



South East Coast Ambulance Service
NHS Foundation Trust



Meeting of the Council of Governors 31 May 2018

Held in public

10:30

Nexus House, 4 Gatwick Road, Crawley RH10 9BG (Use RH10 9AX with satnavs)





Council of Governors Meeting to be held in public

31 May 2018 10:30-13:00

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

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction and matters arising					
01/18	10:30	Chair's Introduction	-	-	Tim Howe (Deputy Chair)
02/18	-	Apologies for Absence	-	-	TH
03/18	-	Declarations of Interest	-	-	TH
04/18	-	Minutes from the previous meeting, action log and matters arising	A A1	-	TH
05/18	-	Questions from the public	-	-	Those present
Statutory duties: performance and holding to account					
06/18	10:45	Chief Executive's Report: - Integrated Performance Report - Priorities and how decisions about priorities are made - Questions from the Council	B B1	Information and discussion	Daren Mochrie (CEO)
08/18	11:05	Board Assurance Committees' escalation reports to include the key achievements, risks and challenges: Audit Committee - 21 May Workforce and Wellbeing Committee - 11 May Quality and Patient Safety Committee - 6 April - 21 May	C1 C2 C3 C4	Information, assurance and discussion	All Non-Executive Directors present
09/18	11:30	Workforce and Wellbeing Committee observation feedback	D	Assurance	James Crawley, Charles Adler, Roger Laxton
11:35 Comfort break					
10/18	11:45	Overview of NEDs' activities and areas of interest and involvement	-	Information and discussion	All Non-Executive Directors present
11/18	12:00	People and workforce strategy: - Overview - Hearing Governors' perspectives	E	To engage with the Council and hear your views	Workforce Directorate (TBC)
Statutory duties: member and public engagement					



12/18	12:35	Membership Development Committee Report: - Membership and public/staff engagement	F	Information	Mike Hill (MDC Chair and Public Governor for Surrey)
Committees and reports					
13/18		Governor Development Committee report:	G	Information	James Crawley (Lead Governor and Public Governor Kent)
14/18		Governor Activities and Queries report	H	Information	James Crawley (Lead Governor and Public Governor Kent)
15/18	12:40	Lead Governor, Deputy Lead Governor and Nominations Committee elections	I J	Decision	Izzy Allen (Assistant Company Secretary)
General					
16/18	12:50	Any Other Business (AOB)	-	-	TH
17/18	-	Questions from the public	-	Public accountability	TH
18/18	-	Areas to highlight to Non-Executive Directors	-	Assurance	TH
19/18	-	Review of meeting effectiveness	-	-	TH
		Date of Next Meeting: 27 July, Brighton Racecourse	-	-	TH

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)

13:45-15:00 CQC preparation and what to expect

Bethan Haskins (Executive Director of Nursing and Quality) will run a session providing an update on the expected CQC inspection, information about what Governors should expect and how the Trust is preparing for the inspection.

15:00-15:30 Strategy review

Jayne Phoenix (Associate Director of Strategy and Business Development) will give an overview of the strategy development work being undertaken and consult Governors about it.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 29 March 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	(MHi)	Public Governor, Surrey & N.E. Hants
Felicity Dennis	(FD)	Public Governor, Surrey & N.E. Hants
Francis Pole	(FP)	Public Governor, West Sussex
Brian Rockell	(BR)	Public Governor, East Sussex
Peter Gwilliam	(PG)	Public Governor, East Sussex
Marguerite Beard-Gould	(MBG)	Public Governor, Kent
David Escudier	(DE)	Public Governor, Kent
Roger Laxton	(RL)	Public Governor, Kent
Marian Trendell	(MT)	Appointed Governor, Sussex Partnership NHS FT

In attendance:

Tim Howe	(TH)	Non-Executive Director and Senior Independent Director
Terry Parkin	(TP)	Non-Executive Director
Tricia McGregor	(TM)	Non-Executive Director
Adrian Twynning	(AT)	Non-Executive Director
Daren Mochrie	(DM)	Chief Executive
Kim Blakeburn	(KB)	Staff Engagement Adviser
Jerry Penn-Ashman	(JP-A)	Improvement Manager, Emergency Care Improvement Programme

Minutes:

Izzy Allen	(IA)	Assistant Company Secretary
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Apologies

Stuart Dane	(SD)	Public Governor, Medway
Gary Lavan	(GL)	Public Governor, Surrey & N.E Hants
Matt Alsbury-Morris	(MAM)	Public Governor, West Sussex
Mike Hewgill	(MHe)	Appointed Governor – East Kent Hospitals
Graham Gibbens	(GG)	Appointed Governor, Kent County Council

Declarations of interest

There were no declarations of interest.

114. Minutes of the meeting of 29 January 2018

- 114.1. RF welcomed TM and AT to their first Council meeting and welcomed members of the audience who were interested in standing for election to the Council of Governors.
- 114.2. RF noted that in the Chair's update in the Board papers there had been an error where it said that the Appointments and Remuneration Committee (ARC) were considering a successor to Graham Colbert. It was not ARC but the Nominations Committee (NomCom) who were working on Graham's successor. ARC had been considering the advertisement for a substantive Medical Director.
- 114.3. RF had also noted that he had started to get dates in his diary for appraisals for NEDs.
- 114.4. RF described a normal day for DM and himself, taking Tuesday 27 March as an example. This was a full and long day, a typical day for DM.
- 114.5. The Executive Team were working exceptionally long days on a routine basis.
- 114.6. The minutes were taken as an accurate record save that:
 - 114.6.1. Mike Hill and Mike Hewgill needed distinguishing throughout as MHi and MHe.
- 114.7. The action log was reviewed and updated.
- 114.8. DM advised on PAD sites that they were all now on the Computer Aided Despatch (CAD) system, there was a policy in place, and there was no backlog.
- 114.9. MT noted regarding Section 136 transfers, she had met with Joe Garcia (Director of Operations) and the Assistant Chief Constable of Sussex to look at the data. Things had not improved in Sussex since the introduction of the Ambulance Response Programme (ARP). In January, there had been 105 Section 136 transports and police had conveyed 82, in February the police conveyed 64 of 73. Regarding secondary conveyances (where the person needed admitting somewhere else), ambulances had not conveyed any patients with 15 undertaken by the police and 34 by secure care (which cost MT's Trust money).
- 114.10. Of the five children conveyed, none were conveyed by SECamb.
- 114.11. Another meeting was set up between Joe Garcia and the COO of MT's Trust in May.
- 114.12. JC asked about police conveyances. Was SECamb commissioned to convey these patients? DM advised that in the past the Trust felt we had not been, however work was being done to include it within funding under ARP Category 2. There was a mixed picture across the Trust.
- 114.13. MT noted that it was not entirely clear why the picture was as it was: it may be that police officers had given up and weren't phoning SECamb for conveyance, but this was not felt to account for the whole issue.
- 114.14. TP noted that he sat on the Children and Young Persons' Steering Group. The view from the Department of Health was that children on 136 transfers should never be conveyed by the police. This was more than about

whether SECamb were paid for this work. TP wondered whether a paper to the Quality and Patient Safety Committee (QPS) would be appropriate.

- 114.15. TM noted that this had already been discussed at the QPS, NEDs had discussed it at their last meeting and a further paper would come to QPS in May. So NEDs were very much sighted on it. MT was happy to circulate the data.

ACTION: MT to circulate her Trust's Section 136 data for review by the NEDs present.

- 114.16. RF summarised that we had heard several issues: around children, around consistency of service, around funding, and finally noted that the demand and capacity review had demonstrated a serious gap between the funds the Trust received and the service it was being asked to deliver.
- 114.17. DM provided an update on Community First Responders (CFRs). He noted that Tim Fellows had been undertaking a dual role as an Operating Unit Manager and as CFR Lead and wished to return to his OUM role. The Director of Operations planned to advertise for someone to lead on CFRs.
- 114.18. TM noted that CFRs were also on the QPS agenda: it was on the agenda for next week's QPS Committee.
- 114.19. DM provided an update on EOC statutory and mandatory training rates: both EOCs were close to 95%.

115. Chief Executive Officer's report

- 115.1. DM noted that Ed Griffin had joined the Team and Bethan Haskins was joining SECamb on 1 April as Director of Quality and Chief Nurse. Steve Lennox (former Interim Director of Quality and Safety) would continue to support the Trust in its CQC preparation. DM thanked Steve for his work. The advert for a substantive Medical Director was out with a closing date in April.
- 115.2. On stakeholder engagement, SECamb continued to engage with our buddies SASH. DM continued to go out on station visits and had now reached almost everywhere in the Trust.
- 115.3. The Trust had performed well in the snow recently, with support from partners and volunteers.
- 115.4. Staff awards had been held and were fantastic events, celebrating the work of our staff and volunteers.
- 115.5. Regionally, we continued to work on the stroke changes in Kent and Medway, and nationally working with the DOH and Association of Ambulance Chief Executives around winter pressures and handover delays.
- 115.6. NH noted that a new meal break policy had been implemented for staff: he had asked about the costs and the information had been provided. NH wished to understand more about the impact of this on staff. He requested assurance from NEDs that this was within budget and whether meal break compliance was being affected by the new policy. It was aiming at 90% compliance.

115.7. DM advised that the new Policy was designed to improve meal break compliance. If it wasn't doing this, we need to look at this. It would be important to look at the data.

ACTION: Impacts of the Meal Break Policy to be considered at the Workforce and Wellbeing Committee and report back to the Council on levels of assurance.

115.8. FD asked about ongoing handover delays. She would like to understand the local data. DM noted that this could be circulated or added to a future Council agenda. IA noted that Governors had written to hospitals and MPs on this issue in the past.

ACTION: Consider more detailed information about handover delays being added to a Council agenda or circulated to the Council. To be taken to the Governor Development Committee (GDC).

115.9. DM introduced the Integrated Performance Report (IPR). He noted this was an evolving document.

115.10. DM invited Governors to email him with any suggestions for ways it could be improved.

ACTION: Governors to email Daren (via Izzy Allen) with any suggestions for improvements to the Integrated Performance Report.

115.11. DM noted that the performance figures show that we were doing well for our sickest patients. Category 1 and 2 performance nationally was good. We continued to face challenges meeting targets for Category 3 and 4 patients and work was ongoing with commissioners to put more resources in place to improve these response times.

115.12. 999 call pickup continued to struggle as well, and DM had literally just left a meeting on this.

115.13. Finance was a good news story: the trust would achieve its financial targets.

115.14. BR asked about the call answering tail, and the data which had been reviewed at the GDC. The request was not a one-off. BR would like to know where we sit in relation to others on call pick-up. He felt that it should become part of the dashboard and more visible.

115.15. DM noted that this was spoken about weekly by the Executive Team, where the tail was considered at the 99 percentile. This information could be shared.

115.16. The Trust was nationally worst on call answer time compared to the other ambulance trusts.

115.17. FD noted that the CFR data had dropped off the IPR. It was listed as 'TBC'. DM noted that this data came to the Executive Team.

ACTION: 99th percentile call answer and CFR data to be circulated to the Council. NEDs were asked to ensure they continue to hold the Executive to account on these areas.

- 115.18. TH noted that there was a paper at QPS which went into detail about the tail. On finances, the Trust had done very well. He referred Council to page 18 and staff turnover, which was another issue NEDs were concerned about. This was the first time we had this data, and it had been discussed in detail at WWC.
- 115.19. JC noted that he was relatively assured the Trust could recruit staff, but it didn't appear that we could retain staff and make ourselves a more attractive employer. NH noted that we had asked about exit interviews and that these should be undertaken one to one rather than through an online survey.
- 115.20. JC would be interested to hear about how we were doing nationally on recruitment and retention.
- 115.21. TP noted that JC may have more confidence than WWC regarding the recruitment side of the staffing equation. The lack of a workforce plan had hampered the organisation, but staffing levels were dependent on commissioners, and on the demand and capacity review. It had been frustrating to be Chair of a Workforce Committee without a workforce plan. We now had a plan to create a plan, which was a step forward. The new HR Director appreciated the importance of this and he was committed to develop this plan.
- 115.22. TP noted that some work had been done to try and understand about the conditions in EOC. The pay settlement under current consideration should help, but pay wasn't the major determinant of whether staff enjoyed their job. The culture and climate was also crucial and a culture change programme was in place which would hopefully help.
- 115.23. FP advised that he was very worried about EOC. There was a lot of unhappiness from staff there. The working conditions needed to be improved. He had heard recently that there had been a gong introduced when there were calls waiting. FP advised that this seemed to him a bullying tactic. Emergency Medical Advisers (EMAs) were capable of making a judgment about whether their time was being wasted with a call and they should move to the next.
- 115.24. BR added that the evidence that tells us this over many years is the staff survey. It was for the Trust to refine and evolve solutions. Each year the survey has areas of minor improvement but we have never shown consistent improvement. The Lewis Report had been produced but there were so many other underlying issues. Now there was a new team coming into place we needed to really grapple with the big issues.
- 115.25. AT noted that DM was effectively playing a game of football with less than a full team on the pitch. Resources were stretched. There was no flex in the system. Part of the demand and capacity review found that we have a massive staffing deficit with 1000 Full Time Equivalent staff to recruit over 3 years. The workforce plan was crucial to moving forward. We need to be a lovely, kind, compassionate place to work. AT was reassured that the cultural programme that was being undertaken was going to be crucial. If we can't get the workforce we can't do our work.

- 115.26. At the Board, AT consistently raised the importance of delivering the strategy and the culture change programme. His substantive place of work was fun to work at, there were great perks, discounts, etc. Ed Griffin (Director of HR) understood the importance of making somewhere a great place to work. The NEDs were clear that this was a crucial thing to do, and something to deliver at pace. He would hope that the Council will see that the Trust was coming up with creative recruitment solutions.
- 115.27. JC noted that saying the Executives were working 12 hour days would only match what road staff do. In further discussion it was noted that unlike road staff, executives were working these hours on a continuous basis.
- 115.28. NH noted that getting simple things right was part of this: staff pay and communications needed to be accurate and correct, with information about why things were happening in the Trust. For example, the new 'surge' policy had been put in place. EMAs and roadstaff were unclear about what 'purple' meant on the plan. Communications was regularly raised as an issue. We needed to get the basic building blocks right.
- 115.29. The pay incentives people have had previously had been badly implemented and it had been hard to understand who they applied to.
- 115.30. DE noted that in the surge situation, lots of support was put in place. The first the Fire service (his employer) knew about it was that they were told they were in Purple Surge, but they didn't know what that meant for them. DE would also like the Fire responder contribution to be more visible.
- 115.31. RF was surprised to hear the Surge information had come as a surprise as he believed it had been communicated to stakeholders well. The Trust could not control how partner organisations disseminated information through their ranks.
- 115.32. JC noted that EOC staff didn't have the information to give to CFRs.
- 115.33. RF advised that the situation DM and RF had stepped into was one where the Trust was in special measures, we were re-inspected as they arrived, we had one Executive still in post from the previous regime and had interims in all other post or people acting up or gaps. Since Christmas we have had permanent Executives identified and Ed Griffin started a week ago and Bethan Haskins was soon to take up post. The Trust had been fire-fighting until very recently. We had been underfunded, and had a culture of bullying and harassment, and regular meetings with the regulator. We know we have a chronic problem in EOC. There were not enough staff. This meant the staff there were under pressure and either becoming sick or resigning. This impacted on patients in the queue, and the Trust was getting call backs, exacerbating the problem. It was a chronic problem. Ed Griffin was focused on this. There needed to be an approach to change where things were improved one by one. There had been some real improvements, for example on medicines management, some progress on the funding issue, and we were just starting to implement the culture strategy. It would be crucial to manage the abstraction necessary for this. RF asked for the Council's backing as this work continued.

- 115.34. JC advised that the Council were very aware of this situation. They would be remiss if they stopped raising issues of concern. He did not want the Executive to take the raising of issues as nagging: the Council would not take its eye off the ball. The Council were utterly appreciative of the efforts being put in, and would continue to be a critical friend. JC was concerned that we were listening externally rather than internally.
- 115.35. TH noted that part of the issue had been that people had tried to fix things lower down without sorting things at the top level. This had meant waiting for the things lower down to be sorted. It was vital for the Executive to prioritise.
- 115.36. On communication, TH noted that the Surge Plan was socialised a lot around the stakeholders, but then not been communicated down the organisations it was communicated with. Internally, the organisation had a habit of acting in little pockets. It was hard to coordinate everyone at the same time. EOCs and Operational Managers might not always do the same thing. Overall, TH believed the Trust was getting there.
- 115.37. AT wondered whether it would be useful for the Council to understand how DM was prioritising and in what order things were being done in. This could be added to the CEO's report. Communication had been an issue where we tell instead of explain, and this was part of the culture. This could also come back to the Council on what's happening with the communications piece.

ACTION: Council to consider (at GDC) whether it would be useful to understand how the trust was prioritising its improvement plans, perhaps through Daren's CEO report.

- 115.38. TM noted she had picked up the communication issue too. As NEDs they understood it was a current issue. There was a review under way. This combined with work starting on values and behaviours, engagement and staff voice.
- 115.39. NC noted that it was good to see CFRs recognised this year. We had mentioned that Tim Fellows had stepped down. Over the years, different people had tried to lead the CFRs, none for long. On the ground, we had training courses in place but nothing was actually happening. Might we put more CFR managers in place to get things off the ground? The Council would like assurance that the CFR leader role would move forward quickly.
- 115.40. DM noted that there had been a lack of investment in supporting CFRs. This role had been added to existing jobs. If we were serious about supporting CFRs then we needed the right infrastructure and governance in place.
- 115.41. However, we have had limited funds, and have prioritised getting ambulances on the road. As part of the Joe Garcia's revised operational structure there would be more resource and infrastructure moving into 2018/19. DM noted that no thought had been given to governance around CFR teams. This needed to be addressed. We needed a strategy to say where we need CFRs and then put the right infrastructure in place.

- 115.42. BR noted that there had been many false starts, many expressions of good intent, but the Board needed an ambition and vision to decide how to resource CFRs. Then the logistics and details could be put in place. Volunteers also needed treating well. It should not be taken in isolation but rather wholesale.
- 115.43. JC noted that we need to get the basics right.
- 115.44. The Council would invite DM to talk about the strategic and immediate priorities at the next CoG. RF noted that the hardest thing in running any organisation was to balance the operational pressures against the strategic.
- 115.45. RF noted that the issues raised were all on the radar of the Board and Executives. The strategy in place was to deal with these in a fundamental way, but they would not yield results immediately. There would be things that would take longer and be given lower priority than others might wish, when the Trust faced multiple challenges and was operating with tight resource and capacity restraints.

ACTION: DM to talk about prioritisation of strategic and operational improvements at the May Council meeting.

116. CEO's review of the year and looking forward

- 116.1. DM noted that when he joined the Trust, he had been surprised by how broken it was. It had been important to lift all the stones and try to fix things. This had taken resilience. Review and challenge was useful. However, we also need to remember that it's not all bad and really fantastic stuff had been achieved.
- 116.2. The Trust had a really good 111 inspection, we closed two control rooms and opened a new one, we had opened the new HQ, we implemented a new CAD, we had launched the new ARP, the management of complaints had improved, Serious Incident management had also improved, the culture change programme was rolling out, the financial position was better, and the demand and capacity review was underway to get the right resources in place. This is going to be a significant investment in the ambulance sector if we received the investment. We have a new Executive Team. The Senior Leadership Team still had significant gaps and needed to be strengthened and supported. This was a priority. There was a workshop about racial equality standards, and the Trust had improved on 7 out of the 9 standards. We had decided not to disinvest in this area. We had launched the Wellbeing Hub. The Trust now had a strategy. We had almost all enabling strategies coming through. We should be really proud of all this. We still had lots to do but we had achieved a lot.
- 116.3. AT asked how DM felt. DM advised that he felt positive about fixing this. He believed it was doable. It was frustrating that it could not be done so quickly. It was disappointing to hear things not going in some areas as well as they might be.
- 116.4. It was important for the Council to be constructive about issues the Council identified. It would be helpful to raise these issues directly and look at the Council's own behaviours and values and to model in its actions the

behaviours it would wish to see in others. It should aim at being a critical friend. He thought there was a great team in the Executive and the Board.

- 116.5. There was a lot more to do. The system was massively challenged. In that context, we had done a massive amount. DM asked Governors to let him know if things weren't going well. But he wanted to celebrate the successes too.

117. Fit to Sit overview

- 117.1. Jerry Penn-Ashman joined the meeting. He was working with Emergency Care Improvement Programme (ECIP) at NHS Improvement, looking at the processes for releasing ambulances at hospitals more quickly to address handover issues.
- 117.2. Nationally, half a million ambulance hours had been lost to handover delays. Reducing this would benefit patients.
- 117.3. Handover had two components: clinical handover and physical handover.
- 117.4. There was also a safe discharge component. Lengthy response waits led to additional problems for patients further down the line. There was a move to encourage the whole system to take on risk rather than focus this on the emergency department.
- 117.5. He was looking at the bottleneck of Emergency Department (ED) presentation. The bottleneck was the front end. There were increasing numbers of pathways for ambulance crews to take patients straight to relevant wards, e.g. major trauma cases, stroke.
- 117.6. It may be possible to take patients who were mobile to places where they can sit for assessment, even if there was no cubicle available.
- 117.7. It was important to take a system-wide approach to End of Life care, frail patients, people with long term conditions and regular callers. This would enable ambulance services to take more sensible risks and not convey in certain cases where patients would be better off at home.
- 117.8. There were various other streams to demand management: GP urgent cases, and reducing the variability of minor care units, for example. Better escalation in hospitals was also necessary.
- 117.9. Deconditioning was the impact of bedrest on frail patients. Avoiding this was important for patient recovery and wellbeing.
- 117.10. Fit2Sit is a campaign aimed at front line clinicians to reduce the number of patients 'presumed immobile'. It will reduce deconditioning.
- 117.11. There needed to be a change of mind-set in EDs, among ambulance crews and GPs, as well as the physical environment to enable seating arrangements where possible.
- 117.12. JC noted that ambulances don't take patients to minor injuries units. DM advised that there were different practices in different parts of the county. Where the pathway was available then it would be helpful.
- 117.13. JP-A noted that this was often a result of one inappropriate admission or an entirely appropriate one where the patient deteriorated. We needed to clarify the correct criteria for doing so.

- 117.14. CA noted that everything was framed around the concept that the patients were taken to an acute hospital, but what wasn't considered was hospitals helping with the decision-making about whether patients need to go to hospital at all.
- 117.15. CA noted that he brought a lot of patients he was unsure about which come to ED – so making things more certain before getting to the ED would be useful.
- 117.16. JP-A advised that phone advice might be set up or crews given remote access to frailty teams and to speak to GPs about patients. Clinicians in the control room can also help. There needed though to be useful services accessible.
- 117.17. FD noted that this would require a huge change in mind-set from ambulance crews. Was there a strategy to achieve that? JP-A noted that individual clinicians had adopted this, based on their level of skills and confidence. We had not yet seen a model around what works and what doesn't work to enable clinicians to use the Fit2Sit pathway or leave patients at home.
- 117.18. TP noted that a system change was needed to enable crews to share risks. What was being done beyond crews to ensure e.g. end of life care plans were in place, and EDs were up for it. Our crews offered great care. The system needed to change so that the crews have the confidence to make these decisions. JP-A noted that he was focused on the crews' end of it first and then challenge at EDs.
- 117.19. MH asked whether Sustainability and Transformation Partnerships (STPs) were working on this. JP-A thought that streaming at ED was being worked on, but the mobility issue was not necessarily being addressed.
- 117.20. RF thanked JP-A, and noted that it was a public communication issue as well. People needed to understand more generally the downside of hospital conveyance and being on a stretcher.

118. Staff Engagement update

- 118.1. RF welcomed Kim Blackburn, Staff Engagement Adviser to the Council. KB had been in post for a year.
- 118.2. KB noted that it was important to define what staff engagement was and should be and involve.
- 118.3. KB noted that in discussions with staff, four areas came up time and again:
- 118.3.1. How do I get involved?
 - 118.3.2. I would like my opinions to count
 - 118.3.3. Am I valued?
 - 118.3.4. Is there a way to bridge the gaps?
- 118.4. The benefits of effective staff engagement had been proved by another Trust:
- 118.4.1. Increased productivity
 - 118.4.2. Financial effectiveness
 - 118.4.3. Improved retention and sickness

- 118.4.4. Better patient experience.
- 118.5. A network of staff engagement champions had been set up, with their role to be the voice of their teams/colleagues and to set up bi-monthly local forums, attended by local managers, giving staff and volunteers a voice locally.
- 118.6. It was important to note that great things were happening in SECamb on staff engagement, but it depended where in the Trust people were as to how they experienced the Trust. Champions could also share good practice.
- 118.7. The Staff Engagement Forum (SEF) brought the Champions together to discuss issues on a Trust-wide basis. The SEF included an Executive Director, NEDs, and Staff Governors as well as staff from across the Trust and could further share best practice.
- 118.8. KB noted that she had worked closely with EOC West colleagues to establish a Champion team that had worked massively hard to improve engagement in the team. They had set up live audio streaming in to the forum. This method was shared and had subsequently been set up in two other areas.
- 118.9. There was a lot of other activity going on, including around volunteer engagement, reward and recognition, staff suggestions scheme, summer events, Christmas planning, corporate inductions and regular 'Pulse' surveys.
- 118.10. JC noted that KB had attended the GDC previously. He had asked then about how this would really only work if the leadership teams engaged. Some areas were better than others at the time. Had it improved? KB advised that there was certainly buy-in from managers and the Executives. KB had been the lone Staff Engagement Adviser for a few months so she had not been able to follow up on this as she would have liked. It had therefore probably plateaued. A second Staff Engagement Adviser would join the team soon, along with an additional member on alternative duties to help move things forward.
- 118.11. RL noted his concern about the staff survey outcomes. There would be an opportunity to encourage the Champions to start talking to staff about why they fill in certain questions on the staff survey. This might be a chance to start them talking to the staff about why they complete the survey in the way they do.
- 118.12. KB advised that she was planning to work with the Champions to bring local staff survey results to their local forums. This would enable the local groups to improve things they wanted to improve.
- 118.13. CA asked about whether people felt they have permission to implement a change. To what extent did KB feel that locally generated ideas and groups had the empowerment to action them?
- 118.14. KB felt that it was early days but in areas where it was up and running there were people who were more empowered. This was in its infancy but early signs were that people would have the power to deal with things locally.
- 118.15. AT wondered what the barriers were to people just doing things? KB advised that the process was enabling people to have a voice without fear. There had been fear of raising issues. There had also been no point raising

suggestions because nothing happened previously. AT noted that there were also some basic issues that needed to be resolved across the Trust. AT would like to understand the way people perceived the work was going. DM noted that KB had not benefited from a huge amount of leadership. It was important to bring this together with all the Trust's other work. IA advised that the SEF would be the Barometer Group for the culture workstream.

118.16. AT wanted to understand the issues staff were raising. The Barometer Group may do that. And he wanted visibility for the movement forward.

118.17. TH suggested that Andrew Saffron (of Ignite – leading the culture workstream with the Trust) give us a semi-independent view of what he felt was happening. TM noted that it was important that the NEDs bring back to the Council how they were being assured across the whole piece.

119. Committee Escalation Report

119.1. RF suggested taking these earlier on the agenda in future.

ACTION: Revise the CoG agenda so that Committee Escalation Reports were at the start of the agenda.

119.2. Finance and Investment Committee Escalation Report

119.2.1. FD asked whether NEDs were assured that the new electronic patient care record solution would work? RF noted that the Board had seen the first iteration of an IT Strategy. Three enabling strategies were out to consultation with NEDs and would come back to the April Board. He had asked AT in particular to review the IT Strategy.

119.2.2. AT advised that he would be attending digital meetings. He was keen to impress that 'digital' was not a stand-alone thing: it was for Operations and the Board to set out what was needed and then IT to provide it. There were some good ideas in the strategy paper. Internal capability to deliver projects was also important and AT was looking at this and keen to help.

119.2.3. MH asked about plans for the electronic Patient Clinical Record. What was happening? DM noted that something would come to the Board and could then be shared with the CoG.

ACTION: Share ePCR plans with the Council after they have been to the Board.

119.3. Audit Committee

119.3.1. There were no questions.

119.4. Workforce and Wellbeing Committee

119.4.1. DE noted that the reports were all really good. He was concerned about the assurance of the NEDs regarding personnel files and Trust compliance with the new General Data Protection Regulation (GDPR)?

- 119.4.2. TH noted that GDPR was with the Executive to provide this assurance. On patient records the NEDs were increasingly assured. A paper would be coming to the Board in April to provide assurance on GDPR and the IG Toolkit. The Toolkit had been submitted that week.
- 119.4.3. TP notes that the personnel files issue was about turning over stones. There had been issues with scanning and establishing where boxes of records were that had not been scanned. The Board needed to have further assurance it was dealt with.
- 119.4.4. TP noted that the Council had heard that EOC staff were being badly treated by doctors and police officers shouting at EOC staff. The Committee had looked into this and this turned out not to be the case.

119.5. Quality and Patient Safety Committee

- 119.5.1. There were no questions.

120. Membership Development Committee (MDC)

- 120.1. MHi advised that the report broke down the various stakeholder reporting streams. The Foundation Trust membership recruitment focus would be on under-represented groups during the coming year. He emphasised that Governors would be asked to attend the events to meet the public and recruit members. The next membership newsletter would go out in April. The Annual Members Meeting (AMM) would take place on 14 September. Katie Spendiff was looking for suggestions for venues for the AMM.
- 120.2. MHi reviewed the results of the annual membership satisfaction survey. 84% of survey respondents felt they had received good information about the Trust's improvement plan.
- 120.3. FD provided an update on the Patient Experience Group (PEG). It was well-attended with a new Chair, Nicola Brooks. There was good evidence of improvement in complaints and she congratulated the team on that.
- 120.4. A Patient Experience strategy and workplan was being looked at in conjunction with Clinical Commissioning Groups (CCGs) to agree metrics and then the group would seek to develop the strategy and a longer term workplan for the group. Gathering patient views on their experience of SECamb was a real challenge. This would be part of the workplan for next year. FD wanted to understand the governance structure for the group, and she noted that those groups reporting in had been disbanded. She would like assurance from the NEDs about the value of the group, that the Board valued the group and that the governance structure was effective.
- 120.5. TM took this as an action.

ACTION: TM to seek assurance in relation to the Patient Experience Group that the group was valued by the Trust and Board and that governance around the group was effective.

- 120.6. NC noted that the Barometer Group was an important group. Would road staff be released to attend the Barometer Group during surges? DM

said it was always a balancing act, but the commitment had been given to enabling people to attend.

121. Governor Development Committee (GDC)

- 121.1. JC reminded everyone of the purpose of the GDC and encouraged Governors to attend.

122. Governor Activities and Queries

- 122.1. JC thanked all Governors for their engagement and queries.
122.2. He reminded Governors that all queries should come through Izzy Allen.
122.3. He noted that the answers being received were now full and frank.

123. Any Other Business

- 123.1. The Trust had re-inspected by the CQC twelve months ago. We did not know for certain the date of the next one, but it was likely to be in the nearer future rather than the distant future. There would be a lot of Trust focus on getting this right.

124. Questions from the public

- 124.1. Questions were received from Graham Gibbens. The first was around embedding safeguarding training in the Trust. TP noted that all staff who had safeguarding responsibilities in the Trust had been trained and we could have confidence. TP could not give assurance that it would always be perfect, however the WWC had been monitoring appraisals, and there was a system in place that had not been before.
124.2. On Fit2Sit, the question had been addressed by the presentation.
124.3. On the back of the staff survey, GG asked about the experience of staff on staff violence. DM noted that this had come up at another meeting he was at. He had not come across this. This was a result of the feedback from the staff survey. More work needed to be done. TP felt it was possible the question in the survey could be interpreted to include verbal abuse.
124.4. Frank Northcott asked a follow up from the question he had asked the Board. He was concerned with the SI process, and issues he had raised with the Trust are included in the Care Quality Commission report. NHSI national patient safety survey guidance notes on the serious incident framework would be revised in 2018 following consultation. Would the Trust be responding and would staff and Governors' views be included?
124.5. Frank noted that SECamb declared cause of death prior to the Coroner's hearing, which was not right. In some cases, the declaration was wrong. And finally the Trust had been aware of this and not done anything about it. Disciplinary action had been recommended and the investigator and prosecuting officer at the hearing had been one and the same person. Furthermore, the disciplinary hearing was held before the coroner court hearing.

124.6. The Trust operated in silos and things needed to be linked. Staff saw senior management level bad apples still in the barrel. Things would not improve until this was sorted out.

124.7. Frank also noted that he had seen an improvement in the trust's approach and an improvement in the life of someone who had been to talk to DM at one of DM's visits. The talk had been constructive and helpful for the individual concerned.

124.8. RF agreed that the investigator and prosecutor should never be the same person.

125. Areas to highlight to the NEDs

125.1. No additional areas were identified.

Signed:

Richard Foster, Chair

Date:

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

Meeting Date	Agenda item	AC ref	Action Point	Owner	Completion Date	Report to:	Status: (C, IP, R)	Comments / Update
02.06.17	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	C	The team advise (and DM confirmed at March CoG) that the CAD now contains details of all PAD sites and that a policy for managing PAD sites is now in place. Given this assurance I have written to the team (11.04.18) to check that the PAD sites originally identified by Peter Gwilliam which had not received confirmation that they were added to the CAD are now visible on there. This assurance has been provided. It seems late in the day now to write to the charities however the Trust will have been in contact with them to <u>confirm the PAD sites were added to the system.</u>
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. Volunteer managers are invited to a meeting with Steve Emerton to discuss the strategy. A date is in the process of being set (at 21.05.18).
29.01.18	99.40	217	DM to pick up re Section 136 transfers with MT	DM/MT	29.03.18	CoG	C	MT is meeting with Joe Garcia and Steve Emerton on March 8th and with ACC and Joe Garcia on 2nd March.
29.01.18	100.24	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	C	DM provided confirmation at the CoG in March that work on a strategy was underway (see action 217 above) and a commitment given to resource the strategy.
29.01.18	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	C	NEDs provided assurance at the March CoG that CFRs were on the agenda for the next QPS Committee meeting in April and would come to the Board in the form of the escalation report in April if appropriate.
29.01.18	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	C	DM advised the CoG in March that training compliance rates in both EOCs were around 95%.
29.03.18	114.16	222	MT to circulate her Trust's Section 136 data for review by the NEDs present.	MT		NEDs	C	MT's Trust's data was circulated to NEDs present immediately following the March CoG
29.03.18	115.07	223	Impacts of the Meal Break Policy to be considered at the Workforce and Wellbeing Committee and report back to the Council on levels of assurance.	WWC		CoG	IP	WWC members can provide an update.
29.03.18	115.08	224	Consider local information about handover delays being added to a Council agenda or circulated to the Council. To be taken to the Governor Development Committee (GDC).	GDC		CoG	C	Local information can be provided to Governors by email as required.
29.03.18	115.10	225	Governors to email Daren (via Izzy Allen) with any suggestions for improvements to the Integrated Performance Report.	All governors		DM	C	Feedback received was passed on to Daren.
29.03.18	115.17	226	99 th percentile call answer and CFR data to be circulated to the Council. NEDs were asked to hold the Executive to account on these areas.	DM		CoG	C	Data received and circulated 21.05.18. This will be circulated monthly either directly to Governors or as part of Board reports.
29.03.18	115.37	227	Council to consider (at GDC) whether it would be useful to understand how the trust was prioritising its improvement plans, perhaps through Daren's CEO report.	GDC		CoG	C	Added to the CEO's report at the May Council meeting.
29.03.18	115.45	228	DM to talk about prioritisation of strategic and operational improvements at the May Council meeting.	DM		CoG	C	As above
29.03.18	119.10	229	Revise the CoG agenda so that Committee Escalation Reports were at the start of the agenda.	IA		CoG	C	This was discussed at the GDC along with other changes to the Council agenda. The agenda for the Council in May reflects these changes - with the aim of providing greater focus on engagement with the NEDs.
29.03.18	119.2.3	230	Share ePCR plans with the Council after they have been to the Board.	DM		CoG	IP	
29.03.18	120.50	231	TM to seek assurance in relation to the Patient Experience Group that the group was valued by the Trust and Board and that governance around the group was effective.	TM		CoG	C	The Quality and Patient Safety Committee have asked for an assurance paper to come to the Committee.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST
CHIEF EXECUTIVE'S REPORT TO THE TRUST BOARD

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 April and May 2018.

2. Local issues

2.1 Recruitment to the Executive Team

2.1.1 We are holding interviews shortly for the substantive Executive Medical Director post. I hope to be able to provide an up-date regarding an appointment shortly.

2.2 Interim Chairman

2.2.1 Following Richard Foster's decision to step down as Chairman on health grounds, I am pleased to confirm that the Council of Governors appointed Graham Colbert as Interim Chairman on 25 April 2018.

2.2.2 Graham, who will serve as Interim Chair until a substantive appointment is made by the Council of Governors, has been a Non-Executive Director with SECamb since 2012. He was previously Deputy Chair and I know has the skills and experience to support the Trust as we continue our period of improvement.

2.2.3 I would like to thank him for agreeing to serve as our Interim Chair and look forward to working with him over coming months.

2.3 Engagement with local stakeholders

2.3.1 During recent weeks, I have continued to meet with a range of key internal and external stakeholders. On 23rd April 2018, I was delighted to meet with members of the four Retirement Associations who cover our region, when they held their first joint meeting at Crawley HQ.

2.3.2 During their visit, members of the Association enjoyed a tour of the new EOC, as well as discussing how they can continue to support their many members and feel well connected to SECamb today. I look forward to attending their future meetings whenever I can.

2.3.3 On 11th May 2018, the Interim Chairman and I held one of our regular meetings in Surrey with the Right Honourable Jeremy Hunt MP, the Secretary of State for Health & Social Care. Our meetings are a good opportunity to discuss issues relating

to his constituency (South West Surrey), as well as broader regional and national issues.

2.3.4 During our meeting, we discussed the improvements being made across the Trust including our response to the new Ambulance Response Programme, Winter and Stroke. Mr Hunt acknowledged the efforts of our staff in continuing to provide a good service overall to our patients, despite high levels of demand and asked me to pass on his thanks to them.

2.4 Royal Visit

2.4.1 On 8th May 2018, I was extremely proud to welcome HRH The Countess of Wessex to Crawley when she officially opened our Emergency Operations Centre and Trust HQ.

2.4.2 The Countess was accompanied by the Lord Lieutenant of West Sussex, Mrs Susan Pyper and we also welcomed The Mayor of Crawley, Councillor Brian Quinn, Chief Executive of Crawley Borough Council, Natalie Brahma-Pearl and Crawley MP, Henry Smith to our HQ.

2.4.3 During her visit, The Countess was given a tour of the EOC where she met and spoke with emergency medical advisors, dispatchers and clinicians. She then unveiled a plaque and made a short speech in front of dozens of our staff.

2.4.4 I understand that The Countess thoroughly enjoyed her visit and appreciated the opportunity to spend time with our staff, learning more about the services we provide.

2.4.5 The visit was a real celebration and gave us an opportunity to pay tribute to all of our staff, right across the Trust, who are committed to providing the very best care to our patients. It also received significant positive local and regional media coverage.

2.5 Executive Management Board (EMB)

2.5.1 The Trust's Executive Management Board (EMB), which meets weekly, is a key part of the Trust's decision-making and governance processes. I thought it may be useful to include a regular, brief update on the work undertaken through the EMB moving forward.

2.5.2 As part of its weekly meeting, the EMB regularly considers quality, operational (999 and 111) and financial performance. During recent weeks, the EMB has also:

- Spent time focussing on the potential forthcoming CQC Inspection, reviewing the on-going work underway to address issues identified previously by the CQC, ensuring that preparations are in hand and ensuring that Executive Directors support this preparation in the most effective way
- Reviewed a number of projects underway within the Trust, to ensure staff are focussed on the right areas, given the capacity needed to deliver our strategic goals
- Considered the progress and benefits being realised by the Trust's Wellbeing Hub, which was initially introduced as a trial in December 2017. Given the positive

feedback by staff, the EMB have agreed in principle that the Wellbeing Hub should be made permanent.

2.6 Improving the culture of the Trust

2.6.1 During recent weeks, we have continued to see much work underway as part of the broader programme to improve the culture of the Trust and make the organisation a better place to work for everyone. This includes individual coaching sessions for Directors and other senior leaders utilising 360-degree feedback provided by peers and by direct reports. Feedback such as this is key to making improvements and I know will have a real impact as we move forward.

2.6.2 Similar training will be rolled out across the organisation over the next six months. It may take different formats at different times to accommodate the different ways in which our staff work but all staff will have access to it.

2.6.3 I have also been very pleased to see lots of work underway to develop a new set of values and behaviours for us all to work to, which will be officially launched in June 2018. This has included a competition for staff to design a new set of logos to represent the values visually and I was delighted to see more than 350 staff help to choose the eventual winner.

3. Regional issues

3.1 Launch of Maternity Advice Line

3.1.1 9th May 2018 saw the multi-agency Maternity Advice Line formally launched at Crawley by Baroness Cumberlege, former Health Minister and author of the 2015 NHS England Better Births review.

3.1.2 The 24/7 advice line has been providing support to pregnant women within the Surrey Heartlands area (under the care of Royal Surrey County Hospital, Ashford and St Peter's Hospitals and Epsom and St Helier Hospitals) since 9th April 2018. It enables women to access advice and support from a midwife during pregnancy, labour and following the birth of their baby. The midwives providing the service are based in the West EOC, working closely with our own EOC staff.

3.1.3 The feedback from the launch event was extremely positive and was filmed by ITV – thank you to everyone involved in developing and launching this initiative.

3.1.4 This is a fantastic initiative and a good example of partnership working across the healthcare system. I am delighted that we are able to host it here and look forward to seeing how it will work over coming months to benefit our patients.

4. National issues

4.1 Nothing to note

5. Recommendation

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

Daren Mochrie QAM, Chief Executive 20th May 2018



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

May 2018

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SECamb CQC Rating and Oversight Framework

Use of Resources Metric (Financial Risk Rating)	1
Segmentation	Segment 4 (Special Measures)
IG Toolkit Assessment	Level 2 - Satisfactory
REAP Level	3

Chart Key

Data Point

Run of 8 above average

Run of 8 below average

Above UCL

Below LCL

AVERAGE

UCL

LCL

Target

This represents the value being measured on the chart

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.
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.

This line represents the average of all values within the chart.

These lines are set two standard deviations above and below the average.

The target is either and Internal or National target to be met, with the values ideally falling above or below this point.

Having Pride

Creating Innovation

Showing Integrity

Showing Respect

Taking Responsibility

2

SECamb Executive Summary

This report now contains reference to the Care Quality Commission domains and sets out the must and should do requirements as set out in the Trust's inspection report. The Board will be aware that projects intended to respond to the findings of the Care Quality Commission and reports on progress can be found in the overarching Delivery Plan.

As a number of projects are nearing completion, the projects will be subject to a closure process and handover to Business as Usual. This will mean that data previously reported within the Delivery Plan will transfer to this Integrated Performance Report (IPR). This will ensure that the Trust Board is assured of sustained recovery and continuous quality improvement. This will result in a more detailed report over time as projects are completed together with the provision of specific and targeted detail in the Trust's day to day operations and Strategic planning.

In addition to the above, each area of the report is prefaced with the opportunity to reflect on where areas of work support and provide evidence for compliance with the Care Quality Commission Domains. The Trust Board is asked to note that the Finance Directorate is compiling information intended to respond to the Care Quality Commission's enquiries in financial – well led. This remains work in progress although a financial performance summary is included below.

Further development of the report will be undertaken with Executive and Non Executive Directors to ensure that there is a clear flow between organisational objectives, organisational risk and the content of the IPR. As stated above, compliance with many requirements is reported on through the Trust's Delivery Plan whilst projects remain live. The Trust is also undertaking a process of reviewing and developing its 5 year Strategic Plan (required annually) and this will comprise a stock take and reappraisal of organisation objectives.

In summary, as this report continues to evolve and expand it will transfer the assurance function from our Delivery Plan to Business as Usual reporting. This will provide the Trust Board with a clear line of site as to compliance with Care Quality Commission standards and how the Trust responds to organisational risk and issues.

SECamb Our People

The HR Directorate are currently undergoing a HR Transformation Programme to allow us to support our staff. For us to be a successful Ambulance Trust we need people inside and outside the organisation to see our culture defined as an inclusive, attractive, effective and safe place to work. The HR Transformation Programme consists of the following work streams:

- Re-engineering key People Processes
- Re-design of the HR function
- Culture Change programme for SECamb
- Identification and management of HR-related risk
- Development of the People Strategy and the HR Delivery Plan

SECamb Financial Performance

The Trust has achieved its control total of £1.0m deficit for the year, this includes the agreed Sustainability and Transformation Funding (STF) of £1.3m. In addition, the Trust has received further STF (incentive plus bonus) of £1.4m and CQUIN risk reserve previously held by commissioners of £0.8m, resulting in a reported surplus of £1.3m for 2017/18.

The Trust achieved a Cost Improvements of £15.5m this was greater than the target of £15.1m.

The Trust's Use of Resources Risk Rating (UoRR) is a 1, a significant improvement on the planned level of 3 due to the favourable late adjustments as described above.

The Trust has submitted its 2018/19 plan to NHSI on the 30 April 2018, which meets its control total of £0.8m deficit.

Risks to this plan include the delivery of its CIP targets, outcome of the Demand and Capacity review, delivery of performance targets, being able to come out of CQC special measures, recruitment difficulties and any unfunded local pay pressures. Engagement with its partners is ongoing in order to mitigate as many of these as possible.

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.

Safe

CQC Findings ('Must or Should Do')

- The Trust must take action to ensure they keep a complete and accurate recording of all 999 calls.
- The Trust must protect patients from the risks associated with the unsafe use and management of medicines in line with best practice and relevant medicines licences. This should include the appropriate administration, supply, security and storage of all medicines, appropriate use of patient group directions and the management of medical gas cylinders.
- The Trust must take action to ensure there are a sufficient number of clinicians in each EOC at all times in line with evidence-based guidelines.
- The Trust must take action to ensure all staff understand their responsibilities to report incidents.
- The Trust must ensure improvements are made on reporting of low harm and near miss incidents.
- The Trust must investigate incidents in a timely way and share learning with all relevant staff.
- The Trust must ensure all staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns receive an appropriate level of safeguarding training.
- The Trust must ensure patient records are completed, accurate and fit for purpose, kept confidential and stored securely.
- The Trust must ensure the CAD system is effectively maintained.
- The Trust must ensure the risk of infection prevention and control are adequately managed. This includes ensuring consistent standards of cleanliness in ambulance stations, vehicles and hand hygiene practices, and uniform procedure followed.
- The Trust must ensure all medical equipment is adequately serviced and maintained.
- The Trust should take action to audit 999 calls at a frequency that meets evidence based guidelines.
- The Trust should review all out of date policies.
- The Trust should ensure all first aid bags have a consistent contents list and they are stored securely within the bags.
- The Trust should ensure all ambulance stations and vehicles are kept secured.
- The Trust should ensure all vehicle crews have sufficient time to undertake daily vehicle checks within their allocated shifts.

Caring

- The Trust should ensure that patients are always involved in their care and treatment.
- The Trust should ensure that patients are always treated with dignity and respect.

Effective

- The Trust must take action to meet national performance targets.
- The Trust must improve outcomes for patients who receive care and treatment.
- The Trust must continue to ensure there are adequate resources available to undertake regular audits and robust monitoring of the services provided.
- The Trust should ensure there are systems and resources available to monitor and assess the competency of staff.

Responsive

- The Trust must ensure the systems and processes in place to manage, investigate and respond to complaints, and learn from complaints are robust.
- The Trust should ensure 100% of frequent callers have an Intelligence Based Information System (IBIS) or other personalised record to allow staff taking calls to meet their individual needs.
- The Trust should take action to ensure all patients with an IBIS record are immediately flagged to staff taking calls 24 hours a day, seven days a week.
- The Trust should consider reviewing the arrangements for escalation under the demand management plan (DMP) so that patients across The Trust receive equal access to services at times of DMP.
- The Trust should continue to address the handover delays at acute hospitals.
- The Trust should ensure individual needs of patients and service users are met. This includes bariatric and service translation provisions for those who need access.

Well Led

- The Trust must take action to ensure all staff receive an annual appraisal in a timely way so that they can be supported with training, professional development and supervision.
- The Trust must ensure that governance systems are effective and fit for purpose. This includes systems to assess, monitor and improve the quality and safety of services.
- The Trust should consider improving communications about any changes are effective and timely, including the methods used.
- The Trust should engage staff in the organisation's strategy, vision and core values. This includes increasing the visibility and day to day involvement of The Trust executive team and board, and the senior management level across all departments.
- The Trust should continue to sustain the action plan from the findings of staff surveys, including addressing the perceived culture of bullying and harassment.

SECamb Clinical Safety - Safe

Patient records: The backlog in scanning Patient Clinical Records (PCRs) has now been cleared, allowing forms to be validated on arrival. The Trust moved to a 4 digit CAD number on 18th April. It is too early to know whether this change has had the desired effect of further reducing the number of PCRs which are not linked with CAD numbers.

Medicines Management: Regular auditing of medicines management at OU level is undertaken by Operational Team Leaders, with high levels of compliance (>95%). Quality Assurance Visits (announced and unannounced) provide further evidence of compliance. Temperature monitoring is undertaken daily on all sites, with central monitoring through the OTL checks. This has proved effective, but very time consuming, so a business case is being prepared to source reliable electronic monitoring.

SECamb Clinical Safety - Caring

SECamb Clinical Safety - Effective

National performance targets: The clinical indicator data summarises November performance, with 3 months available to collect outcome data (survival to discharge) from hospitals, and a further month to validate the national return to DH.

The number of patients in each group is small, leading to month on month variation. However, the Trust generally tracks below the national average. The care bundles for stroke and STEMI tell a similar story.

The initiatives undertaken thus far have included analysing the care bundles to identify those areas where we fail to score well and to publicise to staff where practice, and in particular documentation could be improved. This has been done through regular articles in the weekly bulletin encouraging staff to complete all the elements of the FAST, to record blood glucose measurements (both for stroke) and to record two pain scores and administer pain relief to any patient with a score over zero. This approach does not appear to have been effective. We will now undertake a different approach, looking to see which ambulance services regularly perform well against these indicators and analysing how we might learn from this.

SECamb Clinical Safety - Responsive

Demand management: The Trust introduced the Surge Management Plan on 19th February 2018, superseding the Demand Management Plan. This allows the Trust to prioritise responses to the most seriously ill and injured patients at times when demand exceeds the available resource.

On occasions when the higher escalation levels of Purple and Black permit alternative scripts to be used, clinical review is undertaken to ensure the safety of these decisions. The Head of Compliance also undertakes a retrospective review of any case where a response has not been dispatched to review the safety of the decision, the adherence to protocol and to flag any area for learning.

SECamb Clinical Safety - Well Led

SECAmb Clinical Safety Scorecard

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

	Sep-17	Oct-17	Nov-17	12 Month's
Actual %	50.0%	50.0%	51.2%	
Previous Year %	44.1%	48.1%	46.9%	
National Average %	51.0%	55.1%	47.4%	

Cardiac ROSC - ALL

	Sep-17	Oct-17	Nov-17	12 Month's
Actual %	25.7%	25.2%	24.1%	
Previous Year %	25.3%	27.8%	25.1%	
National Average %	32.0%	30.2%	28.5%	

Cardiac Survival - Utstein

	Sep-17	Oct-17	Nov-17	12 Month's
Actual %	26.3%	30.8%	32.5%	
Previous Year %	30.0%	15.4%	4.8%	
National Average %	32.8%	28.3%	27.3%	

Cardiac Survival - All

	Sep-17	Oct-17	Nov-17	12 Month's
Actual %	5.7%	10.9%	9.9%	
Previous Year %	9.4%	4.3%	2.4%	
National Average %	10.6%	10.2%	8.3%	

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

	Sep-17	Oct-17	Nov-17	12 Month's
Actual %	71.9%	57.4%	70.6%	
Previous Year %	76.6%	63.1%	67.6%	
National Average %	76.9%	76.4%	76.0%	

Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography

	Sep-17	Oct-17	Nov-17	12 Month's
Mean (hh:mm)			02:11	
National Average			02:12	
90th Centile (hh:mm)			02:45	
National Average			02:58	

Stroke - call to hospital arrival

	Sep-17	Oct-17	Nov-17	12 Month's
Mean (hh:mm)			01:08	
National Average			01:13	
50th Centile (hh:mm)			01:01	
National Average			01:06	
90th Centile (hh:mm)			01:38	
National Average			01:49	

Stroke - assessed F2F diagnostic bundle

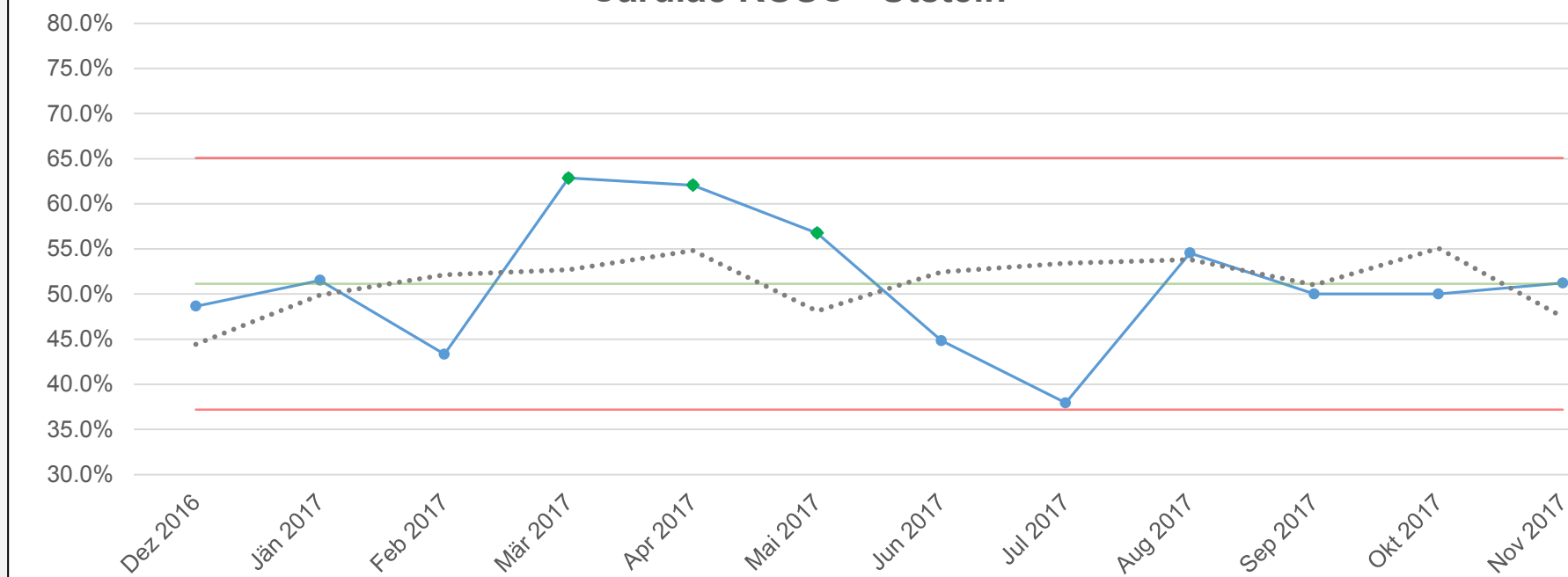
	Sep-17	Oct-17	Nov-17	12 Month's
Actual %	93.1%	93.5%	96.2%	
Previous Year %	95.6%	95.4%	96.3%	
National Average %	96.7%	97.1%	97.0%	

Medicines Management

	Jan-18	Feb-18	Mar-18	12 Month's
Actual	97.76%	97.57%	97.50%	
Number of audits	201	190	201	

SECamb Clinical Safety Charts

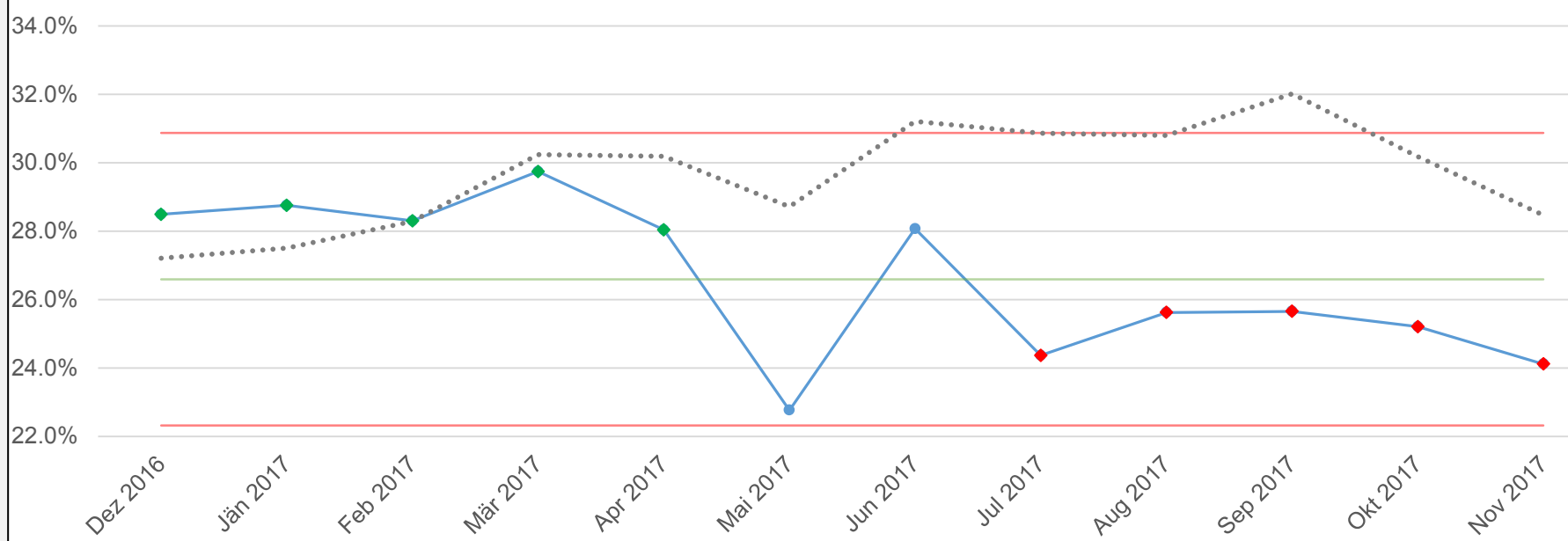
Cardiac ROSC - Utstein



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

The medical directorate has allocated a senior clinician to lead on the Trust's cardiac arrest survival improvement programme from May to July initially.

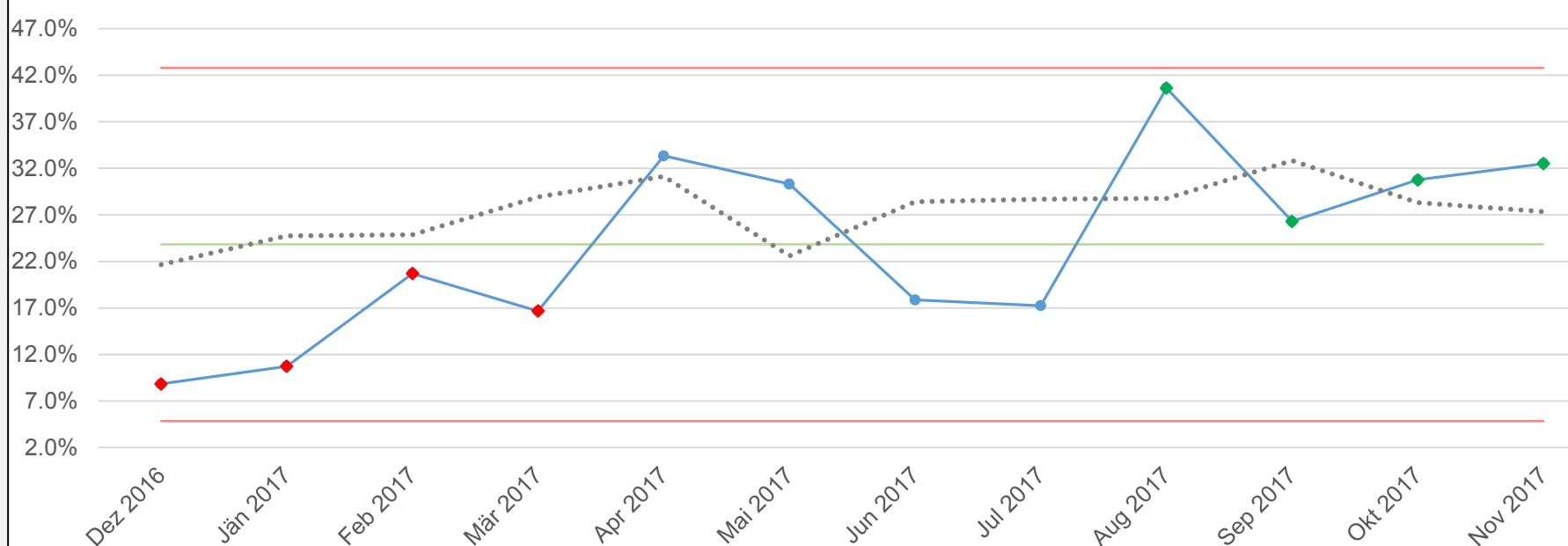
Cardiac ROSC - ALL



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

A low proportion of patients gaining a ROSC is in line with delays in call answering and response times in November 2017

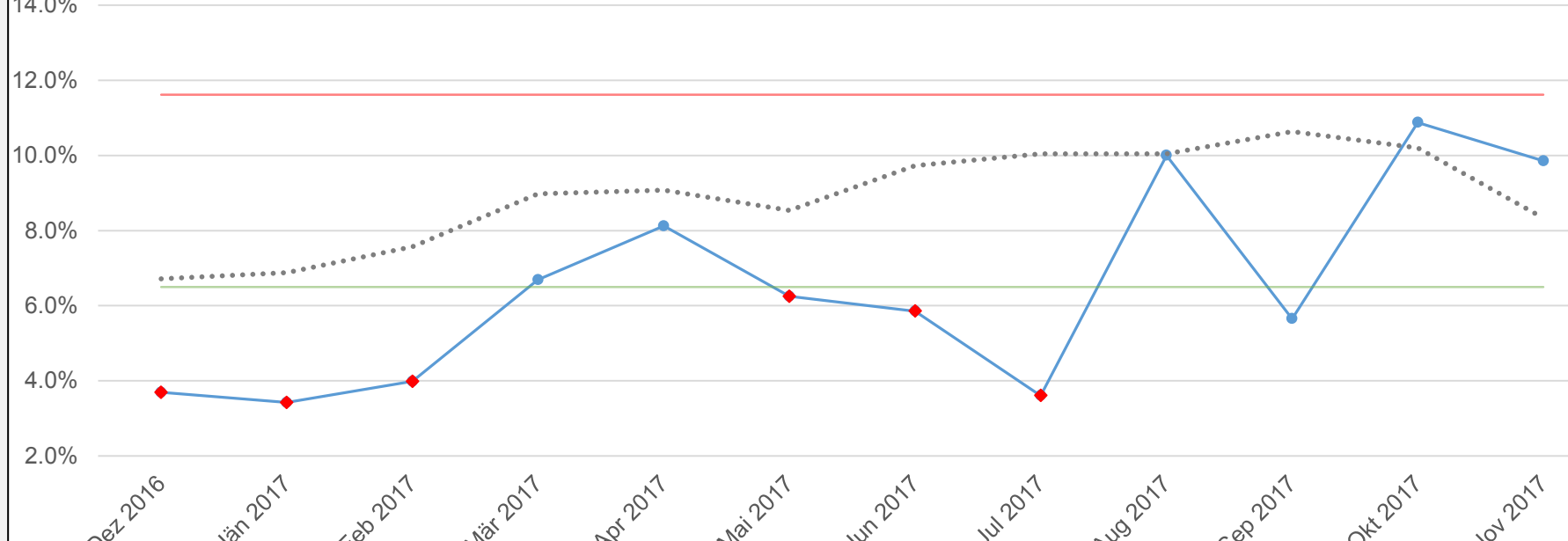
Cardiac Survival - Utstein



In November 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.

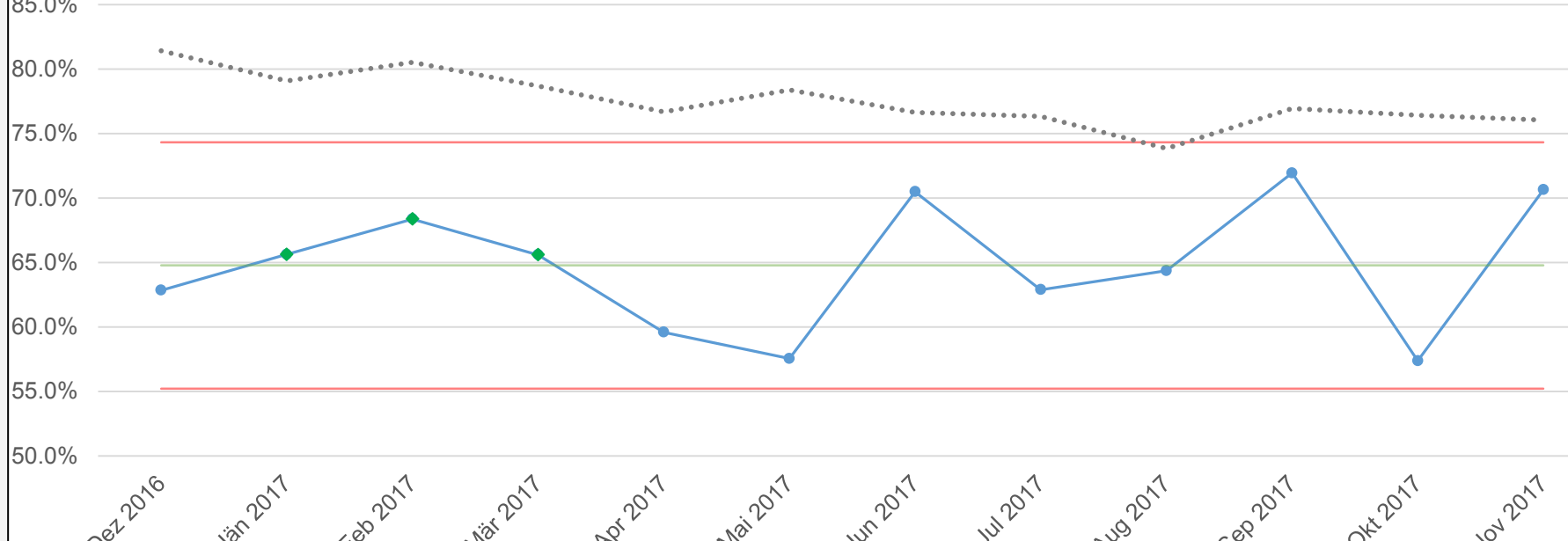
Cardiac Survival - All



In November 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.

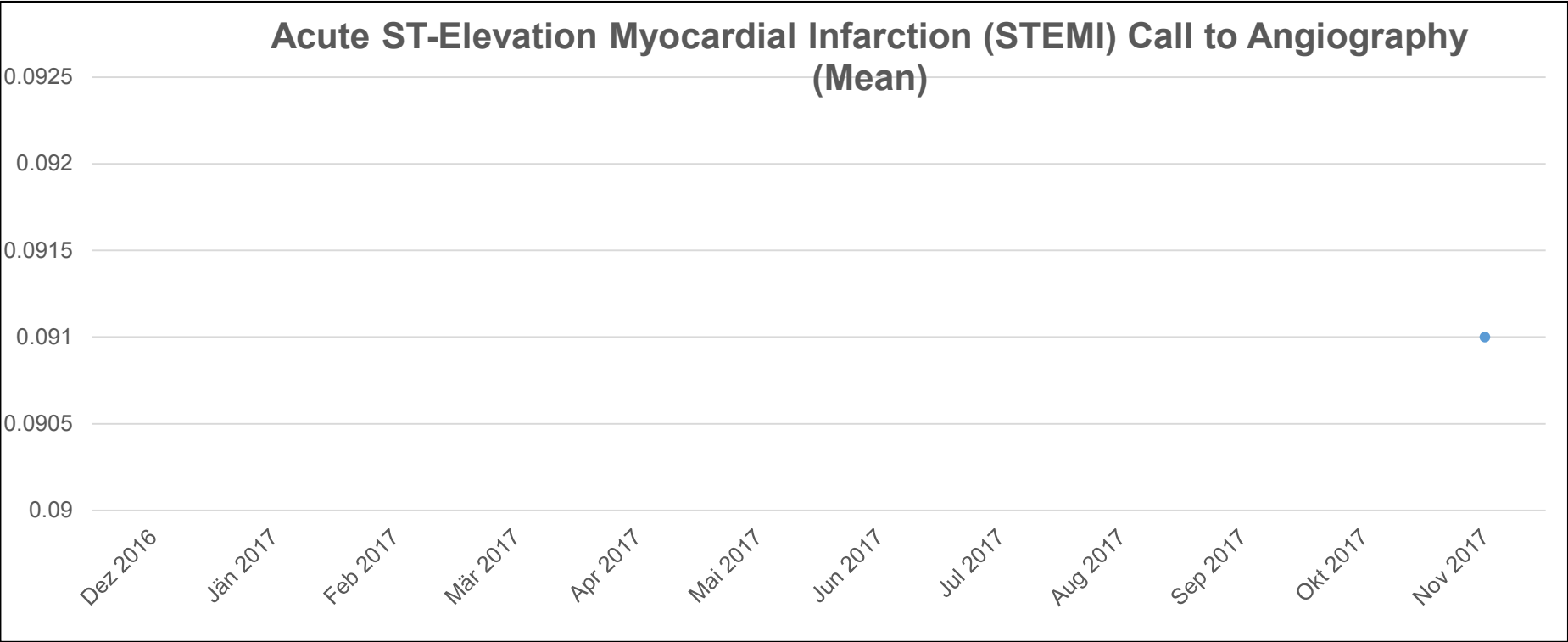
Acute STEMI Care Bundle Outcome



Performance for November 2017 was below the national average.

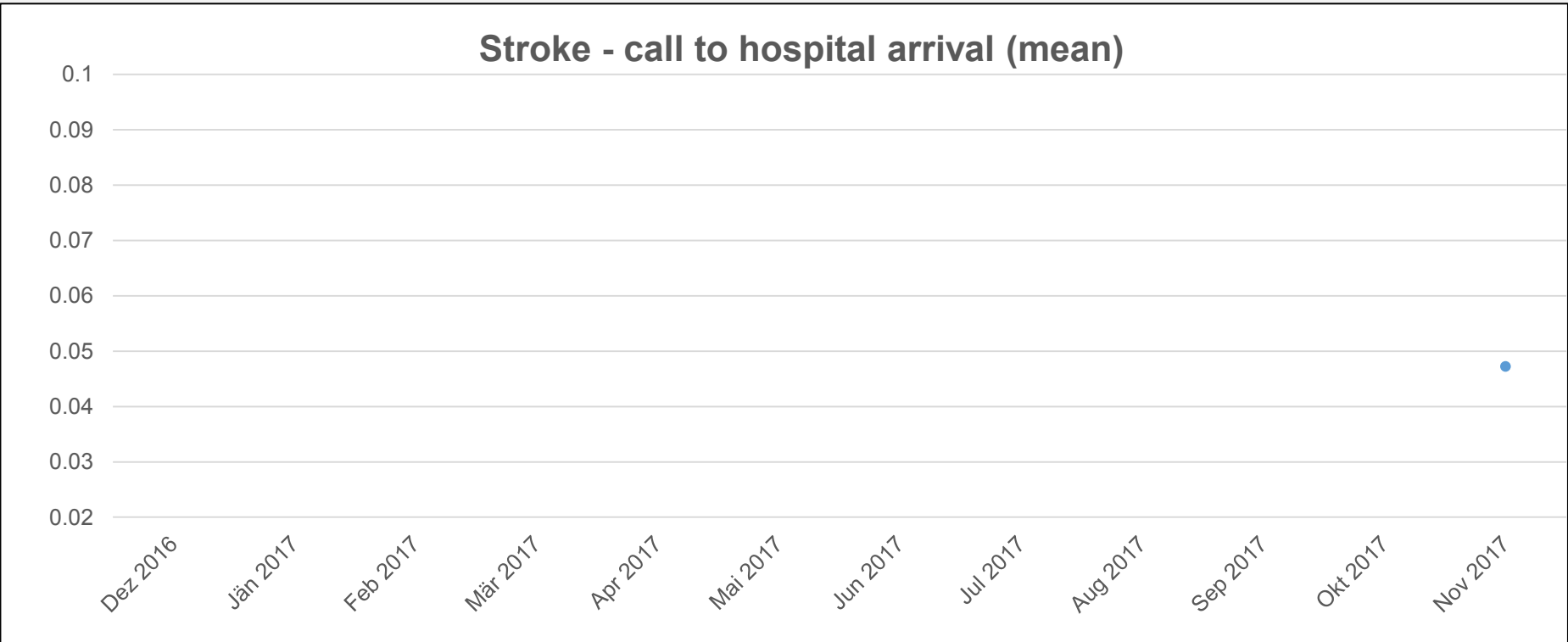
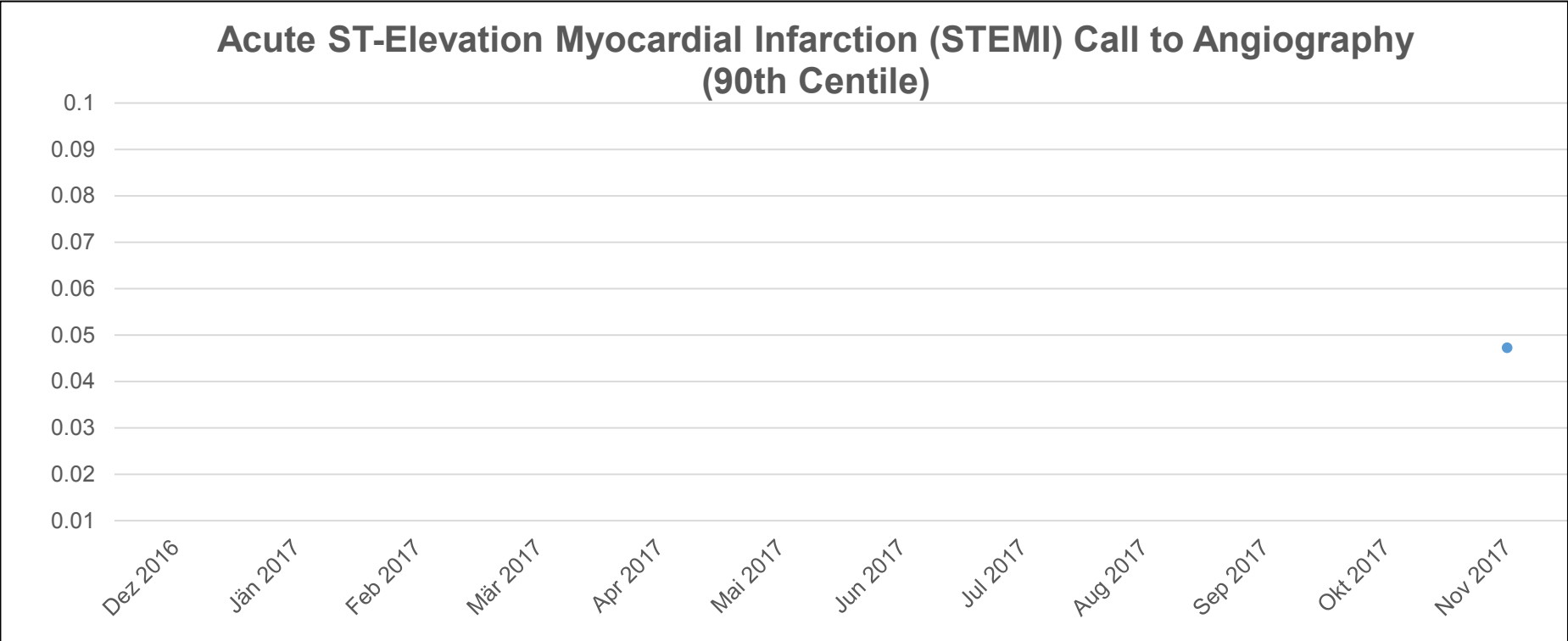
Dashboards and quality scorecards showing local performance levels are now routinely being shared with Operating Units (OUs) to facilitate focussed quality improvement. A suite of feedback tools and information sheets has also been developed.

SECAmb Clinical Safety Charts



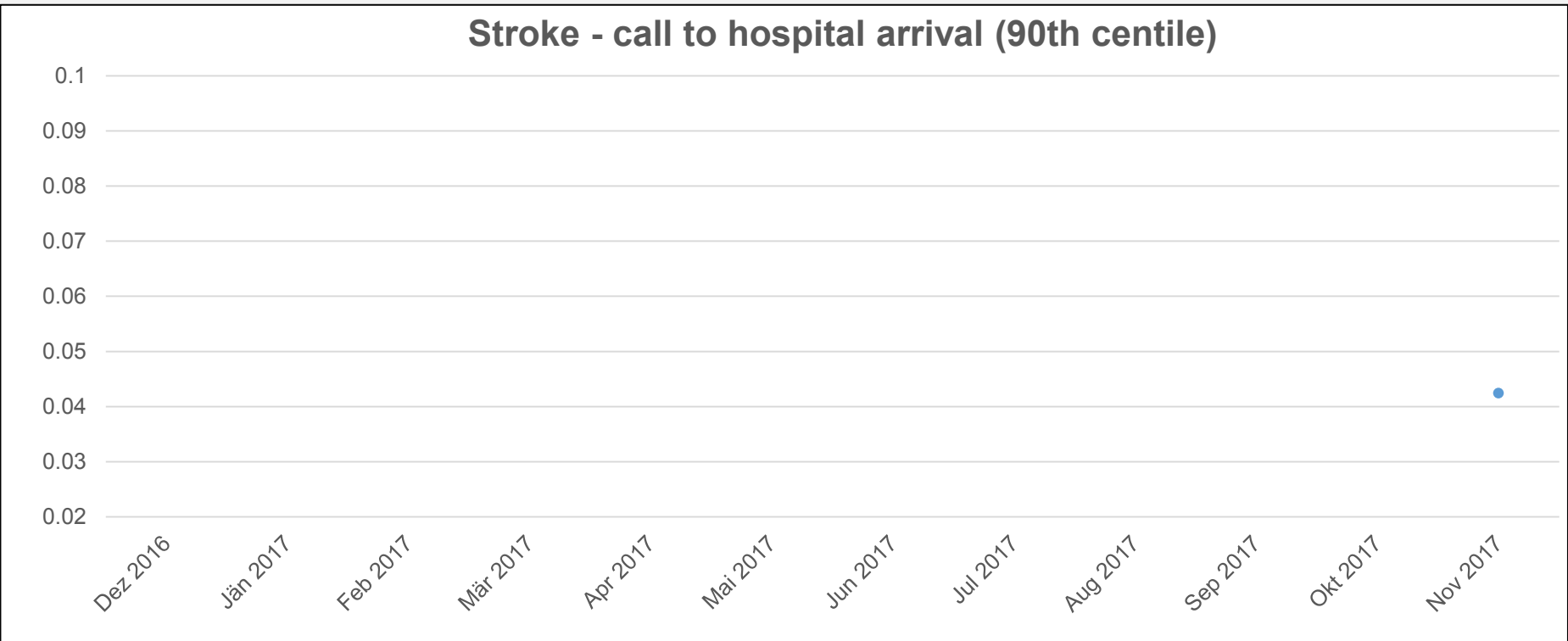
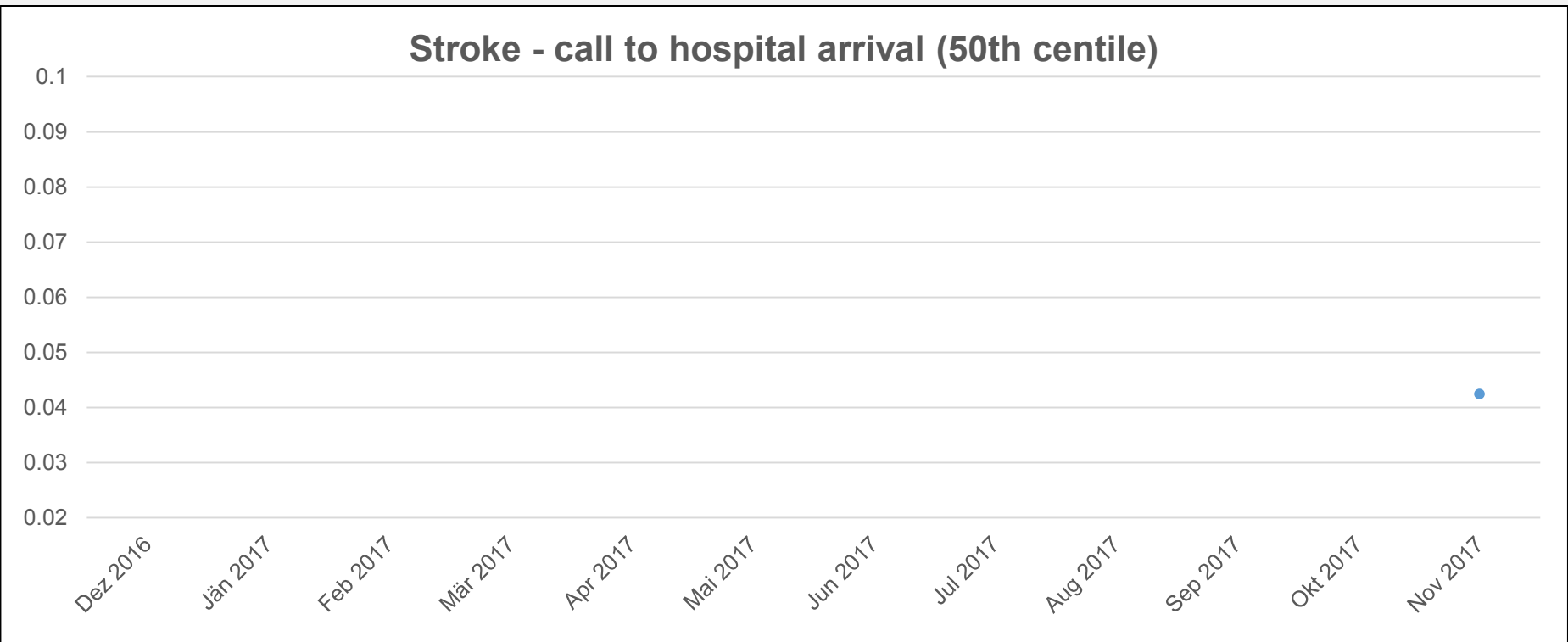
In November 2017 the method for measuring the timeliness of care delivered to STEMI patients changed to a measure of mean and 90th centile call to angiography (the procedure used to visualise the blood vessels that supply the heart).

This data is reported by acute Trusts into the Myocardial Ischemia National Audit Project (MINAP) database. This database only contains confirmed STEMIs, rather than suspected STEMIs that this measure was previously based upon.

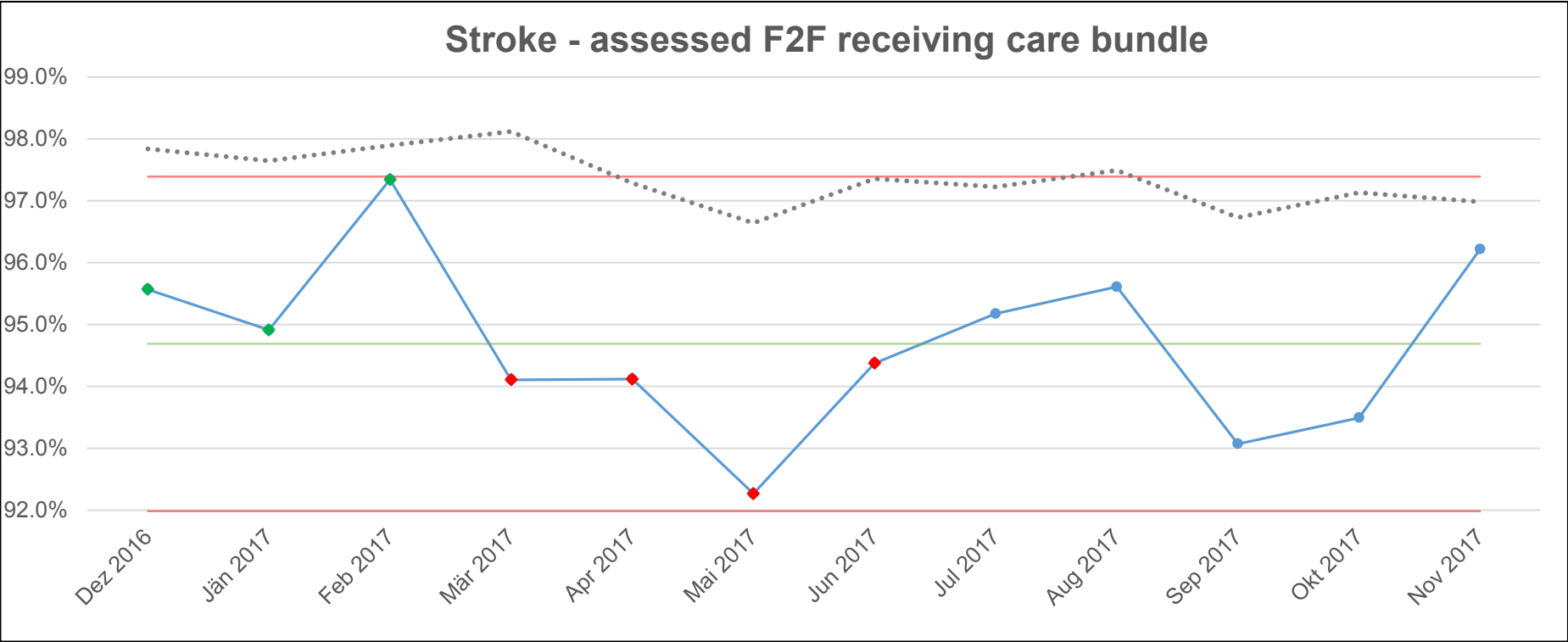


In November 2017 the method for measuring the timeliness of care delivered to stroke patients changed to a measure of mean and 90th centile call to arrival at a hyper-acute stroke centre.

This data is reported by acute Trusts into the Sentinel Stroke National Audit Programme (SSNAP) database. This database only contains confirmed strokes, rather than suspected strokes that this measure was previously based upon.



SECAmb Clinical Safety Charts



Performance in completing the stroke care bundle is below national 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. A suite of feedback tools and information sheets has also been developed.

For internal circulation only

Analysis of Cardiac Arrest Data – Nov 2017

Number of cardiac arrests identified = 708
includes DNACPR 53 (7%) / DOA 364 (51%) / No Resus by SECamb 6 (1%) /
In Hospital Arrest 2 (0%) / Post Arrest 1 (0%)

Number of Resuscitation Attempts = 289 (41%)
including DNACPR 5 (2%) / Hospital Arrests 2 (1%)

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 = 41 (14%)

Overall = 282 (98%)

ROSC sustained to hospital
= 21 (51%) + 0 non ROSC

ROSC (incl. Utstein) sustained to hospital
68 = (24%) + 8 non ROSC

Outcomes for ROSC at Hospital and Non ROSC at Hospital Patients		
Utstein	Details	Overall
13	Patient survived to discharge	27
7	Patient died in hospital	41
1	Patient still in hospital*	3
0	Not found – no patient identifiable data*	5
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 (Utstein) = 13 (33%)

Survival to Discharge (inc Utstein) = 27 (10%)

Additional Information – Resuscitation Attempts

Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	154 (55%)	12	2
PEA	55 (20%)	15	3
VF	63 (22%)	35	3
Non-shockable	6 (2%)	5	0
Not recorded	4 (1%)	1	0
CPR Bystander – 149 (53%)			
EMS Witnessed arrest – 36 (13%)			
Cardiac Arrest downloads received for Nov 17			
		0	
Cardiac Arrest download reports sent to crews N			
		0	

SECamb Clinical Quality - Safe

Incident reporting has reduced in the quarter – however this is comparable for the same quarter last year. The overall incident reporting is on average a 20% increase from last year.

All incident reporting is now transferred into DATIX system (quality assurance visits, complaints that are identified as incidents, road traffic collision).

Hand hygiene compliance has improved to above the 90% compliance target.

All safeguarding training compliance achieved.

SECamb Clinical Quality - Caring

90% compliance with the internal 10 day target (nationally the target is “when reasonably possible”) continues to be tracked and monitored through DATIX.

123 compliments received, which is less than last month of 139.

SECamb Clinical Quality - Effective

Incident reporting closure “backlog” remains within local KPIs equivalent to 2 weeks of reporting.

SECamb Clinical Quality - Responsive

Incident reporting access approved for private providers and community first responders.

97% complaint response within time scale.


Serious incident reporting weekly increased to 12 for the month – 5 x delayed attendance.

SECamb Clinical Quality - Well Led


Proposal for improvement plan closure to BAU for complaints and safeguarding

SECAmb Clinical Quality Scorecard

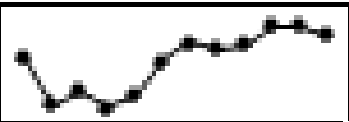
Number of Incidents Reported

	Jan-18	Feb-18	Mar-18	12 Month's
Actual	748	591	627	
Previous Year	529	465	495	

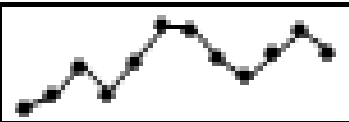
Number of Incidents Reported that were SI's

	Jan-18	Feb-18	Mar-18	12 Month's
Actual	22	6	12	
Previous Year	1	5	6	

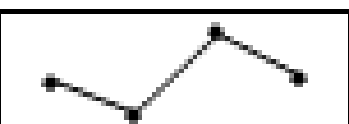
Duty of Candour Compliance (SIs)

	Jan-18	Feb-18	Mar-18	12 Month's
Actual %	100%	100%	90%	
Target	100%	100%	100%	


Number of Complaints

	Jan-18	Feb-18	Mar-18	12 Month's
Actual	111	127	112	
Previous Year	132	96	87	
Complaints Timeliness (All)	59.6%	98.2%	97.7%	
Timeliness Target	95%	95%	95%	

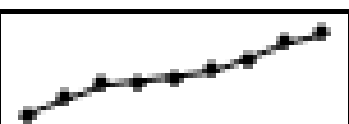
Compliments

	Jan-18	Feb-18	Mar-18	12 Month's
Actual	109	139	123	


Safeguarding Training Completed (Adult) Level 2

	Jan-18	Feb-18	Mar-18	12 Month's
Actual %	69.33%	85.66%	94.62%	
Previous Year %	76.20%	89.07%	90.90%	
Target	85%	85%	85%	

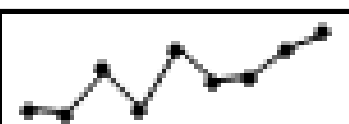
Safeguarding Training Completed (Children) Level 2

	Jan-18	Feb-18	Mar-18	12 Month's
Actual %	69.63%	84.36%	93.99%	
Previous Year %	75.90%	89.79%	91.70%	
Target	85%	85%	85%	

Safeguarding Training Level 3 (Adult/Child)

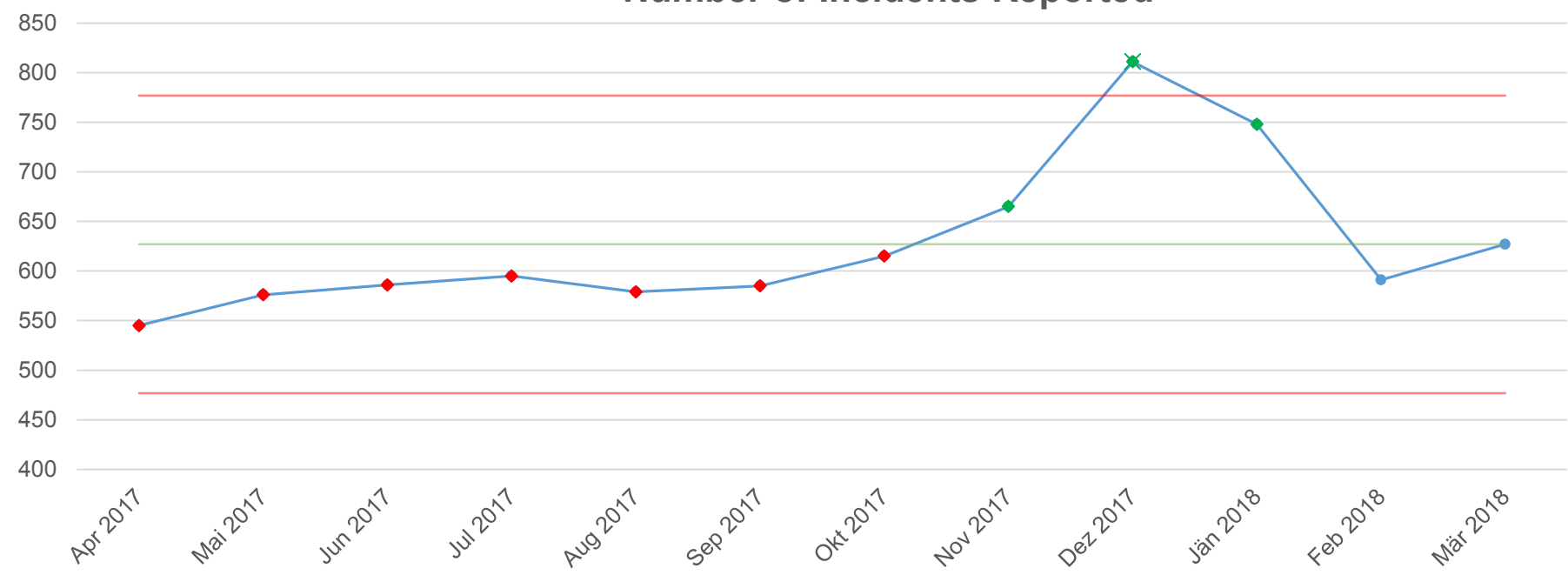
	Jan-18	Feb-18	Mar-18	12 Month's
Actual %	77.58%	92.15%	98.04%	

Hand Hygiene

	Jan-18	Feb-18	Mar-18	12 Month's
Actual %	84%	89%	92%	
Target	90%	90%	90%	

SECAmb Clinical Quality Charts

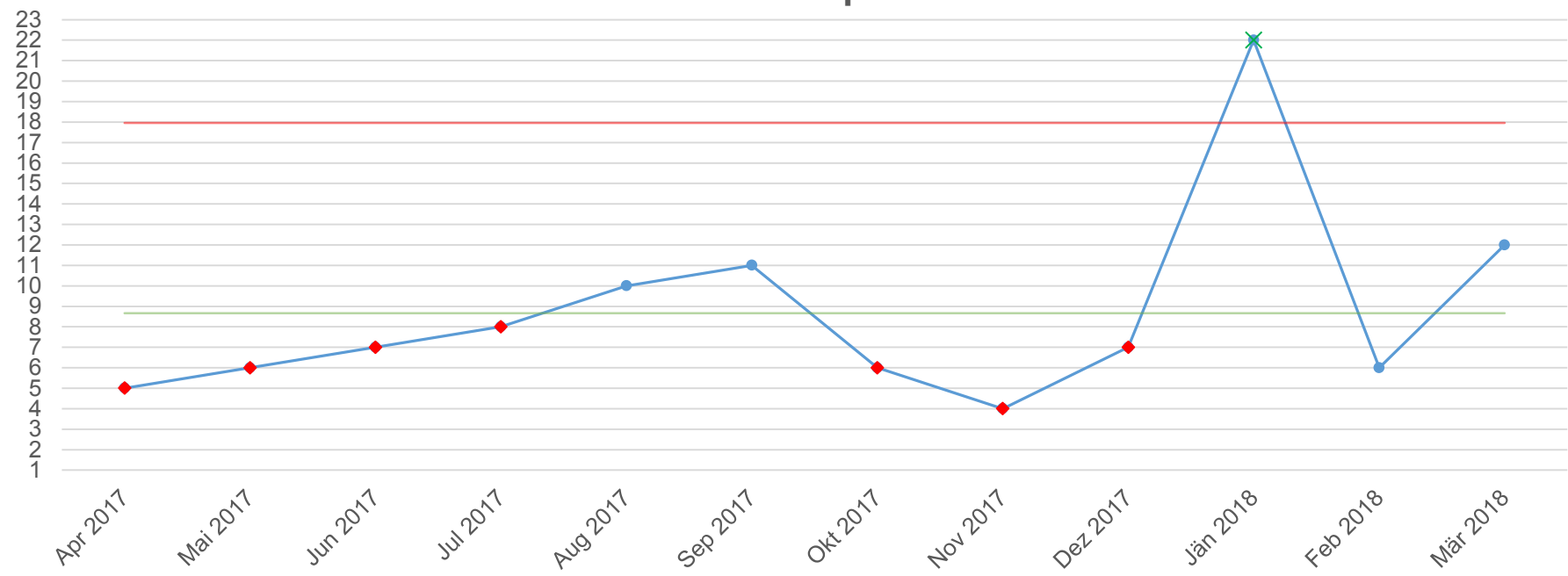
Number of Incidents Reported



Incident reporting rates have increased slightly in March 2018. Reporting rates are currently expected to rise over the next few months as a number of other reporting processes will be transferring to the Datix system. These include; the incident identified by the Quality Assurance Visits, Complaints that are also incidents being reported, RTC incidents and CFR's and PAP's are currently negotiating a process for incidents to be up loaded onto Datix.

The Trust board should be aware that there are currently no significant backlogs held within the Datix system.

Number of Incidents Reported that were SI's

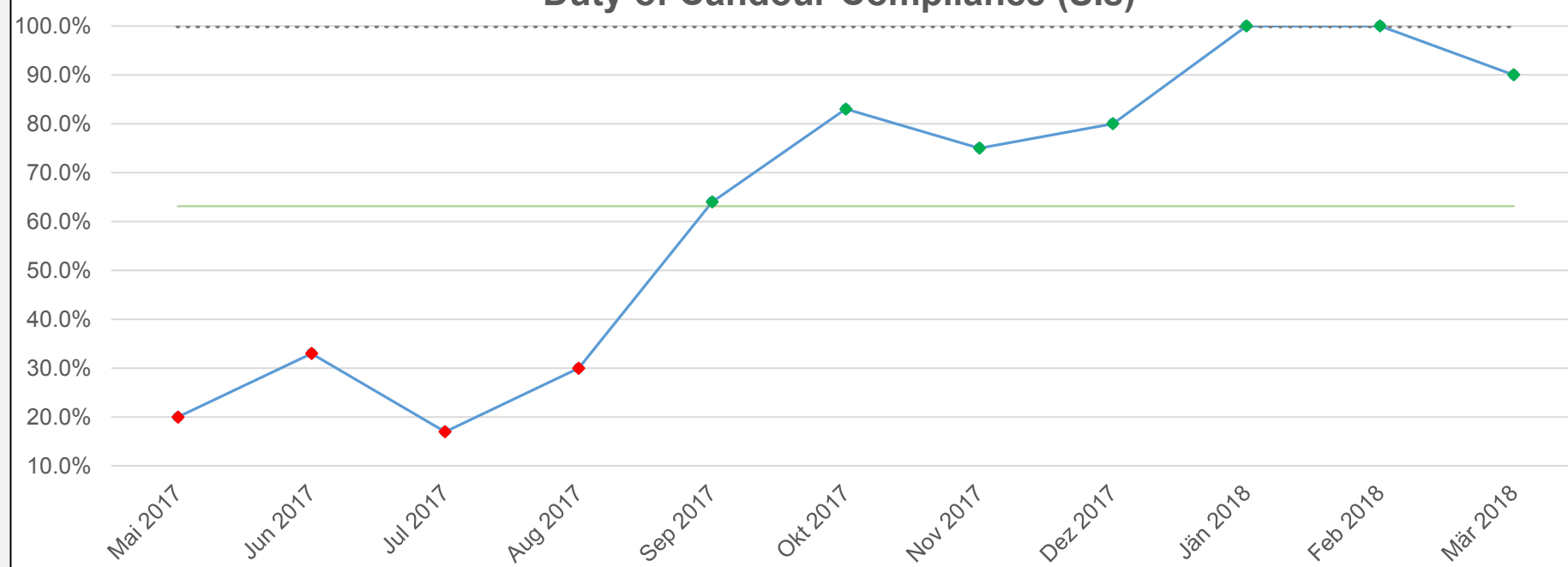


12 SIs were reported for the following reasons:

Delayed attendance - 5
Call Answer delay – 2
Patient Care – 1
Triage – 4

Service Areas reporting were:
A&E Ops – 1
EOC – 10
KMSS111 -1

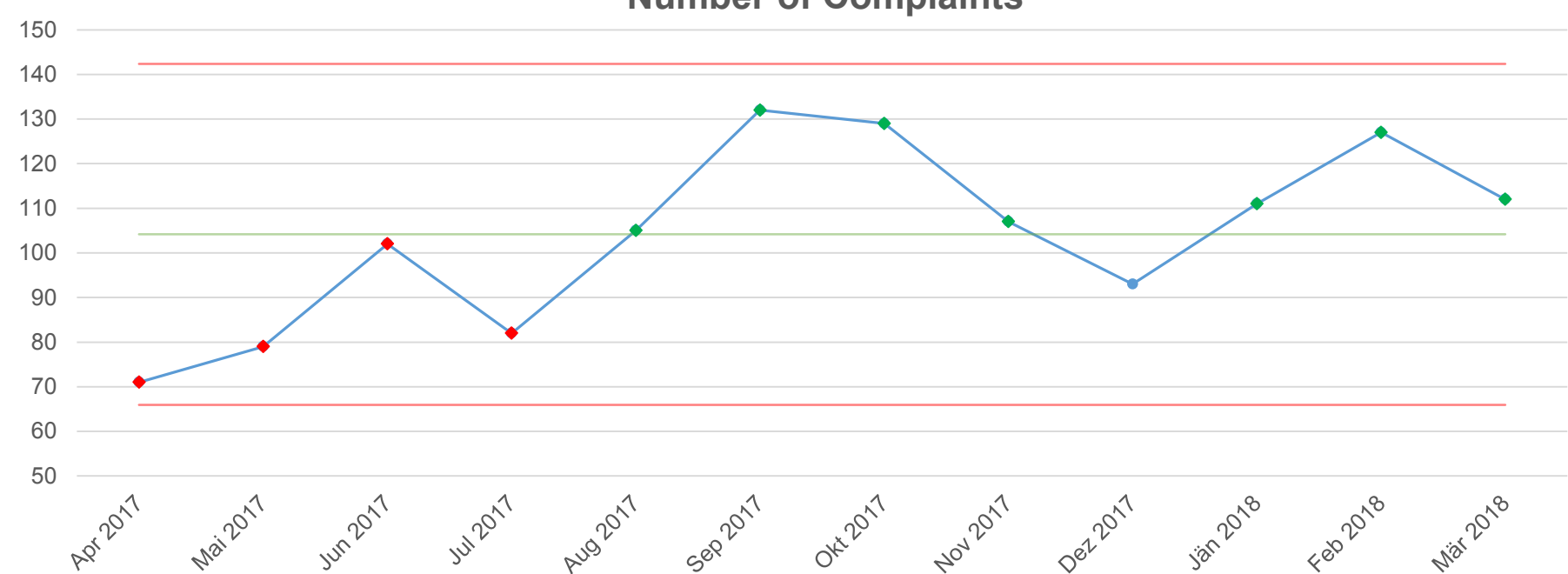
Duty of Candour Compliance (SIs)



Reporting on this indicator reflects the due date during the month to meet DoC.

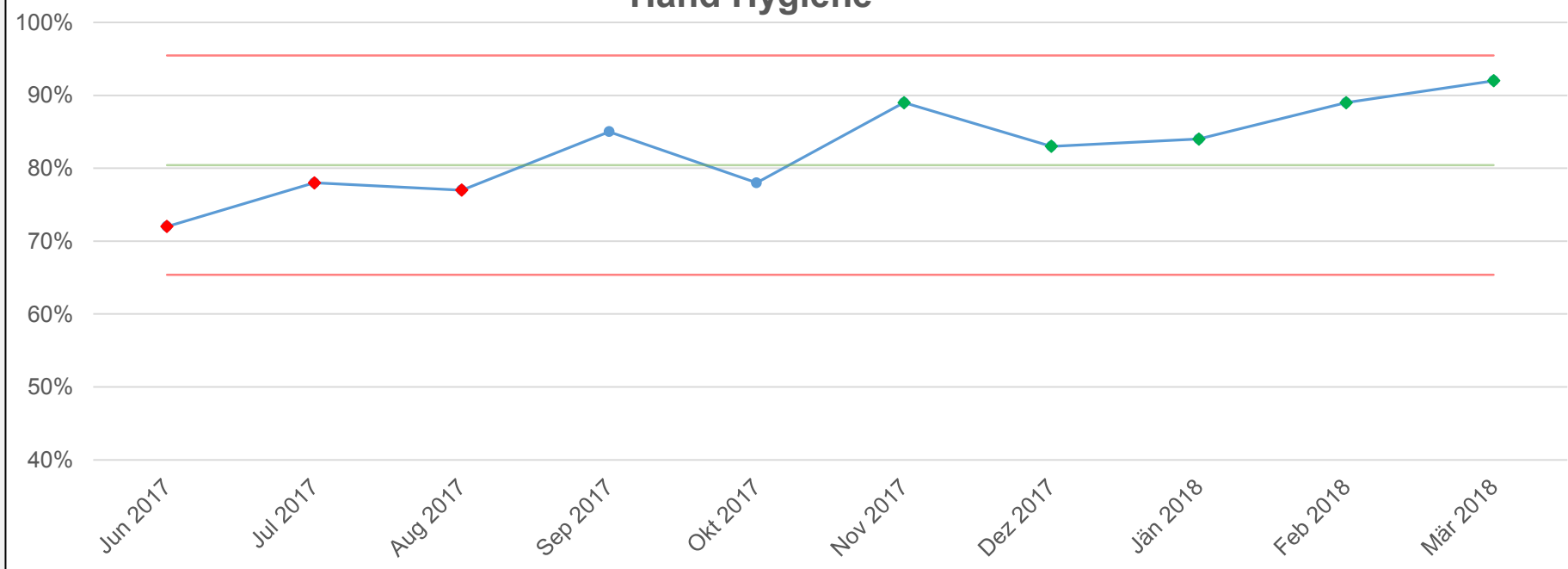
100% for those SIs requiring Duty of Candour were completed this month. 90% were within the 10 day internal deadline.

Number of Complaints



The Trust received and opened 112 complaints in March 2018, which is slightly more than the monthly average for the year of 104. The top three subjects of complaints for all English ambulance services are invariably patient care; timeliness; and staff behaviours, and the order of these varies from month to month and service to service. The subject with the highest number of complaints for SECAmb in March was timeliness, with 45 complaints compared to 41 in February, 35 in January and 32 in December. Of these, 42 were about ambulance response time. There were 36 complaints about 'patient care' (which includes EOC and 111 triage), compared to 46 in February; and 28 about staff behaviours compared to 27 in February. Every week since the beginning of February the Trust has concluded in excess of 90% of complaints within timescale, with 97.7% (125/128) concluded within timescale in March.

Hand Hygiene



This is the first month that we have achieved the target for hand hygiene compliance, which is showing as 92% for a 90% target. We are still seeing some Operating Units (OU's) not maintaining the requirement of ten audits per week. They were – Brighton, Tangmere / Worthing, Paddock Wood and Gatwick / Redhill. Gatwick HART were also four short of their monthly total required.

A new IPC Audit Schedule has been sent out to all OU's which we hope will make it easier for teams to manage the process and maintain the required number of audits undertaken and we will report on the outcome of this new schedule next month.

Health and Safety (H&S)

Introduction

The Head of H&S vacancy remains unfilled as one of the shortlisted candidates withdrew and the other failed to attend. We are seeking financial approval for an agency solution in the short term while we advertise again with a suitable candidate available already interviewed and available in two weeks. The external review of our H&S provision continues with a number of location based visits and interviews having taken place. The terms of reference for the central H&S working group have been amended to reflect the need to review the risk register as a standing agenda item. The Leadership patient and staff safety walk round procedure has been agreed at the Board and will now need to be ratified via JPF and SMT. The first quarterly H&S report went to the Board this month. Due to continued staff shortages within the H&S team we have been unable to progress the regional H&S groups or site H&S inspection procedure although we have carried out a survey to understand the different methods currently in operation across the trust.

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 with a reduction in physical assaults from last year. We currently have a sanction rate of 40% but with a reduction in criminal sanctions and a rise in civil sanctions.

Manual handling Incidents - See Figure 2 below

Manual handling incidents remain high but are predominantly low harm with a slight upward trend over the year. Community First Responders have now been given access to DATIX which will allow them to report incidents first hand rather than relying on SECAMB staff to complete on their behalf. We will need to monitor this to see if it has removed a barrier to reporting and if we have been historically been under reporting in this area.

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. We will look first at the outlier, Polegate and Hastings, to begin to understand the reasons.

H&S incidents - See Figure 3 below

The upward trend seen through Q3 has dropped off in Q4 possibly due to the lack of H&S resourcing to drive reporting of H&S incidents. 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 but will not be instigated until the H&S team is strengthened. A further Board level IOSH training session is required to inform more of the executive team of their H&S responsibilities. The planned program of patient and staff leadership walk rounds will 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 and have messaged managers several times. This includes messages from the Director of Operations and the Deputy Clinical Director, to emphasise the statutory imperative to capture this at the earliest opportunity. We are also exploring a notification directly from GRS when a member of staff books sick as a result of an injury or assault sustained at work.

Figure 1

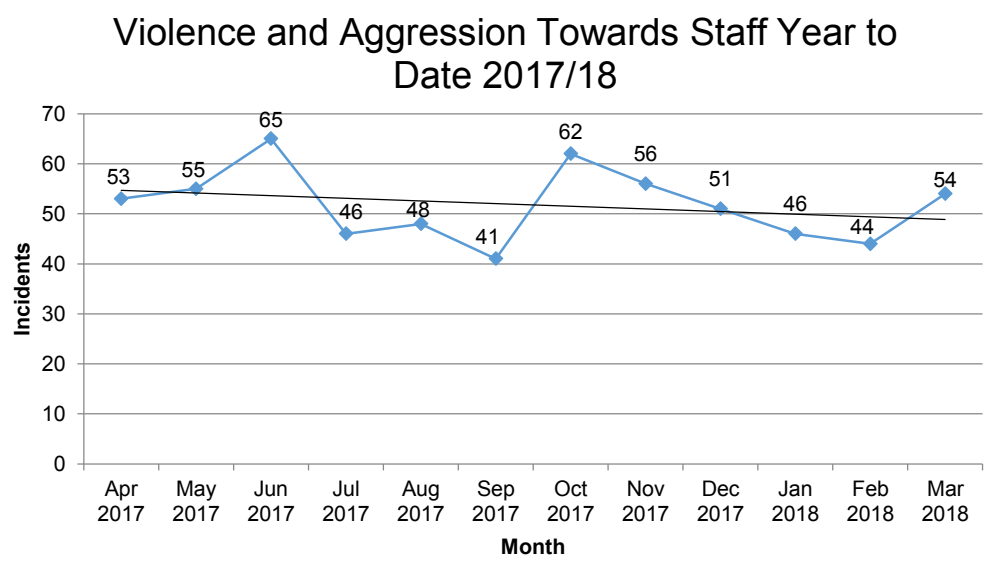


Figure 2

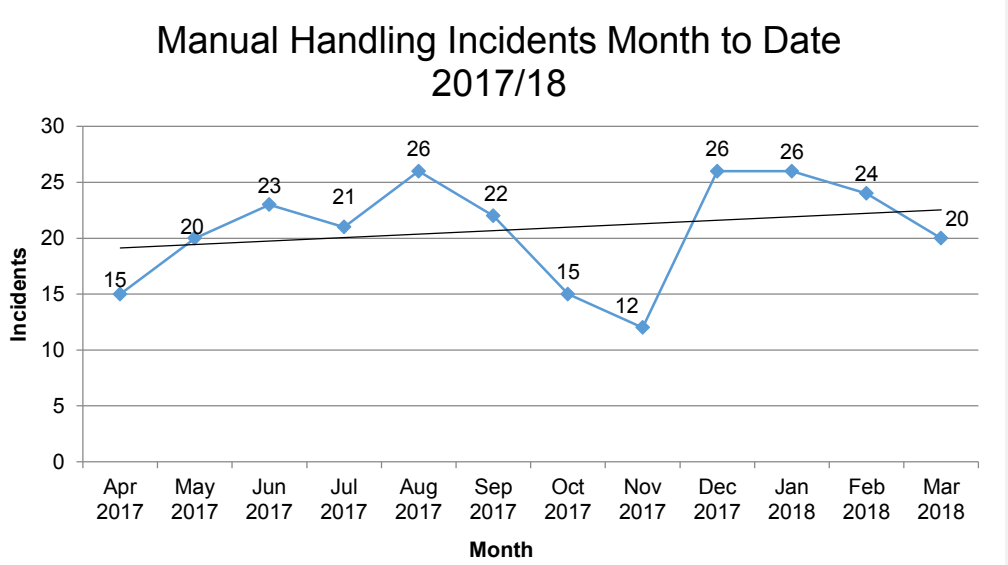


Figure 3

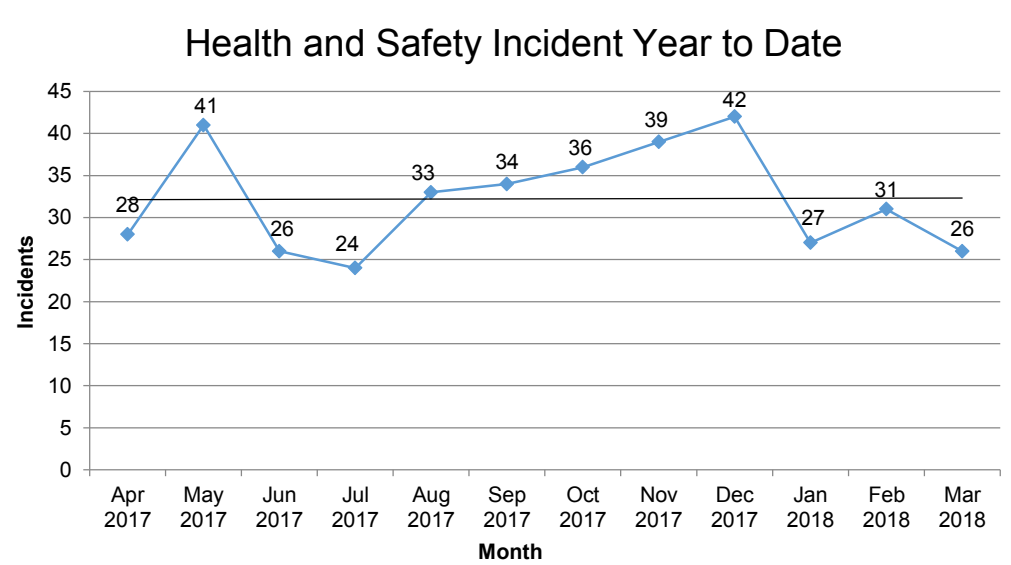


Figure 4

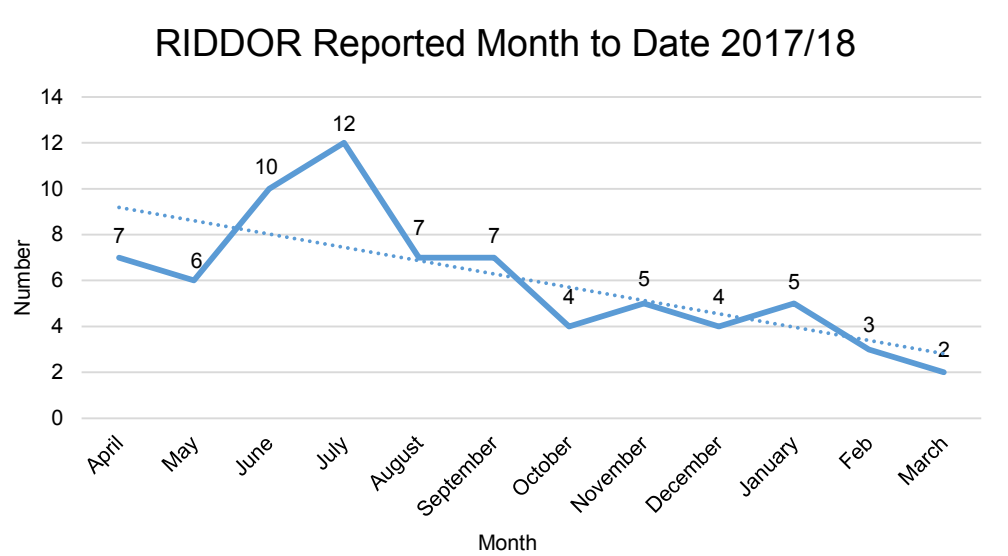
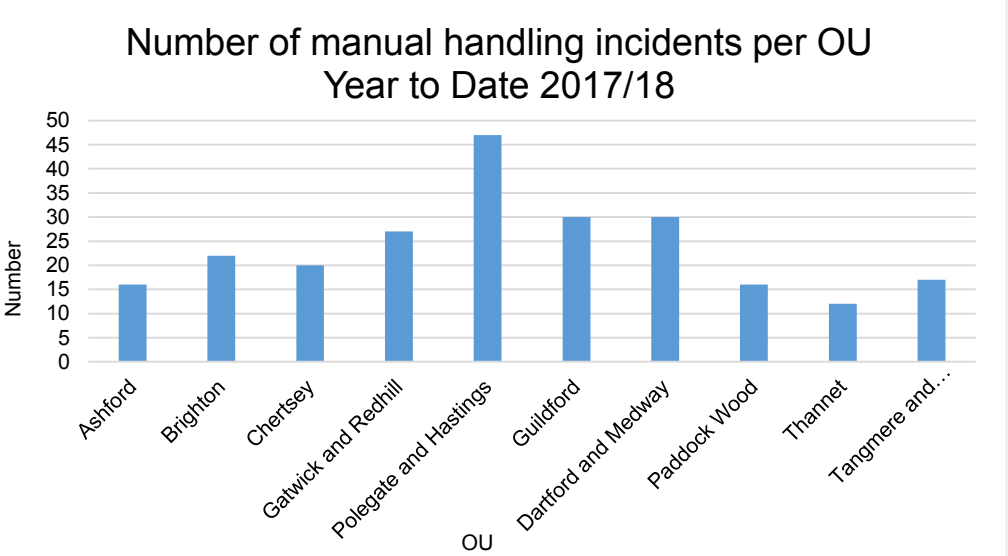


Figure 5



SECamb Operations 999 - Safe

Call Answer Performance: Call answer 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. It is intended that the Trust will meet the 95% performance trajectory by August 2018. In this respect, there has been an additional cohort of call takers recruited, that can take routine calls, to improve the efficiency of the Emergency Medical Advisors.

Duplicate Calls: The surge in duplicate ETA calls has caused a significant strain on call answering. The percentage of duplicate calls increased sharply over August and September 2017 and has remained at between 16-18%. In this regard, data is being collated to understand the reasons for this increase (i.e. time of day etc). The Trust is also looking at provision of a hard deck of 100 DCAs at night, together with the recruitment of 300 Operational staff by November 2018.

SECamb Operations 999 - Caring

Surrey Heartlands Pregnancy Advice Line: Recently went live within EOC. This is a collaborative venture between SECamb, Royal Surrey County Hospital, Epsom & St Helier University Trust and Ashford & St Peter's Hospital, which has been established as part of the Better Births early adopter's maternity transformation programme and seeks to provide a single point of advice and support for women across Surrey Heartlands who have booked and are under the care of these hospitals. A team of midwives employed by the three Trusts form a bespoke hub, providing a 24-hour telephone service fielding all calls from pregnant women booked for care at the three Trusts offering telephone triage, advice and sign-posting to the most appropriate place of care.

This project provides far greater support to our EMAs in the event that maternity related calls are received within the EOC, as well as assistance to crews as appropriate.

SECamb Operations 999 - Effective

Response Time Performance Targets: C1 performance is improving, together with a consistent C2 performance. However, the Trust is not meeting C3 and C4 response time targets due to resourcing levels. A Demand and Capacity Review is being undertaken to ensure SECamb understand the structural gaps in funding and resourcing in this respect. Additional vehicles are also being brought into the Trust to ensure the correct mix to meet patient needs, which will consist of 16 new Fiat van conversions, 85 new Mercedes box bodies and 30 second-hand Fiat conversions from West Midlands Ambulance Service.

Daily Quality Reviews: In order to attempt to mitigate risk, the longest call answer times and longest call duration are reviewed on a daily basis. In addition, reviews are undertaken when responses have breached the 90th centile x 3. These reviews highlight lessons learned surrounding patient safety/whether the Trust could have done something differently and provided a better response for future reference.

SECamb Operations 999 - Responsive

Surge Management Plan: The SMP went live on 19 February, with one-hour, one-day, one-week and one-month reviews undertaken by Operations. By undertaking this review process, the Trust were able to identify that the triggers set out initially did not enable a pro-active support mechanism and, therefore, these were revised to lower levels and the one-day, one-week and one-month reviews re-set and undertaken again, with no significant issues identified. The SMP is now being revised in line with comments received following these reviews, with an updated version to be circulated by the end of May once this document has been through the governance process.

Handover Improvement Project: This project is being undertaken in collaboration with Acute Trusts, with the target of having no patients waiting longer than 60-minutes for handover. This will result in improved patient experience and reinstate much needed resource hours back into the system to provide a better level of service to patients.

SECamb Operations 999 - Well Led

Key Skills Training: This has commenced throughout the Trust for Operational staff. In addition, objectives are currently being set for the Operations Team.

Teams A-F Operational Meeting Structure: New structure in place, which standardises Operational meetings across all levels, ensuring that there is a consistent approach to escalation of risks and issues, together with information flow.

SECAmb 999 Operations Performance Scorecard

Call Handling

	Jan-18	Feb-18	Mar-18	12 Month's
5 Sec EOC Performance (95%)	74.9%	60.5%	61.8%	
Average Call Pick Up Time	00:00:28	00:00:41	00:00:44	
Call Pick Up Time 95th Percentile	155	185	207	

Dispatch

	Jan-18	Feb-18	Mar-18	12 Month's
Average Allocation Time - Cat 1 (Secs)	tbc	tbc	tbc	tbc
Allocation Ratio	tbc	tbc	tbc	tbc
Response Ratio Cat 1	1.85	1.83	1.75	

Cat 1 Performance

	Jan-18	Feb-18	Mar-18	12 Month's
Mean (00:07:00)	00:07:51	00:08:19	00:08:14	
90th Percentile (00:15:00)	00:14:05	00:14:51	00:15:09	

Cat 1T Performance

	Jan-18	Feb-18	Mar-18	12 Month's
Mean (00:19:00)	00:10:35	00:11:20	00:11:30	
90th Percentile (00:30:00)	00:18:59	00:20:26	00:21:37	

Cat 2 Performance

	Jan-18	Feb-18	Mar-18	12 Month's
Mean (00:18:00)	00:16:13	00:17:44	00:19:37	
90th Percentile (00:40:00)	00:30:11	00:33:01	00:37:17	

Cat 3 Performance

	Jan-18	Feb-18	Mar-18	12 Month's
Mean	01:04:04	01:27:53	01:41:02	
90th Percentile (02:00:00)	02:23:34	03:19:44	03:52:06	

Cat 4 Performance

	Jan-18	Feb-18	Mar-18	12 Month's
Mean	01:41:24	02:26:10	02:29:08	
90th Percentile (03:00:00)	04:02:33	05:40:58	05:54:23	

HCP

	Jan-18	Feb-18	Mar-18	12 Month's
HCP 60 (75%)	45.6%	43.1%	38.4%	
HCP 120 (75%)	56.7%	48.2%	54.6%	
HCP 240 (75%)	73.7%	65.9%	66.6%	

Demand/Supply

	Jan-18	Feb-18	Mar-18	12 Month's
Call Volume	86023	80740	91009	
Incidents	59870	52890	57818	
Transports	38351	34069	37575	

Incident Outcome AQI

	Jan-18	Feb-18	Mar-18	12 Month's
Hear & Treat	4.7%	5.2%	5.9%	
See & Treat	34.4%	33.9%	32.8%	
See & Convey	60.9%	60.9%	61.3%	

Community First Responders

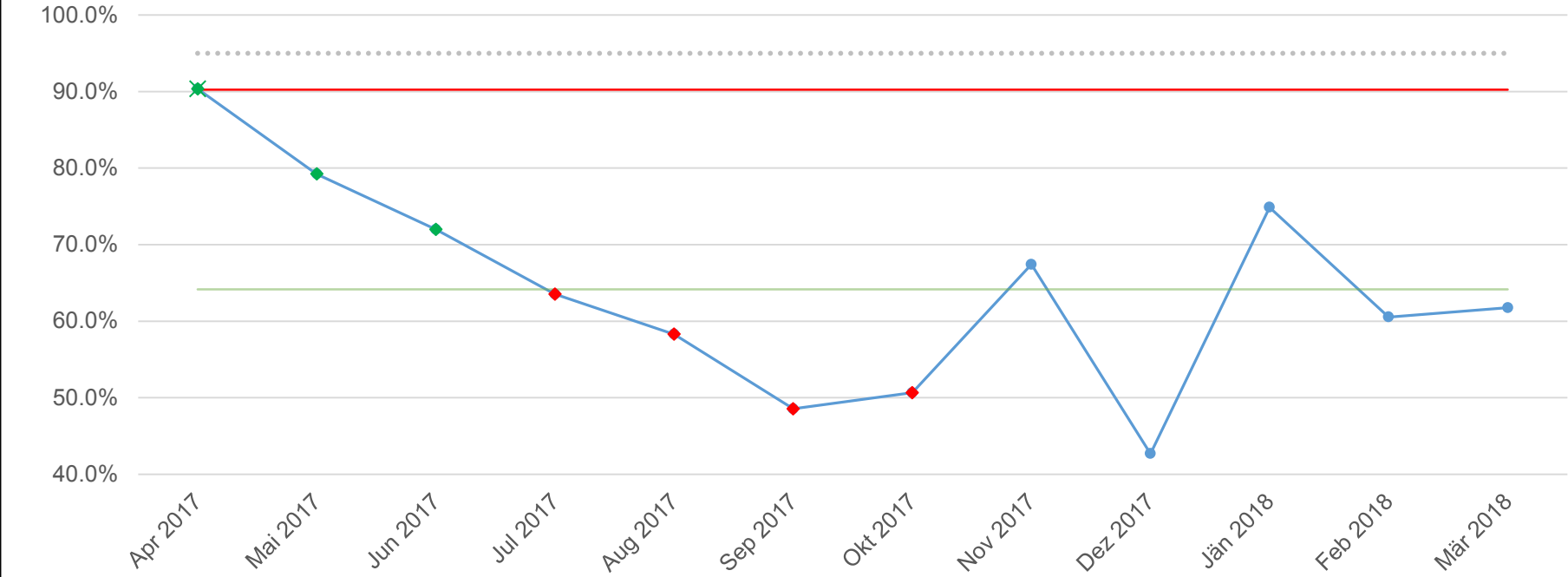
	Jan-18	Feb-18	Mar-18	12 Month's
Volume of incidents Attended	1263	1121	tbc	
Cat 1 Attendances	tbc	tbc	tbc	tbc
Hours Provided	19469	15150	tbc	

Call Cycle Time

	Jan-18	Feb-18	Mar-18	12 Month's
Clear at Scene (mins)	75.74	75.30	tbc	
Clear at Hospital (mins)	110.1	109.2	tbc	
Handover Hrs Lost at Hospital (over	7093	5697	6338	
Number of Handovers >60 mins	1209	875	1032	

SECAmb 999 Operations Performance Charts

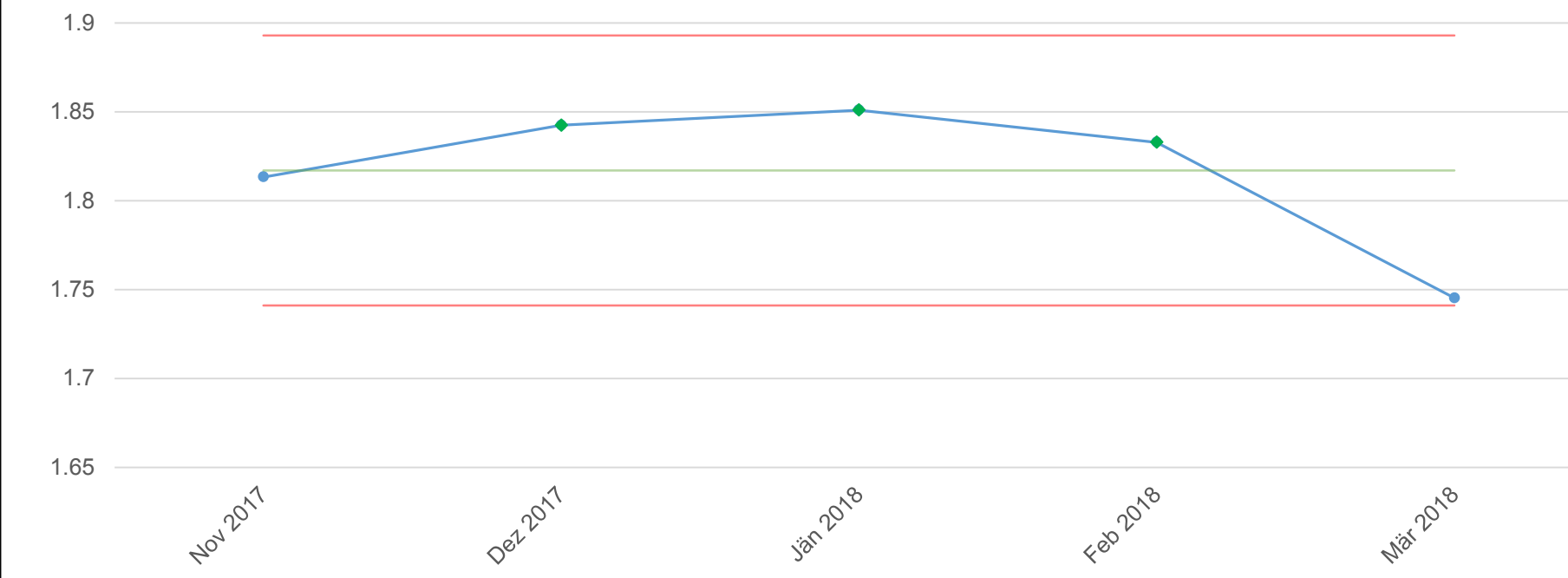
5 Sec ECO Call Handling Performance



Call answer performance for March has increased slightly to 61.8%. There was also an increase in call volume of 11%. The average call pick up time of 44 seconds has increased compared to last month.

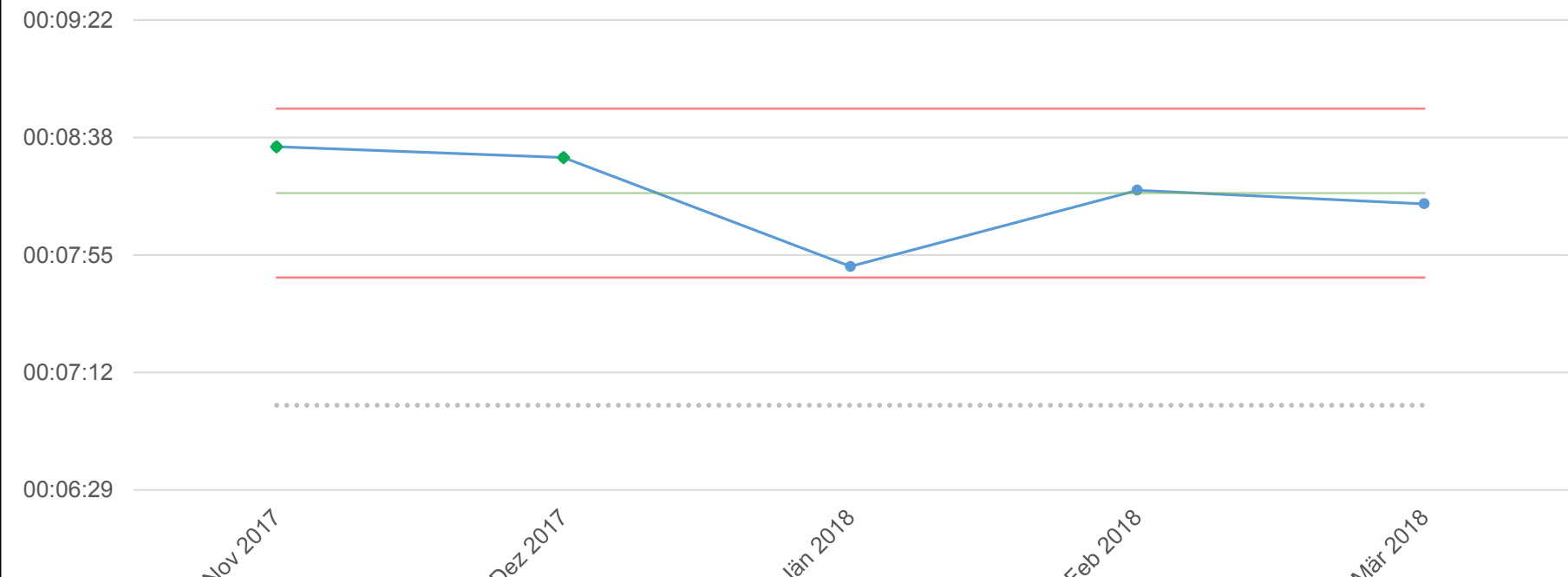
Call pick up performance is now included in the EOC action plan to address the CQC requirement of improving AQI, recruitment and staff retention. Significant scrutiny is still being placed on call handling performance with all efforts being made to improve this. There has been an additional cohort of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

Responses Per Incident Cat 1



Response ratio continues to decrease reaching the lowest point to date.

Cat 1 Mean (00:07:00) Performance



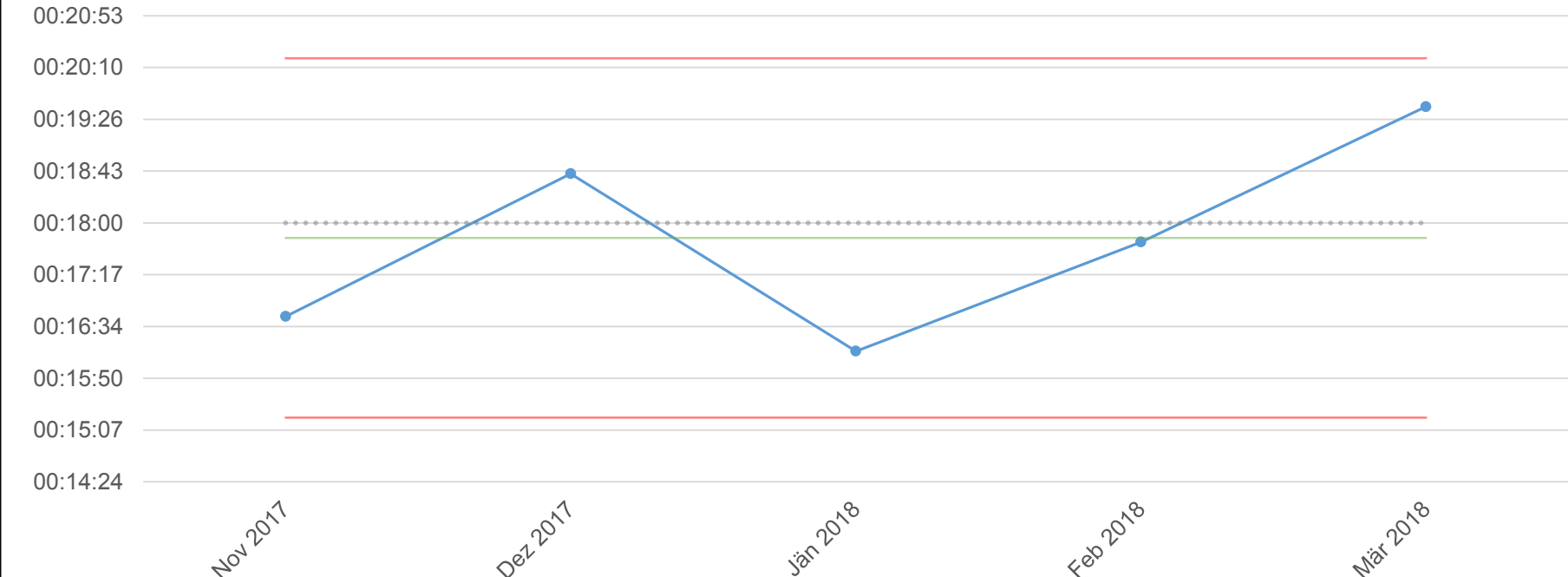
The Trust is currently 00:01:16 over the target mean for Cat 1 and 10 seconds over our 90th centile target.

Response time has stayed relatively the same in February and March, bearing in mind we had snowfall for just over a week towards the end of the February.

There were 2 days in March where we achieved Cat 1 mean, the lowest mean time reached was 00:06:11 and highest 00:09:42.

The Cat 1 response time target was slightly better for West EOC (00:08:13 mean) than for East EOC (00:08:22). Neither East or West reached the required 90th Centile target (East missed by 5 seconds and West 12 seconds).

Cat 2 Mean (00:18:00) Performance



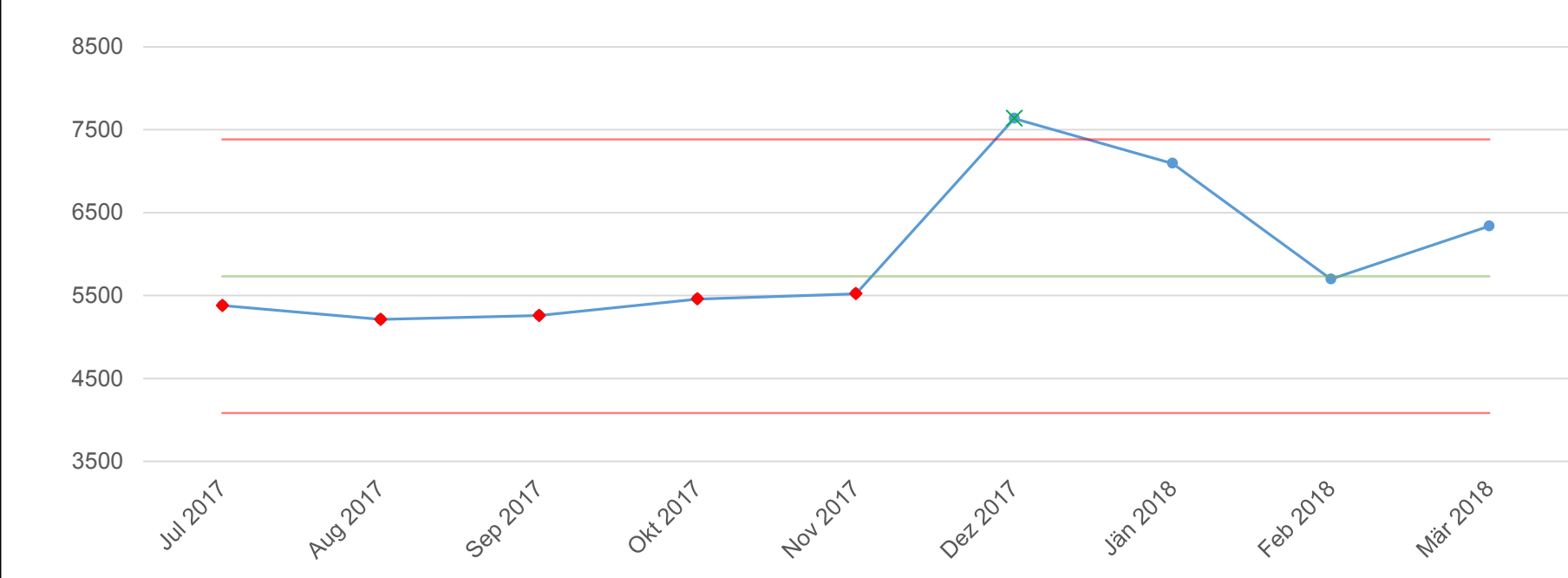
We did not achieve our Cat 2 mean response time target for March. There has been a continuous increase in response time since January and we have reached the highest mean time to date in March. This correlates to a 12.7% increase in demand compared to February.

We are still continuing to achieve our 90th percentile target since the introduction of ARP in November 2017, with March having a response time of 00:37:29.

There were 7 individual days where we achieved our Cat 2 mean target, the best response time being 00:14:27 and worst response time of 00:24:34.

East and West did not achieve the mean response time target, both had a response time of 00:19:50. The 90th percentile target was reached for both, East achieving 00:37:25 and West 00:37:34.

Hours Lost at Hospital (over 30mins)



There were 1032 patient handovers over 60mins for March (daily average of 33 patients) this is an increase of 15% compared to February. Similarly the hours lost over 30 mins due to delays has increased to 6338 hours (daily average of 204.5 hours).

Year on year March 2018 has an increase of 1063.02 hours lost over 30mins and the total number of patient handovers over 60mins has increased by 37%.

The hospital with the highest total hours lost over 30 mins was Medway Hospital (701.5hrs) and 2nd is Royal Sussex County (647.3hrs) both hospitals have the highest average daily patient handovers (Medway 104 and Royal Sussex County 99 patients).

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

SECamb Operations 111 - Safe

Safety remains a key priority for 111 with performance continually monitored and reviewed. This is best demonstrated by the Operational Recovery Plan (ORP) created by the service to combat a deteriorating level of performance in quarter four. Risk management is embedded across the whole service with good levels of reporting for incidents on Datix and a consistently high rate of successful completion of incident investigations. The levels of complaints remained static in quarter four, despite the far greater level of service activity experienced year on year. There was also no breaching of any complaint reports in terms of investigation responses back to the Trust's Patient Experience Team.

The service continues to refine its staff workforce planning tool to deploy resource and prioritise when call handlers (especially clinicians) are most needed to meet demand, even with erratic call profiles and fluctuating demand.

SECamb Operations 111 - Caring

The service's mission statement is "caring for patients and each other" and this remains central to the service's ethos. A huge effort has been made with regards to staff engagement in quarter four and this has resulted in the creation of a "Culture Club" in the service's Ashford 111 Contact Centre. This forum is aimed at facilitating colleague feedback and enabling a more collaborative approach to dealing with issues, concerns and opportunities that arise in the service. A number of initiatives are on-going in terms of engagement with external stakeholders to improve the patient experience and also with respect to making the 111 Contact Centre a more enjoyable place to work.

SECamb Operations 111 - Effective

Daily, weekly and monthly monitoring and analysis is undertaken to benchmark the service against its contractual KPI's and against national performance. The service continues to work coherently with its Commissioners to address any issues and the current Operational Recovery Plan (ORP) was written in conjunction with Commissioners and progress against this is reviewed on a weekly conference call. The service also embarked on a series of Joint Commissioner Provider (JCP) clinical pilots in 2017/18 and this has resulted in an increased focus on clinical intervention and system integration.

SECamb Operations 111 - Responsive

The service continues to reach out and engage with all stakeholders including patients, Commissioners and NHS E. An example of this was the collaboration with another local provider to develop a specific script to manage patient expectations for that service when it is in escalation. This was particularly pertinent over the Easter period when the service was able to protect multiple providers when there were periods of incredibly high demand within the urgent and emergency care system.

The service has detailed recruitment and retention plans and uses a workforce planning tool to endeavour to match resources to demand. Complaints and incidents in relation to the service are managed effectively and the learns and improvements subsequently identified are shared and embedded within the service to promote best practice.


SECamb Operations 111 - Well Led

The service has a clearly defined management structure in place with daily and weekly meetings taking place to ensure that the service's Senior Leadership Team (SLT) has a clear understanding of performance, risks and what actions are required to ensure that the service stays on track with its plans. The SLT has developed an Operational Recovery Plan (ORP) in collaboration with Commissioners which has provided a clear focus on what actions are required to deliver the level of performance and milestones that patients and all stakeholders (internal and external) have a right to expect.

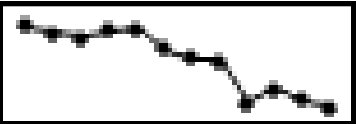
The governance meetings, both internal and external continue to take place with risks and opportunities explored to ensure that patient safety and quality is maintained. KMSS 111 remains clinically-led and the service continues to be fully compliant with its NHS Pathways license requirements (including audit requirements), this is despite the challenges of incredibly high service activity and call volumes in quarter four.

SECAmb 111 Operations Performance Scorecard

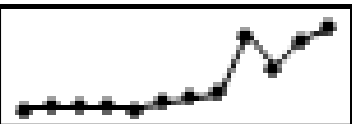
Calls Offered

	Jan-18	Feb-18	Mar-18	12 Month's
Actual	99868	92798	112748	
Previous Year	96799	79876	83545	


Calls answered in 60 Seconds

	Jan-18	Feb-18	Mar-18	12 Month's
Actual %	56.9%	49.2%	45.1%	
Previous Year %	83.7%	92.5%	92.5%	
Target %	95%	95%	95%	

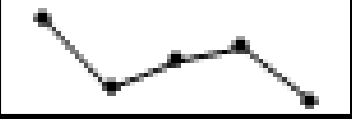
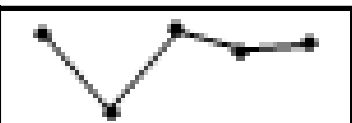

Calls abandoned - (Offered) after 30secs

	Jan-18	Feb-18	Mar-18	12 Month's
Actual %	8.4%	13.4%	15.7%	
Previous Year %	2.9%	0.7%	0.9%	
Target %	2%	2%	2%	

Combined Clinical KPI

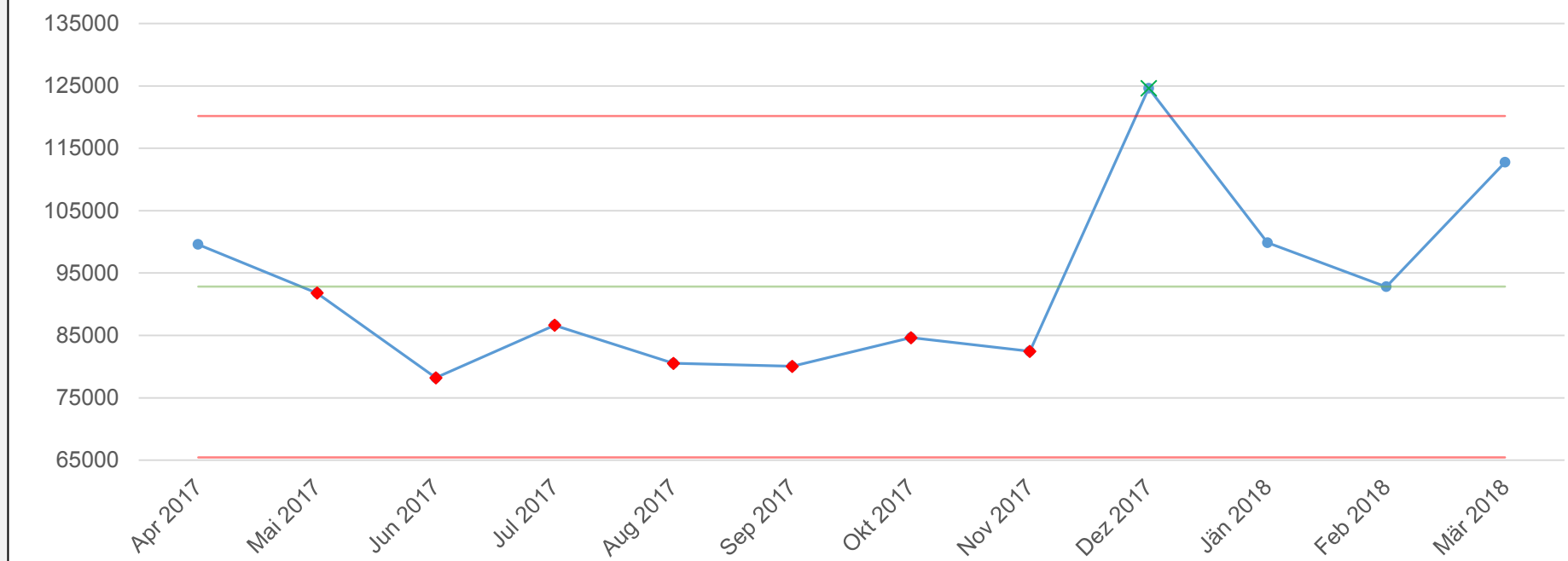
	Jan-18	Feb-18	Mar-18	12 Month's
Actual %	74.7%	71.4%	71.9%	
Previous Year %	81.6%	73.6%	73.6%	
Target %	90%	90%	90%	

Outcomes

	Jan-18	Feb-18	Mar-18	12 Month's
999 Referrals % (Answered Calls)	11.4%	11.7%	10.5%	
999 Referrals (Actual)	10048	9129	9627	
A&E Dispositions % (Answered Calls)	7.5%	7.2%	7.3%	
A&E Dispositions (Actual)	6610	5604	6756	
Home Management %	tbc	tbc	tbc	

SECAmb 111 Operations Performance Charts

111 - Calls Offered



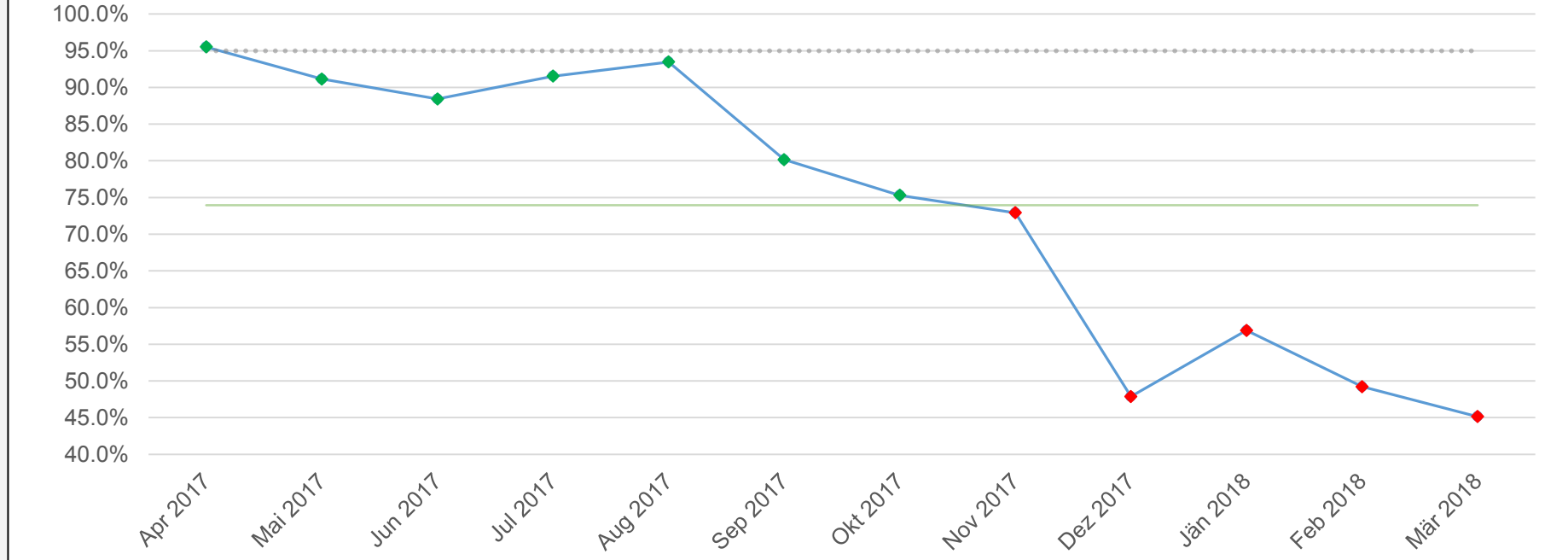
Call volumes climbed to 112748 for the month, a month of extreme pressures caused by adverse weather, winter pressures and the Easter weekend.

There was a steep rise in calls made to 111 in quarter four in comparison to the previous six months and also year on year. This increase in demand was as a direct result of the conflation of winter pressures and the episodes of adverse weather experienced in the New Year.

The higher level of activity culminated in March 2018 being the busiest month experienced by KMSS 111 outside of December.

The increased activity in 111 is attributable to a number of factors including increased patient awareness of the 111 service and incredibly high demand experienced within Primary Care overflowing in to 111. Inevitably this led to more patients entering the urgent and emergency care system after receiving an NHS Pathways triage assessment with the majority of healthcare providers under pressure.

111 - Calls answered in 60 Seconds

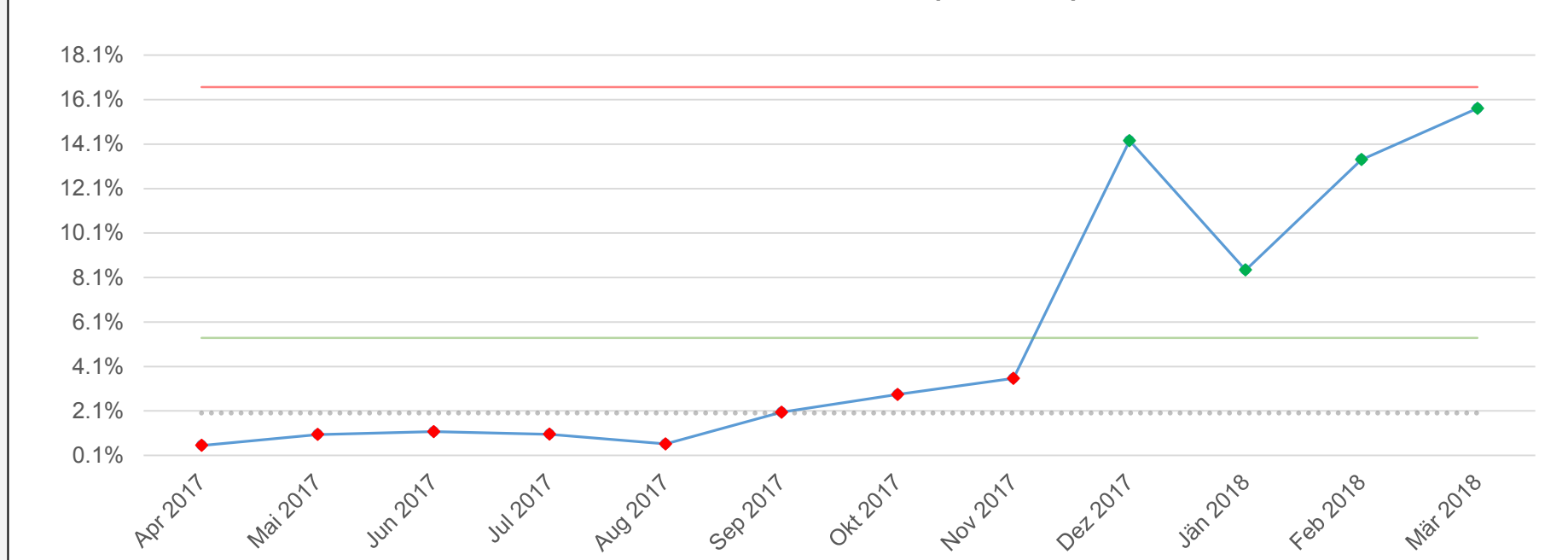


The “Answered in 60” KPI consequently declined slightly to 45.1%, as a result of the high demand experienced in quarter four and a higher than planned rate of shrinkage (sickness/non-attendance) and staff turnover.

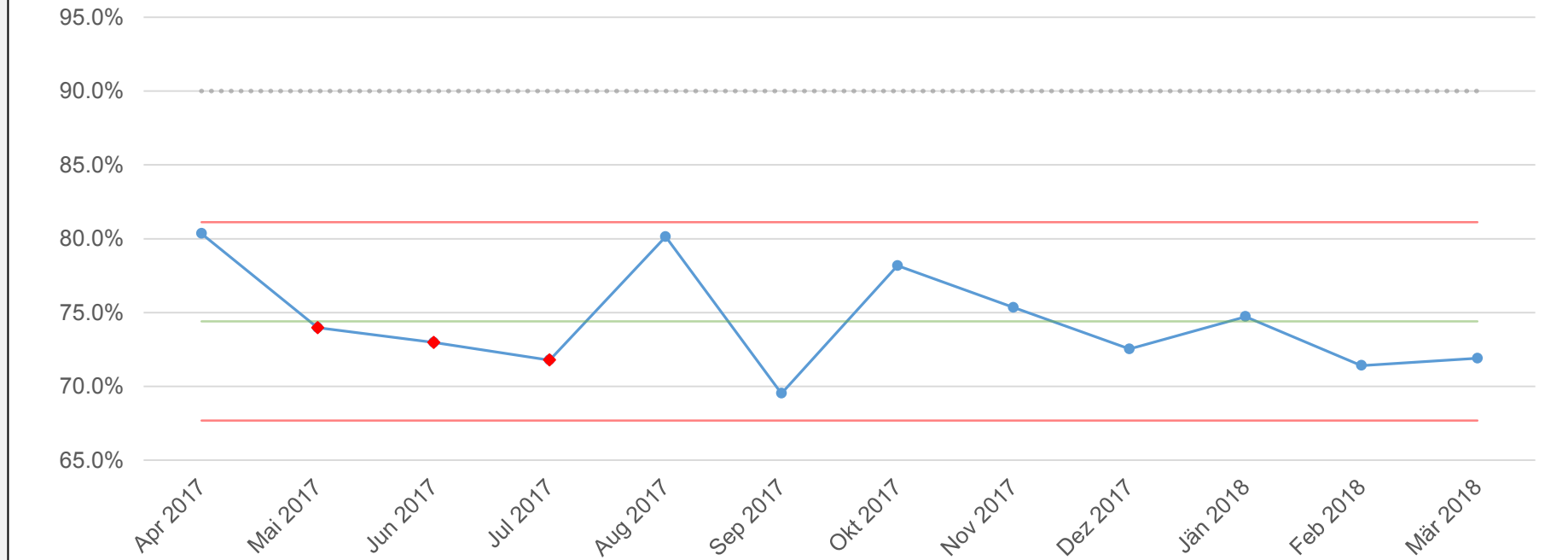
However, there were tangible signs of recovery towards the latter half of March as large cohorts of newly-trained Health Advisors started actively taking calls during the month, as per the 111 recruitment plan.

The incredibly high level of call activity and the inability of 111 to deliver the operational Answer in 60 seconds KPI, resulted in an elevated level of churn and a high level of call abandonment, especially at weekends with sharp spikes of call activity. The higher levels of sickness and erratic call profiles (when calls present to 111) also contributed to the higher rate of abandoned calls.

111 - Calls abandoned - (Offered) after 30secs



111 - Combined Clinical KPI

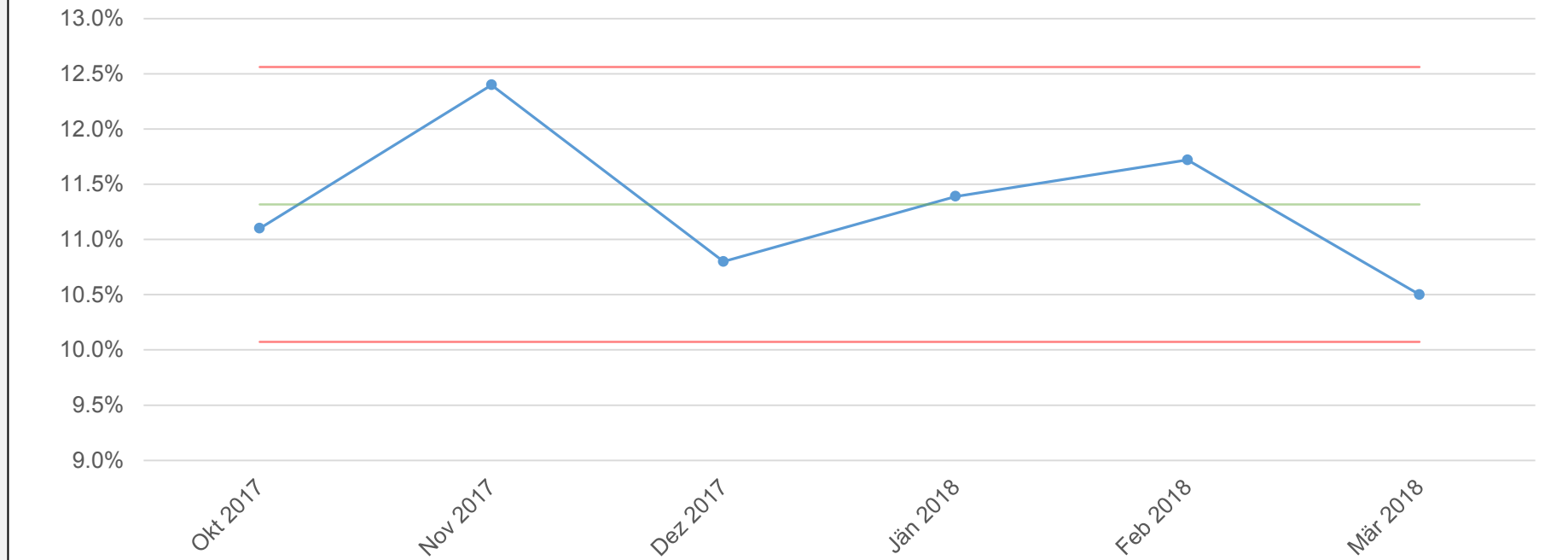


Clinical performance at 71.9% again outperformed the national average by a significant margin, emphasising our status as a clinically-driven service.

The service’s clinical performance, as articulated by its Combined Clinical KPI (patients receiving an immediate transfer to a clinician or a call-back from a clinician within 10 minutes) was consistently above 70% across the quarter.

In essence this means that over two thirds of patients triaged by KMSS 111 had a rapid clinical intervention within ten minutes of being assessed. This level of performance is consistently 10% better than the NHS E national average and demonstrates 111’s commitment to patient care and being a clinically-led and quality-driven service.

111 - 999 Referrals



The KMSS 111 Ambulance referral rate fell significantly to 10.5% due to the continued effects of Clinical Inline Support.

The 111 service has invested a tremendous amount of time, planning and resource to operating its Clinical In-line Support (CIS) on a 24/7 basis during 2017/18. This has meant that there is always at least one “floor-walking” clinician tasked with validating non-emergency Cat 3 and 4 ambulances. As a result, the KMSS 111 Ambulance referral rate fell significantly to 10.5% in March and remains consistently better than the NHS E national average as the service endeavours to protect the ambulance service, especially at periods of high demand and when the 999 service is under pressure.

Quarter 4 Performance

KMSS 111 has experienced a very challenging quarter four of 2017/18 and in particular March, which saw demand associated with winter pressures conflate with the anticipated increase of service activity in the approach to the Easter period. Call activity and the ability of the service to answer calls in 60 seconds exceeded the capability of the service and available resource to meet this demand. As a result, the operational KPI's of "Answer in 60" and "Call abandonment rate" were disappointing. However, the service continues to deliver a strong clinical performance with its combined clinical KPI almost 10% better than the NHS E national 111 average for March and the rate of 999 referrals continuing to be below the national average, demonstrating the service's commitment to utilising its clinical resource to protect the wider urgent and emergency care system.

The service has created a detailed Operational Recovery Plan (ORP) in conjunction with Commissioners and this was a key factor in the service's performance improving in the second half of March and especially across the intensely busy Easter period.

SECamb Workforce - Safe

SECamb continually works to promote safe working practice and through the Trust's delivery plan is taking substantive action by way of cultural development and ongoing recruitment drives to ensure that recruitment pipelines are in place to address staff shortfalls. The HR Directorate is working closely with the Demand and Capacity to create a work force plan / trajectory that will enable the Trust to meet ARP Targets over time. Similarly the cross directorate work to mitigate risk through the allocation of overtime, targeted increases in staff rotas at key points as well as the use of PAPS continues to support compliance with this domain.

SECamb Workforce - Caring

As mentioned above SECamb places a great deal of importance in the caring nature of its service and in the support of colleagues within the Trust. Our culture programme is making steady progress and the Trust continues to build upon the work of the Wellbeing Hub.

SECamb Workforce - Effective

Workforce is central to successful delivery and the plans and delivery within the HR Directorate is a key enabler for operations to optimise the hours available on the road and within the EOC environment.

SECamb Workforce - Responsive



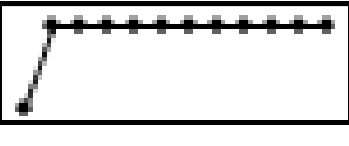

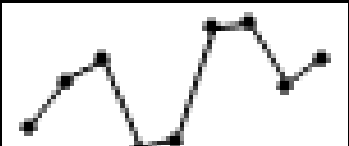
SECamb continues to engage with its workforce via a number of methods. Our pulse surveys continue and plans are in train to meet with and support Operational Units in their geography by way of recruitment and staff engagement. This will also be coordinated with the work of the Strategy and Business Development Directorate to take on the views of our teams in the further development of the Trust's Strategic Plan and supporting objectives. In addition to this work the HR department is increasingly responsive to the potential challenges faced by all personnel when seeking to engage in HR Process. This work will continue to optimise process and signpost more effectively.

SECamb Workforce - Well Led

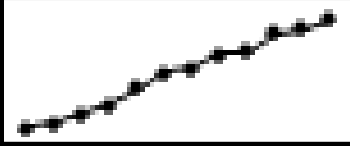

As the Cultural development programme continues within SECamb this will highlight and disseminate those behaviours and values selected by the Trust's personnel that support successful delivery and in many ways are key to being well led. Key roles within the programme are ring fenced and much of the activity undertaken is about enabling, supporting and empowering our teams to lead and get the best out of each other.

SECAmb Workforce Scorecard



Workforce Capacity

	Jan-18	Feb-18	Mar-18	12 Month's
Number of Staff WTE (Excl bank & agency)	3057.6	3079.8	3077.0	
Number of Staff Headcount (Excl bank and agency)	3330	3350	3349	
Finance Establishment (WTE)	3525.29	3527.29	3532.29	
Vacancy Rate	13.40%	12.65%	12.82%	
Vacancy Rate Previous Year	9.28%	8.23%	9.64%	
Adjusted Vacancy Rate + Pipeline recruitment %	10.67%	9.20%	9.83%	

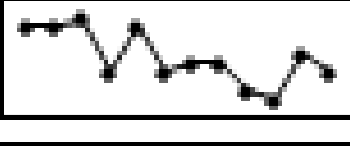


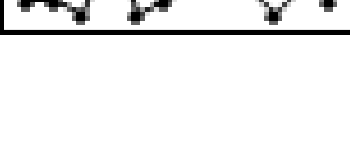
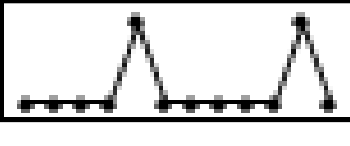
Workforce Compliance

	Jan-18	Feb-18	Mar-18	12 Month's
Objectives & Career Conversations %	78.81%	83.95%	91.95%	
Statutory & Mandatory Training Compliance %	79.12%	86.32%	93.24%	
Previous Year %	78.50%	81.90%	85.00%	

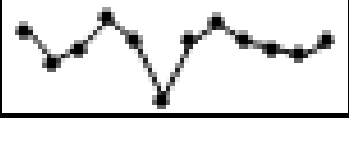
Workforce Costs

	Jan-18	Feb-18	Mar-18	12 Month's
Annual Rolling Turnover Rate %	17.85%	17.74%	17.19%	
Previous Year %	16.90%	16.60%	16.70%	
Annual Rolling Sickness Absence	5.22%	5.26%	5.12%	

Employee Relations Cases

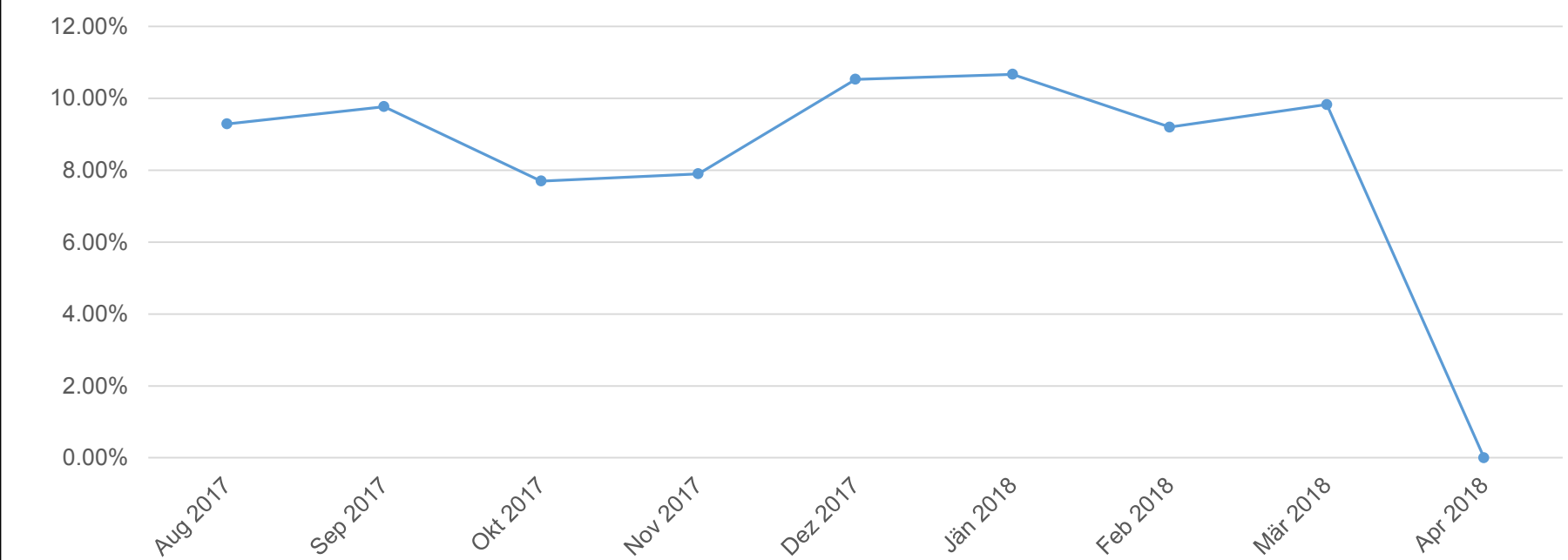
	Jan-18	Feb-18	Mar-18	12 Month's
Disciplinary Cases	1	6	4	
Individual Grievances	16	6	5	
Collective Grievances	1	1	3	
Bullying & Harassment	0	2	1	
Bullying & Harassment Prev Yr	1	0	3	
Whistleblowing	0	1	0	
Whistleblowing Previous Year	1	0	0	

Physical Assaults (Number of victims)

	Jan-18	Feb-18	Mar-18	12 Month's
Actual	16	15	17	
Previous Year	17	16	18	
Sanctions	3	3	9	

SECamb Workforce Charts

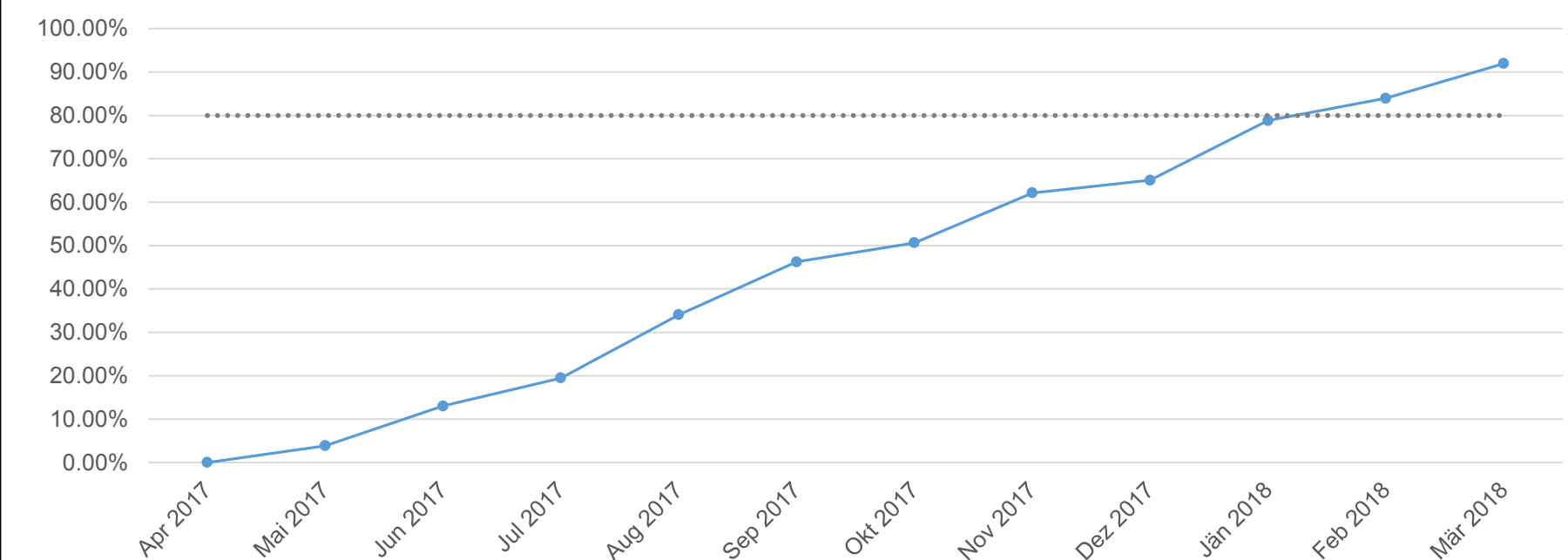
Adjusted Vacancy Rate + Pipeline recruitment %



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 and intensive support meeting to address the short term resourcing gaps for operational staff. Recruitment have brought in additional staff, 2 Recruitment Advisors and 1 Compliance Admin, to address the increasing work load.

Objectives & Career Conversations

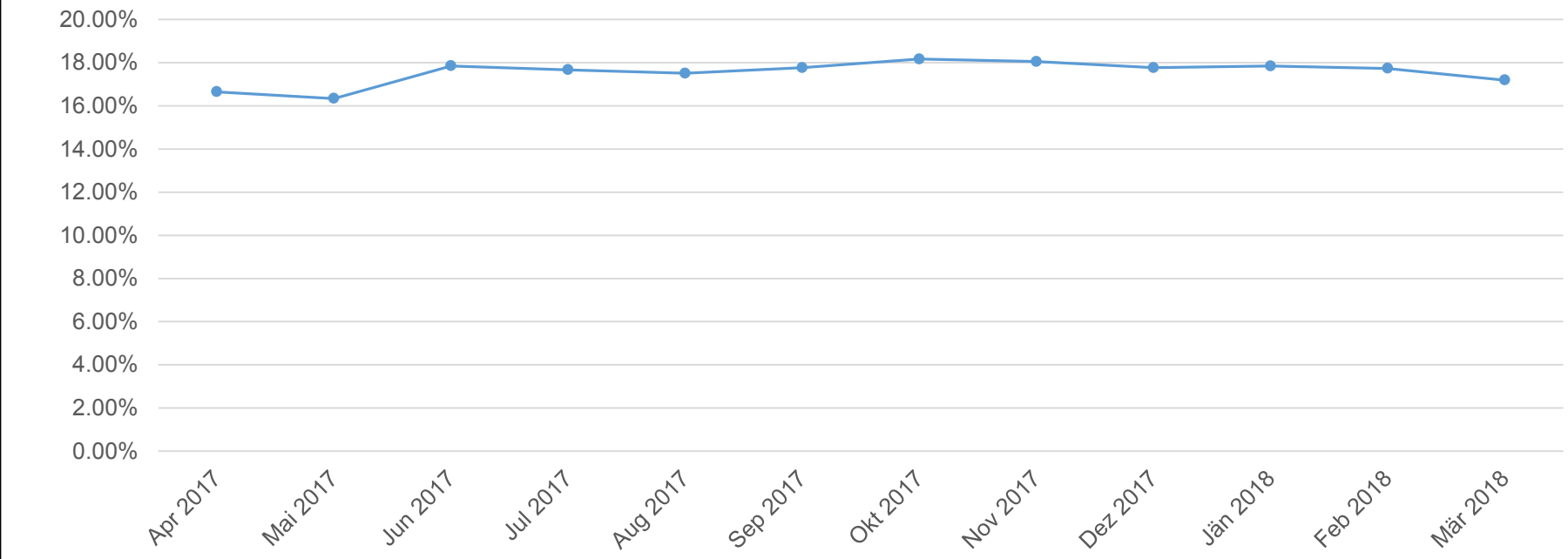


In March we exceeded the end of year target of 80%, we achieved 91.95%.

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

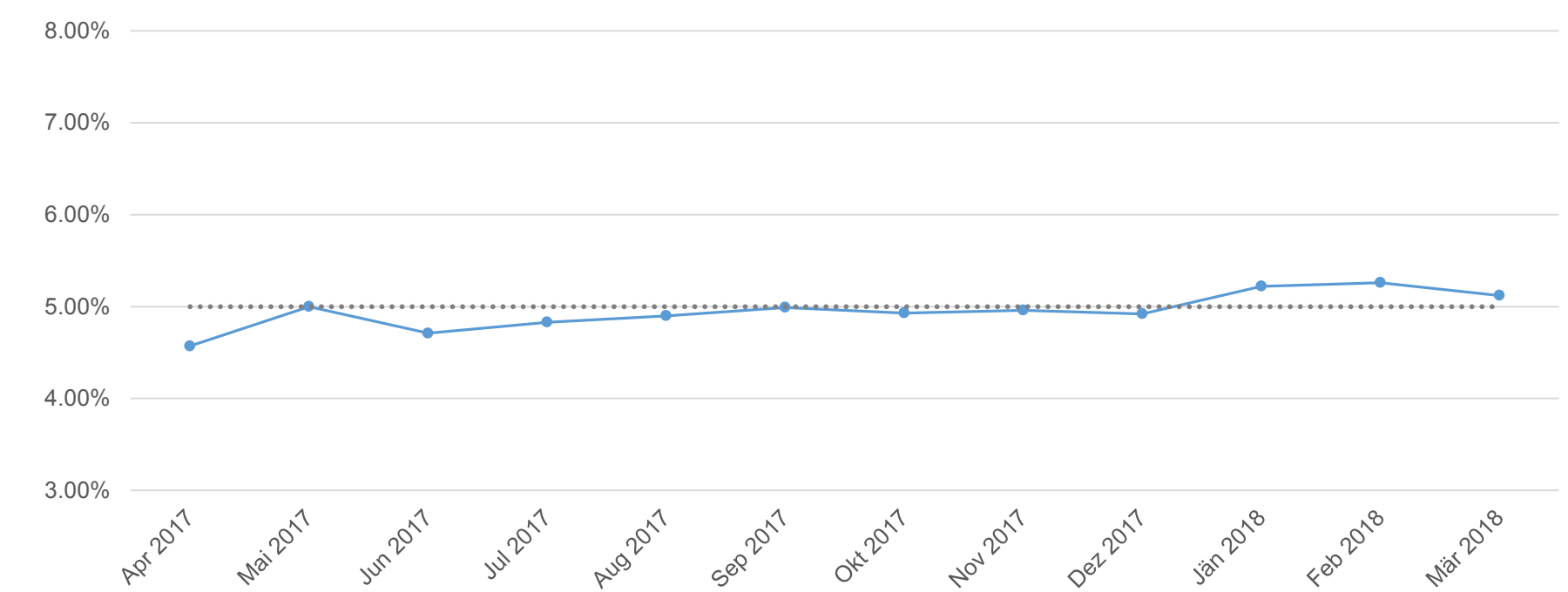
Training on the delivery of good appraisals has been commissioned and is currently being delivered to managers during May and June.

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.

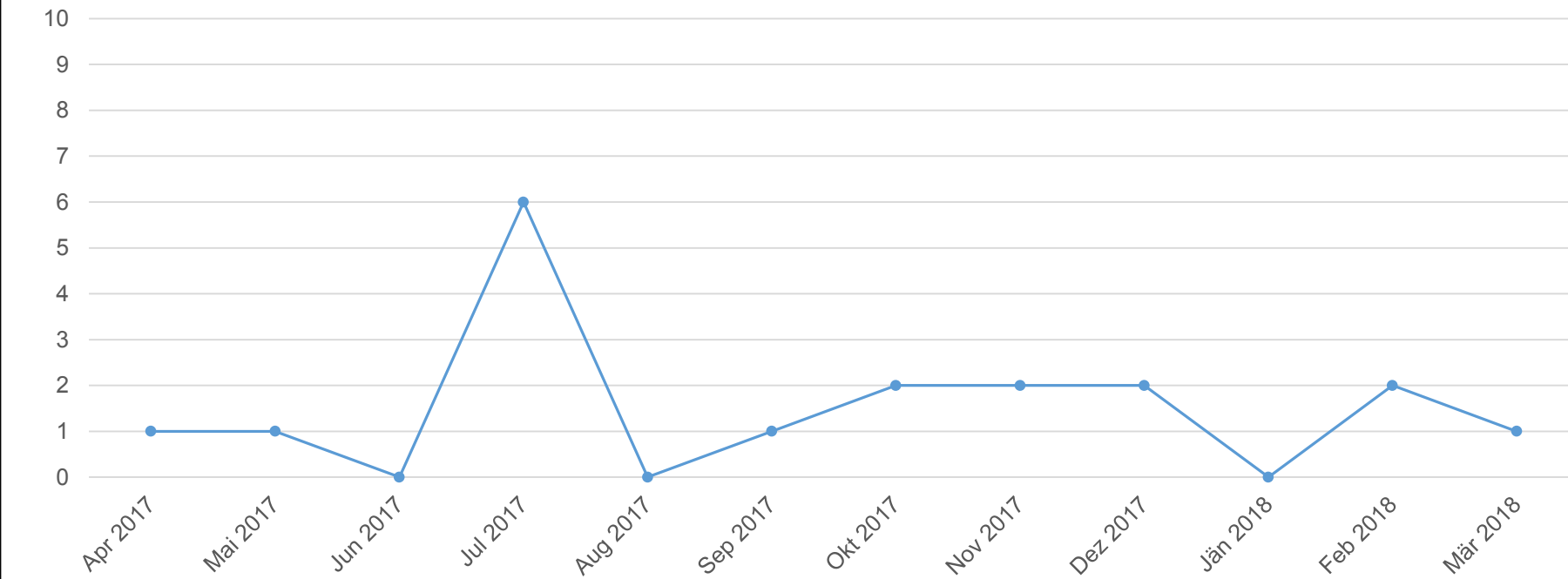
Annual Rolling Sickness Absence



The trusts sickness rate stayed above 5% this month. 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 was 1 new B&H cases in March.


A review of the Exit Interview Data (March 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 Finance Performance Scorecard


Income

	Jan-18	Feb-18	Mar-18	12 Month's
Actual £	£ 17,171	£ 16,810	£ 25,743	
Previous Year £	£ 17,542	£ 17,179	£ 16,787	
Plan £	£ 17,585	£ 16,109	£ 17,367	


Expenditure

	Jan-18	Feb-18	Mar-18	12 Month's
Actual £	£ 16,404	£ 16,032	£ 22,806	
Previous Year £	£ 17,614	£ 17,576	£ 17,154	
Plan £	£ 16,827	£ 15,400	£ 16,576	

Capital Expenditure

	Jan-18	Feb-18	Mar-18	12 Month's
Actual £	£ 285	£ 780	£ 3,190	
Previous Year £	£ 1,250	£ 1,356	£ 1,859	
Plan £	£ 856	£ 856	£ 856	
Actual Cumulative £	£ 3,878	£ 4,658	£ 7,848	
Plan Cumulative £	£ 14,124	£ 14,980	£ 15,836	

Cost Improvement Programme (CIP)


	Jan-18	Feb-18	Mar-18	12 Month's
Actual £	£ 1,496	£ 1,380	£ 1,406	
Previous Year £	£ 552	£ 488	£ 764	
Plan £	£ 1,399	£ 1,380	£ 1,409	
Actual Cumulative £	£ 12,736	£ 14,116	£ 15,522	
Plan Cumulative £	£ 12,311	£ 13,691	£ 15,100	

CQUIN (Quarterly)

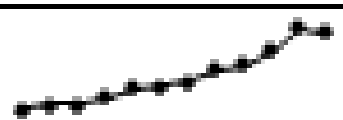
	Q3 17/18	Q4 17/18	Q1 18/19
Actual £	£ 846	£ 847	£ 283
Previous Year £	£ 952	£ 1,019	£ 716
Plan £	£ 848	£ 848	£ 283

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


Surplus/(Deficit)

	Jan-18	Feb-18	Mar-18	12 Month's
Actual £	£ 767	£ 778	£ 2,937	
Actual YTD £	-£ 2,417	-£ 1,639	£ 1,298	
Plan £	£ 758	£ 709	£ 791	
Plan YTD £	-£ 2,503	-£ 1,794	-£ 1,003	

Cash Position

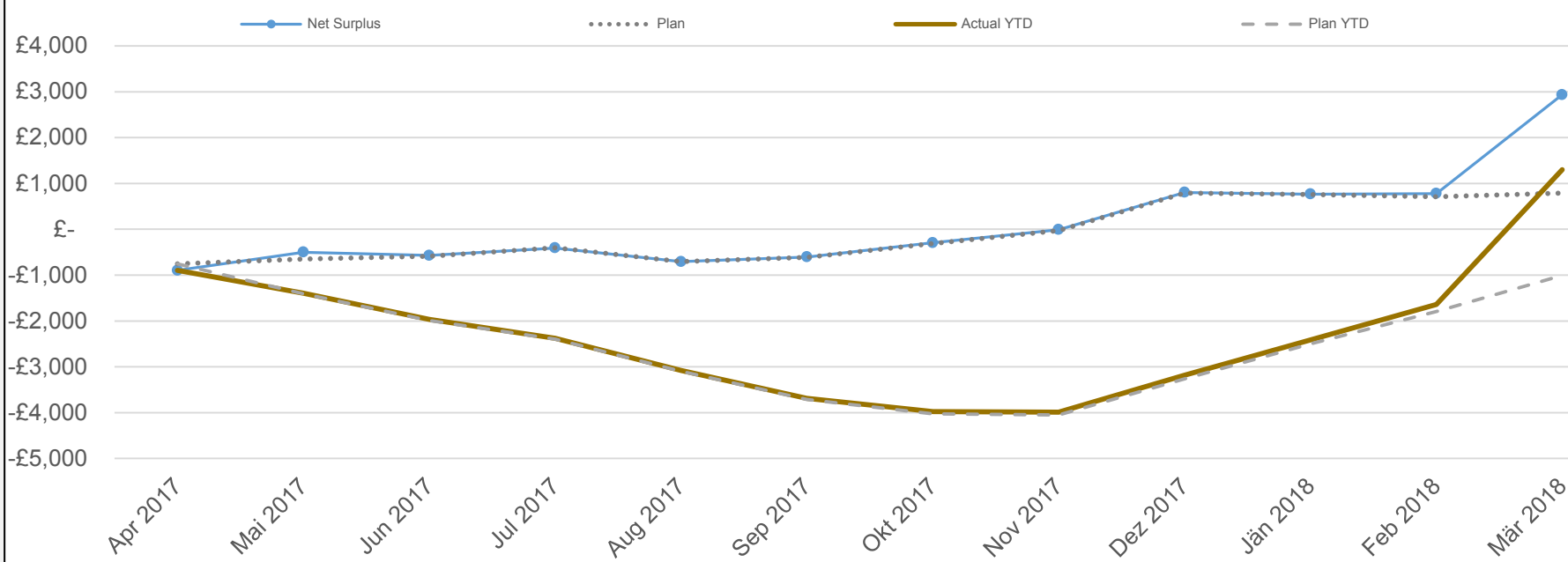
	Jan-18	Feb-18	Mar-18	12 Month's
Actual £	£ 19,564	£ 23,953	£ 22,892	
Minimum £	£ 10,000	£ 10,000	£ 10,000	
Plan £	£ 5,857	£ 5,728	£ 5,459	

Agency Spend

	Jan-18	Feb-18	Mar-18	12 Month's
Actual £	£ 316	£ 223	£ 413	
Plan £	£ 329	£ 328	£ 325	

SECamb Finance Performance Charts

Net Surplus/Deficit

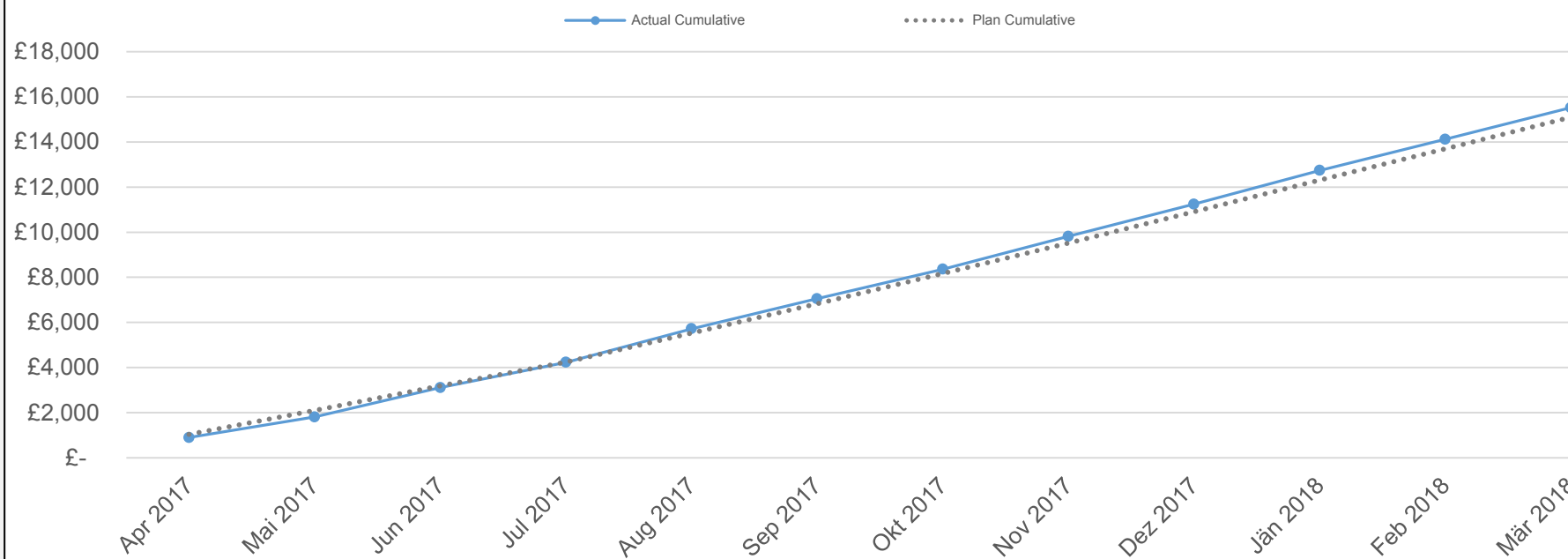


The Trust has met its control total for the year (£1.0m deficit). Following late adjustments to funding announced by NHSI, the final Trust position for the year is a surplus of £1.3m, which is £2.3m better than plan. The position before these adjustments was a deficit of £0.9m.

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)

Cost Improvement Programme (CIP)

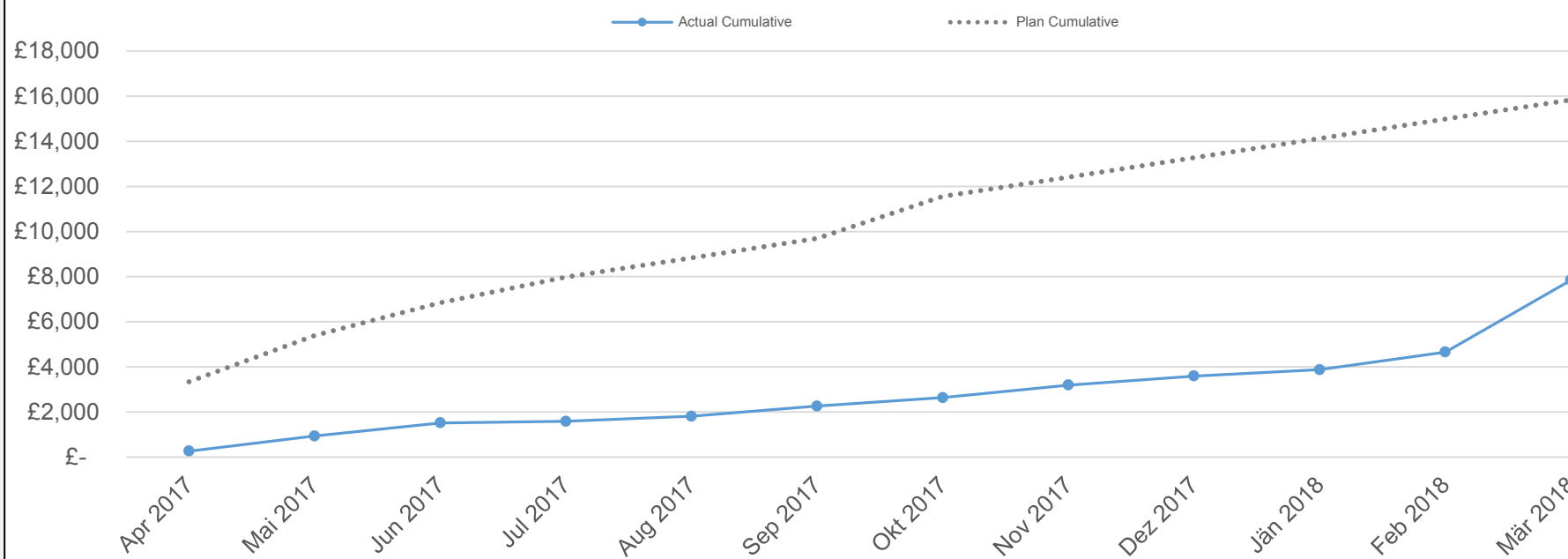


CIP schemes achieved £15.5m for the year, as projected at month 11.

Actual achievement was £0.4m ahead of plan for the year.

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

Capital Expenditure

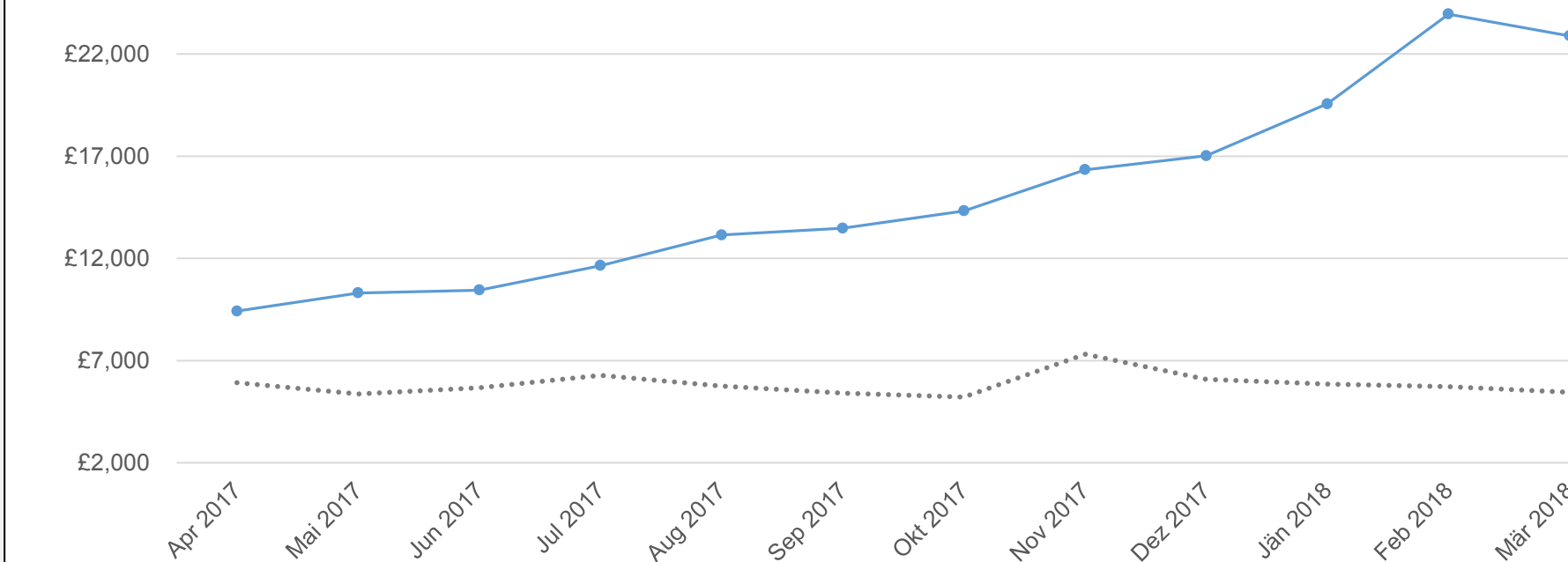


Spend on capital for the year was £7.8m against a plan of £15.8m.

The underspend on the programme of £8.0m 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 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 and a new Informatics System £0.1m. With the exception of Cyber Security, these are substitute schemes.

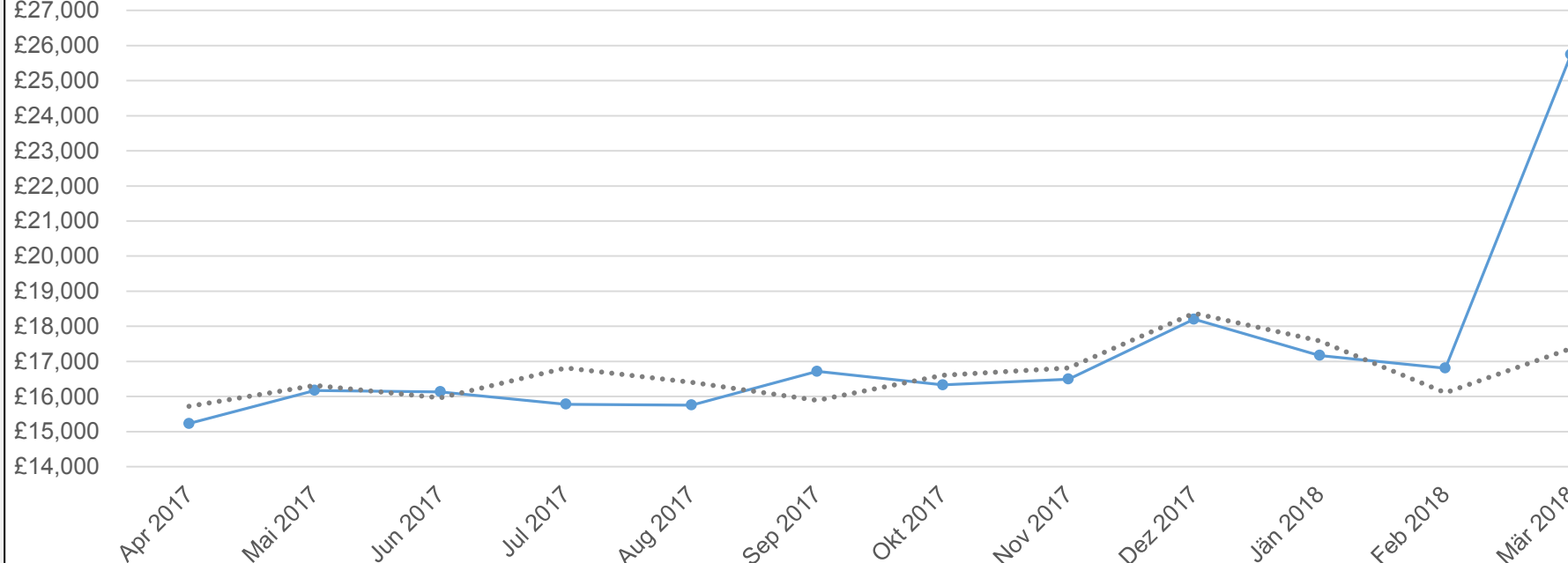
Cash Position



The cash position ended the year at £22.9m, a reduction on the £24.0m balance at the end of February.

The cash balance has increased by nearly £10.0m over the year, partly attributable to a £9m reduction in cash spend on the capital programme compared to 2016/17. There is a £2.8m capital creditor outstanding at year end. The cash flow forecast continues to show strong liquidity for the foreseeable future. The working capital loan balance of £3.2m was repaid in March.

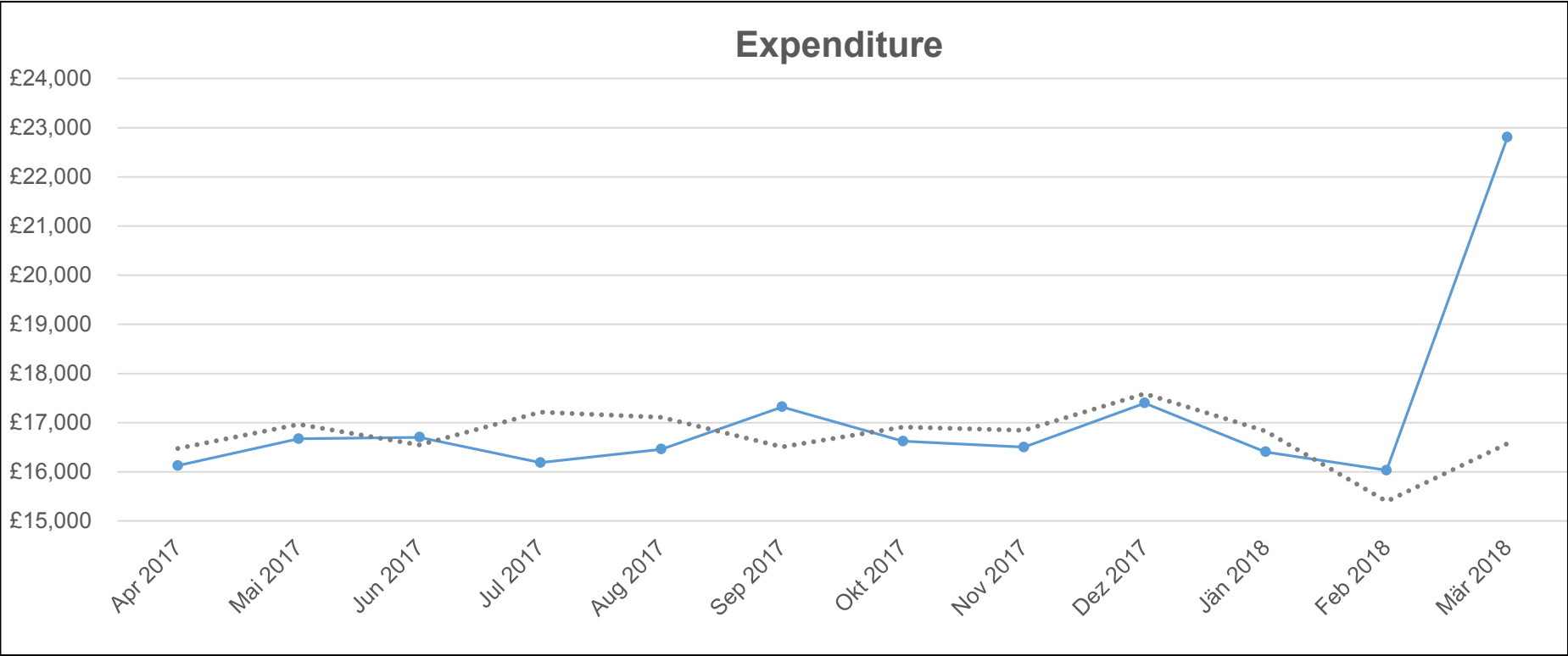
Income



A&E contract income was £1.6m below plan for the year due to lower than planned activity. Activity growth in the current year to date has been close to zero (+0.2%), compared to the planned 4.7%.

Despite the above, the overall income variance was £6.7m favourable, due mainly to additional income from East Kent Hospitals (£2.0m) to support the increased cost of diverts, CQUIN (£1.9m, including risk reserve released in March), NMET (£0.7m), Special Measures funding (£0.8m) and additional STF Incentive released (£1.4m).

SECAmb Finance Performance Charts



Overall costs are broadly in line with income and for the year are £4.4m greater than planned.

This partly comes from supporting East Kent Hospitals (£2.0m), Special Measures (£0.8m) and additional supporting costs across the Trust across both pay and non pay.

Operational hours are aligned to commissioned levels of activity.

The significant increase in costs in the month reflected a year-end review of provisions and an adjustment to the profile of depreciation charges on assets that are planned to be replaced in 2018/19.

SECAMB Board

Summary Report on the Audit Committee Meeting of 21st May 2018

Date of meeting	21 May 2018
Overview of issues/areas covered at the meeting:	<p>The key areas covered in this meeting related to the March 2018 Year End</p> <p>Subject to amendments discussed at the meeting, The Committee concluded that it:</p> <ul style="list-style-type: none"> • Accepted the “Limited Assurance” Internal Audit Opinion for the last year • Accepted executive commitment to resolve new and outstanding HR management actions rapidly • Recommended that the Board adopt the proposed Annual Governance Statement • Recommended that the Board adopt the Annual Self Assessment Certificates • Recommended that the Financial Accounts be prepared on a going concern basis • Recommended that the Board adopt the proposed Financial Accounts • Recommended that the Board adopt the proposed Annual Report • Was able to support the proposed Quality Report (Subject to a detailed review by the Quality Committee) • Accepted the proposed Internal Audit plan for 2018/19 (subject to a proposed review at (and/or before) the next meeting) <p>The Committee thanked the Executive, Internal and External Audit teams for their work and complemented the evident improvement in year end papers in comparison to last year</p>
Internal Audit and related matters	<p>The committee discussed recent Internal Audit work, outstanding actions and the overall opinion for the year.</p> <p>The committee was concerned at the outcome of the Staff Records Audit and the number of outstanding HR related management actions, but was encouraged by executive commitment to resolve issues quickly. Whilst the committee noted that the executive were already working on these matters with the Quality and Workforce Committees, the committee asked that the HR Director and/or the Chief Executive attend part of the next Audit Committee meeting to demonstrate overall plans / funding / resources sufficient to resolve issues on a timely and prioritised basis.</p> <p>The Internal Audit Opinion for the year was disappointing (Limited Assurance) but reflected findings throughout the year and the number of outstanding management actions. Internal Audit noted a favourable development trajectory in the last quarter. If policies, controls, governance and risk management continue to develop at this pace, it was suggested that the Internal Audit opinion would likely be better at the next year end.</p> <p>In the context of the overall Internal Audit Opinion, the committee accepted (subject to amendments discussed) the Annual Corporate Governance Statement and various Annual Self Certification Certificates.</p>

	<p>The committee discussed the proposed Internal Audit plan for 2018/19. The committee felt able to support it as a good start; however, the committee asked that the plan be reviewed at (and/or before) the next meeting to consider such matters as:</p> <ul style="list-style-type: none"> - coverage against the Key Risks agreed in principle at a Board Workshop last week - alignment against a forthcoming executive paper that will set out an overall governance and assurance framework across the trust - the right size of the Internal Audit program in relation to other sources of assurance
External Audit, VfM and Quality Report	<p>The committee received a report from KPMG covering their financial audit, review of the Quality report and Value for Money opinion.</p> <p>The committee discussed going concern matters and concluded that it is appropriate to prepare the March 2018 Financial Accounts on a going concern basis.</p> <p>The committee noted that all significant External Audit work for the year-end had been completed.</p> <p>The Committee discussed the proposed Financial Accounts and Annual Report in detail. Subject to amendments discussed at the meeting, and with the support of KPMG, the committee recommends to the Board that these be adopted.</p> <p>The committee took an overall look at the proposed Quality Report, noting that it was subject to a detailed review by the Quality Committee. Subject to that review, the Committee supported the proposed report.</p>
Thanks	<p>The committee thanked the Executive, Finance, External Audit and Internal Audit teams for their work over the year and complemented the evident improvement in year end papers</p>

South East Coast Ambulance Service NHS Foundation Trust

SECAMB Board

Escalation report to the Board from the Workforce and Wellbeing Committee

Date of meeting	11 th May 2018
Overview of issues/areas covered at the meeting:	<p>This was moved from April due to the previous meeting being in March.</p> <p>The meeting considered a number of Scrutiny Items (where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas), including;</p> <p>Workforce Planning (Partially Assured) The committee noted the good progress with pulling a workforce plan together. They need a plan of how the Trust will be shaped and blend of the teams i.e. paramedic numbers, technician numbers etc. This needs to include the recruitment plan.</p> <p>Culture Programme (Assured) The committee is really pleased with the work happening on this. The values will be launched on the 12th June and work is already well underway with Executive and Senior Management 360 feedback, coaching sessions and training modules. Concern around HR resource to support this.</p> <p>Recruitment and Retention in the EOC – Plan to improve (Not Assured) The committee was not assured that there is a clear plan with timeline to resolve all the issues highlighted. The key areas of pressure are:</p> <ul style="list-style-type: none"> - Recruitment process - Career paths that pull people out of the EOC - Physical environment in the EOC - Higher paid roles close to EOC i.e. Virgin Atlantic Call Centre - Quality of line management <p>There has been good work carried out to understand what the problems are but committee requires a plan to understand the action to resolve them, quick wins and resource required.</p> <p>Personnel Files (Partial Assured) The committee were assured that work was underway to clearly define the size of the issue and create a clear project plan to resolved. This also includes the pre-appointment screening including DBS checks. However, this is a high risk and the committee recommend to the Executive team that this is adequately resource.</p> <p>The committee also reviewed the usual workforce dashboard. In consideration of this it has asked management to provide themes for each meeting along with analysis for the committee to discuss.</p> <p>The committee reviewed committee risks. The committees view is the risks register requires further development to accurately reflect the granularity of risks.</p> <p>The HR Transformation Programme was discussed to ensure the committee had an understanding of the changes happening within HR.</p>

South East Coast Ambulance Service NHS Foundation Trust

Reports <i>not</i> received as per the annual work plan and action required	None
Changes to significant risk profile of the trust identified and actions required	None – the committee reviewed the workforce risks on the risk register and was confident that they reflected the current issues.
Weaknesses in the design or effectiveness of the system of internal control identified and action required	The risk register needs to be further developed for the next committee meeting to give clear risks with mitigating actions.
Any other matters the Committee wishes to escalate to the Board	The committee will also prioritise the scrutiny of health and safety during Q2 of 2018/19.

SECAMB Board

QPS Committee Escalation report to the Board

Date of meeting	06 April 2018
Overview of issues/areas covered at the meeting:	<p>This meeting considered a number of Management Responses (<i>response to previous items scrutinised by the committee</i>), including:</p> <p>Mobile Data Terminal (MDT) Action Plan (Partially Assured) The committee received an update on the actions taken in response to the independent review carried out in 2016/17. The committee felt that the progress in some areas was not adequate, required more thorough documentation or clarity, including whether we have fully discharged our duty of candour. A management response has been requested for May.</p> <p>NRLS Data (Assured) The committee received assurance in December that the Trust is submitting its incident data to the National Reporting and Learning System (NRLS), in line with requirements. It asked for a report in April to check this was sustained. The committee is assured by the evidence it received and will seek assurance again in 6 months' time.</p> <p>OU Management Capacity (Partially Assured) The committee explored the extent to which there are management capacity issues by OU, following a theme identified in the Q3 quality and safety report.</p> <p>While there are some gaps, these are being managed through acting up roles and it is clear the executive have clear sight on this issue and are taking steps to resolve this. The management structure that has been put in place has had a positive impact in a number of areas, for example key skills, hand hygiene, supervision and appraisal. The committee explored the difficulty in doing everything and, therefore, how managers are supported to ensure focus on the priorities.</p> <p>Quality Impact Assessments (Assured) The committee received details of the 3-monthly reviews of each QIA. It challenged management to ensure the all views are taken in to account when assessing the quality impacts. While noting the current process works well, it also explored the resilience of the current structure and the Director of Nursing & Quality will report to the committee in May how this will be reviewed.</p> <p>In summary, the committee is assured that the process is working and that steps are being taken to evolve it further.</p> <p>Data Availability (Partially Assured) In February, the committee received the Q3 quality and safety report and asked management to confirm whether the improved data now available is being used at station level to inform practice.</p> <p>The committee noted that new mechanisms have been put in place (Teams A,B,C,D,E)</p>

to ensure good cascade of data / information to front line staff, and agrees with management that this needs embedding through the divisional governance structure that has been established. This needs to be supported by appropriate technology, balanced with face-to-face time and also work on how the impact of data and communication can be measured.

Medical Equipment (Not Assured)

The response set out how management ensures all equipment is recorded and scheduled for servicing and maintenance. Although the committee is not assured, it is confident that there is an improved understanding of the issues with a clear plan in place to address them, both in terms of short-term fixes and a long-term solution. An update will come to the May meeting with a scrutiny item at the June meeting.

The meeting also considered a number of **Scrutiny Items** (*where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas*), including;

Infection Prevention and Control renewed approach (Assured)

The committee considered the new approach to infection prevention and control (IPC) which focusses on being 'infection prevention ready'. A new improvement plan has been developed to support this, which the committee received.

A significant shift was noted in hand hygiene and bare below the elbow, which was evidenced by some of the data, e.g. hand hygiene is now above trajectory. The committee is assured with the plan in place and it will look specifically at vehicle IPC at its May meeting.

Community First Responder Governance (Partially Assured)

This paper was well received and helped to set out the work being done to improve the governance to support CFRs. There has been increased focus with an OUM lead and investment to improve the training, provision of equipment, and the management of CFRs, although the committee felt the priorities could be clearer and better communicated to the CFR community.

The committee was encouraged by all the work being undertaken. However, it did not have evidence to be fully assured that CFRs are practicing safely and that they are being kept safe. It has therefore asked for a management response in May, to provide this evidence.

Complaints Management (Assured)

The committee considered the presentation given to the CQC as part of the deep dive in to complaints management, and is assured by the good progress being made. In particular, with the sustained improvement in the timeliness of responses to complaints. It noted the next step to further improve how we learn from complaints and ensure complainant satisfaction. With regards the latter, it explored the number of cases referred to the Parliamentary and Health Service Ombudsman.

The committee also received the excellent **2018/19 Clinical Audit Plan**. It noted the ambition within the plan and challenged management on whether there is sufficient capacity. Management will confirm at the May meeting whether there are any

	potential resource issues.
Reports <i>not</i> received as per the annual work plan and action required	<p>The committee did not receive the following items,;</p> <ol style="list-style-type: none"> 1. 111 Governance (management response) 2. EOC call answer performance (scrutiny) 3. Committee annual self-assessment <p>These have been deferred to May</p>
Changes to significant risk profile of the trust identified and actions required	None.
Weaknesses in the design or effectiveness of the system of internal control identified and action required	Medical Equipment continues to be a concern, but the committee is now assured that there is focus on the area with a clear rectification plan in place. The challenge is both short term but also assuring a longer-term change cross directorates.
Any other matters the Committee wishes to escalate to the Board	<p>As a matter of routine, the committee now undertakes a review of any risks that have emerged during the meeting. It then asks management to confirm at the next meeting that they are properly reflected on the risk register. The risks identified at this meeting included:</p> <ol style="list-style-type: none"> 1. CFR governance, e.g. recruitment and standards of practice. 2. CFR engagement 3. Not closing fully all the actions agreed following the MDT review. 4. Non delivery of the clinical audit plan - linked to capacity 5. Impact of not receiving quality and timely papers on governance.

SECAMB Board

QPS Committee Escalation report to the Board

Date of meeting	21 May 2018
Overview of issues/areas covered at the meeting:	<p>This meeting immediately followed the Audit Committee, which the Chair of QPS attended, and considered the Quality Account as the first item. The committee noted the feedback already provided by the Audit Committee and had nothing in addition to add, in terms of amendment. It agreed that this is the best report for many years and thanked Steve Lennox and everyone else that had supported its development.</p> <p>Subject to the amendments being made the committee agreed to recommend this to the board.</p> <p>The committee then moved in to standard business and considered a number of Management Responses (<i>response to previous items scrutinised by the committee</i>), including:</p> <p>111 Call Routing QIA RCA At its meeting in March, the committee reviewed the 111 call routing pilot, and asked for a root cause analysis to establish whether the governance process was followed, specifically relating to a quality impact assessment (QIA). This confirmed that a QIA was completed and submitted to the PMO, however the approval process was not followed beyond this. The learning is to remove a single contact point and put in place a 'QIA review Group' to consider all QIA's, whether they be related to a project, CIP scheme, policy, or any other change.</p> <p>Section 136 Data At the committee meeting in March an issue was identified relating to a potential disparity between the s136 (of the Mental Health Act) data of the Trust and the local mental health trust. Management confirmed that a significant disparity does exist and have set out a number of actions to be taken over the next 3 months to ensure a referral process our partners have confidence in and resolution of the data issues.</p> <p>NARU Update This management response set out the progress to date with the NARU interoperable capability improvement plan. The committee is assured that the plan in place is robust with sufficient governance and oversight. It is also assured with the progress being made against the plan. A HART scrutiny item scheduled for September.</p> <p>The meeting also considered a number of Scrutiny Items (<i>where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas</i>), including;</p> <p>EOC call answer performance; impact on patient safety. This report provided a summary of EOC call performance and the impact on patient safety between 22 November 2017 (when ARP was introduced) and 31 March 2018. It also considered the impact on staff in both the EOC and in Operations and the resourcing issues within both areas. In addition, there was a thematic overview of</p>

incidents, serious incidents and complaints and any recorded harm experienced by patients.

The committee is assured by the clarity in the holistic understanding of the issues. The plan in place to improve call answer performance is robust and there is management focus. The committee was particularly assured by focus on the clinical navigator role, the procedure for auditing the tail; if felt this was a really positive step, the over-establishment to add resilience, and by the emphasis on staff wellbeing and engagement. It noted that 23% of EOC leavers actually went on to front line workforce.

Concerns were explored on the ability to recruit to the number needed. The thematic review demonstrated the impact of long waits and the committee explored the role of BT in escalating calls but concluded the only way of assuring patient safety is for the Trust to meet the call performance times. There was also concern about the long waits, compounded by ETA calls being almost 20% of the total volume of calls. The committee asked management to confirm that we discharged our duty of candour responsibilities for the incidents listed, and that the learning described has been shared.

Surge and clinical harm review

Between 26 February and 5 March 2018 the Trust declared a Business Continuity Incident due to the demand placed upon the service. During this period, three incidents were identified where there was potential for patient harm due to the delays experienced. This was the review of those incidents, and reviews like this are now standard practice for the Trust. The committee noted the review of each incident and the theme relating to the challenges of being able to ensure timely call backs, to identify any deterioration in patients' condition. The committee felt this was a thorough and honest review.

The medical director will be raising at the national medical director forum concern about the very high number of care line calls, to see how other trusts manage this issue.

Bariatric Care

This was a review detailing the measures taken to meet the objectives in relation to bariatric provision, to include vehicles, equipment and response capability.

The committee is partially assured that the Trust has the procedures, resources and equipment in place to support Bariatric care. It asked for the item to come back in November when the training programme is complete. In addition the committee asked to medical director to undertake a review of manual handling and report incidents back to the committee.

Internal Safeguarding

The committee considered the reviewed that management has undertaken of safeguarding cases over the past two years, to assure itself nothing has been missed, including any disciplinary cases with a potential safeguarding component.

The committee also received the review of the 'Lampard' recommendations, again to

	<p>ensure nothing has been missed. This review identified some significant gaps, including with recruitment checks, e.g. potential DBS / reference gaps. This links to the staff records risk the Board considered in April. The committee was reassured by the executive that this is a high priority, with measures in place to address the issues by the end of June 2018 – see section below on risk profile.</p> <p>Overall, therefore, the committee is not assured on internal safeguarding.</p> <p>Medicines Governance</p> <p>In 2017, Ann Jacklin, independent pharmacist advisor, was instructed by the Trust and NHSI to review and oversee the Trust's medicines governance optimisation plan. This was in two phases, discovery and implementation. Phase 2 (implementation) has now concluded and Ann Jacklin is due to provide her final report in June 2018. In the meantime, she was invite to the committee to summarise her findings.</p> <p>The committee was assured by the feedback, which confirmed that the Trust is now in a position where it can be assured it has the right systems and processes in place with the right leadership to both safely manage its medicines and to also address any variations/ discrepancies in medicines use in a timely and proportionate manner.</p> <p>The meeting also considered performance, including;</p> <p>Clinical Audit Report 2017/18</p> <p>The committee felt this was a good report at confirming what has been done, in particular the work to improve out of hospital cardiac arrest. However, it felt that it lacked clarity on how the recommendations have been implemented and impact of them; closing the audit cycle. The committee will review in November the actions and recommendations from clinical audit to test what has changed. This will include monitoring the timely completion of actions.</p> <p>Medicines Governance QAVs</p> <p>This was an overview of the quarterly QAVs since October 2017. The committee was concerned to learn that some of the actions recommended by the Chief Pharmacist were slow to be actioned. These had been escalated to the medical director to ensure more timely action. The committee suggested that the executive should consider an escalation process for legally required changes to ensure that these are actioned as a priority.</p>
Reports <i>not</i> received as per the annual work plan and action required	<p>The committee did not receive the following items, which have been deferred to June;</p> <ol style="list-style-type: none"> 1. CFR Governance Management Response 2. Accountable Officer for Controlled Drugs Annual Report
Changes to significant risk profile of the trust identified	<p>Following on from the internal safeguarding scrutiny item noted above, the committee asked management to undertake a risk assessment to be considered by the Trust Board, detailing the risk relating to staff recruitment checks / staff record keeping. This is to be included a risk in the BAF risk report.</p>

and actions required	
Weaknesses in the design or effectiveness of the system of internal control identified and action required	<p>Recruitment checks / Staff records (as above)</p> <p>As evidenced by the feedback from the medicines QAVs, there timely escalation and implantation of actions that are mandated through regulation need to be strengthened.</p>
Any other matters the Committee wishes to escalate to the Board	<p>CIP QIAs The committee had expected to receive a summary of the QIAs relating to the CIP schemes for the year ahead. Management confirmed that the schemes are in the processes of being approved and so the QIAs will follow in June.</p> <p>Risk Register The committee will set up a small sub-group in June to review the 87 risks from the risk register, aligned to QPS.</p> <p>Overall, the committee was pleased with the quality and timeliness of papers. The next step for management is to ensure more evidence is provided confirming the action taken / to be taken.</p>

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

D - Governors' Report on the WWC

Date of meeting – 11/05/18

Governors present: James Crawley, Charles Adler, Roger Laxton

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

1. Prior to the meeting:

The Chair, Terry Parkin held a pre-meeting with Governors to talk through the agenda to provide context to the discussions. He also discussed how he liked to run the meeting.

2. Introductions:

The Chair facilitated introductions around the room – and highlighted Governor and staff observers all of whom were invited to fully participate in the discussion.

3. Attendance:

Non Executives Tim Howe, Adrian Twynning and Al Rymer attended, with HR Director Ed Griffin and other key senior HR managers present. Also present were the Staff engagement forum team. Joining by phone was Joe Garcia, Director of Operations and Bethan Haskins, Director of Nursing and Quality.

4. Agenda:

A comprehensive well-structured agenda was followed in a logical order. There were some specific operational issues and errors discussed, but much of the meeting was spent on the cultural change agenda and how that would be effectively implemented and developed. There was also a detailed discussion around the recruitment and retention issue and also cleaning up and making the risk registers for the WWC more effective.

5. Discussion during meeting:

There were comprehensive discussions throughout the agenda, and the chair called upon subject matter experts throughout to discuss specific points. He also then gave everyone in the room the opportunity to make points. The discussion was positively challenging, and there appeared to be many useful takeaways from the meeting. All in all, it felt as if all the participants had read the papers, and were well prepared for the discussion despite technical issues with the brainloop

software which has recently replaced boardpad. Governors and staff engagement advisors were also given the chance to participate.

6. Chair

A very strong performance from the chair, who led the discussions at a good pace but ensured all points were covered.

7. De-brief

Governors were offered the chance to debrief with the chair.

8. Conclusion

It is our opinion that the WWC is working very effectively with the right amount of scrutiny and challenge from the non-execs. There is a real sense of engagement throughout the participants in the room who demonstrated their passion and commitment to the change program within the Trust and to working with and helping other colleagues in the organisation overcome obstacles.

South East Coast Ambulance Service NHS Foundation Trust

Membership Development Committee

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

2. MDC Meeting summary

2.1. The MDC met on 8th May. At the meeting work focussed on:

- **General Data Protection Regulation** (GDPR) comes in to force on 25th May -**what does this mean for members**, how has the Trust prepared for this and proposed communications regarding the changes.
- **Annual Members Meeting planning** and ideas for new content including a competition to win a tour round the HQ & EOC.
- **Membership recruitment plan** – update on booked events and cost of recruitment materials.
- **Future membership events** - early planning.

2.2. Minutes of the February and May MDC meetings are pasted below for more information on these subjects. The next meeting is on 20th November.

3. Membership Update

3.1. Current public membership by constituency (at 22.05.18):

Constituency	No. of members	Member numbers percentage increase or decrease compared to previous report	Proportion of the population who are members
Brighton & Hove	510	0.19%	0.20
East Sussex	1678	1.69%	0.35
Kent	3005	1.05%	0.24
Medway	638	0.62%	0.25
Surrey	2298	0.26%	0.19
West Sussex	1580	0.44%	0.21
Total	9788	0.15%	0.23

The recent membership recruitment forms have yet to be added to these figures. A data cleanse also took place in May.

The total staff membership as of 30.03.18 is 3,349 an 6.68% decrease on this time last year.

4. Membership engagement summary

4.1. Membership recruitment at events started in early May with **attendance at Brooklands 999 day in Surrey**



where 80 new members were recruited and we spoke about the 2019 Governor elections. Thanks to Mike Hill and Leigh Herbasz who supported the Membership Office. We were well accompanied by staff and community first responders

who had volunteered their time to attend as well. Some excellent public engagement took place including CPR demonstrations and many of the younger people visiting our stand spoke of their aspirations to become a paramedic which was really heartening.

4.2. The Membership Office attended **Diverse Crawley – a small multicultural BME event** in Crawley and **recruited 15 diverse new members** and had the opportunity to talk with attendees about the ambulance service and membership, even signed up the local Mayor! One of the aims of this year's membership strategy was to develop our BME, LGBT and patient membership, with a focus on encouraging members to find out more about being a Governor in the build up to next year's elections and increasing member representation.





4.3. Staff Governor Charlie Adler invited the Membership Office to co-present to **Lightwater Patient Participation Group** on SECamb's 999 and 111 services and FT membership. **180 people were in attendance and some excellent questions on the presentation were received.** There was a boost of membership applications received shortly after the event and it was a rewarding and engaging day.

4.4. The member newsletter was sent out on the

24th April to our c10,000 public FT members and our staff FT members. The next edition will be due out late July and will focus on promotion of the Annual Members Meeting, changes in data protection in relation to membership and other content as suggested by the MDC.

4.5. Members interested in standing in the upcoming **Brighton & Hove Election** were invited to the March Council meeting to meet other Governors and observe & learn more about the role and what it looks like in practice. The election details were advertised in the spring newsletter and highlighted in an email to members.



**Robin
GUILLERET**

"I will do my absolute best to ensure all residents of Brighton have their diverse interests fairly represented at SECamb."



**Joanne
MONCK**

"I have a sound knowledge of Secamb operations and equality, diversity and inclusion at an organisation level."



**Marianne
PHILLIPS**

"I believe I am perceived as a confident, articulate, experienced governor committed to driving and supporting organisations' vision and aims."

4.6. **Three members (pictured above) are standing in the election and the results will be announced on the 21st June.** Current Governor Jean Gaston-Parry is not re-standing, we would like to thank her for the amazing contribution she has made to SECamb in her role over the years. Her tenacity on many subjects has always been welcomed and she will be sorely missed.

- 4.7. **The Membership Office has been liaising with the Trusts Information Governance** Lead, the external FT Information Governance Network, Member Engagement Services (member database supplier) and other external suppliers who handle our data (mailing house for newsletter, election company etc.) to ensure the Membership Office is prepared for when the new General Data Protection Regulation (**GDPR**) comes in to effect on the **25th May**. Data processing agreements have been received, reviewed and signed with suppliers and the legal basis for signing up members/staff membership has been reviewed and agreed. Text on GDPR was signed off for inclusion on the revised member form alongside a privacy notice and communications were sent to members in May.
- 4.8. Articles on the work of the Council (top 3 areas of focus at meetings) continue to be shared in the staff bulletin to raise the profile of the Council and awareness of our staff Governors. **Council meetings are live tweeted by the Membership Office** as a way to share up to date info with our members and the public who follow the Trust accounts on there. **Links to audio recordings of the Council and Board meetings are also tweeted** for members and the public to review. <https://soundcloud.com/secamb>



5. Public Members' Views

- 5.1. 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.
- 5.2. Since the last report the Inclusion Hub Advisory Group of public members met on 10th April 2018. Felicity Dennis, Brian Rockell & Marguerite Beard-Gould are the Council's representatives at IHAG meetings.
- 5.3. Marguerite Beard-Gould was in attendance alongside Nigel Coles who was observing as a Staff Governor. They may wish to provide their own

observations in addition to the meeting summary below. The minutes of this meeting are not yet available.

5.4. IHAG meeting summary:

The IHAG welcomed two new members to the meeting – Mike Tebutt from Healthwatch Kent and Philip Watts from Healthwatch Sussex.

5.5. The IHAG received a presentation and took part in a workshop on the pilot of a new SECamb volunteer position in Kent – Community Guardians who would support frontline crews in post care for falls patients. The IHAG contributed suggestions for the person specification, recruitment, and training and support needs. Key suggestions focussed on collaborating with charities such as Age UK to learn about their own volunteering activities and any ways to work together. In terms of recruitment, it was felt the role could be offered to CFRs who may be looking for a different or additional role, also to our Foundation Trust membership alongside regional advertising on volunteer websites. The IHAG reiterated the need for a clear role brief and management structure in supporting these volunteers and appropriate policies and procedures to support the implementation of the pilot. Training needs were suggested including safeguarding, risk assessment and active listening.

5.6. The IHAG heard about how complaints are categorised within SECamb and how the most serious cases were reviewed weekly at a 'deep dive' meeting. The IHAG queried patient representation at these meetings and strongly recommended this be considered alongside how outcomes are fed back on learning, namely to the Patient Experience Group.

5.7. The IHAG heard about clinical developments in SECamb including the development of an app to move from paper based Joint Royal Colleges Ambulance Liaison Committee clinical guidelines to an electronic version. The IHAG highlighted that staff should be supported through this as not all are quick to adapt to using new technologies and the guidelines are frequently referred to by staff.

5.8. The IHAG heard about the frequent callers programme in SECamb and proposed revisions to a process to better support them and fed back on the process to ask that further research locally took place for mental health patients at the information gathering stage, as often mental health patients wouldn't be involved with the points of care listed on the document that was shared and may seek local help at a crisis or haven centre.

5.9. Governors are reminded that they are welcome to attend meetings of the IHAG from time to time, in order to hear the views of and work alongside a diverse group of public FT members. Please advise Asmina Chowdury

(Asmina.IChowdury@secamb.nhs.uk) if you plan to attend so she can check availability of spaces.

5.10. The next IHAG meeting takes place on the 4th July 2018.

6. Staff Members' Views

6.1. 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.

6.2. SEF meeting summary:

The February SEF meeting summary was provided in the MDC report to the Council in March. The minutes of the February SEF meeting are now available, and pasted below. The next SEF meeting took place on the 15th May. Any Staff Governors in attendance may wish to provide a verbal update at the meeting.

6.3. Agenda items included a values and culture update and details of the planned launch of these on 12 June.

6.4. The Communications Team asked for the SEFs views on how to improve the Staff Awards to bring them into line with the new Trust values – and to better use them as a vehicle to reward and recognise behaviours we all wished to see.

6.5. The outcomes of the session were for the Comms Team to consider facilitating nominations throughout the year (even though the awards might only be presented annually, broaden out the judging pool so that it is more representative of the Trust, be clearer that the volunteer category included all volunteers (not just operational ones) amongst other suggestions. The SEF agreed to help promote the Staff Awards to all colleagues, encouraging people to nominate peers; and put in nominations themselves.

6.6. The SEF discussed how local Champions had developed their own communications and meeting structures to suit their local needs and that this was working really well. The focus was different in different areas: one size did not fit all. Local ownership was key. Facebook communities and other social media were being used in some places to good effect. The SEF were very keen to develop the ability for SECs to hold meetings accessible to colleagues through web-based audio. It was agreed this would be looked in to.

6.7. In a workshop session, the SEF were asked to consider the three key barriers to colleagues being able to do their jobs effectively. These were:

- Lack of effective communications from the centre
- Good ideas being implemented badly
- Inconsistent application of policies and procedures.

The SEF considered how to overcome each of these and noted issues and solutions which will be detailed in the minutes for feeding back on and progressing.

6.8. Dean Rigg, Head of Clinical Audit, joined the meeting. He gave an overview of clinical audit in the Trust. He wanted the SEF to help get people talking about the relevance and usefulness of clinical audit so that everyone understands the value of it, and particularly the importance of completing items fully on the PCR. This was not a 'tick-box exercise' but important so we can accurately report on what we do well, or see where we need to improve e.g. particularly in terms of STEMI and stroke bundles. The SEF noted that colleagues needed to be helped to understand the genuine value and importance of the proper completion of paperwork, and also why certain things needed to be recorded. The SECs will have these conversations in their local forums to promote the value and benefit of good record-keeping.

6.9. 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:

4th September 2018

16th November 2018

7. Barometer Group

7.1. SEF members and some additional invitees (NEDs, Exec, Union Reps etc.) are attending monthly meetings that will help to keep the Trust informed about progress improving the organisation's culture.

7.2. The first meeting took place in early April and was fairly sparsely attended and in particular lacking operational staff members (though a massive thank you to all those who attended!). The SEFs Chair emailed members to encourage participation and reminded frontline colleagues that time to attend the meetings had been approved by the Director of Ops. We would hope that at least one staff Governor could attend each meeting.

7.3. As this was the first one, it was reasonably light touch but they will become more intensive workshops as the cultural improvement work continues.

7.4. Please note that the Barometer Group is not replacing the SEF – it is a different group with a different (and time-limited) remit and responsibilities. SEF meetings will continue quarterly as planned.

8. Patient Members' Views

8.1. The **Patient Experience Group (PEG)** met on 26th March 2018 and a meeting summary is provided below. Felicity Dennis is the Governor representative on this group and may wish to provide a verbal update on the progress of the group since.

8.2. PEG meeting summary:

FD reported that there had been good attendance from staff and patient representatives at the March meeting. 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 Quality and Patient Safety Committee but would now report into a Clinical Effectiveness Group. There was a lack of clarity about where the Group sat within the wider structure.

- 8.3. An action was taken at the last MDC meeting on this: 'FD & IA to arrange for Tricia McGregor, Non-Executive Director, to meet with Louise Hutchinson to discuss the aims of the PEG'. This is in progress (Tricia has been approached) and was also picked up as an action from the March CoG meeting so will be taken forward via that route. CoG action: TM to seek assurance in relation to the Patient Experience Group that the group was valued by the Trust and Board and that governance around the group was effective.

9. Recommendations

- 9.1. The Council of Governors is asked to:
- 9.2. Note this report; and review any attached minutes for more detail.
- 9.3. 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

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

Appendix 1 Feb MDC Minutes

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Membership Development Committee

15 February 2018

10.30am-3pm

Present:

Mike Hill	(MH)	Public Governor Surrey/NE Hants- Chair
Rev Francis Pole	(FP)	Public Governor West Susses
Marguerite Beard-Gould	(MBG)	Public Governor Kent
Alison Stebbings	(AS)	Staff Governor Non-Ops
Felicity Dennis	(FD)	Public Surrey and North East Hampshire
Nigel Coles	(NG)	Staff Governor Ops
Jean Gaston-Perry	(JGB)	Public Governor Brighton and Hove
Izzy Allen	(IA)	Assistant Company Secretary- By teleconference

Minutes: Shelley Bridgwater (SB) Minutes

In attendance: Carol Coleman (CC) Public Governor at Kent Community Health NHS FT

1. Welcome

- 1.1. MH welcomed everyone to the meeting particularly Carole Coleman from.... MDC noted that in Katie Spendiff's absence Shelley Bridgwater attended to take minutes.

2. Apologies

- 2.1. Apologies received from: Brian Rockell

3. Declarations of Interest

- 3.1. There were no declarations of interest

4. Minutes of the last meeting and matters arising & action Log

- 4.1. MDC agreed the minutes as an accurate record.
- 4.2. The action log was reviewed with a focus on any action outstanding. It was noted that the Governor Toolkit was on the agenda for discussion later. It was noted that some members of the MDC had submitted a CoG Blog and this item was now completed.
- 4.3. Volunteer charter- IA advised there was now a Working group comprising IA, KS, Emma Wray Investing in Volunteers Lead, Asmina IChowdhury Inclusion Advisor, and Angela Rayner Inclusion Manager. The group was working with Tim Fellows, Operating Unit Manager to develop a volunteer strategy based around the charter. IA confirmed that it was important to clarify whether this would be a strategy for all volunteers or just CFRs. The first Working Group meeting would take place on Tuesday 20 February.
- 4.4. MH commented that there had previously been a Volunteer Charter; IA confirmed that this would be the basis of the new strategy.

5. Membership update including Inclusion Hub Advisory Group (IHAG), Staff Engagement Forum (SEF) and Patient Experience Group (PEG) updates.

- 5.1. IA explained that there was a new section in the membership report and this showed whether there had been an increase or decrease in the membership numbers. She added that a decision was made during last year not to do active recruitment but to cover engagement in "your call" member events. Therefore, the numbers had decreased, as there had been no targeted recruitment. FD asked if the age profile had been identified; IA said it had for those who had responded to the survey but the data was not included in this report.
- 5.2. MH raised the question of whether Trust re-branding was necessary; MBG commented that IHAG had been consulted on this and deemed it to be an un-necessary. FD questioned the financial implications of re-branding. IA responded that three or four different options had been looked at but no feedback regarding the preferred option had been received. She added that

the remit of IHAG and the Staff Engagement Forum was to provide advice on all sorts of issues. There was a discussion about this and MDC discussed their concerns. The following action were agreed:

Action: KS to follow up on options for re-branding and get an update on the rationale and progress.

- 5.3. AS commented that she had stopped attending IHAG as she was concerned that this was not the appropriate forum for governors to attend. IA confirmed that staff governors were invited to the Staff Engagement Forum and public governors to IHAG but there was no issue if each wished to attend each forum to observe. There was a discussion about this. Angela Rayner, Inclusion Manager, was concerned that if the same Governors continuously observed the same meeting, this would in effect become a governor group and she did not want that to happen. There was an open invite to observe from time to time, apart from nominated members of MDC who have a specific duty to attend.
- 5.4. NC commented that he had reviewed the Staff Engagement Forums terms of reference for suitability and noted that Daren Mochrie, Chief Executive, had pledged to attend all meetings. He had added that Andrew Saffron from Ignite had given a talk and assurance that the Exec was taking staff engagement issues on board. The proposal at the last SEF meeting was that the SEF would be part of a barometer group that meets monthly and would include staff and stakeholders who would work together to measure the culture change work and look at what was happening across the Trust.
- 5.5. AS noted that the SEF had been advised that the culture and values training was due to commence in April and had suggested that it may become a part of the key skills program.
- 5.6. IA added that staff elected governors would provide feedback to other governors on the Barometer Groups progress. Health Watch and staff side representatives were also invited. Operational staff were being given the time to attend and this group would provide feedback on the culture change work stream. The challenges would be how to hold staff to account in demonstrating the new values and behaviors, how to reward good behaviors and address people not adhering to them. IA concluded that KB and IA were meeting with DM the following week; the onus would be on DM to keep the steer and focus on this piece of work at Board level.
- 5.7. FD asked what was happening with Staff Engagement Advisors. IA confirmed that these had been re-instated as permanent posts and two people had been appointed to the roles.
- 5.8. NC commented that at the last GDC meeting it had been agreed that governors would have a pre-meet prior to Council meetings to focus on areas for assurance and supporting each other in getting this. IA added that the recent training from NHS providers had suggested this approach to ensure

the right questions were asked. This would be trailed at the March meeting and the effectiveness reviewed at the Governor Development Committee.

- 5.9. FD advised that there was a PEG meeting on the 26 April and she hoped that the Chair and governance route would be agreed after this date so that the purpose, and expected outputs of the PEG would be clear. IA and FD discussed this. FD commented that the group should be called “Improving Patient Experience Group”; she added that the Council needed to understand the purpose of the group as it was currently unclear. IA responded that she had asked Louise Hutchinson, Patient Experience Manager, to come to a Council meeting in the near future. FD stressed that it needed to be explicit that overall aim for the PEG was to improve the quality of patient experience. The following action was agreed.

Action: FD & IA to arrange for Tricia McGregor, Non-Executive Director, to meet with Louise Hutchinson to discuss the aims of the PEG.

6. Member Satisfaction Survey Report

- 6.1. Public Responses
- 6.2. IA commended KS for the work done to complete the report that had lots of rich data, and it was helpful to have staff and public member responses separated out.
- 6.3. MDC discussed 2.3, which referred to the survey question asking for feedback on the member newsletter “Your Call”. The following suggestions were made:
- 6.4. There could be a specific question on general feedback on the ambulance service with a separate question relating to the newsletter.
- 6.5. Remind people that PALS was available if needed and feedback to relevant departments.
- 6.6. In the free text section, capture incidents where patients had reported poor treatment from paramedics and pass this on to the relevant clinical team.
- 6.7. IA explained that a long piece had been written for the newsletter, which explained how feedback from patients was passed on. In addition, any comments from the member’s survey were fed back to the patient experience team. IA added that it would be good to have a members letter page in the newsletter if there was enough data as it was good to have some ideas, comments, and not just complaints.
- 6.8. FD said it would be helpful to have a box that members could tick to reiterate that they wanted to remain a member. There was also a discussion about the formatting, as it was felt that the information was easier to read vertically.
- 6.9. There was a discussion about point 2.4. This referred to other ways members received information on SECamb. IA advised that KS was suggesting social media as a way of providing information. There was a discussion about the various ways that members could receive information.
- 6.10. 2.7 needed re-wording to ask, “Have you previously completed a survey”.

- 6.11. IA referred to 2.10 and commented that most people did not understand what membership was all about, and perhaps something livelier could be done to promote this. It was agreed that this was a good idea. FD referred to the table in 2.11 and commented that as this was a database of all members, perhaps this could be divided geographically and through IA, public governors could write to all the people in their area. This was agreed as an action for IA.

Action: Offer opportunity for Governors to be able to write to members in their area through Membership Office. (Membership data can be divided geographically).

- 6.12. IA suggested that Pulse Survey could be set up for members who have email addresses. She commented that in general people were saying that they would like more input. IA added that a survey should ask members about the volunteer strategy, as it was important to engage members more effectively.

6.13. Staff Member Responses

- 6.14. IA commented that it was apparent that most people do not understand what staff membership means in the Trust. FD asked whether feedback from MDC would feed into the staff engagement work within the Trust; IA confirmed that outcomes would go to all engagement advisors as well as DM after which an item would be included in the staff bulletin.
- 6.15. MH commented that most of the responses did not seem to be from staff. IA agreed and considered that maybe the wrong email addresses were being used.
- 6.16. FD commended KS for a good report and the rich data.

7. Membership recruitment and engagement

- 7.1. CC, guest speaker from Kent Community Health NHS FT gave a very interesting and informative talk about engagement and suggested some useful ideas that could transfer to SECamb. She commented that knowledge and experience was often lost when Governors left and so it was a good idea for them to leave behind any contacts or other useful information. CC referred to the new data protection regulations that were coming into force on 18 May and considered the impact this may have on membership.

Action - KS to ensure the membership office is compliant with the new Data Protection regulations coming in to force in May.

- 7.2. There were several engagement events taking place across Kent in the coming months, the first was Dover and Deal Multicultural Event on 30 June- asked whether members from SECamb were attending. The event was being held at 12-14 Pencester Gardens in Dover, the contact details were

stacey@samphireproject.org.uk Stacey Clark 01304 242755. There was also Port of Dover Community Regatta on 28 August.

7.3. NC said he would check the date for the Emergency Services Community Safety Day.

7.4. MDC agreed that the focus should be on pushing recruitment, particularly through engagement events. IA thanked CC for highlighting these events and asked that the details of any others be passed on.

7.5. MB questioned the costs incurred by “giveaways” at engagement events (pens etc.). IA commented that these attracted people and the costs were low. There was a brief discussion about this and the following action was agreed.

Action- KS to circulate costs of “giveaways” to enable all to consider if these were a good idea at events.

8. Toolkit review and relaunch

8.1. There was a presentation included in the pack. This included a sample poster that nobody had ever used. IA commented that this was a useful kit to stand by at events and asked MDC to consider its usefulness. MH commented that it would be better to have the presentation on a loop so a laptop would be needed. He added that the poster should also have the details of the local governor.

8.2. IA confirmed that she would discuss all this with KS- there had been several new governors since the toolkit was last updated and it would be promoted to all new governors. The presentation would be updated if needed and the poster revamped with contact details.

9. Suggested content for upcoming April newsletter

9.1. An article on 999 calls- what happens when a call was made.

9.2. FD commented that there should be a new initiative, something positive to improve clinical outcomes. MBG added communications with the public should be clear and there should be a link on the website to governor information.

10. Any other business

10.1. There was no other business

11. Review of Meeting Effectiveness

11.1. MH thanked everyone for participating in the various discussions.

Date of next meeting: Tuesday 8th May 2018 at Crawley HQ.

Signed:

Name & position: Mike Hill – MDC Chair

Date:

Appendix 2 May MDC Minutes

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Membership Development Committee

15 February 2018

10.30am-3pm

Present:

Mike Hill	(MH)	Public Governor, Surrey/NE Hants- Chair
Marguerite Beard-Gould	(MBG)	Public Governor, Kent
Nigel Coles	(NG)	Staff Governor, Operational
James Crawley	(JC)	Public Governor, Kent
Katie Spendiff	(KS)	Corporate Governance and Membership
Coordinator		

Minutes: Izzy Allen (IA) Assistant Company Secretary

Apologies

Rev Francis Pole	(FP)	Public Governor, West Sussex
Alison Stebbings	(AS)	Staff Governor Non-Ops
Felicity Dennis	(FD)	Public Governor Surrey and North East Hampshire
Jean Gaston-Perry	(JGB)	Public Governor Brighton and Hove
Brian Rockell	(BR)	Public Governor, East Sussex

Declarations of Interest

There were none.

15. Minutes of the previous meeting

- 15.1. The minutes were agreed as an accurate record.
- 15.2. The action log was reviewed. KS advised that the only one in progress was the Membership Toolkit which was not a priority with so much going on. Annual report data would be used to update this once available.

- 15.3. It was agreed that it would be important to have this up to date by the next Governor elections in February/March.

16. Membership update

- 16.1. KS gave an overview of the paper.
- 16.2. MBG had attended the IHAG. John Battersby had attended to discuss Community Guardians. MBG advised that the session was a little like an add-on – it did not feel that enough was in place to move forward with this. She noted that this might have been a role that CFRs could think about undertaking. In her view it did not seem to have been thought through.
- 16.3. NC agreed and noted that getting CFRs involved may be important and we were also looking at involving them in the falls teams. He was concerned there was not clarity about the additional Community Guardian role.
- 16.4. JC noted that the Community Guardian role was designed to go to people and prevent further falls. Resources would be needed to implement something effective and he did not have confidence in the team given their history of running the CFR team.
- 16.5. The MDC were of the view that the Community Guardians needed a clear role brief and must be supported more effectively. The operational structure needed to be more effective to enable CFRs to liaise with OUs and OTLs. There was no consistency about whether the OTL charged with being a CFR champion had had some training. In some areas this was good but not so in others.
- 16.6. JC advised that Chris Stamp had asked him if he would be interested in the 8B role to manage CFRs. JC had declined to apply however the role was stalled in the recruitment process at present. IA and KS noted that it would be important for a proper recruitment process to be undertaken. MBG noted that Chris Stamp was now off for 6 weeks to have an operation, and the Tim Fellows (senior) role was empty. Malcolm Legg looked after CFR West and East was out to advert. Karen Ramnauth, Emma Ray, Andrea and Natalie were the admin team. Interviews to the East role were pending.
- 16.7. The MDC agreed that until the CQC had been then it was not possible to devote a lot of Trust resources to getting clarity about what was needed for and from CFRs, however it would be important to see impetus soon after the CQC.
- 16.8. KS noted that the Barometer Group had held its first meeting: its purpose was to act as a temperature check for the culture work stream. NC had been at the first meeting but the next few clashed with other commitments. Hopefully Charlie Adler would be able to attend.
- 16.9. KS noted that Felicity had reported that the Patient Experience Group had been well-attended but the purpose was still hazy. This had also been raised at the Council meeting.
- 16.10. JC asked who was part of the PEG. Members were unsure but it seemed to be IHAG, Governors, and possibly HealthWatch.
- 16.11. MBG and other MDC members were unclear why the PEG could not be a sub-group of the IHAG to consider Patient Experience. The MDC

believed that a follow-up with Tricia and Lucy (NEDs) might be important to get this on the agenda at QPS. IA advised that she had an email from Lucy Bloem confirming that the issue was coming to the next QPS.

- 16.12. KS advised that yesterday's event at Brooklands had been really good. Mike Hill and Leigh from the Corporate Governance Team had been there. There were lots of vehicles and a good location. Around 80 members were recruited and there had been a lot of genuine interest, including from kids who wanted to be Paramedics in the future.
- 16.13. Feedback had been taken regarding Trust vehicles from staff and KS had fed this back to John Griffiths.
- 16.14. JC asked why we did Brooklands 999 but did not do a similar event in Kent. KS advised that we had done events near Maidstone in the past. We moved around the patch.
- 16.15. JC noted that there were issues getting vehicles and staff involved in Kent.
- 16.16. The MDC noted that it would make sense to be more coordinated about the way these events were managed centrally.
- 16.17. KS reminded members that the Brighton and Hove elections were upcoming. Jean was not going to re-stand and there were two candidates in Brighton. The May Council meeting would be Jean's last meeting.

17. General Data Protection Regulation (GDPR)

- 17.1. KS noted that the General Data Protection Regulation would come into force on 25 May.
- 17.2. MBG asked whether the Trust needed to contact all members. KS advised that there was a different legal basis to hold members' information under the Health and Social Care Act. This was ok for staff too but we needed to advise staff how they could opt out.
- 17.3. KS would be attending inductions to talk about being an FT, membership and governors. Privacy notices were being developed for every area where data was collected, and KS had developed one for membership. KS had become an expert in this area and the MDC congratulated her on her expertise and for doing such a thorough job. There were lots of impacts for membership and lots of opportunities to communicate about it.
- 17.4. KS asked the MDC what they would want to know as members to help her communicate with members:
 - 17.4.1. Do I need to do anything?
 - 17.4.2. How safe is my data?
 - 17.4.3. How do I opt out?
- 17.5. The MDC advised that these were the key questions to answer for our members.
- 17.6. KS confirmed that the application form had been updated to meet the requirements.

18. Annual Members Meeting

- 18.1. The AMM would be held at Lingfield Park Resort and Racecourse. The MDC agreed that this would be an excellent venue. The meeting was on 14 September. The location was central within the patch and had good transport links.
- 18.2. KS noted that it would be important to do effective presentations this year and would issue some guidance. There had been issues with the YouTube live stream last year and this had been discussed with the Communications Team: we might try to use Facebook Live.
- 18.3. It was hard to plan for the number of stalls as staff seemed to turn up unexpectedly: it might be important to be firmer about staff not turning up and expecting a stall at the last minute.
- 18.4. The MDC discussed whether the Constitution changes needed to go to the AMM. It was felt that the changes did not need to go.
- 18.5. KS had thought about using one of the patient videos used at the Board and perhaps the values video that the Trust was making.
- 18.6. MBG noted that it would be important that slides held people's attention. The MDC discussed the order of service and whether the video should be used to set the tone or at the end.
- 18.7. The MDC discussed what people might want to hear about in the Trust – such as logistics, medicines, and IBIS. The MDC felt that IBIS might be best. MBG believed it would be useful to have something that demonstrated the team work from call to outcome. KS felt that the patient story video might cover some of these points.
- 18.8. The MDC discussed the possibility of a prize draw around a visit to EOC to help promote the event. We could have a big focus on learning CPR. We could also consider a local ambulance station visit as a prize.
- 18.9. On the Governors' stall, we would have an updated notice board, plus elections promotion.
- 18.10. Stakeholders to be invited: KS would ask the Mayor, and she could approach the local MP and wider MPs. Stalls would be invited from local Appointed Governor organisations. Gatwick Airport had a community engagement team who might be invited. The British Heart Foundation would be invited. Local CCGs and STP members would be invited. Governors would be asked to share the poster and KS would put the poster up locally.
- 18.11. KS would put circulate the MDC's plan for the day for Daren and Graham to agree.
- 18.12. MBG believed it was worth raising the issue of community engagement in the Trust again. KS advised that this would make sense once the outcomes of the communications and engagement review were released.
- 18.13. On stalls, it would make sense to seek out guide dogs or hearing dogs for a stall as this would attract people to the event.
- 18.14. KS asked if the Trust was moving forward with the Good Sam app but JC did not feel it was a good fit for the AMM.
- 18.15. The Blood Bank could be invited with their bikes.

- 18.16. The Panel members were discussed. It would be important to have a woman on the panel. IA felt Ed Griffin would be fantastic. The MDC agreed Ed and also the local OUM (Dan Garrett for Guildford).
- 18.17. MBG advised that it might be better to move the start of the AMM to an hour earlier. There was a discussion around this and it was agreed that the timings would remain the same.
- 18.18. The MDC noted that there needed to be a Council pre-meet which could be added to the timings.

19. Membership recruitment plan

- 19.1. MH provided an update on Brooklands where c80 members had been signed up. KS was doing a small BME event in Crawley this weekend. No Governor had signed up to help. On 21 July the team would be at TransPride in Brighton.
- 19.2. KS was struggling with booking events in Kent and East Sussex. The MDC discussed possibilities but KS would continue to research.
- 19.3. KS updated on the costs of the giveaways. The MDC discussed whether they could give away pocket masks for CPR.
- 19.4. IA advised that it had been £8 per member to pay someone else to recruit members. Members discussed the costs and felt that the reusable foldable bottle was expensive but KS assured the MDC they would only be given out to people who became members.
- 19.5. The MDC recommended that the service ought to be able to take donations.
- 19.6. JC asked whether the Your Call badges were still distributed and KS confirmed they were.

20. Future membership events

- 20.1. KS noted that last year we had done two final Your Call member events to ensure we had held them in each area of the patch. We were focused on recruitment this year. So it was a goodtime to consider what we felt might work next year.
- 20.2. JC asked whether we were content with membership numbers. KS advised that we were in the middle of the pack but this was more about doing membership engagement. JC believed that we might educate younger people at these events. KS advised that this was not a big demographic of the membership.
- 20.3. JC noted that SECamb could become a provider of TED talks. There were now local TedEx talks or conferences across the country. There was a waiting list to become a speaker. Events across the patch were very busy. KS advised that she would love to have the capacity to do this but it would be a full time job to organise: she would be keen if there was increased capacity in the Trust. KS noted that her remit was not about public education but it would be useful to consider the focus of any engagement.

- 20.4. KS had spoken at a Patient Participation Group recently which had been fantastic and this might be a way forward to share information about the ambulance service and to do membership and information sharing at events. At PPGs, GPs were also present, which was an added bonus in terms of learning.
- 20.5. JC suggested talks to WIs and IA suggested Rotary events. MBG noted that CCGs had protected time for Doctors once a month and SECAMB could be providing a speaker to this.
- 20.6. The MDC felt that it would be excellent to be part of the wider system and do information-sharing talks with the possibility of recruiting some members, rather than focus on member engagement per se.
- 20.7. Vlogs (bite sized videos about something interesting) were suggested as well which would draw people in, including younger people and those who would never go to an event. Topics could include any innovation such as Restart a Heart and IBIS. KS noted that the Trust would benefit from a social media manager that was doing more innovative things, and more freedom to be creative.

21. July newsletter

- 21.1. KS asked for suggestions for the next newsletter.
- 21.2. For the staff interview, KS noted that HART had previously been suggested, or perhaps a feature on Debbie Maynard, who had 30 years' service and could talk about the changes in her time, and can also cover the impact of the new HQ and ARP.

22. AOB

- 22.1. MH asked whether something should be raised at the next CoG about CFRs. JC advised that the GDC had been clear that they would raise it after the CQC inspection. The MDC noted its frustration that Governors had been raising the issue of the poor support for and treatment of CFRs for over six years with no action taken.

Signed:

Mike Hill, Chair of the MDC

Date:

Appendix 3 SEF February Minutes

Staff Engagement Forum Minutes

12th February 2018

SECAMB HQ, Crawley

Present:

Izzy Allen (Deputy Chair of SEF)	(IA)	Assistant Company Secretary
Steve Emerton	(SE)	Executive Director of Strategy & Business Development
Tim Howe	(TH)	Non-Executive Director
Andy Lyons	(AL)	Risk Management Project Lead
Kim Blakeburn	(KB)	Staff Engagement Advisor
Jess Stanley	(JS)	Medical Directorate Administrator, Paramedic
Katie Spendiff	(KS)	Corporate Governance and Membership Coordinator
Karen Lavender	(KL)	Human Resources Manager
Danny Dixon	(DD)	Senior Education Manager
Teresa Taylor	(TT)	Emergency Medical Advisor
Nigel Sweet	(NS)	Trade Union Representative; Technician
Angela Rayner	(AR)	PPI Manager; Equality and Diversity
John Waghorn	(JW)	Paramedic
Samira Usman	(SU)	Human Resources Administrator
Lee-Ann Whitney	(LAW)	Clinical Audit Team Project Administrator
David Atkins	(DA)	Clinical Operations Manager
Daniel Logan	(DL)	EOC Manager
Robert Groves	(RG)	Emergency Medical Advisor
Ashley Tookey	(AT)	Fleet Administrator
Justine Buckingham	(JB)	Director of Commissioning
Charles Adler	(CA)	Paramedic
Alison Stebbings	(AS)	Logistics Manager
Lee Warwick	(LW)	HART Operative
Andrew Saffron	(ASa)	Ignite Representative

Apologies:

Emma Saunders

Paul Ellis

Chris Wright

1. Welcome, introductions & apologies

1.1 IA welcomed everyone to the SEF and passed on apologies received. IA asked everyone to introduce themselves to all in the room and proposed meeting etiquette, which everyone agreed with.

1.2 IA:

This forum is a way of discussing how we can improve SECamb culture and performance as we are currently seeing many changes and developments in the Trust.

We will be electing a new chair and deputy, to be discussed later in the meeting.

What have we done well to date and what are our priorities and commitments going forward?

1.3 IA welcomed SE to the SEF; he discussed the importance of the SEF in the role of improving the Trust in the eyes of the CQC and the 111 bid. SE:

- What are the interdependencies between all of our projects and how can we make things better?
- Staff engagement is the glue that holds everything together; if we don't get this right we won't give ourselves the best chance of success.
- People are the most important thing we have as an organisation, they will be able to perform everything we need to achieve, so they should be our priority.

2. Action Log Review

IA requested that everyone read through the last meeting minutes to see if they were accurate; there were no objections or issues raised, so the minutes were accepted as an accurate record.

Actions:

1. **NS: Base allocation of recruitment adverts- The recruitment team have changed the way they allocate job vacancies; The Trust has been divided to East and West regions. Recruitment allocations are only to operating units, not to individual ambulance stations.**
2. **IA – Risk: Andy Lyons will speak about this later in the meeting.**
3. **KB - new staff suggestions scheme: we have been given the go-ahead for a new piece of software “idea drop”, which is similar to Facebook. KB’s update of how this is working and an overview of how it’s going has been paused, as idea drop not currently working. Going forward, we will use a user group for staff suggestions. As there are changes in our directorate currently, I will provide an update about this in the next meeting.**
4. **KB spoke to the communications team for a progress update for the staff engagement forum. Make sure we attend communications team meetings and give them information as needed.**
5. **KB contacted Mark Bailey regarding ambulance response program. He could not confirm anything in writing, but in his opinion the launch was successful. Everyone appears happy with the training the received and everything seems to be going well from an operational perspective.**

3. Update on Bullying and Harassment (KB)

3.1 Steve Singer had been due to give an update, but he recently left the Trust.

- 3.2 TH explained that Bullying and Harassment is a priority for the Workforce and Wellbeing Committee and said the action plan may not be seen to have progressed as quickly as expected, particularly there lacked communication to staff. TH felt we perhaps need to do things slightly differently.
- 3.3 NS felt that it would be more useful to discuss this after the report had been received. He asked everyone how staff feel about the current progress of the bullying and harassment action plan. NS said that it appears that staff don't know what is happening, as there has been no apparent progress report made from the Board. TH said the Board are aware of updates, but possibly have not had the time to create a progress report.

Actions:

1. **IA to speak to Terry Parkin regarding an update on bullying and harassment. Andrew Saffron will discuss the cultural work scheme later on in the meeting.**

4. Business Strategy

- 4.1. KB had distributed a selection of posters to the SEF, advertising the 5-year business strategy and asked them which they preferred. She had then contacted the communications team, but received no response. KB distributed the chosen poster around the room and asked everyone's opinion of it; the SEF felt the poster was effective and fit for purpose. KB had contacted Jayne Phoenix, who said that the poster will be released this week via Janine Compton.
- 4.2. KB asked TH what feedback had been received for the 5-year business strategy; TH replied feedback was mixed. Positive feedback showed that staff liked to feel involved and included and the majority of staff in the Trust liked its' new vision. Negative feedback showed that staff felt the 5-year strategy is very confusing, just as the last one was. TH suggested that fundamental issue may be that staff aren't aware of the purpose of the business strategy; it may lose momentum if staff don't feel they can relate to it. KB will expand on this when she discusses 'pulse survey' questions later in the meeting. It was mentioned that for the support services, very little of the business strategy was applicable, so the team felt quite excluded. DD suggested staff may not invest in strategy until they can see results; if staff can't see any visible action, they may not want to engage. KB said that a large percentage of people are not aware of what the strategy is; this was why the poster is needed. KS supposed that staff can't get excited about the business strategy because it's large document, which may seem un-relatable. She asked if the strategy could be better delivered, for example through social media. KS felt it is hard to enthuse staff about it, when there are many other things to think about currently, like the CQC report. IA stated that the purpose and point of the strategy is unclear, aside from getting out of CQC. DD said that as lot of areas in the Trust work in isolation, staff may feel that the work they do doesn't fit in with the strategy, so may "do their own thing". DD said all of our aims as Trust should be working towards the strategy; when you read the strategy, there are a lot of points to underpin it and consider. TH stated the Trust had a plan to get out of special measures; the business strategy is what the CQC see as a visible way to get out of special measures. For us, the strategy is more like an action plan.

Actions:

1. **KB to email Jayne Phoenix comments from group on strategy posters – done.**
2. **LG to talk with Jayne Phoenix about what question to put on the pulse survey in January and does it need to be in different localities. KB to put this in the volunteer survey too – done.**

3. **SEF to be a check in point for enabling staff strategies and to advice on messaging and how these are shared – done.**

5. Pulse Survey

On the agenda to be spoken about later in the meeting.

Actions:

1. **KB and LG to make up a presentation for non-execs to present them about SEF - done.**
2. **KB and LG to attend inclusion hub meeting - done.**
3. **KB and LG to set up sub group to discuss everything before next meeting – done.**
4. **KB explained the corporate induction videos were supposed to be ready to show at this meeting. However, corporate induction need to do some further filming, so want to show us the finished piece at next meeting. KB asked that IA circulate current video to the SEC for feedback via email.**
5. **IA to do key highlights of the terms of reference and proposal for new way forward for the SEF – done.**
6. **KB to circulate Staff Inclusion strategy to SEC by email.**

6. Terms of Reference

6.1 The Terms of reference were read by KB as discussed as follows:

- KB confirmed this version terms of reference is as on last one, but has been amended and updated. She stated the new terms of reference are now to fall under responsibility of staff engagement team. It is important to make sure all SECs are aware of the value of their input and how their actions affect this forum.
- Point 2.1 Purpose: KB – The purpose of SEF is to be a platform for effective communication and a foundation for staff change across the organisation. SEC can attend these meetings every quarter, with a member of the exec in attendance, with time given in each meeting for feedback to execs/non-execs for discussion.
- 2.1 bullet point 4: TH – Issues raised can sometimes get “lost”, then the issues are not resolved. When bringing up new issues, “have you gone through local processes” should be the first question before being discussed at SEFs, as this is not a place to override local management. The terms of reference ought to make it clear that should be issues raised after they have gone through local meetings and management.
- 2.2 also read. These are suggestions that have come from the Trust Improvement Strategy. TH - the SEF is a body that feeds back to the execs the mood of the staff. This is implied in the document, but needs to be made clearer, so feedback can be given at future forums. It was agreed by the SEF that the terms of reference did not need to be amended at this time.
- Point 3. Membership: NS raised the issue everyone who was present was to become a SEC and there many others as well who were not present at the SEF. Therefore, there are many SECs but only 30 are allowed to attend at each forum, which presents a problem. IA said it is important to reference in the document the existing members of the SEF (including non-exec directors and exec directors) as well as the new SECs and how the forum will work moving forward. Izzy – staff members who are SEC, Non-exec directors, exec directors, all are also SECs. KB will update the

Staff-Elected Governors to reflect this. Update from 1.1 and section 3. IA said it's important to ensure all SECs are invited and included in SEFs. **See actions.**

- TH, KB, NS and DA discussed the importance of including CFRs as members of the SEF, as they voluntarily staff at the Trust. Although it may be a complicated logistical process to invite CFRs to be members of the SEF, it was agreed by the forum that they should be involved in the decision making and discussion of issues. The terms of reference should be amended to include CFRs as members of the SEF. **See actions.**
- Point 4. Initial arrangements. Nothing to discuss
- Point 5. Quorum - nothing to discuss
- Point 6. Attendance - nothing to discuss
- Point 7. Frequency – this will be held quarterly, with subgroups as needed.
- Point 8. Authority: TH stated that future actions or requests for attendance of appropriate staff members be added to future agendas. **See actions.**
- Point 9. Duties - nothing to discuss
- Point 10. Who the minutes go to – we need to work out timing for when minutes are sent out so action points can be looked at and achieved sooner. Add the workforce committee.
- Point 11. Covered by admin.
- Point 12. Review- reviewing effectiveness of meeting. A chair should be elected every year – an election needs to take place. A year is a short time, should it be every 2 years? YES. Current chair should be able to re-stand.

Actions:

- 1. KB to update the Staff-Elected Governors to reflect the amendment of the terms of reference section 1.1 and section 3.**
- 2. KB to communicate with CFRs regarding how they would like to be included in the SEF. Amend the terms of reference to reflect CFRs to be included as members of the SEF.**
- 3. KB to amend future agendas to include future actions or requests for the attendance of appropriate staff members to be present at future meetings.**

7. Risk Management

- 7.1 AL introduced himself as the risk management project lead, also dealing with risk & governance. He is heading up risk management following the CQC report in October last year, of what the Trust must do and should do, forming an improvement plan. AL explained he is focusing on reviewing each individual risk on the risk register and also performing one-to-ones to identify risks and provide support for the risk leads.
- 7.2 IA asked why risk management is important. AL responded that for SECamb, risks are identified through “horizon scan pinch points”. From there, the Trust aims to be reactive to the incident, so that it does not recur. There are 3 key risk management groups: 1. The principle risk lead – the person who has the authority to process the actions, to see how best to identify and address the areas at risk. This will ensure we are ready for incidents before they happen. 2. The accountable executive and 3. The operational forums and groups – this is where the experts meet to discuss issues and discuss how they will be resolved, looking at identified risks to see that they are moving forward and making progress. With these forums & groups, we have identified every risk on the register, and continue to manage them.
- 7.3 AL described an education program, which is being set up to identify and raise risks and a poster which was recently distributed to every station and make ready centre. It advises staff to speak to their OTL if they identify a problem; if it not resolved, they can message a mailbox which is sent to the risk lead. Although there are gaps in the poster which may need improvement, it is a

starting block to raise the profile and awareness of risk management. DD asked if staff would be better off continuing to complete IWR-1 forms, instead of emailing the risk lead, to be put on the risk register. AL responded that IWR-1s are reactive regarding incidents that have already occurred, whereas the risk register helps to identify risks before they happen. DA suggested that we need to raise awareness for what IWR-1s and the risk register are for, as in his opinion too many IWR-1s are completed for inappropriate reasons.

7.4 AL describes 2 types of risk reporting and management: reactive and consideration of risk, as above with IWR-1s versus the risk register. CQC and SECAMB would like to see people being aware of risks before actions take place- being proactive instead of reactive. We should be taking a proactive stance of assessing the areas of risk in the planning stages; CQC also want to see there is a course of action related to incidents raised.

7.5 AL asked that the SEF think about how improvements can be made in getting the message of risk management out to staff. No other questions from the SEF.

8 Culture Update

8.1 ASa introduced himself as a representative from Ignite, employed by the Trust to address our organisational culture and any areas that need to be addressed. There followed a discussion about the strategic objectives to change organisational culture.

8.2 ASa described the culture of change methodology, with a PowerPoint presentation. The presentation explained how organisational culture can be changed by setting standards and behaviours, educating staff about the positive and negative consequences of their actions and supporting staff to meet the expected behaviours in order to bring about the desired change.

8.3 ASa described a behavioural development program which has been developed for all employees, with a “wow factor” to get people interested and engaged. It will include guest speakers, content which will be new and refreshers, which will be for everyone. ASa asked the SEF if they had questions regarding this. Questions and discussion as follows from various SEC present:

- When will this happen? The plan is to start in April and end in July/beginning of August. Why so fast? I believe that speed is critical to create momentum, to enable change to happen faster; you will also see results quicker.
- I think you're too slow, not too fast. By next CQC inspection, there will be no visible progress made? ASa – I would have started in July; it's a shame that months were missed. An impediment of new culture is the old culture: change is very slow and this can be frustrating! We are trying to create a high-performing organisation, which may take some time.
- Change won't happen with same senior management
- From EOC perspective, no visible change seen. Big episodes of change come from higher up, which is not communicated to staff well and progress not shared.
- Why couldn't this have been started last year after the initial CQC inspection? Why is it only beginning now?
- As far as getting a culture update, if we asked staff now, they would say there has been no progress. There should have been other speakers come in for this meeting, but could not attend; Andy facing brunt of our frustrations. I personally feel there is a change with how people are engaging in their teams, a change that has been led by staff. Change from the top down, is where staff are having the issues.
- We are in a positive place now, as this is a good opportunity for change. I am heartened that change is starting.

- TH – please feedback to the execs it seems progress is not happening fast enough, as when CQC come in, they will not see this as a “box ticked”. We need to give this as a high priority. Please feed this back. **See actions.**
- My concern that there were 3 other people to speak regarding this, who aren’t here because they could not achieve the change they wanted, so they felt it was easier to leave. We need to see change here, but I can’t see this happening until there is change from the top.
- We need the confidence that things are changing from the top. Why will we see change now, when there have been previous CQC inspections before and change didn’t occur then?
- ASa – There has been an enormous amount of work to get to the point we are now, as we are doing this thoroughly and as a proper program. Under the topic of behaviour development, we are running a series of workshops so the exec team can be coached and issues as above can be raised.
- There is a new HR director coming in, new people at the top to help drive change.
- This is a team to work really hard to make this change happen, so when processes are put into place, I am very optimistic that we will get the wheel moving faster.
- I’m looking around the room at people who have been trying to affect change for many years and we are still here and we still want change.
- I have invested a positive attitude about this moving forward, which is proven to have a positive effect of staff engagement, staff sickness, staff retention etc.
- Spending a year off road in a different role has it has helped me to gain perspective that the chief exec is working for an organisation that doesn’t know its identity. In the midst of this, we are shown that success = scene times, and performance targets. We need to see that performance targets are not the focus; we need to see how we can improve culture and engagement to have a healthier, happier organisation. We need to address the small things as well as the “important” things. How can SECamb deliver what we want to do if management feel they don’t have the resources to carry this out? We need to look at increasing our generosity in how this is going to work.
- ASa This is why I think this is going to work:
 - In the past people were saying there were processes in place, when there weren’t actually any. This time, there are; action is being taken.
 - In any process, we have to take the time for change to take place. We have to take the time to “lead the horse to the water, to allow it to drink”.

No other questions from the SEF.

8.4 ASa explained that one of the ways in which culture is positively changed is by implementing a Barometer Group. A barometer group is a group of people representing the organisation, to assess and critique the changes being made and how things can be done differently. In order for the barometer group to function effectively, it is important the same people attend each time, for continuity and progression.

8.5 KB asked if the members of the forum would be willing to meet once a month as a barometer group, if supported properly by scheduling, the execs etc. so members can always attend. SEF agreed that they would like to be included in a barometer group. **See actions.** Going forward, the next forums should be attended by Daren so that requests for change can be fed back and also to have some accountability. KB asked: should we invite Daren to attend? SEF agreed; **see actions.**

Actions:

1. KB or IA to feed back to execs regarding culture of change progress not visible or with enough speed.
2. A formal recommendation to be made to Daren that these forums' members would like to be part of the barometer group. IA or KB to action.
3. After assurance from Daren, arrange diary dates and contact scheduling/line managers etc. so SECs can be allocated time away from their duties to attend the barometer regularly. IA or KB to action. RG to set up live audio for members unable to go to attend the barometer group.
4. KB to confirm dates for future SEFs and see if Daren is free to attend.

9 Group session work

9.1 KB asked the SEF to get into groups to discuss and feedback to all: What works well and helps you do your job effectively? What doesn't work well and doesn't help you do your job effectively? Feedback from the SEF as follows:

Works well:

- We get to speak daily with line manager
- We have a visible line manager (operational), who seems approachable
- Reliable and helpful colleagues
- Good support from team leaders
- Audit team has weekly huddles – looking at tasks for week ahead and what everyone's working on
- EOC West have live streaming sessions and seminars on closed SECamb Facebook group, approved by the Trust.
- HART team have a fortnightly newsletter, which has a positive effect on communication, with contributions from management and HART team members
- Clinical audit team held 1-2-1 sessions for the CQC action list so all staff fully understand how/why implementing
- Policies have a 3 week consultation period before it's approved – good to have input from staff
- Fleet started multi-sight initiative to raise issues/problems locally and feed it upwards when needed. Use messages from CQC to support change
- The centralisation at Crawley HQ very good
- Supportive managers and colleagues
- Improvements of services in IT
- HR have huddles - very good
- The whole of the HR team have been asked and are happy to add photos to their email signature, good to identify people in the office
- Good integration with make-ready team at Gatwick
- Omnicell has made a positive change to medicines management
- iPads have been well received; IBIS element on app good for GP summaries etc.
- The existence of staff engagement group, as it will bring positive change.
- EOC newsletter good for communication, positively received

KB- As with the newsletters mentioned above, it is important to share good practice and engage with staff members on social media, as this brings a sense of responsibility, awareness and relevance. Use newsletters etc. as a toolkit, with flexibility in their approach eg. Huddle meetings

work are effective in some teams, not others. Don't use communications as a barrier, but as a way of sharing knowledge.

What doesn't work well:

- Geographical location of staff, very spread out so difficult for communication
- People who don't put their out of office on their outlook account
- We are a 24 hour service, yet an engineer was not available out of hours when we needed one.
- Sometimes you have to travel long distances to get to work and you don't have a choice. Can we be paid to travel during working hours?
- Lack of consistency in internal policies and how they are interpreted.
- Constant uncertainty: always new rota changes, new policies etc.
- Dependence on a sole decision-maker. Not many people have permission to make changes, which carries a high risk factor. We need to make sure that if risks are identified, they are reported appropriately, especially if it involves a patient.
- Bad attempts at fixing problems
- Policies implemented without communicating why they are needed or necessary
- People "door-stopping" at your desk in the office at HQ; people coming to your desk to chat interrupt work
- People can be demanding in the office "you must do this" instead of "please can you do this"
- Over-reliance on email, with lack of face-to-face communication
- Long working hours culture
- Lack of integration within teams in the new EOC in Crawley. Could be the result of always people always being in the same rota, so can't mix with other staff members.
- Don't get to mix with staff very much anymore at make ready centres
- Misuse of service resources- eg. too many staff sharing one job
- Staff don't know who to go to for different issues: a lack of signposting
- Not enough parking on stations and make ready centres.
- In some places, there is a group huddle every day/shift, too many and unnecessary.
- Instead of fixing problems when they are large, SECamb tends to plug the gap with different initiatives instead of resolving the underlying issues.

9.2 KB expressed it may be a good idea for the comms team to support local teams' newsletters instead of using the large weekly bulletin as an information sharing platform. RG felt that SECamb has a habit of fragmenting projects and issues into small groups, instead of bringing centralised communication. A centralised forum will bring staff focus. CA expressed that communication doesn't need to be completely centralised as this may be seen as a way of controlling all information. Also may not be as received as well staff, as it needs to be relevant to local teams and not too generalised. KB asked the SEF if they would like to continue this discussion regarding communications at the next forum. The SEF agreed; **see actions**. TH felt that communication within the Trust is good, but very fragmented. He asked the SEF if a member of the comms team can attend the next SEF, so we can have some input from them. SEF agreed; **see actions**.

9.3 IA asked the SEF and confirmed no others questions or issues to discuss. The above discussion will be fed back to Daren and discussed in the next SEF; **see actions**.

Actions:

1. **Everyone to bring examples of communications and points to discuss for the next forum. Bring in examples of local bulletins for everyone in the SEF to look through.**
2. **IA or KB to invite a member of the communications team to attend the next SEF.**
3. **IA or BB to pass on feedback from group discussion above to Daren, to be discussed in the next meeting.**

10. Pulse Survey

- 10.1 KB read out the suggestions for the next pulse survey questions. It was agreed that KB would email these out to the SEF/SEC for any opinions or suggestions prior to the pulse survey going live. **See actions.**

Actions:

1. **KB to email out suggested questions to all members of SEF for next pulse survey before it goes live.**

11. Wellbeing Update and Strategy

- 11.1 AR explained the structure of Wellbeing Hub with a PowerPoint presentation as follows:

- Wellbeing strategy approved April 2017
- Appointed a co-ordinator to get the hub up and running
- (structure of Inclusion & wellbeing team slide shown)
- We now have a large network of private practitioners eg. Physiotherapists, by which staff members can be referred, which should be within 15 miles of their home address. We have use of community rooms, hotel meeting rooms etc. as locations for external therapies.

- 11.2 AR explained what the wellbeing hub does, as follows:

- It is a single point of access for therapies/treatment/mental health services for staff
- Holds a database for local care pathways e.g. Debt management, grief counselling etc.
- Introduces a robust process to manage alternative care pathways within the Trust.
- Associated policies include stress policy, PTSD policy etc. although some policies are out of date and being updated.
- Wellwoman initiative and policy
- Fitness classes and programs eg. Pilates, lunchtime posture session. Staff members are running classes for staff locally and being paid overtime.
- Getting out and about centrally and locally eg. Drop-in sessions and surgeries. The recent wellbeing event at Crawley very positive; we looking to do mini events locally
- Quality assured OH referrals: taking a more balanced approach to supporting individuals in the workplace and whether they need an OH referral as opposed to automatic OH referrals
- Using the bulletin to communicate initiatives
- Looking at staff performance issues eg. sleep problems, stress etc. We are looking at the wellbeing of staff and its effect on performance
- Looking to evidence the value of the Hub, so that it can be sustained, not just as a pilot
- In the first month of operating (January 2018) 257 referrals/interactions from staff. Contacts from operational staff comprise 85% of contacts made.

- 11.3 AR described the priorities of the Wellbeing Hub going forward, as follows:

- Ongoing engagement in developing the service

- Communicate therapies available for all members of staff including volunteers, managers etc.
- Refining its procedures and processes – this is a new service, so there is still tweaking to be done
- Further development of care pathways and suppliers
- Training and development of the wellbeing staff
- Produce a benchmarking survey – to demonstrate how we are improving and what needs to change. We can have further surveys 6/12 months down the line
- Ongoing promotion and comms
- Host more mini wellbeing events
- Demonstrating that staff matter, so they feel cared for. This supports a good working culture of investing in staff.
- Securing the future of the Hub

11.4 AR asked the SEF if anyone had any questions or comments regarding the Wellbeing Hub. KB said she really enjoyed the wellbeing day; it was very well received. We've had feedback from the east of the Trust that they would like a wellbeing day too. We need to ensure that everything is implemented across the Trust, not just in Crawley, so there is a fair representation of services geographically. Is a great initiative and has had very positive feedback. AR commented there were elements from the Wellbeing day the Wellbeing Team have learnt from; what worked and what didn't. There is a wellbeing day being planned for Coxhead and lots of mini days in various locations in the pipeline. NS stated that from trade union point of view this has been very positive. IA asked that if anyone present had any other points or questions to raise, to please email the Wellbeing Hub.

12. Horizon Scanning

- 12.1 IA asked the forum if there are any events coming up or anything of interest to other members of staff, including suggestions for future agenda items.
- 12.2 DD – Big changes going forward in the future for education, particularly critical reasoning education for practitioners who have been qualified for a long period of time. We are also making changes to bring additional education for internally trained members of staff.
- 12.2 KL – HR policies are being reviewed, taking into account cultural change. Please keep an eye out on feedback for policies before they come up for consultation. Such as:
- Changing the Bullying and harassment policy
 - Changing disciplinary policy
 - IVF policy

13. Meeting close

13.1 IA closed the SEF, with apologies for running late. Does anyone have any comments about how the meeting has gone or questions? As below:

- DL - Who is the chair? IA - Karen Mann, who is currently on secondment
- CA - As someone who goes to a lot of meetings/forums, this is a very good one.
- LAW – What can we bring back to circulate to our teams? IA – In future SEFs, we will have a point in the agenda to discuss information from the meeting to feed back to our teams; **see actions.**

- AR – meetings used to be much longer to discuss more, can we please extend the timing of the SEF, so we are not pressed for time? IA asked everyone present if they are happy to extend the SEF meeting times to 10:00-17:00; all in agreement; **see actions.**

13.2 IA announced the next SEF date will be 15th May 2018 to be circulated by email; **see actions.**

Actions:

1. IA or KB to include a slot to discuss information from the meeting which can be fed back to local teams by SECs on agenda of next forum.
2. IA or KB to arrange all times for SEFs going forward to be 10:00-17:00.
2. KB to circulate date of next SEF as 15th May 2018 to all SEC by email.
3. IA or KB to put all actions to be put on the action log.

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 3 May 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, how to focus Council meetings more clearly around interaction with the NEDs, reviewing the KPMG governance review and any implications for the Council, conducting the regular Council meeting attendance review (which takes place every six months, and talking about risk in the Trust with one of the new NEDs.

2. Feedback from the previous CoG

- 2.1. The GDC noted that the pre-meet had been a positive step and was welcome because:
 - 2.1.1. It helped focus on key issues in a cohesive way;
 - 2.1.2. It helped gain understanding of colleagues' areas of focus;
 - 2.1.3. It gave those who were nervous about asking questions support from colleagues to speak up;
 - 2.1.4. It had enabled a real focus on asking questions of the NEDs rather than executives.
- 2.2. Some possible ways to improve were noted:
 - 2.2.1. Ensure issues and solutions were not discussed during the pre-meet – just the areas for questioning;
 - 2.2.2. People needed to ensure they had read the papers and came prepared.
- 2.3. There was no specific feedback on the Council meeting agenda items.

3. Agenda setting

- 3.1. The GDC prioritised seeking assurance around workforce planning, the demand and capacity review and prioritisation of improvement plans. Subsequent to the meeting it was

clear that the demand and capacity review would not be concluded in time to include it on the Council agenda.

- 3.2. Members were still keen to hear assurance relating to the volunteer strategy, ePCR progress, and the meal break policy impacts, however on the former two items it was recognised that it was not yet the time, and on the latter that the detail was probably better covered by asking NEDs for assurance during the Workforce and Wellbeing escalation report session.
- 3.3. Elections would need to be held for the Lead/Deputy Lead Governor positions and one Nominations Committee vacancy.
- 3.4. The afternoon session would focus on understanding preparations for the CQC inspection due in the Summer/Autumn.

4. KPMG Governance Review

- 4.1. The GDC were provided with a summary of the outcomes of the review, which have since been circulated to all Governors by email, but are included here again for information:

4.2. Key areas of good practice:

- Medicines management
- Board and sub-Committees
- Governance around performance
- Risk governance

4.3. Key areas for improvement:

- Local operational governance and performance data at local level
- Senior Management Team (SMT)
- Incident/safeguarding – feedback on outcomes and sharing learning
- Granularity of risk management data at SMT level and Board Assurance Framework (BAF)

4.4. Work under way:

- SMT is becoming a Senior Leadership Team where the Trust's senior managers will work closely with the Executive Directors
- Governance strategy being written
- Management group effectiveness
- Committee effectiveness self-assessments under way
- BAF to be reviewed and risk workshop being held with Board members

4.5. The usefulness of receiving performance information broken down by locality was discussed and felt to be important for the Trust.

5. Improving the focus on Council meetings on NEDs

5.1. The GDC discussed how to adapt the Council agenda to further reinforce and facilitate appropriate discussion and challenge with the NEDs.

5.2. The agenda has been restructured to enable the CEO to present first and then leave, and to give the NEDs more time to talk about key issues, risks and successes during their Committee reports.

5.3. Finally, the GDC were keen that NEDs talk a little about their day to day focus and activities in the Trust.

5.4. The GDC were also keen to reintroduce questions from the public at both the start and end of Council meetings, to provide more public accountability.

6. Council attendance review

6.1. The GDC received a report on attendance at council meetings and noted that two Governors had not attended any of the most recent three meetings. This was a trigger for the Cahir to contact them and see whether they needed any support to be able to attend more often.

6.2. One of those identified one has since resigned due to ill health. The other has been contacted with the offer of support.

7. Risk

7.1. Laurie McMahon (NED) attended to meet Governors and to canvas the Governors' views about the key risks facing the Trust. The GDC were clear that recruitment and retention were a huge risk. They also identified risks around increasing localisation and the impacts (as yet unclear) of the Sustainability and Transformation Partnerships.

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 Thursday 21 June at 2pm in Crawley.

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 – 3rd May 2018

Present:

Francis Pole	(FP)	Public Governor for West Sussex
Mike Hill	(MH)	Public Governor for Surrey & NE Hampshire
Isobel Allen	(IA)	Assistant Company Secretary
James Crawley	(JC)	Lead & Public Governor for Kent, GDC Chair
Roger Laxton	(RL)	Public Governor for Kent
Brian Rockell	(BR)	Public Governor for East Sussex
Marguerite Beard-Gould	(MBG)	Public Governor for Kent
Jean Gaston-Parry	(JGP)	Public Governor for Brighton & Hove
Felicity Dennis	(FD)	Public Governor for Surrey & NE Hampshire

Minute taker: Katie Spendiff – Corporate Governance & Membership Coordinator

In attendance: Laurie McMahon 3.30pm onwards.

Apologies: Alison Stebbings, Tim Howe

1. Welcome & declarations of interest

- 1.1. Members were welcomed to the meeting and the Chair noted he was pleased with the number of Governors in attendance. No declarations of interest were received. JC advised that Non-Executive Director (NED) Laurie McMahon was coming to the GDC later in the meeting to seek Governors views on risk.

2. Minutes from the previous meeting, action log and matters arising

- 2.1. The minutes of the last meeting were taken as an accurate record. The action log was reviewed as follows.
- 2.2. Action 109 on full review of the Trust's constitution. IA advised that this action has been pushed down priority wise due to urgent projects and other governance commitments taking priority. IA advised that in the revisions to the constitution in January, the terms of office for Governors were formally updated (now three terms) and details on the volume of NEDs on the Trust Board were amended. The GDC noted this was not an area for focus as many of the changes had been addressed to date.
- 2.3. Action 116 on Appointed Governors. IA advised there was an agreement by the Board on the organisations to approach. IA advised that Sussex Police would retain their place and a successor to Di Roskilly was already available. IA advised that the two acute hospitals represented by Appointed Governors were reviewed by Andy Collen and advised to stay the same: East Kent Hospitals University NHS FT & Brighton & Sussex University Hospitals. Recommendations for the charity sector appointed Governor were received from clinical and medical teams and a Dementia Charity was recommended as an area to be represented on the Council. IA spoke to Clinical Education about which University the Trust

receives the most Paramedics from and it was agreed that representation should be sought from the University of Surrey. Canterbury University would be the next best choice.

- 2.4. BR queried ratification of Appointed Governors by the Board. IA advised the paper on the initial vacancies to fill had gone to the Board and that details of finalised accepted places could be included in the CEO report to the Board.
- 2.5. Action 123 on internal and external communications review. IA advised the final report had gone to the Chief Exec that week.
- 2.6. Action 125 on CFR fundraising oversight to be raised with those creating the volunteer strategy and policies that underpin it. IA advised that Tim Fellows had been advised of Governors' concerns and the Volunteer Strategy and any policies falling out of that would consider fundraising by CFR and suitable oversight. JC noted there was still no CFR strategy. IA noted that she and Angela Rayner (Inclusion Manager) had a meeting scheduled with Steve Emerton (Dir. of Strategy) and Jayne Phoenix (Ast. Dir. Of Strategy) to discuss progressing this. FD queried if the Investing in Volunteers (IIV) work was running alongside this. IA noted it was separate, although the outcome of the IIV assessment could focus minds on areas that needed improvement. BR reiterated his point that a vision and commitment from the Board is where the volunteer strategy would need to start alongside considering difficult questions like "is this resource needed" and "what is missing?" an aim is required.
- 2.7. JGP asked what happens to CFR equipment when CFRs leave as she had had a question on this from a local CFR. JC advised equipment should be returned to their Team Leader.

3. Discussion of any feedback from the previous Council

- 3.1. JC noted this had been the first Council meeting with the new pre-meet format. FD & MH agreed the pre-meet was useful. RL noted that a cohesive approach was preferred and the pre-meet supported that, however he felt the pre-meet was rushed. FD noted it was good to understand colleague's areas of focus and was pleased that more colleagues got the opportunity to ask questions. JGP noted it gave those who were nervous about asking questions, support from colleagues to speak up.
- 3.2. JC noted need to focus on questions – not potential answers in the pre-meet. This would help streamline the pre-meet as the GDC noted they did not want to make the start time earlier. FD noted she would like feedback from the NEDs on how they felt the Council had performed. JC noted that TH had mentioned he felt the questions were delivered well. GDC agreed to continue to trial the pre-meet at the next Council meeting. FD emphasized need to read the papers and come prepared. JC noted it would be good for Governors to take up particular areas of interest. IA noted that many of the questions were focussed on seeking assurance from the NEDs, which is how the Council will be most effective in its duties.
- 3.3. BR noted it would be important for the whole Council to make an effort to attend the pre-meet for it to be as effective as possible.
- 3.4. MBG noted that not attending the pre-meet does not preclude you from asking questions.

4. Agenda items for the Council meeting on the 31 May 2018

- 4.1. Since the papers went out IA advised that Tim Howe had had a conversation with the Chief Exec about areas of focus for the Council as part of his new role as Deputy Chair where he would be chairing Council meetings. IA advised they had proposed an afternoon session with Bethan Haskins Executive Director of Nursing and Quality on CQC objectives, achievements and how the Council can help the Trust ahead of the CQC visit. JC noted the original agenda item suggestion was about Governors communicating with the CQC directly. Is there any value in the Lead or Deputy Lead Governor meeting with the CQC?

The GDC debated this and agreed an afternoon session on priorities with Trust staff would be more beneficial. IA noted the original afternoon session had been scheduled to focus on the demand and capacity review but as this was not yet finalised it could be postponed to focus on the CQC session instead.

- 4.2. The GDC noted the Council would be delighted to engage with the CQC as part of the formal process as required.
- 4.3. There were three elections needing to take place at the next Council meeting – Lead and Deputy Lead Governor and a position on the Nominations Committee. The GDC agreed this should take place in the public domain. JC noted this could be towards the end of the meeting public part 1 meeting. The GDC agreed.
- 4.4. It was noted that the agenda suggestions on the volunteer strategy and ePCR plans were still valid but the Trust was not in position to bring this to the next meeting.
- 4.5. IA noted one additional agenda suggestion on hearing about the Trust's enabling strategies. IA advised that Exec are keen for the draft version of the people & workforce strategy to come to the Council for consultation. FD asked for an update on well-being to be on the agenda items, or if it could be included in the people and workforce presentation. The GDC were keen for this to be covered at the meeting.
- 4.6. It was noted that the agenda suggestion on meal break policy impacts report should be removed from the list of suggested items. It was felt that this was a bit too microscopic for the Council and that any questions on this could be asked during the Workforce and Wellbeing Committee report.
- 4.7. It was noted that a summary of the prioritisation of strategic and operational plans could be covered in the CEOs report.
- 4.8. The agenda suggestion on handover delays was discussed. IA advised she received monthly regional reports on this and that the information could be sent to the Council each month. GDC agreed this could be actioned via email monthly rather than as a presentation at the Council.

ACTION: IA to circulate regional handover delay reports to the Council monthly.

5. KPMG Governance Review

- 5.1. IA advised the KPMG Governance review was commissioned after the results of the CQC findings around the well-led domain. The report had been to the Board and was circulated to the Council.
- 5.2. IA noted the focus of the report was on the Board and its committees. It highlighted areas of good practice particularly around medicines management, Governance around performance, risk governance and that the Board and sub committees were working well.
- 5.3. Key areas for improvement included:
- 5.4. Local operational governance and performance data at local level
 - Senior Management Team (SMT)
 - Incident/safeguarding – feedback on outcomes and sharing learning
 - Granularity of risk management data at SMT level and Board Assurance Framework (BAF)
- 5.5. IA advised that work was underway in all of those areas and that the Company Secretary was writing a governance strategy. Some of the work included a review of the senior/leader management group effectiveness, setting up self-assessments for each of the Board committees and that the Board Assurance Framework had been reviewed to align with risks and a workshop on this was being held with Board members on this.
- 5.6. BR noted that data on operational performance by geography was essential. BR advised the challenge would be differentiating between geographical differences and working out

“what levers to pull” to make changes. BR noted this did not come through from the report. GDC discussed regional data driving change and matching resources to need over the 16 Operating Units across the patch. GDC noted need to understand how SECamb was performing in individual localities. FD noted the report was very helpful. JC noted the evidence gathering took place in October 2017 so that should be taken in context in terms of progress made since then.

- 5.7. The GDC asked IA to recirculate the KPMG report to the Council again with the headlines from discussions at the GDC.

ACTION: IA to recirculate the KPMG report to the Council again with the headlines from discussions at the GDC

6. Improving the focus of Council meetings in relation to the NEDs

- 6.1. IA noted that the Council had previously reflected on the way it works multiple times in the past. IA noted she has received feedback from the new NEDs in attendance at the recent Council meeting, which was positive but also pragmatic as the meeting was viewed through a fresh pair of eyes.
- 6.2. IA gave overview of format of the existing Council agenda. IA noted that the agenda items on committee escalation reports and committee reports most closely align to Governors statutory duties. BR noted performance and substantial items contribute toward the Councils wider education on SECamb.
- 6.3. IA noted the main consideration would be around focussing more on questioning the NEDs and demonstrating where the line of questioning has come from (views from public or staff, seeing queues at hospitals etc.) as this feeds in to representing constituents.
- 6.4. IA presented some ideas for discussion:
NEDs to talk about key risks when they present committee reports.
NEDs to talk about their level of assurance on key areas of the Trusts recovery plan. NEDs could give an overview of what they have been up to in their role recently. Start with this being higher up the agenda, then move on to deep dives on certain areas; and bring in the Chief Exec at the end for his view.
- 6.5. JC noted CEO often sets the scene at the meeting and queried if it would be better to hear from him and then the Council challenge the NEDs on what he has said. I.e. are you assured?
- 6.6. BR liked the principle of the suggestions, but noted a challenge would be the regularity of NED attendance to enable it to be effective. BR noted public questions had fallen down the agenda and this was something he would like to see rectified. IA noted this could easily be moved further up and there could be questions at the start and questions at the end. The GDC agreed they would be keen to see this change made as it showed Trust's commitment to listening to the public and members.
- 6.7. Regarding attendance IA noted that the new NEDs were very happy to attend the Council meetings. IA noted there were now nine NEDs and that when on rotation for attendance it would be more achievable to have NEDs well represented at meetings.
- 6.8. IA noted that she was hearing that the principle of more NED involvement would be positive, and there were differences of opinion on the timing of the Chief Execs part. The GDC voted and the preference for the Chief Execs report prior to the NEDs reports was agreed. That way the Chief Exec can then leave enabling the focus to be solely on the NEDs. IA noted there is now a monthly NED meeting and IA would ask NEDs to consider this and how it could be delivered at the meeting.

6.9. JC asked how the GDC felt about Governors shadowing a NED to get an understanding of their role. The GDC agreed this would be useful. MBG noted need to phrase this carefully so as not to alienate NEDs. JC noted that if the NEDs were asking how to engage with the Council then this could be a suggestion. MBG noted afternoon sessions with NEDs at the Council were previously very interesting and useful.

ACTION: IA discuss agenda change recommendations with NEDs and float idea of Governors being able to shadow NEDs on occasion.

7. Council meeting attendance review

- 7.1. The GDC advised that Stuart Dane and Gary Lavan had missed the last three Council meetings. IA advised that previously in this situation the Chair had got in touch to find out if they were able to attend regularly going forward. The GDC agreed this would be the next step. The GDC noted they would like to see a letter issued from the Chair/Deputy Chair before the May Council meeting and then any response could be considered at the next Council meeting.
- 7.2. BR noted need to get in touch when slippage started prior to the Chair getting in touch. KS noted she had had conversations with both Governors informally and queried attendance and any support that could be given.
- 7.3. MBG noted sometimes expectation of a voluntary role does not meet the reality, especially with Council work – “you cannot change the world overnight”. JC noted meetings could clash with work requirements, as they are currently daytime. This does lead to limited diversity on the Council, as Governors need to be able to attend daytime meetings so those in full time work could find this difficult.

ACTION: Letter from Chair/Deputy Chair to Governors who have missed last three meetings.

8. Risk discussion with Laurie McMahon NED

- 8.1. LM noted that part of the Board’s current focus is being able to assure the CQC that the Trust is capable of managing itself into the future. As part of that the Board was reviewing what they considered to be the key risks for the future. As a contribution to that he was keen to gather Governors’ views on what they thought were the Trust’s critical risks going forward.
- 8.2. 1.3. The GDC identified recruitment and retention. This was viewed by Governors to be at a critical point of failure. Job opportunities for paramedics outside of SECamb were constantly developing and often offered a better salary or schedule of hours. The GDC noted their view that work on retention was key. Low salaries in EOC for example needed to be countered with great management support and a better environment to work in. The GDC noted that SECamb could learn a lot from other call centres around environment and motivators. The GDC noted good practice at NHS111 with a good rest room and engaging managers. GDC noted lack of reward and recognition. Simple thanks from managers or peer-to-peer recognition vital.
- 8.3. 1.4. The GDC noted over-centralisation as a possible risk, losing local sensitivities and becoming a more impersonal organisation by standardising everything.
- 8.4. 1.5. The GDC noted need for a focus on our future relationships with Sustainable Transformation Partnerships given that health commissioning and providing landscape was going to be continually changing.

8.5. 1.6. LM advised he had taken note of their views and that they would be included in the Board's risk review. He thanked Governors for their contribution.

9. Any other business

9.1. RL noted that he was observing the Workforce and Wellbeing Committee (WWC) next week and asked how he could raise any questions on the meeting. JC noted questions were not to be raised in the meeting; Governors were strictly there to observe. IA advised that the Chair would often debrief Governors at the end of the meeting so questions could potentially be asked then. JC noted question could be raised as part of WWC report at the Council meeting.

9.2. MH noted there is an MDC next week and all are invited to attend.

10. Review of meeting effectiveness

10.1. The meeting was deemed to have been very effective and the Chair complimented the excellent turnout of Governors and active participation.

The next meeting of the GDC will take place on 21 June 2018 2- 4pm McIndoe 3 at Crawley HQ.

Signed:

Name:

Date:

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

H – 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

20.03.18	<p>Lightwater GP Surgery Patient Participation Group – Charlie says: This was an overview talk about SECamb for a mixed GP and patient audience. Katie Spendiff and I spoke for 90 minutes about the Trust, our history since amalgamation in 2006, our operating model, the make ready system, when to call 999 or 111, IBIS, recording advanced care planning and DNACPR decisions, the Trust's governance structure, the role of governors, volunteering and how to become a member. There was an audience of 180, and the talk ended with a very positive 45 minute Q&A session. Only 35 feedback sheets were made available to the audience but all were returned with positive feedback. Some requested more practical input around learning CPR and have subsequently been directed to recognised training providers. A theme of surprise at just how much SECamb does and how it interacts with so many system partners was apparent. As was the fact that many still thought of us as Surrey Ambulance Service. A SECamb paramedic who attended the talk as a member of the public later gave feedback saying she was 'proud to be part of SECamb again' after hearing the Trust's work represented in this way. I thoroughly enjoyed delivering the talk and I hope to repeat the event soon at over PPGs in Surrey. This is a fantastic mechanism for increasing public membership, as well as being a barometer of concerns about the provision of emergency care in</p>	Charlie Adler (Katie Spendiff)
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	local areas.	
25.04.18	Shepway CSP Mental Health Conference – contributed views to a discussion, recruited members, learned new skills/knowledge.	David Escudier

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.

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?	The Head of Clinical Education writes: The former Driving Standards Manager wasn't responsible for blue light emergency driver training, however he did conduct some 4x4 teaching and was also an "expert witness" for some disciplinaries and grievances. All Driving instructors and contractors now have their qualifications ratified against the national database as part of FutureQual compliance requirements.
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.	The Head of Clinical Education writes: I am assured by the compliance requirements we now need to meet, the diligence of the manager Mark Harrison (Driving Training Manager), the internal and external quality assurance procedures regularly undertaken as well as feedback from students who complete the accredited course.
08.05.18	Please can we ask what the trust is doing to replace the Operating Unit Manager role looking after volunteers that has been vacated by Tim Fellows.	Response received 10.05.18: My understanding is it is currently going through the normal HR processes, prior to sending out the advert. Update sought prior to Council meeting.
18.05.18	What is the impact (financial and on quality of training) on not being able to use out of date bandages and other non-meds supplies in training staff?	Sent to Carol-Anne Davies-Jones (medicines lead) and Sally Wentworth-James (clinical education lead) for initial 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

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

I - Lead Governor/Deputy Lead Governor Elections

1. Introduction

- 1.1. The Constitution sets out the requirement for the Council of Governors to appoint a Lead Governor and the option to appoint a Deputy Lead Governor. The Council has previously agreed to appoint a Deputy Lead Governor to undertake the role in the Lead Governor's absence.
- 1.2. This paper sets out the roles and responsibilities agreed by the Council at its meeting of January 2014 and updated by the Governor Development Committee at its meeting of April 2015.
- 1.3. Due to the lack of nominations, there is only one candidate for each vacancy and the Council are asked to note these appointments.

2. Candidates:

- 2.1. There is one candidate for the role of **Lead Governor, James Crawley**.
- 2.2. There is one candidate for the role of Deputy Lead Governor, Charlie Adler.
- 2.3. The statements of both candidates are attached to this paper for Governors' information and of course both are the incumbent holders of these roles.

3. The role of Lead Governor/Deputy Lead Governor

- 3.1. The Constitution states that the Lead Governor shall:
 - Chair meetings, or parts of meetings, of the Council of Governors in accordance with Annex 6; and
 - Communicate directly with Monitor (now NHSI) in circumstances where it would not be appropriate for the Chairman of the Board of Directors to contact Monitor directly, or vice versa.
- 3.2. The Deputy Lead Governor shall perform these duties in the absence of the Lead Governor.
- 3.3. In addition, the Council has previously agreed that the Lead Governor and Deputy Lead Governor should be responsible, with the Chair, for agreeing Council of Governor meeting agendas.
- 3.4. The Lead Governor Chairs the Governor Development Committee, or the Deputy Lead in the Lead Governor's absence.
- 3.5. The Lead Governor is allocated a position on the Nominations Committee.
- 3.6. The CoG may also request that the Lead and/or Deputy Lead Governors undertake other duties if agreed by the CoG at a future meeting.

4. The nominations process

- 4.1. Governors were asked to express an interest in standing for election by **21 May 2018**. Those wishing to stand for election were asked to include a statement of up to one side of A4 setting out their reasons for standing to be received by the same date.
- 4.2. Candidates were asked to indicate whether they are willing to take the role of Lead and Deputy (if not elected Lead), or Lead only, or Deputy only.
- 4.3. Candidates' statements are attached for information as Appendix A.

5. Term of office

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

6. Recommendations

- 6.1. The Council of Governors is asked to:
 - 6.1.1. Read the candidates' statements at Appendix A.
 - 6.1.2. Appoint James Crawley and Charlie Adler as Lead and deputy Lead Governor respectively.

See over: Appendix A – Statements in support of nominations

Appendix A:

Lead Governor Statement James Crawley

Dear Colleagues

It has been a privilege for me to serve as your Lead Governor during the past 12 months. I have now entered my final year as a Public Governor, before elections next year, and I would be honoured to be elected by you again for the coming year.

Most of you know me all too well by now, but for those who have recently joined the Council, a little background. I joined SECamb 6 years ago as a Community First having previously volunteered with several organisations including the Metropolitan Police and The British Red Cross (with whom I am still very active). I was elected as a Public Governor in 2016 and Lead Governor in 2017.

Outside of my volunteering, I joined the Royal Navy from school as an Officer Cadet at Dartmouth & enjoyed a subsequent career in the Submarine Service. I then moved into commercial life joining a Human Resources Management Consultancy firm and then went to lead a number of practices and firms, both Domestic and International, before setting up my own firm in 2016. I am currently a non—Executive Director & Chairman of Kent based Human resources consulting firm and board advisor to a number of small and medium sized businesses.

As Lead Governor over the past 12 months I have:

- Had quarterly meetings with the CEO and met with other key Executives
- Had regular meetings with the Non-Execs
- As part of the Nominations Committee worked with fellow Governors on the appointment of the New Non-Executive Directors
- As part of focus groups assisted the trust with the appointment of a number of the new Executive Directors
- Chaired the GDC
- Attended board meetings when possible
- Worked with other colleagues on the Investing In Volunteers Strategy
- Chaired the COG in the absence of the Chairman
- Presented the Council report at the AMM
- Attended NHS Providers governor conference in Kent

The past 12 months has seen a continued evolution of the relationship between the council and Trust based on the firm foundations already laid. I genuinely believe that we have become an even more effective body, our questioning and challenges to the Trust have been measured and positive. Innovations such as a pre-COG meeting, constituency meetings with the Chair appear to have been positive developments which we should continue to develop.

Whilst it is true the “Lead Governor” does not lead the COG in the normal sense of the word, I personally think the role is still to provide leadership in addition to their statutory duties, and I believe I fulfil that.

I am very fortunate that my professional career allows me the flexibility to dedicate time to SECamb, allowing me to participate in the full range of meetings and duties that are required of the Lead Governor (approximately ½ a day a week on average), and it would be my honour to serve the council again in this role.

Application to stand for election as Deputy Lead Governor
Charlie Adler

Dear Council,

I should like to state my intent to re-stand for the position of Deputy Lead Governor in the forthcoming ballot.

I have enjoyed serving as James' Deputy over the last year and seeing through the Council this Trust's journey back to being an organisation that we can be proud to serve.

I've now entered the final year in my term as staff elected Governor. In each year I've held a different position in the Trust and have developed a range of perspectives and lenses through which I see SECamb; as a Paramedic, external secondee in the Darzi Fellowship and now within Crawley in Strategy and Business Development.

I believe that my experience of SECamb in each of these roles grants me the widest opportunity to act as a critical friend.

As was my position last year, I would not choose to stand as Lead Governor, but will continue to offer my fullest support to whomever is elected to that post.

I believe that 2017 was the turning point for the Trust; and anticipate 2018 to be the year that SECamb starts to thrive again, with the anticipated return of CQC this summer and our collective ambition to be released from special measures. I've been nothing but impressed with the skill, dedication and passion that I've witnessed from every quarter of this organisation through my interactions with the CoG, Board and committees.

This Trust will be at its best when we have truly empowered our staff and volunteers to provide the service that they want to provide. It remains a pleasure and a privilege to serve in the capacity of Governor to this end.

I look forward to continuing to work with you all.

Charlie

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

J - Elections to the Nominations Committee

1. Introduction

- 1.1. Governors are elected by the Council to be part of the Nominations Committee (NomCom). The term of office of one Public Governor previously on the Nominations Committee comes to an end on 20 June 2018.
- 1.2. Elections are therefore due to be held for one new Public Governor member of the NomCom at the formal Council meeting on 31 May 2018 if there were sufficient expressions of interest.

2. The candidate

- 2.1. There was only one nomination received from members of the Council and so, as per the election process, elections do not need to be held and **Felicity Dennis** is elected unopposed to the Public Governor vacancy on the Nominations Committee.
- 2.2. Felicity's nomination statement is included at [Appendix A](#), so the Council, Foundation Trust members and the wider public are able to see the statement (since the role is one of importance to the Council and all stakeholders in the Trust, to whom we are accountable).
- 2.3. The Terms of Reference of the NomCom are attached at [Appendix B](#).

3. The duties of the NomCom

- 3.1. The Nominations Committee is a Committee of the Council that must be made up of a majority of governors. The full duties of the Committee are set out in Appendix B, and include making recommendations to the Council concerning:
 - Non-Executive Director appointments and reappointments (including the Chair),
 - Non-Executive remuneration, and
 - The process for appraising the Non-Executives.

4. Membership of the NomCom

- 4.1. The membership comprises:
 - Chair (or Senior Independent Director when concerning matters relating to the Chair of the Trust)
 - 1 appointed governor
 - 1 staff elected governor
 - 4 public governors
- 3.2. The Lead Governor will be a member of the Committee, and will be included within above categories.

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

3.4. Vacancies on the NomCom are currently as follows:

- 1 x Public Governor vacancy

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

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

5.2. Public Governors were asked to express interest in standing for election to the NomCom by 21 May 2017. Governors were asked to provide a short statement (no more than a side of A4) about their interest in joining the NomCom.

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

5.4. If there had been more candidates than vacancies for the Public Governor position, an election would have been held by closed ballot (anonymously) at a formal session of the Council meeting on 31 May. All Governors present would have been able to vote.

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

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

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

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

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

6. Recommendation

6.1. The Council of Governors is asked to:

- Approve the appointment of **Felicity Dennis** as a Public Governor to the NomCom for a period of up to three years, as long as s/he remains a member of the Council.

Izzy Allen
Assistant Company Secretary

Appendix A

Election of a Public Governor to the Nominations Committee

Felicity Dennis - Supporting statement for election as Public Governor member to the Nominations Committee

The Chairperson and Non-Executive Directors undertake vital roles within the trust as part of the accountability structure and governance framework , and I should very much like to actively participate in the appointments process.

I am willing to commit the time and energy required, and from my previous role as an experienced NHS manager, I am able to demonstrate the necessary interviewing skills to enable me to carry out the duties of the Nominations Committee with confidence.

Having served on the Council of Governors for just over 12 months I understand the importance of appointing people who possess the appropriate skills, experience and communication strategies, and will endeavour to work with my committee colleagues to ensure that is achieved.

Appendix B

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Nominations Committee

Terms of Reference

1. Constitution

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

2. Purpose

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

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

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

3. Membership

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

3.2. The membership comprises of:

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

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

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

4. Quorum

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

5. Attendance

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

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

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

6. Frequency

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

7. Telephone Conference

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

8. Authority

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

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

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

9. Duties

9.1. The Committee shall:

- 9.1.1. Regularly review the structure, size and composition required of Non-Executive Directors of the Board of Directors and make recommendations to the Council of Governors with regard to any changes;
- 9.1.2. Give full consideration to succession planning for all Non-Executive Directors, in the course of its work taking into account the challenges and opportunities facing SECAMB;
- 9.1.3. Be responsible for identifying and nominating, for the approval of the Council of Governors at a general meeting, candidates to fill non-executive director vacancies, including the Chair, as and when these arise;
- 9.1.4. Before any appointment is made by the Council of Governors prepare a description of the role and capabilities required for a particular appointment;
- 9.1.5. Review the job descriptions of the Non-Executive Director role and that of the Chair on an on-going basis;
- 9.1.6. Review annually the time required from Non-Executive Directors to perform their roles effectively;
- 9.1.7. With the assistance of the Senior Independent Director, make initial recommendations to the Council on the appropriate process for evaluating the Chair. The Committee will then be involved, again with the assistance of the Senior Independent Director, with making recommendations to the Council on the objectives to be used in the assessment of the performance of the Chair. The Committee will seek and take into account the opinions of the Trust Board, Council of Governors and other stakeholders in making the recommendations;

- 9.1.8. The appraisal of the Chair will be conducted by the Senior Independent Director, against the agreed objectives and a report on the outcome provided to the Council of Governors;
- 9.1.9. Consider the reappointment of the Chair or Non-Executive Directors in advance of each three year term of office, in line with the requirements of the Constitution, and make recommendations to the Council of Governors; and
- 9.1.10. Receive and consider advice on fair and appropriate remuneration and terms of office for Non-Executive Directors. This will be in the best interests of SECamb, but take into consideration the remuneration made to other Foundation Trust and comparable organisations' Non-Executive Directors, the commensurate responsibilities of the posts, the Monitor Code of Governance, and the performance of the post holders.

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

- 9.2.1. Formulating plans for succession for Non-Executive Directors and in particular for the key role of Chair;
- 9.2.2. Suitable candidates to fulfil the role of Senior Independent Director. In line with the Constitution, the appointment of the Senior Independent Director is a matter for the Board of Directors, who should take into consideration the views of the Council of Governors;
- 9.2.3. Proposals for the position of Deputy Chair, where appropriate and with due regard for the opinions of the Board of Directors;
- 9.2.4. The re-appointment of any Non-Executive Director at the conclusion of their three-year term of office having given due regard to their performance and their ability to continue to contribute to the board of directors in the light of future requirements; and
- 9.2.5. Any matters relating to the continuation in office of any Non-Executive Director at any time including the suspension or termination of service.

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

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

10. Reporting

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

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

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

11. Support

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

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

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

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

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

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

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

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

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

12. Confidentiality

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

13. Review

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

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

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

Review Date: October 2018