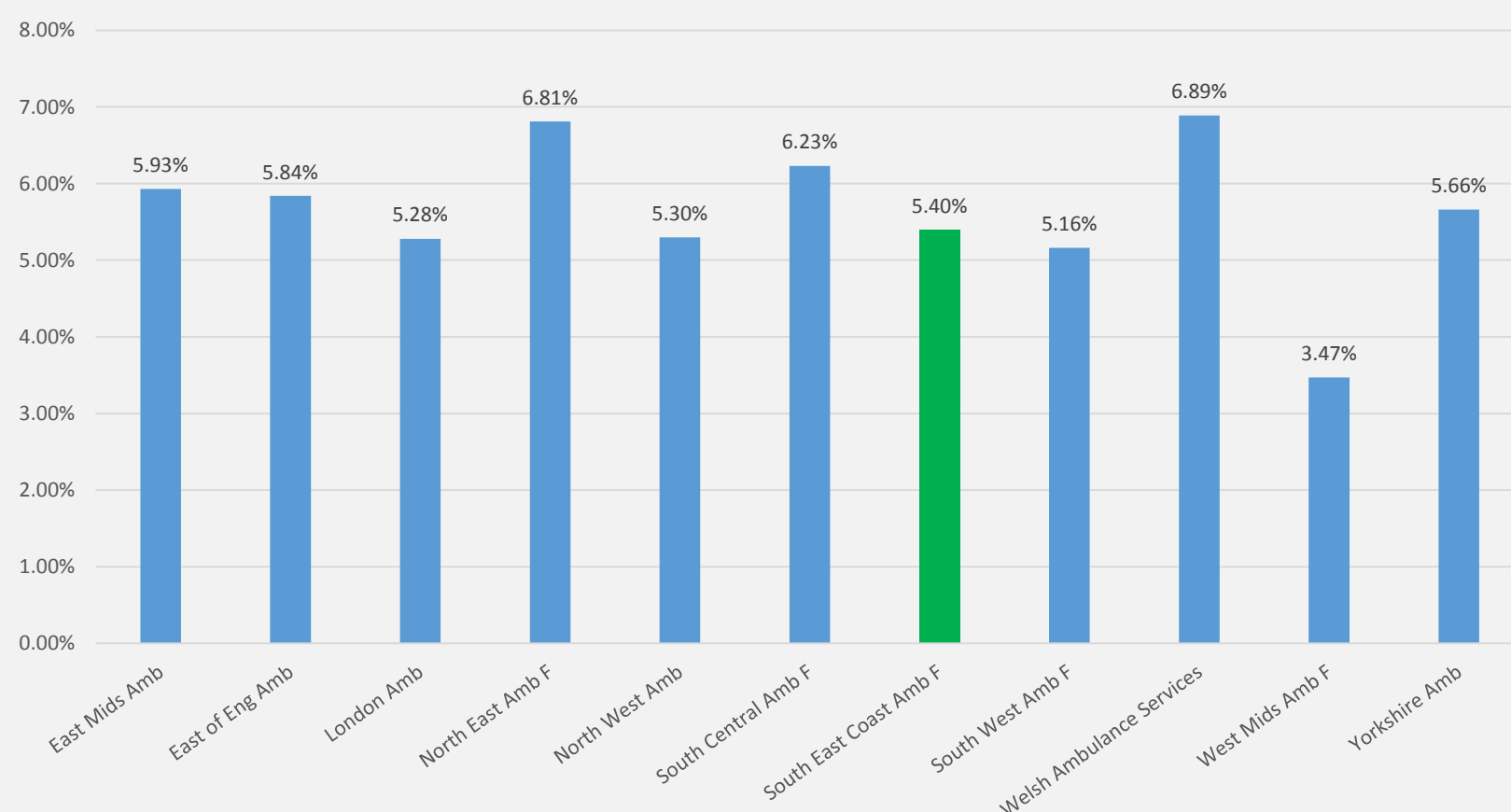
**EOC East and West** – To support the EOC's we have a dedicated HR Advisor who is located in EOC West but travels to EOC East. She is focused on working with the EOC Managers on identifying what the sickness triggers are, linking in with the Wellbeing Hub and supporting the existing staff off sick to bring them back into the work place. The EOC have developed and launched an EOC career framework with a target of reducing the EMA turnover by 30% of it's current budgeted position. This career framework focuses on pay progression whilst keeping the EMA's within the call handling team.

**111** – Based on the positive impact the EOC HR Advisor has had we would recommend we implement the same dedicated resource in 111. Early indications show that the retention issues relate to HA's being a band 2 and our competitor opposite paying more money.

The table below provides a snap shot of the roles/teams that fall under each Directorate. This is not a comprehensive list.

Chief Executive Office	Finance and Corporate Services	Human Resources	Operations	Quality and Safety	Strategy and Business Development	Medical
Executive Assistants, Legal, Business Support Managers, NED's, Corporate Governance etc.	Finance, Estates & Procurement(Facilities, Buyers, Contract Managers), IT etc.	Wellbeing Hub, Resourcing, Service Centre, Workforce Information, Clinical Education, HR BP's etc.	EOC, 111, Paramedics, Contingency Planning & Resilience, HART, MRC's, Scheduling OU Managers etc.	Patient Experience, Safeguarding, Health & Safety, Incidents, Risk, Information Governance etc.	Strategy and Partnership, PMO, Performance Improvement, Analysts etc.	Clinical Audit, Records Management, Frequent Caller, Medicines Support Workers, Research etc.


Absence Rate Across Ambulance Trusts



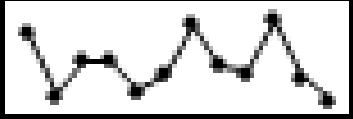
The graph to the left shows how SECAmb compares to other Ambulance Trusts absence rate. We currently rank 5<sup>th</sup> lowest which places us in the middle. This is being monitored on a monthly basis and we are working in conjunction with other Ambulance trusts to share best practice.

## SECAmb Finance Performance Scorecard


### Income

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual £</b>	£ 18,202	£ 17,171	£ 16,810	
<b>Previous Year £</b>	£ 17,536	£ 17,542	£ 17,179	
<b>Plan £</b>	£ 18,376	£ 17,585	£ 16,109	


### Expenditure

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual £</b>	£ 17,399	£ 16,404	£ 16,032	
<b>Previous Year £</b>	£ 17,446	£ 17,614	£ 17,576	
<b>Plan £</b>	£ 17,589	£ 16,827	£ 15,400	

### Capital Expenditure

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual £</b>	£ 400	£ 285	£ 554	
<b>Previous Year £</b>	£ 752	£ 1,250	£ 1,356	
<b>Plan £</b>	£ 856	£ 856	£ 856	
<b>Actual Cumulative £</b>	£ 3,594	£ 3,878	£ 4,432	
<b>Plan Cumulative £</b>	£ 13,268	£ 14,124	£ 14,980	

### Cost Improvement Programme (CIP)


	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual £</b>	£ 1,425	£ 1,496	£ 1,380	
<b>Previous Year £</b>	£ 1,114	£ 552	£ 488	
<b>Plan £</b>	£ 1,399	£ 1,399	£ 1,380	
<b>Actual Cumulative £</b>	£ 11,240	£ 12,736	£ 14,116	
<b>Plan Cumulative £</b>	£ 10,912	£ 12,311	£ 13,691	

### CQUIN (Quarterly)


	Q2 17/18	Q3 17/18	Q4 17/18
<b>Actual £</b>	£ 846	£ 847	£ 283
<b>Previous Year £</b>	£ 952	£ 1,019	£ 716
<b>Plan £</b>	£ 848	£ 848	£ 283

\*The Trust anticipates that it will achieve the planned level of CQUIN


### Surplus/(Deficit)

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual £</b>	£ 803	£ 767	£ 778	
<b>Actual YTD £</b>	-£ 3,184	-£ 2,417	-£ 1,639	
<b>Plan £</b>	£ 787	£ 758	£ 709	
<b>Plan YTD £</b>	-£ 3,261	-£ 2,503	-£ 1,794	

### Cash Position

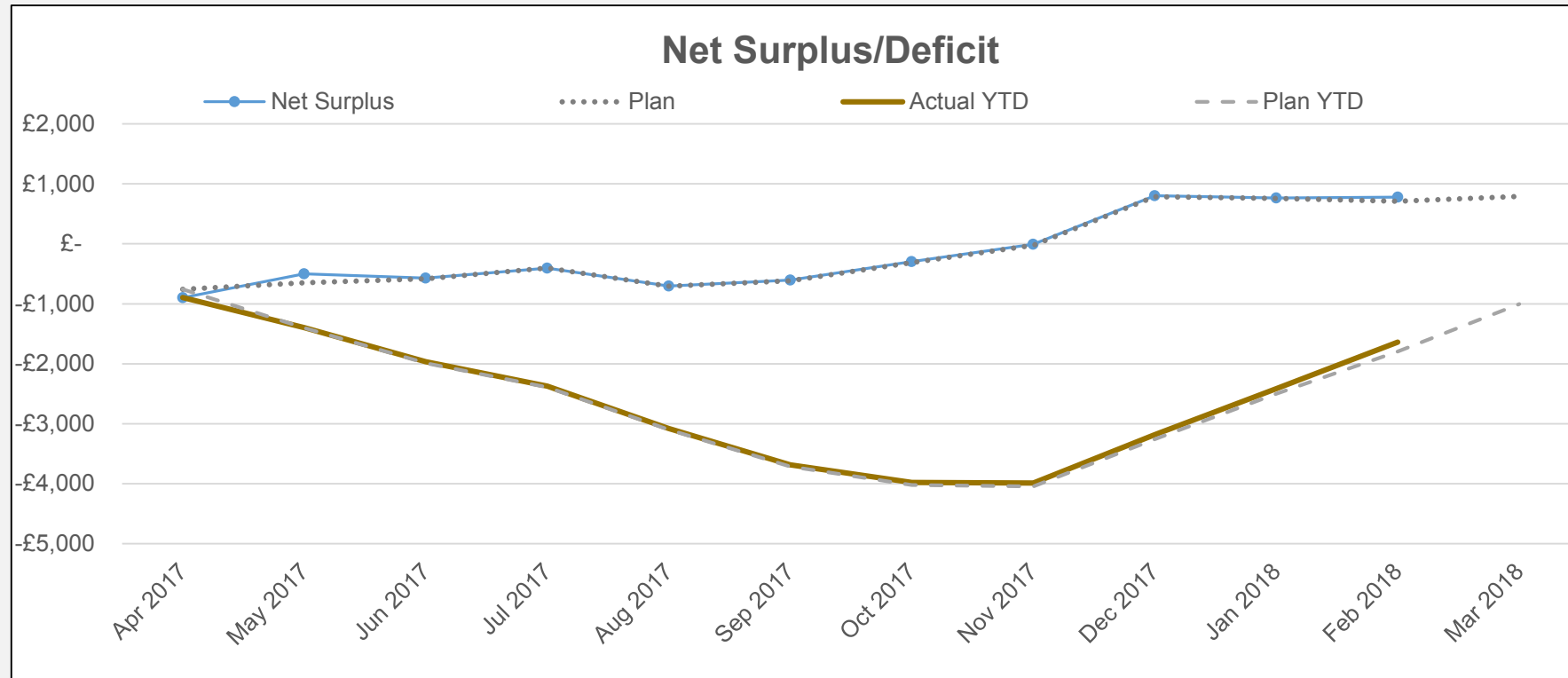
	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual £</b>	£ 17,024	£ 19,564	£ 23,953	
<b>Minimum £</b>	£ 10,000	£ 10,000	£ 10,000	
<b>Plan £</b>	£ 6,088	£ 5,857	£ 5,728	

### Agency Spend

	Dec-17	Jan-18	Feb-18	12 Month's
<b>Actual £</b>	£ 212	£ 316	£ 223	
<b>Plan £</b>	£ 331	£ 329	£ 328	



## SECamb Finance Performance Charts

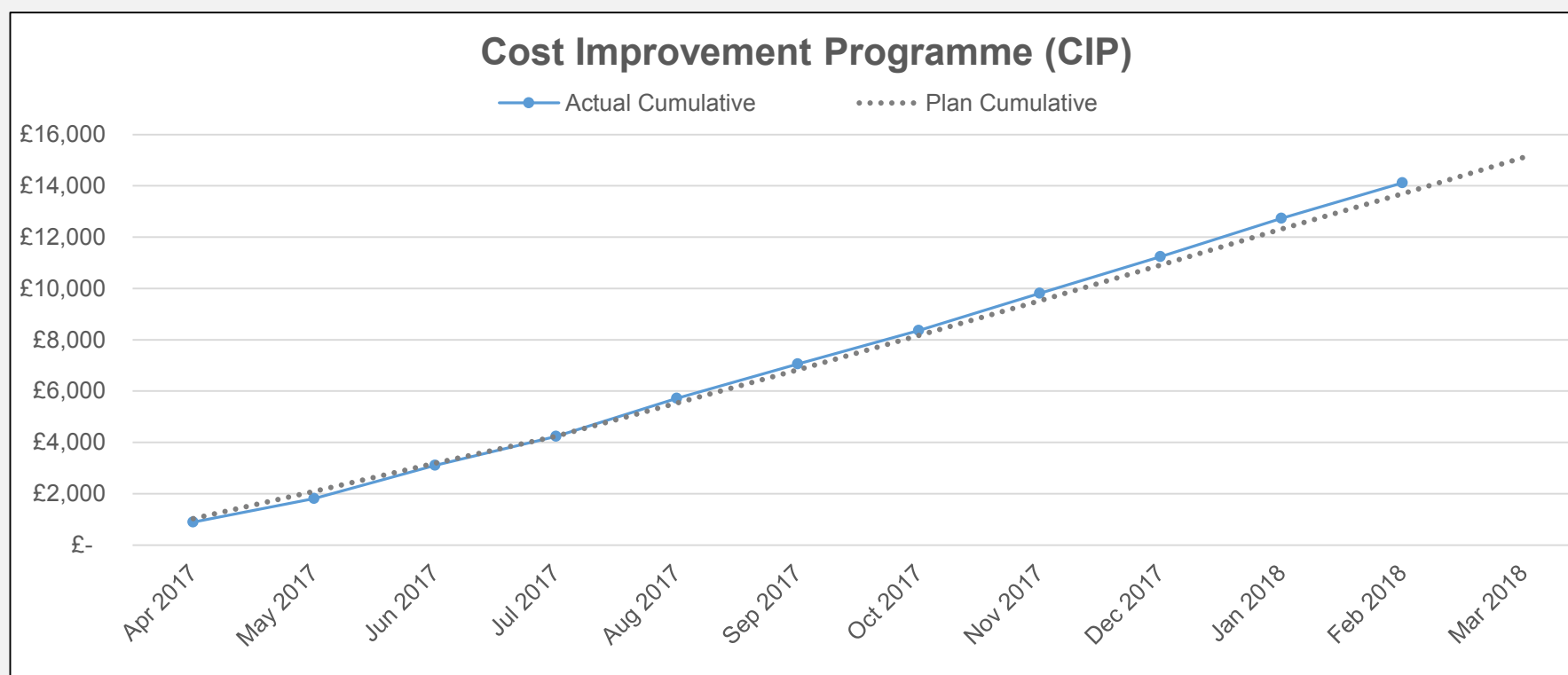


With one month of the financial year to go, the Trust continues to forecast achievement of its control total of £1.0m deficit for the year. This is after receipt of Sustainability and Transformation funding (STF) of £1.3m.

In the month the Trust made a surplus of £0.8m for the third month in a row, as planned. The cumulative deficit is now £1.6m, which is £0.2m better than plan.

The following is a summary bridge between the original and normalised plans (£m): -

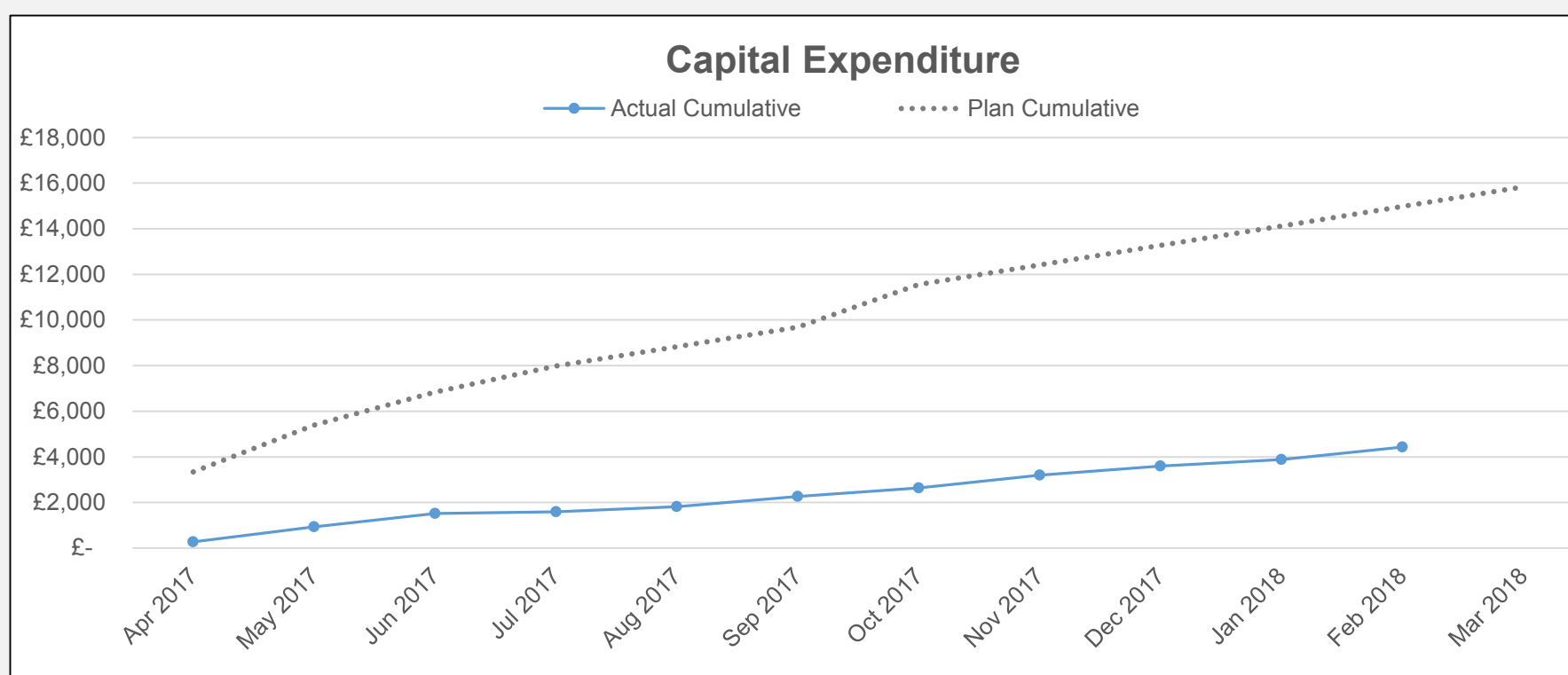
Original planned deficit (NHSI plan)	(1.0)
Structural deficit income excluded	(24.8)
Frontline hours excluded	18.9
Reserves and other budgeted costs to support delivery	5.9
'Normalised'/Commissioned plan	(1.0)



CIP schemes to the value of £17.8m have now been fully validated. The projected achievement in the current year is £15.5m, which compares favourably with the £15.1m target.

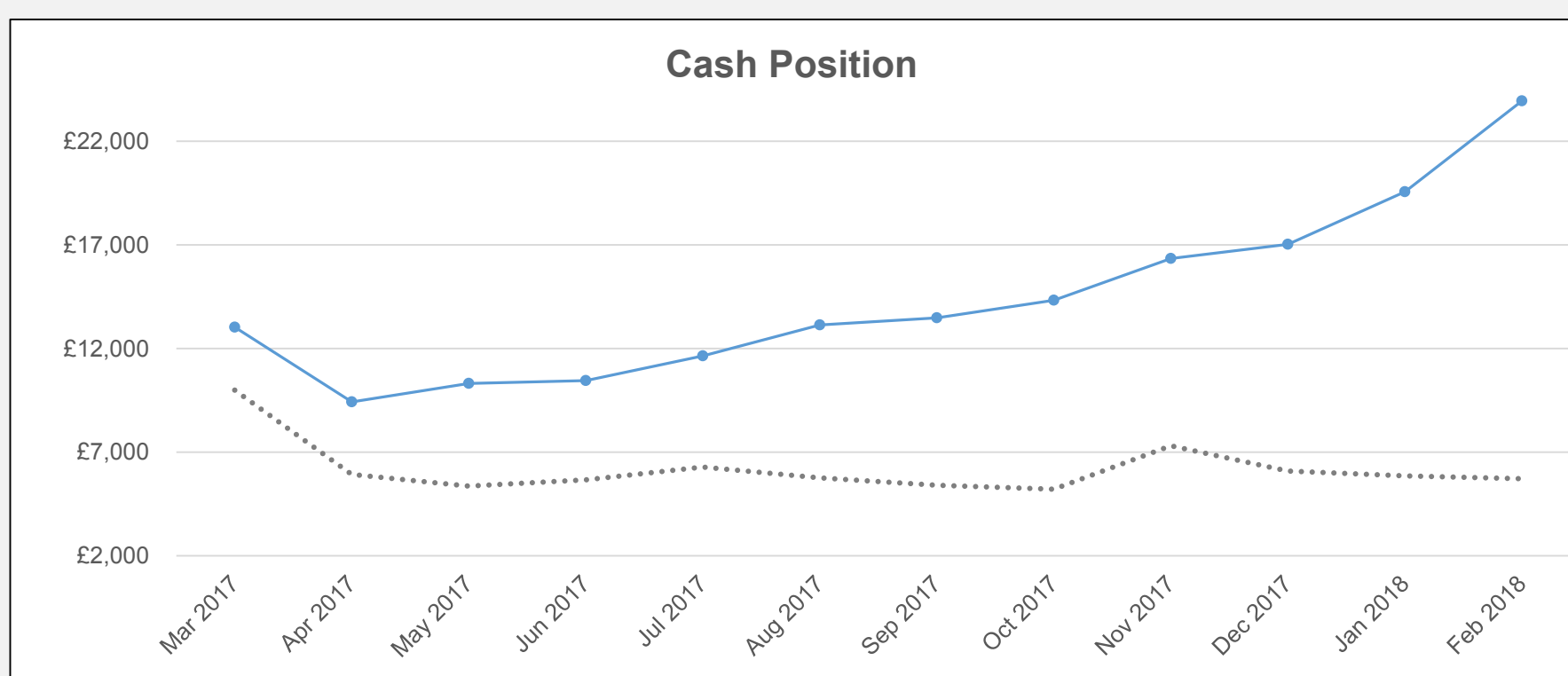
Plans are £0.4m ahead of plan for the year to date.

Good progress is being made in developing new schemes for 2018/19, with a delivery target of £11.4m.

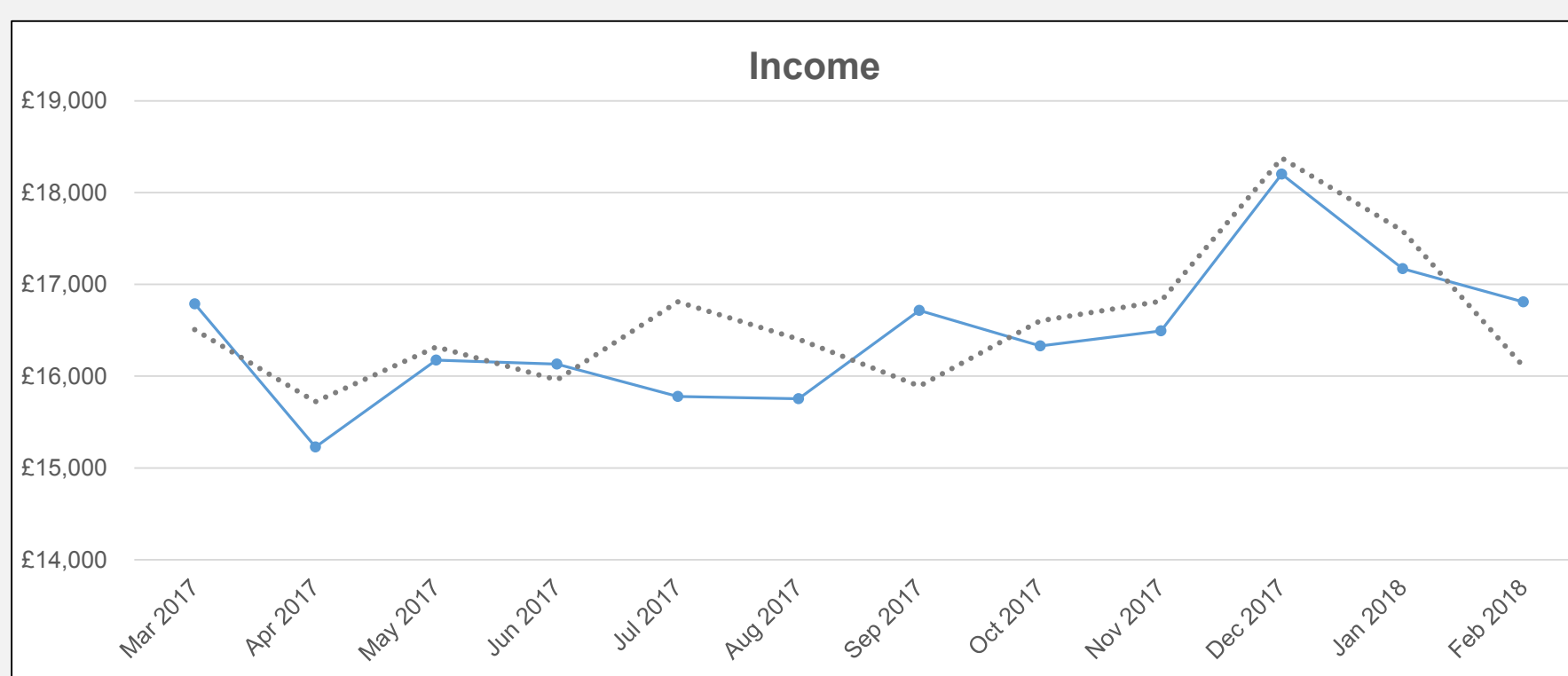


Spend on capital for the year to date is £4.7m against a plan of £15.0m. The full year forecast has fallen from £8.3m to £7.9m due to scheme slippage. The plan for the year is £15.8m. The projected underspend on the programme of £7.9m is mainly due to £8.2m of planned vehicle replacement, which has been moved from capital to revenue as procurement is via an operating lease.

The projected spend for the year includes schemes that were not in the original programme, i.e. Cyber Security £0.7m, 16 new ambulances £1.8m, Telephony and Voice Recorder £0.04m and a new Informatics System £0.12m. With the exception of Cyber Security, these are substitute schemes.

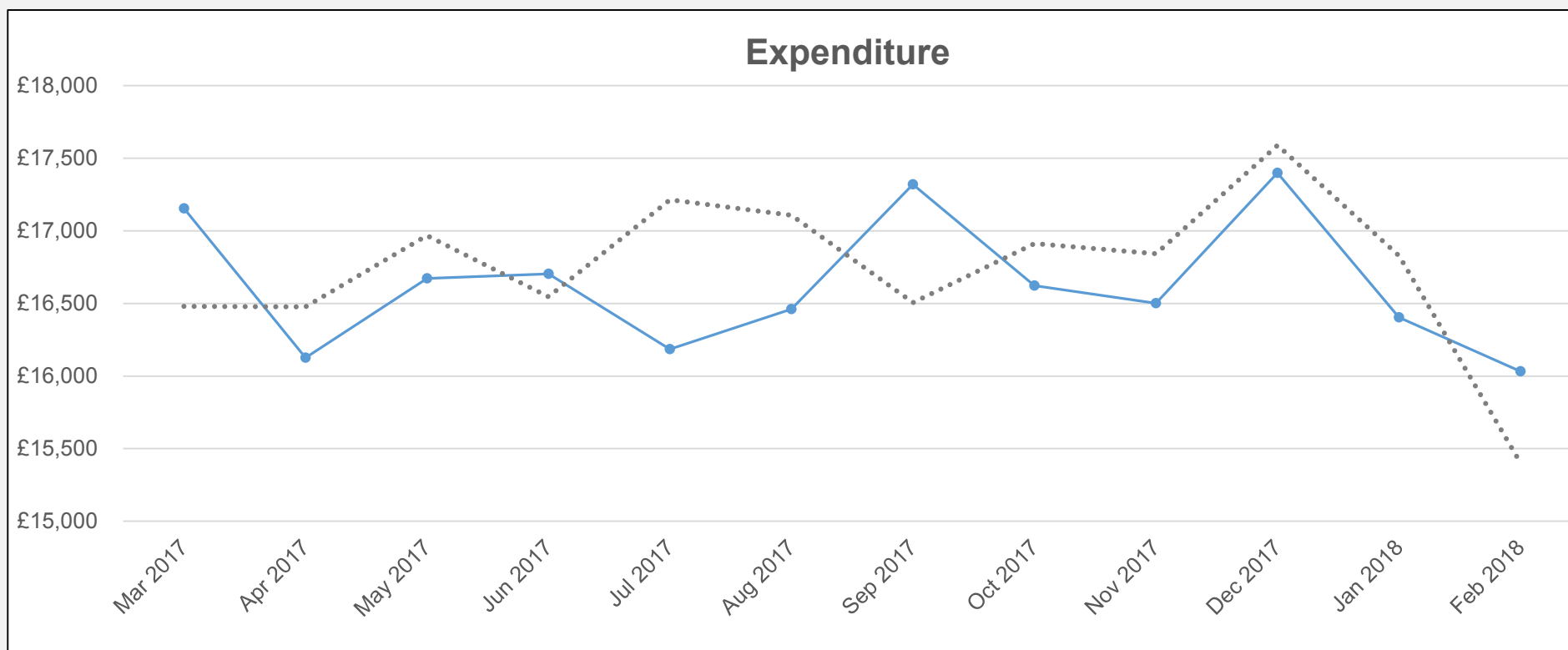


The cash position at 28 February increased again to nearly £24.0m. The increase in cash holding is mainly attributed to the delayed spend on the capital programme. After allowing for the catch up on capital spend, the cash flow forecast indicates that liquidity remains strong for the foreseeable future. The working capital loan balance of £3.2m was repaid in March.



A&E contract income is £6.9m below plan for the year to date due to lower than planned activity. Activity growth in the current year to date has been close to zero, compared to the planned 4.7%. However, the overall adverse income variance is just £1.7m adverse due mainly to additional income from East Kent Hospitals (£1.8m) to support the increased cost of divers, CQUIN (£0.7m), NMET (£0.6m), Special Measures funding (£0.5m) and 111 Pilot funding (£0.4m).

## SECamb Finance Performance Charts



Favourable expenditure variances, on both pay and non-pay, largely offset the adverse position on income.

Operational hours are aligned to commissioned levels of activity.

## SECamb Risk Narrative

Following the update given to the Trust Board in January, further work is being undertaken in Risk Identification & Management. The Audit Committee has agreed to provide an update at the Trust Board in April 2018 on risk. Notwithstanding the planned update in April this report sets out some of the key issues / risks that have been highlighted within our EOC and what the Trust has done to manage risk and issues in Call Handling. These are set out below by area and the Trust's management response:

1. The service has been challenged with call answer times for over a year, but became particularly challenged during the implementation of a new computer aided dispatch system (CAD) in May 2017. A number of actions have been taken to resolve the Trust's performance challenges and a general improvement is becoming evident. To be able to provide an adequate call answer time to our 999 lines, the Trust requires the right level of staffing for each shift. SECamb has faced challenges with correct staff provision for several years, but has been significantly challenged since May 2017, with the new CAD implementation. This segregated telephony systems affected the Trust's ability to determine accurate staffing requirements at our EOCs.
2. Factors affecting staffing include; recruitment and retention issues, short term and long term sickness, dismissal, or through poor planning of staff rosters. The Trust found that errors were being made in the scheduling of staff within the EOC. **Response:** the Trust has since introduced a temporary team with focus specifically on EOC scheduling.
3. The Trust found weaknesses in the advertising, selection, recruitment and on-boarding process - leading to missed opportunities to fill vacancies appropriately. **Response:** A temporary 'Training Lead' role was created to manage the CAD training during its initial deployment. This has since been extended to oversee the recruitment process from initial advert through to delivery of a new member of staff into the EOC.
4. The Trust found EOC teams were failing to manage some areas of sickness correctly. **Response:** A new temporary HR Advisor role was subsequently introduced in January to help the EOC teams have a better focus on staff sickness and be supported in managing all HR issues more effectively.
5. The retention of staff remains an issue, particularly so for the West EOC where the cost of living is higher and nearby businesses are offering better pay and benefits packages for similar roles. **Response:** To help resolve this, a business case has been created to support paying EMAs recruitment and retention premia and to provide progression routes for EMAs.
6. The Trust identified that there was a need to process map the current role of the EMA. Over time it has become complex and subsequently it can be difficult to understand where areas of weakness are and how this can be improved. **Response:** This trust will accurately identify process times, and compare/benchmark with other trusts to help understand and resolve issues.
7. The Trust has a number of issues with technology and continue to find the existing phone system a challenge to work with. **Response:** The trust has gone out to tender for a new telephony and voice recorder solution to help resolve the challenges. In the short term the Trust has introduced a thorough three step process for the collation, reporting and issuance of data reports.
8. The EOC task and finish group meets weekly and reports into the Turnaround Executive committee where the plan, objectives and risks are reviewed. The 95% 5 second call answer performance target trajectory is due to be achieved by August 2018 and as reported the Trust continues to proactively manage the risk of sustained recruitment and retention.



Fit2Sit December 2017

Improving Flow and Safety

Jerry Penn-Ashman – Ambulance Advisor  
Emergency Care Improvement Programme, NHSI

# Fit2Sit – Background

- Demand has outstripped resource across the system (most ED's are operating in excess of 30% more patients than the building was designed for)
- Financial position, no scope to increase processing space (capacity)
- Regulatory or clinical performance gains
- Encourages front door streaming options
- Need to change the patient's ABC towards hospital attendance
- Provides healthy framework to challenge ambulance conveyance



# Fit2Sit – Campaign purpose

Aimed at front line clinicians. The campaign's purpose is to reduce the number of patients 'presumed immobile' due to an acute or chronic medical condition. It's not new... 'chair first', 'waiting room'.... common sense? Have all existed at some point throughout our careers.

The campaign is not just about acuity on arrival..

#Endpjparalysis #Fit2Sit

*Fit2Sit – Campaign purpose*

- Challenging patient mobility will reduce deconditioning
- Are ambulance clinicians sighted on the dangers of frailty and the damage caused by deconditioning
- Offers patient freedom
- Reduces level of triage at ED
- Increase options for streaming of patients
- Reduces length of hospital stay by improved pathways and therefore improves general hospital flow to ease ED back door and reduce ambulance delays

# Deconditioning



Need a compelling story?

*Here's 4*

1. Patient's time is the most important currency
2. 10 days in hospital bed leads to 10 years of muscle aging in people over 80 (Gill et al 2004)
3. 46% of people over 85 will die within a year of a hospital admission (Clark et al 2014)
4. If it was your last 1,000 days how many of them would you choose to spend in hospital?



# Fit2Sit – Ambulance service

Education, vehicle design, and cultural/behavioural attitude has influenced the way patients are being transported from the point of collection to the location/transfer of care point. 'Naturally' patients are being placed onto a stretcher without thought regarding it's direct impact to patients deconditioning.

There is a need to encourage patients to develop the mind-set of recovery, from the very first point of contact. The #Fit2Sit campaign will aim to reduce the amount of patients transported by ambulance services on a stretcher.

Where possible:

- Encourage patients to be fully clothed
- Encourage patients to walk where clinically safe
- Wheelchair before stretcher
- Record time when placed on a bed (identify risks associated with prolonged bed stay)
- Have a plan for when the patient can be mobile, discuss this at point of handover
- Record frailty, before incident, understand what's needed to get patient back to 'mobile'.
- Ensure patients knows what needs to happen.

## Deconditioning

YOU ARE WHAT YOU WEAR

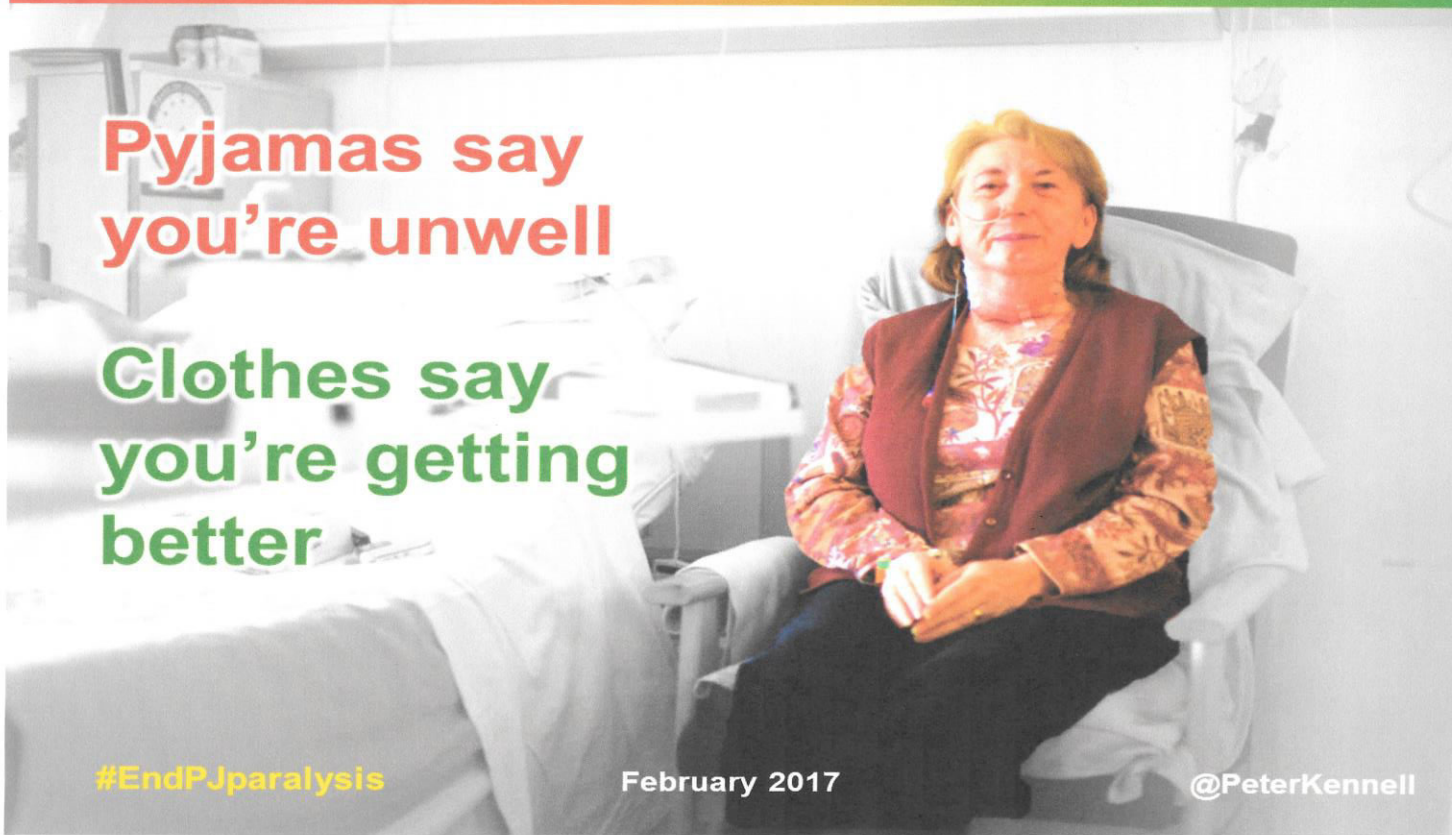
Pyjamas say  
you're unwell

Clothes say  
you're getting  
better

#EndPJparalysis

February 2017

@PeterKennell



# Fit2Sit – 4 questions on handover (Healthy challenge!)

1. History/Chief complaint
2. Presenting acuity (MEWS/NEWS/PEWS & Frailty score (pre and post incident))
3. Reason for transportation to receiving unit (what's the plan? – no longer acceptable to accept conveyed for social reasons!) A frail patient's home is their gym.
4. Home today principles (keys, neighbours, last admission to NH etc)

# Fit2Sit – Hospital

A cultural & logistical problem - patients wait a lot in ED . . . and they wait on trolleys..

The #Fit2Sit campaign aims to reduce the amount of patients waiting unnecessarily on a hospital trolley.

This will be encouraged by the following actions/principles, where possible;

- Initial assessment of patients to include plan for being mobile
- Don't automatically undress patients
- Check if ambulant at every point of contact or have a plan and exercise it
- Early therapy intervention
- Patients to understand the 3 questions...

# Fit2Sit – The 3 questions that patients should know the answer to?

1. Mobility status – pre and post incident/episode and if affected, when can I be expected to return to normal **(The patient has a plan)**
2. Why am I here, my diagnosis & what's the **plan**
3. My **plan** to return home (care facilities, keys/clothes/instruction, latest time for transfer of care (nursing/care home). What needs to happen to get me home.

# Fit2Sit – Lessons learnt from PDSA

- Visible seating areas
- Other streaming options
- Wheelchairs
- Portable O2
- Nebulisers
- Monitoring equipment
- A step up or assessment area
- Workforce opportunities (O/T, Physio, ACP)  
implementation may require additional HCA..



# Is your patient fit to sit?



Let's put a stop to patients lying down on trolleys if they are well enough to sit up

## #Fit2Sit aims to:

- Enhance dignity and respect
- Prevent loss of muscle strength
- Promote a speedier recovery
- Help patients get home sooner
- Check if your patients can walk before they are asked to undress

Join the conversation on Twitter at: #Fit2Sit #Endpjaralysis  
Follow us: @ECISTNetwork @nhsimprovement

<https://improvement.nhs.uk>

# Is your patient fit to sit?



Let's put a stop to patients lying down on stretchers if they are well enough to sit up

## #Fit2Sit aims to:

- Enhance dignity and respect
- Prevent loss of muscle strength
- Promote a speedier recovery
- Help patients get home sooner

Join the conversation on Twitter at: #Fit2Sit #Endpjaralysis  
Follow us: @ECISTNetwork @nhsimprovement

<https://improvement.nhs.uk>



# Emergency Care Improvement Programme

Safer, faster, better care for patients

Thank you – contact details;

**Jerry Penn-Ashman**

**ECIP** (emergency care improvement programme)

**T: 07770971136**

**E: [J.penn-ashman@nhs.net](mailto:J.penn-ashman@nhs.net)**

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

**SECAMB Board**

**D1 Escalation report to the Board from the Finance & Investment Committee**

<b>Date of meeting</b>	5 <sup>th</sup> March 2018
<b>Overview of issues/areas covered at the meeting:</b>	<p>This meeting also considered a number of Scrutiny Items which affect the strategic direction of the Trust</p> <p><b>Demand and Capacity Review (interim readout)</b>  The Committee noted the ongoing work, the addition to scope to include EOC and the change in timing for the final report to late April / May. The two different models being considered by Commissioners were discussed and the implications for the organisation reviewed. This included the likely impacts on the wider health care system. The team was asked to provide clear descriptions of the two options and to set out how resources would need to be scaled up in each case.</p> <p><b>Integrated Urgent Care (111)</b>  The Committee noted the different Commissioner intentions for Surrey, Sussex and Kent and that attempts to influence the system had been unsuccessful. This would mean that separate bids would be required and that the Commissioners were not interested in synergies with 999 nor maintaining the current call- centre scale benefits. The rationale for SECAmb continuing to be involved in the bidding process was discussed.</p> <p><b>Business Planning</b>  The Committee noted the 18/19 Financial Plan, which was required to be submitted by NHSI, including the main underpinning assumptions. At present, the plan does not include the output from the Demand and Capacity Review and the resulting operational improvement that this would deliver if additional resources were made available. The Committee noted the “advice” given by NHSI as to how this should be handled. The Committee expect to review a plan as to how resources will be ramped up asap.</p> <p><b>EPCR</b>  Although the use of iPads within the Trust was viewed as a major success, the EPCR software has not delivered the Business Case originally approved by the Board. The Executive Team were reviewing options and will make recommendations asap.</p>
<b>Reports <i>not</i> received as per the annual work plan and action required</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Changes to significant risk profile of the trust identified and actions</b>	<ul style="list-style-type: none"> <li>• Slippage in the timetable for delivering the capacity review output which may affect the ability to produce a robust Business Plan.</li> <li>• Plans for EPCR.</li> </ul>

## South East Coast Ambulance Service NHS Foundation Trust

<b>required</b>	<ul style="list-style-type: none"><li>• Fleet and IT Enabling Strategies remain outstanding.</li></ul>
<b>Weaknesses in the design or effectiveness of the system of internal control identified and action required</b>	<ul style="list-style-type: none"><li>• none</li></ul>
<b>Any other matters the Committee wishes to escalate to the Board</b>	<ol style="list-style-type: none"><li>1. Way forward for EPCR and iPads.</li><li>2. Demand and Capacity Review outputs and expected outcomes</li><li>3. 2018/19 Business plan implications.</li></ol>

## SECAMB Board

### D2 Summary Report on the Audit Committee Meeting of 5th March 2018

<p><b>Date of meeting</b></p>	<p><b>5 March 2018</b></p>
<p><b>Overview of issues/areas covered at the meeting:</b></p>	<p>The key areas covered in this meeting related to Internal Audit, Policy Oversight &amp; Risk Management</p> <ul style="list-style-type: none"> <li>• The Committee was concerned at the number of outstanding Audit Actions; however many relate to HR. The Committee was confident that these would be addressed swiftly by the new HR Director</li> <li>• The preliminary Internal Audit Opinion for 2017/18 is disappointing but not surprising. A final opinion will be presented to the Committee in May together with the balance of Internal Audit Reports in relation to the 2017/18 audit program</li> <li>• The committee found it easy to commend recent developments in Risk Management, but was disappointed that neither the Risk Register nor a report based upon it could yet be recommended to the Board.</li> <li>• The Executive was keen to present the Risk Register to the March 2018 Board; however, the recommendation of the committee was that an Exceptional Audit Committee should be planned for April to scrutinise Risk Management matters with the aim of recommending a Board Assurance Framework, an overall Risk Register and an overall Risk Report to the April Board. Peter Lee will organise after consultation with executive colleagues / consideration of other priorities and invite all Directors (attendance of ED and NED that do not normally take part in AuC to be optional)</li> <li>• Peter Lee will agree with Board subcommittee chairs the policies to be overseen by each Committee with Audit Committee picking up the balance</li> </ul> <p>Concerns over the quality of Health &amp; Safety at SECamb had recently been raised with the Audit Chair. In the discussion that followed, it was noted that:</p> <ul style="list-style-type: none"> <li>• The Executive were intending to present a Health &amp; Safety paper to the March 2018 Board</li> <li>• Health &amp; Safety was within the purview of the Workforce Committee. The Audit Committee asked for confirmation from the Workforce Committee as to its state of confidence/assurance in this area</li> </ul>
<p><b>Board Assurance Framework (BAF)</b></p>	<p>Due to time pressures and other emerging priorities, the executive had not been able to prepare a new Board Assurance Framework proposal. The will be considered now at the April Exceptional Audit Committee.</p> <p>The Committee has previously stated its expectations in this area, with the Audit Chair running a workshop for the Executive in December 2017. The Committee expects an effective BAF to cover ALL of the following questions:</p> <ul style="list-style-type: none"> <li>• Are policies appropriate, up to date and working effectively?</li> <li>• Are Key controls identified and working effectively?</li> <li>• Progress against Strategy/plans and other agreed target standards, identifying any regulatory standards and/or stakeholder expectations that we do not intend to</li> </ul>

	<p>achieve?</p> <ul style="list-style-type: none"> <li>• Have key risks been considered, reported and managed appropriately?</li> </ul>
<b>Risk Register and Risk Report</b>	<p>The committee reviewed the design of a new Risk Management process and the latest draft of an overall SECAMB Risk Register. No Risk Report was presented.</p> <p>Progress over the last year must be seen as disappointing; however the Committee was able to commend recent developments and an obvious new emphasis in this area.</p> <p>The Committee was unable to recommend the Risk Register to the Board at this stage and recommended that an Exceptional Audit Committee be established in April with an aim of recommending a Risk Register and a Risk Report to the April Board</p>
<b>Policy Suite Review</b>	<p>It was agreed that Peter Lee would work with each Board subcommittee to agree a list of policies to be subject to oversight by that committee. The Audit Committee will oversee all policies not being overseen by any other Board subcommittee</p>
<b>Internal Audit and Fraud Management</b>	<p>The Committee was concerned with the number of overdue Audit Actions, but recognised that most of these related to the HR area. The executive assured the committee that the new HR director would move forward the actions quickly unless more pressing priorities were to arise.</p> <p>The committee accepted the 2018/2019 Counter Fraud plan as presented but asked RSM and David Hammond to review the relative resources being expended between Internal Audit and Counter Fraud Activities against a hypothesis that SECAMB would benefit from a re-allocation towards Internal Audit activity over the next year.</p> <p>The Draft Internal Audit Opinion remains preliminary. The Committee was disappointed but not surprised by the opinion offered. Few formal 2017/18 audits have been concluded as yet, but the findings from management reviews and those audits that have been completed are disappointing.</p>

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

**SECAMB Board**

**D3 Escalation report to the Board from the Workforce and Wellbeing Committee**

<b>Date of meeting</b>	08 March 2018
<b>Overview of issues/areas covered at the meeting:</b>	<p>This was moved from February due to a national winter pressures meeting.</p> <p>The meeting considered a number of <b>Scrutiny Items</b> (where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas), including;</p> <p><b>Appraisals (Assured)</b> The committee noted the good progress with appraisals / career conversations. The Trust was at 86% as of 19 February 2018. The next step is to improve the quality of appraisals.</p> <p><b>Gender Pay Gap (Partially Assured)</b> There is still analysis to complete in order to get the full picture. The paper confirmed there is a good staff gender balance. There is a WRES workshop for the Trust Board on 27 March and the committee will continue to keep this area under review until all the analysis is complete.</p> <p><b>Personnel files (Not Assured)</b> The committee was not assured that there is robust systems to manage staff files. It has asked management for more information in order to fully understand the issue and will consider this at the next meeting.</p> <p><b>EOC Staff (Assured)</b> The committee explored an issue raised by the audit committee, which the Trust Board also discussed recently, about anecdotal evidence that staff in the EOC sometimes deal with inappropriate behaviour from other professionals. The director of operations looked in to this and could not find any direct evidence, by talking to staff and listening to recordings. EOC staff have been encouraged to report any such behaviour.</p> <p>The committee also reviewed the usual <b>workforce dashboard</b>. In consideration of this it has asked management to provide better clarity on vacancy levels to establish the extent to which we should expect a level of vacancy to provide for flexible working.</p> <p>The committee was also concerned about turnover rates, in particular in the EOC, which is not sustainable. It asked that EOC recruitment and retention be specifically included on the dashboard going forward.</p> <p><b>Workforce planning assumptions</b> was considered and the committee requested for the next meeting the plan for developing the workforce plan.</p> <p>The staff survey results were discussed. The committee shared the disappointment of management with the overall results. Despite this, some green shoots were noted, especially about section 7 "your manager".</p>

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

<p><b>Reports <i>not</i> received as per the annual work plan and action required</b></p>	<p>None</p>
<p><b>Changes to significant risk profile of the trust identified and actions required</b></p>	<p>None – the committee reviewed the workforce risks on the risk register and was confident that they reflected the current issues.</p>
<p><b>Weaknesses in the design or effectiveness of the system of internal control identified and action required</b></p>	<p>The Board should note the significant issue of recruitment and retention. Specifically within the EOC. The committee acknowledged this is a difficult issue to resolve and that management is working hard to find solutions, but felt that we need to think even more creatively.</p>
<p><b>Any other matters the Committee wishes to escalate to the Board</b></p>	<p>The workforce plan is on progress and the committee will scrutinise the plan to develop the plan at its next meeting.</p> <p>The committee will also prioritise the scrutiny of health and safety during Q1 of 2018/19.</p>



## SECAMB Board

### D4 QPS Escalation report to the Board

<b>Date of meeting</b>	08 March 2018
<b>Overview of issues/areas covered at the meeting:</b>	<p>This meeting considered a number of <b>Management Responses</b> (<i>response to previous items scrutinised by the committee</i>), including:</p> <p><b>Mental Health Complaints(Assured)</b> In January, the committee received a position paper on the Trust's mental health care provision. It noted a potential disparity in how complaints were handled involving people with mental health difficulties, in light of the numbers not upheld. However, the evidence provided in the management response assured it that there is no such disparity.</p> <p>Management also confirmed that data is being captured to allow the service to know the numbers of children conveyed under s.136 of the Mental Health Act, and the committee was assured by evidence provided showing the good response times for all patients conveyed under 136. The aim is to include this data in the Trust Board's integrated performance report, as part of its revision.</p> <p>In addition, the committee discussed some disparity in the S136 conveyance data that has been identified. It was agreed that a paper would be bought to the committee in May to clarify the position.</p> <p><b>Patient Care Records (Partially Assured)</b> The committee sought evidence from the legal and patient experience teams in relation to the numbers of times they could not provide a PCR on request, and whilst there remains an issue with unreconciled PCR's the data provided provides assurance that the Trust is able to locate records when needed. . Management will ensure an incident is formally reported via Datix when a PCR cannot be provided, so that this can be monitored.</p> <p><b>Medical Equipment (Not Assured)</b> Management deferred this response due a finding during a recent Quality Assurance Visit that has given rise to concern about the reliability of the equipment servicing data. This is being explored and the committee will consider the findings in April.</p> <p><b>Infection Prevention &amp; Control (Partially Assured)</b> In January, the committee was assured that this is an area being given much focus by management. However, it asked for an interim update on the specific measures being put in place to ensure sustained improvement, to include the number of audits completed and the related compliance. The evidence provided demonstrated to the committee that we are heading in the right direction.</p> <p>The committee thanked management for the responses in the specific areas, which were clear and addressed the questions.</p> <p>The meeting also considered a number of <b>Scrutiny Items</b> (<i>where the</i></p>

*committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas), including;*

### **The 'tail' (Not Assured & Escalation to Board)**

The committee received a presentation providing an overview of call answer performance from November 2017 to January 2018, which included a breakdown of fractile times to demonstrate the longest calls. The committee was extremely concerned by the performance and continued issues. This was most starkly highlighted by our performance in relation to other Ambulance Trusts. Management confirmed the actions being taken to manage call answer as part of the improvement plan, which is being monitored via the EOC Task and Finish Group. The committee challenged the plan, testing the extent to which it is too optimistic given the reality of the size and complexity of the issues. In particular, recruitment and retention in the EOC. The committee has asked the workforce and wellbeing committee to scrutinise the actions being taken to improve EOC recruitment and retention; it plans to do this in May. The committee asked the Executive to consider what else we could do to improve performance in this area and agreed this issue should be escalated to the Board.

### **111 (Partially Assured)**

The committee scrutinised 111 performance, its clinical indicators, audit compliance, patient outcomes, and risks. Whilst the service has been compliant with quality aspects such as complaints responses and pathways audit it is clear that the performance of 111 has dropped since the end of Q3.

The committee explored the call routing project that led to some of the issues from November 2017 and identified concern about internal governance, which it has asked the CEO to further explore and revert upon. It also considered the 111 Operational Recovery Plan that has been put in place to rectify the issues, which is demonstrating some improvement.

### **Use and impact of the Demand Management Plan over Christmas / New Year (Assured)**

The paper set out the actions taken following the business continuity incident during this period, and use of the demand management plan. The committee noted the high number of hours lost through hospital handover delays, acknowledging some things are not within our control. Overall, the committee felt that this period was well planned and despite the challenges well managed. Management confirmed that it is reviewing the serious incidents during this period to consider any themes, and will bring back the findings to the committee. It is also undertaking a similar review during the week of adverse weather, late February / early March.

### **NARU Interoperable Capability Project (Partially Assured)**

Management set out the current position with regard to the NARU Interoperable Capability Project. It noted the actions and will receive an update in May. In addition, it was agreed a paper was required that will provide an overview on all aspects of HART (governance, operations etc.) will be brought in September 2018 prior to the next HART review.

	<p><b>Consent to Treatment (Assured)</b>  The committee explored the extent to which consent to treatment is being sought in line with legislation and guidance. It was assured that consent is taught to all grades of staff, and is well understood, particularly where patients lack capacity. However, it noted a gap in the recording of consent in patients with capacity, and the current PCR not including a specific space on the form to document this. In turn, audit of consent is not currently possible for patients where consent is implied. Management is taking steps to amend the PCR, and will ensure ePCR meets the required standard for recording consent. Despite this, the committee was assured with the systems and practice currently in place and have agreed a paper will be brought in Q2 to provide assurance that appropriate amendments have been made.</p> <p>The committee also received the <b>Q3 Quality &amp; Safety Report</b>. This report from the functional areas provided an update on quality and patient safety across the corporate functions and the operational unit areas. The committee felt this was an improved report, and asked management to pull out the learning more specifically in future reports. Some key points included</p> <ul style="list-style-type: none"> <li>• From the Mortality and Morbidity paper that consideration needs to be given to how to record handover delays more effectively</li> <li>• The committee committed that all members will participate in a QAV visit by end of Q1</li> </ul>
<p><b>Reports <i>not</i> received as per the annual work plan and action required</b></p>	<p>None</p>
<p><b>Changes to significant risk profile of the trust identified and actions required</b></p>	<p>None</p>
<p><b>Weaknesses in the design or effectiveness of the system of internal control identified and action required</b></p>	<p>Management identified that the current <b>telephone platform</b> has an anomaly not yet understood which adds 2 seconds to some calls. This supports the case to procure a new 999-telephone system.</p>
<p><b>Any other matters the</b></p>	<p>Following the scrutiny of the ‘tail’ the committee did not think the Board is well-enough sighted on all the challenges with <b>call answer performance</b>. It asked</p>

<b>Committee wishes to escalate to the Board</b>	<p>for more detail to be included in the IPR from March.</p> <p>The executive management board approved a business case recently to invest in developing the <b>EMA career framework</b> in order to improve recruitment and retention. This creates a career structure, accelerates EMAs through Band 3, and formalises the EMA coach role at Band 4. In addition, EMA team leaders will now move to Band 5 from Band 4. The committee questioned whether this is sufficient or further investment is needed.</p>
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# 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. MDC meeting summary:

1.7. The Membership Development Committee (MDC) met on the 15 February 2018. Please find a summary of the meeting as follows:

1.8. The MDC welcomed a Carol Coleman, a Governor from Kent Community Health NHS FT, who presented at the meeting and provided opportunity for discussion on carrying out member engagement effectively.

1.9. The full member satisfaction survey results were reviewed and outcomes were agreed, see below under member engagement for more detail on this.

1.10. The MDC reviewed and agreed a plan for recruitment and engagement in 2018. After reviewing the current membership data, it was agreed the focus should be on attending events where we can develop under represented areas of our membership such as Black, Asian and Minority Ethnic membership, as well as LGBT membership. It was suggested there might be a focus on encouraging these new members to find out more about becoming a Governor and diversifying the nominations in the lead up to next year's elections. This would be balanced with attendance at some key large-scale 999 events. Once finalised the plan will be shared with Governors and it is hoped there will be an opportunity for Governors in each constituency to attend an event with the Membership Office.

1.11. It was agreed to take a year's break from the Your Call member information events. One was held in every constituency in the past two years: all had been a resounding success. The focus for 2018-19 would be recruitment, as noted above. This will provide opportunity for the MDC to consider and agree a brand new set of events in 2019.

1.12. Suggestions for content in the upcoming newsletter were received. An article on what happens when you dial 999 will be included in the April edition as suggested by the MDC alongside a great Governor Blog from Felicity Dennis on her first 12 months in post.

1.13. The draft minutes are not yet available but will be included in May's report to the Council.

1.14. The next MDC meeting is on 8<sup>th</sup> May at Crawley HQ from 10.30am – 3pm.

## 2. Membership Update

2.1. Current public membership by constituency (at 15.03.18):

Constituency	No. of members	Member numbers percentage increase or decrease	Proportion of the population
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		<b>compared to previous report</b>	<b>who are members</b>
<b>Brighton &amp; Hove</b>	511	<b>1.16%</b>	0.20
<b>East Sussex</b>	1707	<b>0.29%</b>	0.35
<b>Kent</b>	3037	<b>0.36%</b>	0.24
<b>Medway</b>	642	<b>Same</b>	0.25
<b>Surrey</b>	2304	<b>0.39%</b>	0.19
<b>West Sussex</b>	1587	<b>0.25%</b>	0.21
<b>Total</b>	<b>9,788</b>	<b>0.40%</b>	<b>0.23</b>

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 get return to sender newsletters when people have moved and not notified us.

The total staff membership as of 28.02.18 is 3,350.

### 3. Membership engagement summary

3.1. The next member newsletter is due out week commencing 24<sup>th</sup> April.

Subjects covered in the issue will include information on the Sustainability and Transformation Partnerships (STP) within our patch and how we are working with them, a Council of Governors Blog, a recruitment round up of the latest NED and Exec appointments, outcomes from the membership survey and progress on our improvement plans.

3.2. A calendar of STP events taking place within our patch has been created and circulated to the Council of Governors. This was an action from an MDC meeting where Governors wanted to know how they could engage with their local STPs and understand what their plans were and be involved in any public consultation.

3.3. Our Annual Members Meeting will take place in Surrey this year on Friday 14th September. There will be a Council meeting beforehand and the venue will be confirmed in the next few months. If any Surrey Governors have any venue suggestions – please get in touch with Katie Spendiff who project manages the event.

#### 3.4. Member Survey

Our member satisfaction survey was sent out in December last year. It was great to see that 89% of public members who responded found the newsletter 'interesting' or 'very interesting' – an increase of 13% on last year's figure. We had incorporated the suggestions for content from last year's survey so are pleased this has had the desired effect!

3.5. 84% of public members felt they had received relevant information on the Trust's plans to improve. This was covered under a set of articles in each edition from summer 2016 to date called 'Improving your ambulance service' and you can read them online here:

[http://www.secamb.nhs.uk/get\\_involved/membership\\_zone/newsletters.aspx](http://www.secamb.nhs.uk/get_involved/membership_zone/newsletters.aspx)

3.6. We asked members to select three words that represented how they felt about their membership. Informed, interested and content were the most highly selected words. In the free text comments, there was praise for the ambulance service, which has been passed on to staff and queries around the purpose of membership, which I hope to have addressed in the April edition.

3.7. When we sent the survey to our staff members, responses were naturally broader than being about membership and included a need for consistency in all internal communications – especially to frontline staff. This has been a long-standing issue in the Trust and an independent organisation will shortly be reviewing communications across all platforms in SECamb at the Chief Executives request. Any other specific outcomes were fed back to the relevant departments.

3.8. We'll continue to try to provide a good balance of information in the newsletter, with a focus on the following as requested in the survey: include articles on our staff, a member letters page, health news, providing information on the Trust's improvement plan with a focus on timelines and outcomes, improving diversity in the images used by the Trust.

We'll also provide information on what being a member actually means and the role of the Council. Also how members can become more involved with the Trust. We will take part in the Trust wide communications review.

#### 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 not met. January's IHAG meeting minutes are included below as Appendix 1 and a summary report was included in January's Council meeting report.



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

4.5. The next IHAG meeting takes place on the 10<sup>th</sup> April 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:

The SEF met on the 12 February 2018. Please find a meeting summary below.

5.3. It was another invigorating meeting of the SEF. There were approximately 30 people in attendance and a great mix of operational and support staff. Introductions took place, as there were many new staff engagement champions in attendance.

5.4. The new terms of reference for the group were reviewed and agreed pending a few tweaks. Discussion on attendance by Execs and the Chief Exec took place and is reflected in the suggested changes. It is hoped that the Chief Exec would be in attendance at most meetings. Clarification on the purpose and structure of future meetings was discussed and agreed by the SEF.

5.5. The SEF received an excellent presentation from Andrew Saffron who works for Ignite who are carrying out the culture change work stream within the Trust. His presentation generated lots of healthy debate around an effective and timely delivery of the culture/behaviour programme. It was a very productive session and the SEF offered their support in also being part of his planned Barometer group which would meet to check the effectiveness of the work that was taking place. The first meeting will take place on the 3rd April and then monthly thereafter. Operations Director Joe Garcia has since emailed his support for operational staff members of the SEF to be abstracted to attend these sessions, which demonstrates the Trust's commitment to enabling staff to participate in this important work.

5.6. The SEF received an update on the work of the Wellbeing Hub and statistics on its first month in place. The SEF agreed that there was an absolute need for this service in the Trust and thanked all involved.

- 5.7. An interactive session took place where participants could share in groups what was working well in their areas engagement wise and what could be better and fed back to the whole group. The views were collated and would be shared more widely in due course. The SEF agreed it was important to keep having the opportunity to share best practice on staff engagement/what was working well at each SEF meeting. It was good to note that there were increasing numbers of examples of positive engagement and communication initiatives happening locally.
- 5.8. The SEF received a presentation on risk management in the Trust and views were sought on a poster advertising everyone's responsibility to report risk. Feedback on the poster was provided.
- 5.9. Suggested questions for the next staff pulse survey were shared at this meeting and feedback would be collected post meeting.
- 5.10. The meeting was pushed for time on certain segments so it was agreed that the timings should revert to 10am-5pm which is similar to what it used to be and gave another 2 hours compared to this meeting.
- 5.11. The minutes are not yet available but should be included in the next report to the Council.
- 5.12. 2018 SEF meeting dates are as follows and they take place at Crawley HQ. Staff Elected Governors should make every effort to attend these meetings:  
15<sup>th</sup> May 2018  
4<sup>th</sup> September 2018  
16<sup>th</sup> November 2018

## **6. Patient Members' Views**

- 6.1. The **Patient Experience Group (PEG)** met on the 22<sup>nd</sup> January and feedback on this meeting was provided at the January Council meeting. The next meeting is due to take place on the 26<sup>th</sup> March when they will be reviewing Patient Experience Strategies from other Trusts and hopefully reviewing a patient engagement report. Felicity Dennis & Gary Lavan are the Governor representatives on this group and may wish to provide a verbal update on the progress of the group at the Council meeting.

## **7. Recommendations**

- 7.1. The Council of Governors is asked to:
- 7.2. Note this report; and review any attached minutes for more detail.
- 7.3. Consider how best to encourage Governors to make use of such information, and also to make use of the IHAG appropriately to help understand the perspective of public Foundation Trust members.

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

**Appendix 1 IHAG Minutes**

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

**Inclusion Hub Advisory Group (IHAG)**

Notes of a meeting held on 17<sup>th</sup> January 2018  
At Nexus House, Gatwick Road, Crawley: 09:30 to 16:00 hours

**Attendees:**

Angela Rayner	(AR)	Marguerite Beard-Gould	(MBG)	Sarah Pickard	(SP)
Ann Osler	(AO)	Patrick Wolter	(PW)	Simon Hughes	(SH)
Jane Watson	(JW)	Paula Dooley	(PD)	Stephen Merriman	(SM)
John Rivers	(JRi)	Penny Blackbourn	(PB)	Terry Steeples	(TS)

**Presenters & Guests:**

Emma Ray	(ER)	Nigel Cole	(NC)	Tim Fellows	(TF)
Isobel Allen	(IA)	Peter Eaton-Williams	(PEW)		
John Hockley	(JH)	Rajen Chetri	(RC)		

**Secretariat:**

Asmina Islam Chowdhury (AIC)

**Apologies:**

Ann Wilson	(AW)	Hilda Brazil	(HB)	Leslie Bulman	(LB)
Brian Rockell	(BR)	Jim Reece	(JR)	Mark Kelner	(MK)
Dave Atkins	(DA)	Karen Mann	(KM)	Mo Reece	(MR)

## 1 Welcome and introductions

- 1.1 AR opened the meeting welcoming all present.
- 1.2 Round table introductions were made. AR welcomed John Hockley, who was attending as the representative for Surrey Gypsy and Traveller Forum, Rajen Chetri, who was attending for Surrey Minority and Ethnic Forum, and Isobel Allen, Assistant Company Secretary who would be deputising for KS.
- 1.3 AR also welcomed Staff Elected Governor NC and new member JW, who had previously held the role of Public Governor at the Trust.
- 1.4 AR tabled apologies as given above. AR advised that we had also received apologies from our two new Governors on the group, BR and FD, but the MDC would be represented by existing member MBG today.

## 2 Minutes of the previous meeting

- 2.1 The notes of the meeting held on 19<sup>th</sup> October 2017 were reviewed for accuracy and the following amendments requested
  - 2.1.1 MBG to be added to the list of apologies
  - 2.1.2 Point 4.3 to be corrected to read “annual members”
- 2.2 AR motioned that the notes be accepted as an accurate record with the above amendments, seconded by PD.

## 3 Matters arising & IHAG Action Log Review

- 3.1 Action 198.3 – Draft meeting etiquette: Delivery date for this has been amended to reflect that this was a low priority.
- 3.2 Action 199.2 – Trust Governance update: IA advised that this was now being reviewed with the Trust Project Management Team, and would provide any updates on further progress at the next meeting.
- 3.3 Action 207.1 – Serious Incident Review Process: New Serious Incident policy to be circulated to group. It was noted that IHAG members wanted improved engagement within this process and it was agreed that Giles Adams, Head of Compliance would be invited to present at the next meeting.

**Action:** AIC to invite Giles Adams to present at next IHAG meeting.

**Date:** Jan 2018

- 3.4 Action 211 – Q-Volunteering Workshop: AIC tabled an update from Karen Ramnauth that interviews were due to take place soon, and work would commence once the successful candidate was in place.
- 3.5 Action 212 – Non-Executive Director (NED’s) Membership of IHAG. AIC shared an update advising that due to the pressures of meeting the CQC “must do’s” and other priorities at present, the NED’s were currently unable to commit to having a designated representative on the IHAG. IA advised that the Trust was seeking to review the constitution, which would allow an increased number of NED’s to be recruited and improved distribution of workload. Agreed that IA would circulate an invitation for NED’s to attend future IHAG meetings. Action closed.

<p><b>Action:</b> IA to invite NED’s to attend future IHAG meetings.</p>
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<p><b>Date:</b> Feb / March 2018</p>
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- 3.6 Action 213.3 - Patient Experience Group: No further update, PB to request an update at the next meeting of the Patient Experience Group.
- 3.7 Action 215.1 – IHAG feedback and promotion: Planning of SECamb News article is currently in progress, due for publication in February edition.
- 3.8 Action 215.3 – IHAG feedback: AIC provided an update from Alexandria Dyer, that this was intended primarily for CFR’s in relation to clinical aspects of their role, but had now been placed on hold. Action closed.
- 3.9 Action 216.1 – Patient engagement in Clinical standards groups – AIC to invite Andy Collen to present at next IHAG and cover this as part of his update.
- 3.10 Action 218.1 – 218.5: Infection control hand hygiene audits – Due to reprioritisation of workloads the action had been placed on hold until the first quarter of 2018/19.
- 3.11 Action 219 – SECamb Branding: The IHAG would review and provide feedback as part of the open session.
- 3.12 Action 220.1 – Bereavement Guidance: To be discussed within the open session.
- 3.13 Action 221.1 – SECamb area. AIC advised that an updated map had yet to be developed showing the East and West boundaries. AIC to circulate a map of Trust OU areas.
- 3.14 Action 221.2 – Safeguarding: AIC to circulate revised policy to members of the IHAG.
- 3.15 Action 221.4: Equality and Diversity Training within Clinical Education: AIC tabled an update from Danny Dixon, Senior Education Manager, advising that E&D was threaded through training, but they were unable to share any specific examples. It was agreed that AIC would facilitate observation of training by IHAG members.

**Action:** AIC to liaise with Clinical Education to arrange for JR and PD to observe Clinical Education

**Date:** March / April 2018

- 3.16 Action 221.5: Development of diversity survey: Action carried forward.
- 3.17 Members **agreed** to close all other actions that had been noted as completed in the Action Log since the last meeting: 213.1, 216.2, 216.3, 216.4, 217, 218.2, 22.2, and 221.3.
- 3.18 Matters arising: There was discussion around staff reporting the new jacket provided as part of the national ambulance uniform not providing adequate protection during inclement weather. AR asked NC to feed this back to the Equipment review panel in his capacity as a Staff Elected Governor.

**Action:** NC to share feedback with the Equipment Review Panel in capacity as SEG regarding the uniform jackets and lack of protection they provide during inclement weather.

**Date:** March 2018

#### **4 Review of activities undertaken by members**

- 4.1 Members updated the group on the activities since the last meeting and these included:
- History marking sub-Group
  - Inclusion Working Group
  - Executive recruitment stakeholder groups for Director of Strategy, Director of Nursing & Quality, and Director of HR
  - Joint Governor & IHAG Ambulance Response Programme event
  - Focus Groups for recruitment of Non-Executive Directors
  - Investing in Volunteers stakeholder group
  - Quality Account
- 4.2 SH provided an update on the collaborative work being undertaken in the Brighton Operational area with Al Deakin to understand the needs of the street community. This includes a project to improve health outcomes in East Brighton, an area of high deprivation, via an admissions avoidance programme. This project is linked to the Trust Frequent Callers Project.
- 4.3 PD noted the informative session delivered by Janette Turner, Reader in Emergency & Urgent Care Research & Director of Health Services Research at Centre for Urgent & Emergency Care at the December IHAG and Governors Engagement Event.
- 4.4 AO advised that dates have now been circulated for the Medicines Management Group meeting for the coming year.

## **5 Investing in Volunteers**

- 5.1 AR welcomed Emma Ray (ER), Investing in Volunteers (IiV) Lead to the meeting. ER provided an overview of the IiV standard, which the Trust is working towards achieving whilst bringing parity of experience to all four of the Trust volunteer groups. ER has engaged with each of the four groups during the process, with JRi, MR and JR as the IHAG representatives in this process.
- 5.2 Each group completed a 9-part self-assessment process to identify key areas for improvement, a copy of which is provided below. For the IHAG it had been identified that there was a lack of awareness and understanding regarding the role of the group. Work is ongoing to raise the profile of IHAG with staff across the Trust, along with awareness of the benefits of coming to engage with the group with staff via bulletins, social media and the staff magazine.
- 5.3 ER currently working on developing a poster highlighting the role of all four volunteer groups that will provide a visual resource for display across all Trust sites. ER used the remainder of the session to seek feedback on key messages for inclusion on the poster.
- 5.4 The Trust will be assessed on its application to be awarded the IiV standard on 1<sup>st</sup> and 2<sup>nd</sup> May by an external assessor, who will be engaging with volunteers from across the Trust/ This will be either face to face or via a survey.



Investing in Volunteers - Self assessment.pdf

## **6 Development of Volunteer Strategy**

- 6.1 AR welcomed Tim Fellows (TF), Operating Unit Manager who has been tasked with developing a Volunteer Strategy for SECAMB. TF shared a document outlining a vision for a three-year strategy, and the current position, designed to assist in engaging volunteers in its development. IHAG members provided feedback on the document, noting the hierarchical language and that the document was focussed towards operational volunteers.
- 6.2 The group discussed the enablers to the strategy, including a new management structure providing additional capacity for supporting our 500 Community First Responders (CFR) and closer working relationships with the Operating Units across the Trust. It was also agreed that the Volunteer Charter should be part of the Volunteer Strategy. IA and AR advised that if the strategy was intended as a Volunteer Strategy rather than a CFR strategy it would need a more generic to cover all groups within the Trust, and that there was a need to ensure that we were supporting the volunteers we already have to enable us to be in a better place to recruit further.
- 6.3 IHAG members made a recommendation that the Inclusion and Membership teams would support the engagement process for the development of the



strategy to ensure an appropriate level of engagement was undertaken in its development. This would include facilitated focus groups with proportionate representation from CFR's (x10), Chaplains, IHAG members and Governors (x3 from each group), followed by a survey monkey to allow wider feedback.

**Action:** IHAG members to express their interest in being part of the initial scoping meeting to AIC.

**Date:** February 2018

6.4 AR thanked TF for attending the meeting, and JW noted the positive commitment from the Trust to improve volunteer experience.

## **7 Patient and Public Involvement in SECamb's Research and Development projects.**

7.1 AR thanked Peter Eaton–Williams for coming to engage with the IHAG. PEW shared that the importance to engage our Patients and the public in our work was also emphasised in the national Institute of Health Research (NIHR). The NIHR promotes and supports research with the aim of enabling staff to see the importance of research within their own NHS Trusts. PEW noted that very little research was undertaken in Ambulance Trusts in comparison to secondary Trusts.

7.2 PEW provided an overview of SECamb's Research and Development Team which was led by Professor Julia Williams, professor of Paramedic Science. The team was supported by a Research manager Craig Mortimer and two Research Paramedics, PEW and Jack Barratt, who alternated their research roles with frontline operations to ensure they maintained the operational awareness in their work.

7.3 PEW explained that the Trust was able to access funding for research study within the Trust and the role of the Research paramedic was in part to promote research activity within the Trust. PEW also provided an overview of the three studies currently being undertaken within the Trust;

- Effectiveness of critical care input in out of hospital cardiac arrests
- MindShine with University of Sussex looking at the stress experience and wellbeing of staff and the effect of online interventions.
- Enhance with University of Sussex and Sussex Partnership NHS Trust, looking at attitudes towards people with mental health conditions.

The R&D Team also look to support colleagues who may be undertaking research as part of the Ph.D. or Masters, as well as signposting towards possible funding opportunities. The IHAG queried how the department publicised themselves and the support they are able to provide and PEW noted that this was an area requiring further work.

7.4 PEW discussed the importance of Patient and Public Involvement (PPI) in research and the teams plans to hold a Patient and Public stakeholder's engagement event in the summer. PEW requested the support of the IHAG in planning the event. It was agreed that the event should be publicised to the

Trust's full membership, (circa 10.000), and that this could be done via the next edition of the stakeholder newsletter, however there was a need to establish the reasons for holding the event and what that its purpose would be, and what would those attending would take away from it. The group also discussed PPE representation on the Trust R&D group, which could be done at the same time, with an advert and link to an application for members to express their interest in being part research programmes within SECAMB.

7.5 IHAG members also advised that the R&D team would be able to access the following groups;

- the Trust Equality analysis reference panel which was made up of patient and public stakeholders and could along with the IHAG be used to test the messaging before wider circulation. PEW was also asked to consider cost and time implication of any postal resources utilised in collecting data.
- The Trust response area is covered by six Health Watch organisations, who have the statutory responsibility to act as the voice for PPI, and have large numbers of volunteers.
- All parish and town councils belong to local Health and Wellbeing boards, and meet on a six weekly basis.

**Action:** PEW to provide feedback to the R&D team following this session, and discuss how they would like to proceed with a subgroup of the IHAG.

**Date:** March 2018

## 8 Engagement on membership form review – Izzy Allen

8.1 IA tabled a paper from KS advising that following the move to the new HQ, there was a need to review the Trust membership form. The group reviewed the draft provided by KS and included with meeting papers. The following recommendations were made;

- Consider changing the background colour from blue to cream to improve accessibility for those with dyslexia.
- Retain the "Your Service, Your Call" logo for the membership team
- A need to clarify which point of the two asterisked points the note on page 3 referred to.
- Update the "Access to information" section to overtly ask people to opt in to receive information, and recommendation made that KS link in with Caroline Smart, Information Governance Manager to clarify this.
- It was queried whether telephone number was a still a definite requirement

- Include an option to request a postal copy of the newsletter, rather than make this an automatic option if no email address is provided.

8.2 A copy of the paper and draft form are included below;



IHAG\_Member form  
review.docx



membership form  
march 2018\_draft for

**Action:** IA to share IHAG feedback on revisions to the membership form with KS.

**Date:** Feb/ March 2018

## 9 Staff Engagement Forum (SEF)

9.1 AR passed apologies from Kim Blakeburn, and advised that IA would be providing the updates as the Acting Chair of the SEF. IA advised that the group had not met since October, however the work of the group had been progressing. This included:

- Target set to all Operating Unit Managers to establish local engagement plans.
- Development and rollout of a staff engagement toolkit.
- First 1:1 meetings arranged with Operating Unit Managers to offer support and check on progress.
- Meeting with members of the Ignite Team who are providing consultancy support on the culture and Organisational development plan.
- Investigating a praise and recognition system for our staff.
- Expanding the Trust social media presence via development of the SECAMB Facebook pages.
- Completion of operational volunteer pulse surveys.
- Staff Engagement Advisors will also be managing the Trust NHS staff survey going forward.

9.2 IA advised that since the last meeting, Lucy Greaves had left the Trust, however the post had been advertised and was currently being recruited to.

## 10 Equality Delivery System 2 and Equality Objective Review 2018/19

10.1 AR provided an update on the Equality Delivery System 2 (EDS2) and Equality Objective. The EDS2 is a framework for all NHS Trusts. Organisations are graded in a robust and fair process by stakeholders (IHAG, Governors and FT members) to ensure that we are not discriminating against any one characteristic. Each Trust is also required to have at least one Equality

Objective. The IHAG reviewed and recommended that the Trust move to a single Equality Objective in March 2017, which was adopted. Progress against this objective is monitored via an action plan at quarterly Inclusion Working Group meetings.

- 10.2 AR sought feedback from members as to whether the Trust should review the EDS2 grading in 2018, and if the Equality Objective should be carried forward for another year.
- 10.3 Members unanimously agreed that the EDS2 review should run to its full four years, and a full review be undertaken in 2019. A sub group will be arranged for July 2018 to beginning planning this process. In addition, members also agreed that it the Equality Objective should also run for the full four-year period (2017-2021), however the action plan should be reviewed and updated to ensure continuous progress.

**Action:** AIC to arrange a subgroup meeting to plan 2019 EDS2 review for July 2018.

**Date:** April 2018

**Action:** AIC to share a report on progress made on Equality Objective with members of the IHAG following the next IWG meeting.

**Date:** June / July 2018

## 11 Open session, horizon scanning and future agenda items

- 11.1 Frequent callers – Members discussed the process set out in the documentation provided by Frequent Caller Lead, Nathan Daxner, and raised a number of queries including; whether it was appropriate to share patient information as part of this process before notifying the patient themselves, and how the process was linked to safeguarding.
- 11.2 Members felt a greater amount of clarify around the process was required. It was agreed the Inclusion Team would offer to facilitate a focus group to provide meaningful engagement, as at present there were a number of questions that they are unable to answer. SP also noted a need to ensure letters were accessible by people with learning disabilities.

**Action:** AIC to share feedback with Nathan Daxner and offer to facilitate a subgroup meeting to discuss process in more detail with a subgroup of the IHAG.

**Date:** February / March 2018

- 11.3 Kent Community Health Trust (KCHT), Patient / Public stakeholder Event, AIC informed members that KCHT were scoping a joint engagement event for May 2018 allowing PPI volunteers from across organisations in the area to come together. This idea had stemmed from KCHFT engagement volunteers asking to hear about engagement activities from other trusts. Also they would like to

learn more about STP and how organisations are implementing the Accessible Information Standard. AIC invited expressions of interest from members to attend the event on 18th May in Canterbury to provide feedback to the organisers regarding numbers.

## **Horizon Scanning**

- 11.4 Engagement and Communications within SECamb – the Trust is carrying out a review of engagement and communications within SECamb. AR advised that she would be completing an unbiased report as part of the review and anticipated that they may request to speak to members of the IHAG for their views.

## **12 Meeting effectiveness**

- 12.1 Members noted that the low turnout at the meeting was very disappointing, along with the number of apologies to leave early that were given. At the IWG there had been discussion around possibly moving to an off-site venue, however it was noted that there was better staff buy in by holding the meetings at Crawley.

## **13 AOB**

- 13.1 PB advised members that the Sussex Patient Transport Service patient forum which had been arranged by the Clinical Commissioning Group was being disbanded, and would be picked up by South Central Ambulance Service who held the contract. Date of next meeting
- 13.2 The next meeting will be held on **10<sup>th</sup> April 2018**, 09:30 to 16:00 hours.

# **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 28 February 2018 to plan this Council meeting. The minutes are provided for the Council as an appendix to this paper.
- 1.6. The GDC meeting covered: feedback from the previous Council meeting, setting the agenda for the next Council meeting, discussion of the call answer 'tail', staff engagement and culture improvement, and constituency boundaries. The majority of members joined the meeting by phone due to the bad weather.

#### **2. Feedback from the previous CoG**

- 2.1. The GDC noted that it had been a productive meeting, including the afternoon session with KPMG about the auditor's work.
- 2.2. The GDC also reflected on the strategy workshop held that morning with Steve Emerton, which had included assurance around progress on the CQC must dos. The Chair updated the Committee that the Trust was benefiting from a new staff member with a CQC background who would be undertaking mock inspections to help with the Trust's improvement, and free up NED time in this respect.

#### **3. Agenda setting**

- 3.1. The GDC prioritised seeking assurance around the Trust's staff engagement plans. The Committee was also keen to invite newly appointed NEDs to attend and join the Council in the afternoon to discuss their first impressions.
- 3.2. In addition, Richard and Daren would be asked to give a review of the year since they had joined the Trust and look to the future.

- 3.3. Items that would remain on the list for consideration for future agendas included the Volunteer Strategy (which was in the early stages of development so not yet ready to come), the Patient Experience Group and its remit (though it was hoped Felicity would provide a verbal update at the Council meeting), and it was proposed that the Council have an afternoon session on the outcomes of the Demand and Capacity review following the May Council meeting.
- 3.4. Holding a meeting with the CQC was discussed and this will be followed up with the new staff member mentioned above to determine the best way to accomplish the GDC's aim of understanding how Council can work with the CQC to assure themselves on the Trust's recovery.
- 3.5. It was noted that at the NHS Providers training session in January, Governors had been keen to try holding a pre-meeting for Governors only prior to each Council meeting. The purpose would be to help Governors work together on the Council to hold the trust to account effectively on behalf of members and the wider public. It was agreed that a pre-meet would be held at 09:30 before the March Council meeting.

#### **4. EOC call answer time and the tail**

- 4.1. The GDC noted the figures provided about call answer times between the 95th and 100th percentile – i.e. the end of the call answer 'tail'. The GDC felt the data was not presented in a particularly user-friendly way and Izzy has since fed back to the team that produced the data.
- 4.2. In addition, the GDC discussed their desire to see clear progress on reducing the interval between the front and end of the tail as this would show progress reducing the time any patient waited for their call to be answered. Izzy has also fed this back to Lucy Bloem as Chair of the Quality and patient Safety Committee.

#### **5. Constituency boundaries**

- 5.1. The GDC had a brief conversation about the pros and cons of potentially expanding the constituency boundaries. It was agreed best to leave it to the Nominations Committee to raise the issue should the Trust have difficulty recruiting suitable Non-Executive Directors from within the Trust's patch.

#### **6. Staff Engagement and the Barometer Group**

- 6.1. The GDC welcomed the news that it was proposed that the Staff Engagement Forum (with a few additional members) would take on the role of 'Barometer Group' to support the Trust's cultural improvement work. The Staff Governors were part of this Group and would provide Governor input and feedback to the Council (via the membership development Committee report and verbal updates at Council when relevant) on the culture workstream.

#### **7. Other business**

- 7.1. There was brief discussion of the Governors' role in relation to the development of Trust policies. The GDC noted its interest in ensuring the Bullying and Harassment Policy was effective but recognised that it was not Governors' role to develop Trust Policy but rather to seek assurance from NEDs that the Policy is effective.

#### **8. Recommendations:**

- 8.1. The Council is asked to note this report.



8.2. Governors are invited to join the next meeting of the Committee on 3 April, 14:00-16:00 at Crawley HQ.

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

*See below for the minutes of the GDC meeting*

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

**Minutes of the Governor Development Committee**

**Crawley HQ – 28<sup>th</sup> February 2018**

**Present:**

Nigel Coles	(NC)	Staff Elected Governor – Operational
Francis Pole	(FP)	Public Governor for West Sussex
Mike Hill	(MH)	Public Governor for Surrey & NE Hampshire
Isobel Allen	(IA)	Assistant Company Secretary

**Dialled in:**

James Crawley	(JC)	Lead & Public Governor for Kent, GDC Chair
Roger Laxton	(RL)	Public Governor for Kent
Alison Stebbings	(AS)	Non Operational Staff Governor
Brian Rockell	(BR)	Public Governor for East Sussex
Gary Lavan	(GL)	Public Governor for Surrey & NE Hampshire
Marguerite Beard-Gould	(MBG)	Public Governor for Kent
Richard Foster	(RF)	SECamb Chair

**Minute taker:** Katie Spendiff – Corporate Governance & Membership Coordinator

**Apologies:** Felicity Dennis, Nick Harrison, Charlie Adler, Matt Alsbury-Morris.

**1. Welcome & declarations of interest:**

1.1. Members were welcomed to the meeting and a roll call of those who had dialled in and those actually at Crawley took place. JC asked MH to Chair the meeting as he was in attendance at Crawley. MH accepted. There were no declarations of interest made.

**2. Minutes & action log:**

- 2.1. The minutes of the last meeting were reviewed and taken as an accurate record.
- 2.2. The action log was reviewed. Action 109 on timetable for full review of the Trust's constitution, IA advised that the constitution had been reviewed recently regarding NED appointments but that this action referred to a full review and should be kept on the action log for now as due to capacity it was not an immediate area of focus but should not be lost off the log.
- 2.3. Action 116 on revision of Appointed Governors. IA advised a paper had gone to a recent Exec meeting seeking their view on appointments. There was not much input received from the Exec. It was agreed at the meeting that Peter Lee & IA would work on drawing some recommendations for the Exec to review. This would include liaising with clinical

colleagues on the most appropriate acute and charity partners to be represented on the Council. A paper would then go to the Board with the recommendations for discussion and approval. MBG noted she would like to see diversity in the organisations represented on the Council and noted valued contribution of members from organisations at the Inclusion Hub Advisory Group. MBG was keen for this diversity to be replicated. MBG suggested Brighton Housing Trust as an organisation for consideration.

2.4. Action 123 on the review of the Trust's internal and external effectiveness. IA advised she had had her interview with the external organisation carrying out the review and fed back on her perspective. JC noted he had also met with the organisation and made sure he had made key points around communication styles with staff and volunteers and that Governors and IHAG were well communicated with but that this was not the case more widely with volunteers. The outcomes of the review once complete would be fed back to the Council.

### **3. Feedback from the previous Council Meeting on 29<sup>th</sup> January 2018:**

3.1. BR noted it had been a productive meeting.

3.2. FD had provided written feedback that advised she enjoyed the KPMG presentation in the afternoon session and had found it useful. FD advised she was seeking assurance around the Trust's capacity to deliver the change programme required and the CQC must do's.

3.3. MH noted Steve Emerton had provided assurance on the CQC must do's at the Strategy session earlier in the day. A CQC progress report on actions would be circulated to the Council. IA advised that the Council would be wise to seek assurance from NEDs on the progress of this at the Council meeting.

3.4. RF noted that the Trust had recently recruited Nick Mulholland whose background is in CQC preparation, he would be carrying out an independent assessment to ensure the Trust is prepared for re-inspection. RF noted there had been discussion on NED spot checks to review the work around CQC must do's. It was felt that the appointment of Nick would be a better approach given NEDs current capacity. RF advised that NEDs would sit in on sub committees or their area of work to check the level of grip on key actions.

3.5. As a new Governor RL asked for details on the CQC must do's. IA advised this was enclosed within each months Board pack. KS noted she would send this to RL.

### **4. Agenda items for 29 March 2018:**

4.1. Volunteer strategy and arrangements. IA noted that she & KS were involved in supporting Tim Fellows to develop the strategy. IA noted the strategy should be based on the existing volunteer charter. IA advised that initial planning sessions were about to begin and that Governors will be involved in focus groups who will work on what the strategy should cover. JC noted that the volunteer item should remain on the suggested items for a future meeting once work has taken place.

4.2. Patient Experience Group (PEG). IA noted this is around the productivity of the PEG and the vision/strategy underpinning it. IA advised that FD was keen for herself and more widely the Council to fully understand the purpose of group and how it feeds back in to the Trust and benefits patient experience. IA advised that Louise Hutchinson – Patient Experience Lead was unable to attend the March meeting.

4.3. Strategy plans and demand and capacity review. IA noted that 10 Governors were involved in the strategy session that took place prior to the GDC and asked for views on anything that may need to come to the full Council. IA advised that the slides would be circulated to the Council and actions from the session had been collated. JC suggested a future PM strategy session with the Council so Steve Emerton can provide update on where he is progress wise. The GDC agreed. Separately IA noted Governors may want an

update on the demand and capacity review but was unsure when the Trust would be in a position to provide this. RF noted that agreement on figures (funding gap) around demand and capacity was expected to be finalised with the commissioners by the end of April. IA noted it could come to the May Council meeting. RF noted confidence in Steve Emerton's grip on this.

- 4.4. Staff Engagement update. The GDC agreed they would be keen for this to come to the next meeting.
- 4.5. Chair & CEO year in review and look forward. IA queried Daren's availability for a PM session as he usually just had the morning booked out for his Chief Exec report so it could be covered during this. RF could then provide his view in the PM session – IA noted she would need to check their diary availability. IA suggested a longer period to be allocated to NED escalation reports and holding to account. RF suggested that the three new NEDs be invited to attend to give their first impressions of the Trust to the Council. This could form part of the PM sessions. The GDC agreed. IA noted that Terry Parkin, Tim Howe and Graham Colbert were currently down to attend. BR noted it would be good to welcome them to the meeting as well.
- 4.6. How the Council can work with the CQC. JC noted that this agenda item was timely. IA advised she could invite someone to present at the March meeting pending his or her availability. IA advised she would talk to the Trust's relevant directors and see who was best to approach at the CQC.
- 4.7. IA noted that at the NHS providers training the Council recently received there had been a strong recommendation that a pre meet take place regularly prior to the public Council meeting to discuss areas the Council would be seeking assurance. The aim would be to develop lines of questioning and support each other on gaining assurance on various matters. The GDC agreed this would be beneficial and confirmed a 9.30am start time would be appropriate. The GDC flagged the need for a private space for this as the room was often still being set up at this time.

## 5. EOC call time answer and tail:

- 5.1. BR explained why his continued focus on improving the call answering tail, beyond the statistics currently reported in the dashboard, was vital to our communities.
- 5.2. BR noted that call time information was said to be included on the performance dashboard report. BR noted this was only reported up to the 95th percentile, he wished to see the call answer fractile after the 95th percentile reported in the dashboard.
- 5.3. BR noted that the statistics on call answer rates frequently spiked up and down and that the Trust does not seem to consistently meet the target and the outliers were largely ignored. BR noted that those at the back of the call queue are waiting for their call to even be answered.
- 5.4. BR noted he would like to see the call-answering deficit between the front and the back of the queue reduced, as only then would it be a sign of EOC progress. BR noted that the data prepared for these outliers, waiting 13 or 15 minutes for the call to be answered was not acceptable for our communities.
- 5.5. BR noted that the way the information was presented (bar chart) and small point size was not the most suited to the type of data provided. RF noted the need for actions to be identified to reduce the tail, over time.
- 5.6. IA summarised that there was concern around the way the data was presented and asked if the impact of the call tail was a question for the Quality and Patient Safety Committee for a response at the March meeting. BR noted he would be content for QPS to be appraised of the situation. IA would feedback to the team who produce the dashboard. BR requested

it in numeric tabular form, showing minutes elapsed and volume against each elapsed minute.

**Action:**

**IA to feedback call answer tail concerns to QPS for response at the March Council meeting.**

**IA to feedback to the team who produce the dashboard around format of the call tail information.**

**6. Secamb constituency areas:**

- 6.1. IA noted there was a conversation at the Nominations Committee recently on forthcoming non exec recruitment and only currently being able to recruit within SECAMB's patch. Discussion on widening the pool of available candidates by going outside of the patch took place and what implications this may have.
- 6.2. IA advised that the Trust is currently bound by the constitution to only recruit inside the patch. If the Trust did decide to extend its catchment to outside this area – we would need Governors for that area and to hold an election, we would need to engage and recruit members in that area which would not be a small task.
- 6.3. Some Trusts have an 'anyone outside the area' catchment – initial discussion took place on this when SECAMB first became a FT and it was not an area taken forward.
- 6.4. IA noted she was keen to hear views of pros and cons on extending the patch. JC noted this could be part of the discussion when constitution was reviewed in full. IA noted that NomCom would reflect on this when the time comes re appointing a new financial NED and if the Trust was struggling to recruit in this aspect the NomCom would consider the implications both positive and negative of expanding the patch.

**7. Volunteer strategy update:**

- 7.1. This was covered under the action log. It will come to a future Council meeting.

**8. Barometer Group update:**

- 8.1. IA advised that this was a group set up to be a temperature check on the cultural improvement work stream project. The group will be made up of staff, volunteers and local stakeholders. Ignite (external consultancy working on change management programme) presented at the Staff Engagement Forum (SEF) re roll out of culture programme which should start in April/May.
- 8.2. Ignite were keen that the SEF formed the basis of the barometer group, which includes staff governors, unions, and Healthwatch reps.
- 8.3. IA advised the group would meet monthly. IA had spoken to Daren Mochrie about staff capacity to attend as 17 operational staff members per month would need to be extracted from duties. IA was pleased to hear that Joe Garcia had sent a message to all Operational Team Leaders to support the abstraction of staff to attend these meetings.
- 8.4. NC noted that as a Staff Governor he had concerns about how the cultural change work would be rolled out to front line staff. NC noted he had been advised it would be integrated in to key skills and that additional time would be allocated for cultural change training. NC noted concern over achieving timescale of delivering it in April, but felt assured it was an area of focus after Steve Emerton's strategy presentation earlier that day.
- 8.5. IA noted it would be really important for Staff Governors to attend these barometer group sessions and that it would be one two hour meeting a month and the number of meetings

should reduce as the culture work becomes embedded. IA noted that staff Governors should report on the work of this group via the Membership Development Committee report to the Council.

**Action: Staff Governors to attend Barometer Group meetings and provide summary to KS for inclusion in MDC report to the Council.**

**9. AOB:**

9.1. BR queried agenda formatting for Board papers – feedback to PL re lettering papers (not just saying enclosed).

9.2. RL asked if Governors were involved in the drawing up of a new bullying and harassment policy. IA noted the current policy is being reviewed, and that it would go out to staff consultation and the Joint Partnership Forum. RL queried if Governors could have an input to the policy. IA advised this was not a function of the role of the Governors and that this was an executive function. IA advised that the current union reps are involved in this work. JC noted Governors could seek assurance from relevant NEDs on the Workforce and Wellbeing Committee.

**Action:**

**Feedback to Peter Lee on formatting of Board agenda (numbering or letter associated to papers enclosed).**

**10. Review of meeting effectiveness:**

10.1. The meeting was deemed to have been very effective.

**Signed:**

**Name: Mike Hill - Deputising for 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](http://www.surveymonkey.com/s/governorfeedback)

26.01.18	Ashford Community Safety Partnership – contributed views to a discussion. David says he attended in his Fire Service role, but was able to ensure the planned Safety in Action events run this year include a 'restart a heart' workstation, so all children in the District who attend that week learn CPR and use of an AED	David Escudier
31.01.18	NPCC East of England Mental Health Workshop – Contributed views and learned new skills. David says it was useful to understand the changes to the MH Act and the potential impacts it may have on transportation to places of safety by Ambulance crews	David Escudier
01.02.18	Surrey Armed Forces Covenant Conference – talked to people about SECamb informally	Charlie Adler
Feb 18	ICU Epsom & St Helier NHS Trust – shadowed doctors, talked to people about SECamb informally. James says he observed a 12 hour shift in ICU to gain a better understanding of the challenges faced by receiving hospitals,	James Crawley
05.02.18	NHS Providers Governor Training – Learned more about the Governor role. James says: extremely useful training on the role of governors and how they can effectively hold the NEDs and the Trust to account. David says: useful skills around effective questioning and challenging.	James Crawley, David Escudier, and a number of other Governors
06.03.18	Dover District Youth Conference – talked about SECamb and the role of a Governor, recruited new members. David says: very useful to engage with 16 - 19 year olds who were unaware of the	David Escudier



	opportunities to become a member with SECAMB and learn more about the Trust.	
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## 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.

19.01.18	<p>1) Why have CFRs been withdrawn from attending non Cardiac Arrest calls to Paediatrics following the implementation of ARP when a specific meeting about this was held in September 2017 to correct the ARP deployment policy document. Why was this change not communicated to CFRs officially and why were they to find our piecemeal by response desk operators on a case by case basis. A member of the public has already publicly raised concerns about this on social media and the fact that they are unhappy that trained CFRs are not being allowed to attend Paediatric calls anymore despite the significant number of calls ( about 40 % of all jobs) over the past few years where they have made a proven difference to the clinical outcome</p> <p>2) Why are CFRs being stood down en-route or at arrival on scene for C1 Cardiac Arrest Calls or not being dispatched at all in favour of fire resources</p>	<p>Response from Tim Fellows: 1. This change was made without any referral to our Specialist Operations OU and was made as part of the project to implement ARP. We have been in discussions but quite rightly, our Medical Director has sought some clarification about the training that our CFRs have undertaken with paediatrics. I will update you as soon I a decision is made.</p> <p>2. There is no dispatching policy change but I have been made aware of a decision on dispatching which is being investigated. We are commencing a project to develop IT support for our dispatching systems which will greatly improve our performance going forward.</p>
31.01.18	<p>Please could I ask if it is possible for CPG members to see a copy of the KPMG Governance review or at least receive a summary of the key findings ?</p> <p>I am interested in the quality of the clinical care provided by SECAMB and would be very interested to see the clinical audit work plan for 2017/18 if possible please.</p>	<p>At the date of request the Governance Review report is not finalised however it is planned to take it to a public Board meeting once complete and so will be shared with Governors in full.</p> <p>On clinical audit, a paper on progress on it went to the Quality and Patient Safety Committee and the new Head of Clinical Audit (Dean Gibbs) is happy for it to be shared with Governors. In addition he confirmed: all of our internal audits are complete, we are on track with the delivery of our national ambulance quality indicator reporting and we are considering whether we have capacity to undertake some further internal audits (factoring in understaffing in the audit team due to sickness and a vacant</p>

		post)
04.02.18	<p>I am interested in how the clinical audit results are fed back to the crews?  (Leading on from query above)  Will the care home flow chart developed in East Surrey be rolled out across the SECAMB patch if it proves to be effective in helping care homes manage their patients rather than call 999?</p>	<p>Asked Dean Rigg re first part and Tom Pullen re second part. (KS) Dean Rigg: We don't currently have a system that is consistent and reliable. However, I do have a vision for where we will get to and this will inform the planned development of the clinical audit team.</p> <p>We are awaiting a report into a review of SECAMB's clinical audit function that was conducted by the Clinical Audit Support Centre. An action plan will be developed in light of this report. My vision includes greater communication through the trust's established communication channels. I hope that we will be able to produce localised data reports and as we move onto our new business information system we might get to a place where staff are able to view their individual performance statistics. This could help to inform personal development reviews undertaken by the individual's line manager.</p> <p>These plans will appear in the 18/19 clinical audit plan when it is released at the beginning of the new financial year. Dean has noted he is open to coming to present to the CoG on this for assurance and info.</p> <p>Tom Pullen: This has been shared with all CCGs within our patch. It's down to the Urgent Care Leads within each CCG as to if they wish to share with their care homes and promote adoption.</p> <p>As care homes are their own businesses, if they contact us directly to enquire about the guidance they can choose themselves to adopt. No one can 'instruct' a care home to use it. We advocate its use as a support tool. FD committed to raise it if I can at any CCG SDP meetings I attend</p>

08.02.18	Can you confirm the level of confidence there is in the data about CFR and fire co-responder activity and contribution to performance, as reported in the Integrated Performance Report to the Board?	In respect of the below Governor query, unfortunately I am not at all confident about the CFR and fire co-responder activity and contribution to performance data and will not be so until such time as the business information platform has been re-procured and rebuilt.
14.03.18	Given the recent public revelations about the Trust's formal driving standards manager's alleged lack of qualifications, what remedial action has been taken by the Trust to ensure those individuals he was in contact with in a professional capacity received either correct training or treatment?	Query sent to relevant Trust manager for response -
14.03.18	In relation to alleged lack of qualification of the trust's former driving standards manager: I am very surprised that we were not given any heads up at all given it's in the press. Makes us look side-lined and it's hard to feel a valued member of the Trust when this behaviour takes place. The key assurance required is actions that have been taken to reduce risk for staff and patients as soon as it came to light.	Query sent to relevant Trust manager for response

### 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**