



Council of Governors Meeting to be held in public

27 July 2018 10:15-13:00

Silks Suite, Brighton Racecourse, Freshfield Road, Brighton BN2 9XZ

Agenda

| Item No. | Time | Item | Enc | Purpose | Lead |
|---|-------|---|--|--|--|
| Introduction and matters arising | | | | | |
| 20/18 | 10:15 | Chair's Introduction | - | - | Tim Howe (Deputy Chair) |
| 21/18 | - | Apologies for Absence | - | - | TH |
| 22/18 | - | Declarations of Interest | - | - | TH |
| 23/18 | - | Minutes from the previous meeting, action log and matters arising | A A1 | - | TH |
| 24/18 | - | Questions from the public | - | - | Those present |
| Statutory duties: performance and holding to account | | | | | |
| 25/18 | 10:30 | Chief Executive's Report: - Integrated Performance Report - Questions from the Council | B B1 | Information and discussion | Daren Mochrie (CEO) |
| 26/18 | 11:00 | Board Assurance Committees' escalation reports to include the key achievements, risks and challenges: Audit Committee - 10 July Workforce and Wellbeing Committee - 23 July Quality and Patient Safety Committee - 21 June - 23 July | C1 C2 C3 C4 | Holding to account, assurance and discussion | All Non-Executive Directors present |
| 27/18 | 11:30 | Overview of NEDs' activities and areas of interest and involvement | D | Holding to account | All Non-Executive Directors present |
| 11:35 Comfort break | | | | | |
| 28/18 | 11:45 | Integrated Urgent Care and the Trust's plans | - | Information and discussion | Charlie Adler (Staff Governor and Integrated Urgent Care Programme Manager) |
| Statutory duties: member and public engagement | | | | | |
| 29/18 | 12:05 | Membership Development Committee Report: - Membership and public/staff engagement | E | Information | Mike Hill (MDC Chair and Public Governor for Surrey) |



| Committees and reports | | | | | |
|---|-------|---|----------|----------------------------|---|
| 30/18 | | Governor Development Committee report: | F | Information | James Crawley (Lead Governor and Public Governor Kent) |
| 31/18 | | Governor Activities and Queries report | G | Information | James Crawley (Lead Governor and Public Governor Kent) |
| Statutory duties: performance and holding to account | | | | | |
| 32/18 | 12:15 | Hospital Handover Improvement Programme: - What are we doing? - What impact is it having? - How can Governor help? | - | Information and discussion | Gillian Wieck (Handover Programme Director) |
| 33/18 | 12:40 | Council of Governors annual self-assessment and 360 review | H | Discussion | James Crawley (Lead Governor and Public Governor Kent) |
| General | | | | | |
| 34/18 | 12:50 | Any Other Business (AOB) | - | - | TH |
| 35/18 | - | Questions from the public | - | Public accountability | TH |
| 36/18 | - | Areas to highlight to Non-Executive Directors | - | Assurance | TH |
| 37/18 | - | Review of meeting effectiveness | - | - | TH |
| | | Date of Next Meeting: 14 September, Lingfield Park Resort (and Annual Members Meeting) | - | - | 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)

13:45-15:30 Trust Strategy update, how Governors can be involved in the Sustainability and Transformation Partnerships locally, and the Demand and Capacity Review (if the latter is available)

Jayne Phoenix (Associate Director of Strategy and Business Development) will join the Council to discuss all of the above.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 31 May 2018

Present:

| | | |
|---------------------------|-------|--|
| Tim Howe | (TH) | Non-Executive Director and Senior Independent Director |
| James Crawley | (JC) | Public Governor, Kent – Lead Governor |
| Charlie Adler Governor | (CA) | Staff-Elected Governor (Operational) – Deputy Lead |
| Nick Harrison | (NH) | Staff-Elected Governor (Operational) |
| Alison Stebbings | (AS) | Staff-Elected Governor (Non-Operational) |
| 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 |
| Peter Gwilliam | (PG) | Public Governor, East Sussex |
| Marguerite Beard-Gould | (MBG) | Public Governor, Kent |
| Roger Laxton | (RL) | Public Governor, Kent |
| Marian Trendell | (MT) | Appointed Governor, Sussex Partnership NHS FT |

In attendance:

| | | |
|---------------|------|------------------------|
| Daren Mochrie | (DM) | Chief Executive |
| Angela Smith | (AS) | Non-Executive Director |

Minutes:

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|------------|------|-----------------------------|
| Izzy Allen | (IA) | Assistant Company Secretary |
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1. Welcome

- 1.1. TH welcomed members to the meeting including AS, Chair of Audit Committee.
- 1.2. TH thanked Richard Foster for his contribution to the Trust.
- 1.3. He noted that he and GC were working together while a new Chair was being recruited.
- 1.4. The new format for the agenda, seeking to focus the meeting more on discussion with Non-Executives, had come about following discussion at the Governor Development Committee.

2. Apologies

- 2.1. Apologies were received from:

| | | |
|---------------------|-------|--|
| Stuart Dane | (SD) | Public Governor, Medway |
| Matt Alsbury-Morris | (MAM) | Public Governor, West Sussex |
| David Escudier | (DE) | Public Governor, Kent |
| Mike Hewgill | (MHe) | Appointed Governor – East Kent Hospitals |

Graham Gibbens (GG) Appointed Governor, Kent County Council
Brian Rockell (BR) Public Governor, East Sussex

3. Declarations of Interest

3.1. There were no new declarations of interest.

4. Questions from the public

4.1. Frank Northcott noted that he had listened to the recording of the Board meeting, he had been disappointed to learn that that serious incident (SI) investigations conducted over the last two years would be reviewed, because root-cause analysis had not been undertaken. He had pointed this out in a report to the Board 4 years ago. Had an SI been raised about the non-compliance? He asked Angela Smith to do a clause on clause comparison report against guidance on serious incidents and to ensure that all staff had the relevant training.

4.2. DM noted that the Trust had been reviewing many incidents to strengthen thematic learning and would consider thematic reviews. A significant amount of training had been undertaken.

4.3. AS advised that the Audit Committee had the overall framework of risk management and internal control within its remit. Other Committees conducted detailed scrutiny and the Quality and Patient Safety Committee (QPS) oversaw scrutiny of SIs. She felt that progress was being made and this was what was being articulated at the Board.

4.4. FN noted that commissioners had not picked up on this either, which was an issue too. FN was asked to put the question in writing and the Trust would provide a formal reply.

[This has since been done and the response was as follows:

FN said that at the May board meeting it was revealed that serious incident investigations conducted over the last two years would be reviewed, because root cause analysis had not been undertaken. I think there must be some confusion here. All SI investigations are conducted using the root cause analysis (RCA) model – our Commissioners sign off all investigations and would not do so without a full RCA.

I wonder whether you are referring to the quality escalation report, which highlighted the review 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.

You also refer to a request that was made to the Quality Audit Director to undertake a clause by clause review of the Trust's procedures against the NHS guidance. We aren't sure what you mean here. What procedures are you referring to and who made the request and to whom, as we don't recognise the quality audit director?

Finally, I know you have also followed up on the SI national survey and we have confirmed that we will be responding, as mentioned at the Board meeting in April.]

5. Minutes of the previous meeting

5.1. The minutes were taken as an accurate record.

5.2. The action log was reviewed.

- 5.3. On the volunteer strategy, IA advised that she and Angela Rayner (Head of Inclusion and Wellbeing) would attend a meeting with Steve Emerton (Director of Strategy and Business Development) to discuss the development of the strategy.
- 5.4. On reviewing the mealbreaks policy, this could be shared with the Council after it had been taken at the Workforce and Wellbeing Committee (WWC).
- 5.5. On 230, ePCR, an options appraisal was being carried out. DM advised that the Trust should move to an electronic patient clinical record. The Board would receive an update at the end of June.
- 5.6. FD noted that patient experience had not been discussed at the recent QPS. TH advised that it was down for discussion at the next one. This action was updated to 'in progress'.
- 5.7. FP asked a follow-up question on item 115.23 of the previous meeting's minutes, regarding conditions in the Emergency Operations Centre (EOC) and the trust's response to call waiting times. DM advised that the leadership team in the EOC were looking at a variety of things to make the EOC environment a more pleasant place to work. DM had attended the EOC staff engagement group recently and he wanted to empower local employees to take action with their local managers.
- 5.8. TH noted that a paper went to QPS on EOC and this might be shared with the Council. DM would check whether we were able to circulate this.

ACTION: If possible, DM to circulate to the Council the paper on EOC that was taken at the recent QPS.

- 5.9. TH advised that DM might also touch base with the Staff Engagement Forum on this basis.
- 5.10. DM further advised that the Trust was for the first time above establishment in terms of call handlers, although they were still in training.
- 5.11. MT noted that action 217 (meeting regarding Section 136 transfers) had not happened and the action needed to move back to 'in progress'.
- 5.12. The Patient Experience video that had been shown at the Board meeting was shown to Governors. This was around learning from complaints.
- 5.13. TH noted that all complaints have a review and learning identified. At the Board, the patient experience videos alternated between showing complaints and compliments. The GDC would be asked to consider which videos to show at Council.
- 5.14. DM noted that handover delays featured as a cause of delays in the video, but it was not the only cause. There were also challenges with the way Careline and other companies like this were using 999 ambulances as a default response. It was important to look at alternative resources being put in place.
- 5.15. NC asked whether the new ambulances being delivered would help with this. DM agreed that lower acuity resources could be sent to intermediate tier patients to help them.
- 5.16. RL stated that five and a half hours was a ridiculous amount of time to wait for an ambulance. He would like Governors to receive the outcomes of the investigation. TH advised that this was an issue for the Executive to manage, however, the question was whether there was learning identified. DM noted that the

video discussed lost hours due to handovers being delayed at A&E which will have contributed to delays, and also we knew that the Trust did not have enough resources to meet the demand we face. This was being considered through the demand and capacity review. TH agreed but the analysis of the tail (those waiting the longest) was important too.

- 5.17. FP noted that he had been corresponding with the MP from Horsham about a case where someone waited for four hours. This raised a question about recruitment.
- 5.18. MBG asked whether a Community First Responder (CFR) response could have been used for this type of patient. DM advised that he had been thinking about this only the day before. There had been a lot of priorities for the Trust but obviously CFRs needed to be used differently.

6. Chief Executive's Report

- 6.1. DM advised that interviews had been held last week for the Executive Medical Director post and the announcement of an appointee would hopefully be made shortly.
- 6.2. DM echoed TH's thanks to Richard Foster for his work as Chair last year and thanked Graham Colbert and TH for stepping up to provide cover as Chair and Deputy Chair respectively.
- 6.3. DM had held a good meeting with the SECamb retirement association. There was now a nice display of memorabilia outside EOC West.
- 6.4. He met with Jeremy Hunt (Secretary of State for Health), who was keen to hear about progress, priorities and about stroke care in his constituency. Mr Hunt had passed on his thanks to staff and volunteers across the organisation.
- 6.5. On 8 May HRH the Countess of Wessex had formally opened the HQ and West EOC. This had been a really good day.
- 6.6. The Executive Management Board had recently discussed plans and preparation for the forthcoming Care Quality Commission (CQC) inspection.
- 6.7. DM was pleased to announce that the Wellbeing Hub had been made a permanent part of the Trust.
- 6.8. The Director of HR had been leading the culture change programme, delivering training and development to Executives and senior managers.
- 6.9. The Trust now had midwives on board to provide a maternity advice line for Surrey, based in the West EOC, and the Trust would seek other opportunities to bring expertise together in one place e.g. for mental health.
- 6.10. FP asked about whether the resources were in place to recruit more clinical staff and help improve performance against C3 and C4. DM noted that there were still vacancies. We were funded to provide 9000 hours a day of crew resource, but Joe Garcia (Executive Director of Operations) had been making more hours available (using bank, overtime and private ambulance provision). There was a plan to fill vacancies. In EOC, the focus was now on increasing the clinical cohort on site.
- 6.11. MH asked about what 'Manchester triage' was. DM advised that EOC health advisers used a triage system called NHS Pathways and other ambulance services used a system called AMPDS. We wished to give clinicians another triage tool to

support our clinicians with decision-making. The Manchester triage tool was an additional triage support tool.

- 6.12. MT noted that page 17 of the Integrated Performance Report (IPR) detailed the hours lost at hospital. There had been an increase of 37% for 60 minute delays. This had such a huge knock on effect. The Medway and Sussex County hospitals were not apparently reducing their delays: was there a way to support them and could the Council help influence in any way? DM advised that Gillian Wieck had been doing a good job bringing people together across the system to resolve handover issues. Handover delays had gone down over the last couple of weeks, which were encouraging signs on improvements. Gillian was also focussing on how we make sure our crews are clearing quickly enough after handing a patient over at A&E. She was also trying to share best practice and learning from the better hospitals.
- 6.13. GG's question on Fit2Sit (submitted in advance as he was unable to attend the meeting) was asked: What is the progress of the Fit2Sit campaign within the Trust including information being shared with SECamb staff?
- 6.14. DM noted that this was similar to the answer about other resources coming in for intermediate tier. The principle was great but not all vehicles had seats, however we were bringing in around 100 vehicles which could be used for lower acuity calls.
- 6.15. A further question from GG was asked: One of the risks to the Trust's 2018/19 financial plan is the outcome of Demand and Capacity review. Further, it is stated that C3 and C4 response time targets are not being met due to resourcing levels. When is the outcome of the review expected?
- 6.16. DM advised that this should come to the Board in June.
- 6.17. JC noted that he had been to the NHSP Governors conference where there was a case study of one Sustainability and Transformation Partnership (STP) that was moving to become an Accountable Care Organisation. It was essential for Governors to be involved in this and become more integrated. There was a concern that Governors were not involved in the STPs. DM advised that this would be a good conversation to have with Jayne Phoenix (Associate Director of Strategy and Business Development) and the rest of the strategy team about influencing the STP agenda going forward.

ACTION: Arrange for the Council to discuss influencing STPs with Jayne Phoenix

- 6.18. DM spoke about how priority setting across the organisation took place. This incorporated internal and external drivers, alongside making necessary improvements based on the CQC's inspection of the Trust.

7. Board Assurance Committee report

- 7.1. AS introduced the Audit Committee (AuC) escalation report.
- 7.2. She noted that a huge amount of work had gone into pulling together the reports for year end, the quality was much-improved and was more timely.
- 7.3. From KPMG (the Trust's auditors), there was a report saying that they were comfortable with the reporting. Internal audit were finishing off the review of the audits for the year. Staff records management was highlighted; which management

- took on board. WWC and QPS would look in detail at aspects of the staff records programme but AuC has asked for an update to the next meeting.
- 7.4. The overall internal audit opinion was disappointing. The scoring had been improving through the year, but the auditors had to take into account that, overall, improvements were still needed. In the last quarter the evidence suggested that controls were far stronger. We would seek to keep the momentum going and see a more favourable audit opinion next year.
 - 7.5. FD asked how KPMG were doing as auditors? AS reminded Governors that she had worked for KPMG ten years ago to be transparent. She believed that KPMG had finalised their work in a timely fashion: it was important to ensure that big issues were not raised at the last minute.
 - 7.6. RL asked about the cost to the Trust of the Government's decision to upgrade the Paramedic role to Band 6. Only the first year of this cost base increase was funded by the Government. AS advised that the cost had been incorporated into the demand and capacity review so it was allowed for within that funding. TH advised that the NEDs had the assurance that it was fully costed into forward plans and we needed to find that amount of money.
 - 7.7. MT asked whether she was reading page 3 of the IPR correctly: the Trust had a £1.3m surplus for 2017-18 and expected to have a deficit for 2018-19. AS advised that as we were in special measures we made a special effort to hit our financial control total and then at the last moment the NHS provided additional money which we didn't have time to spend on patient care as we would have liked.
 - 7.8. The extra money would be helpful for use on services in the new financial year. DM noted that improved financial grip was positive. He was determined that if there was a surplus it would be used to improve patient safety and the quality of services.
 - 7.9. TH noted that we had been one of the few trusts in the South East to hit the control total.
 - 7.10. JC noted that it was fantastic to achieve that. There was still a funding gap though, which would be addressed through the demand and capacity review.
 - 7.11. AS noted that the challenge was running the Trust efficiently so as to provide the right services, but we were not receiving enough to meet national targets.
 - 7.12. FD asked about the Cost Improvement Programme. Did the Finance and Investment Committee (FIC) feel the target for saving money was realistic. AS noted that some of the cost improvements were clearly possible and real cost savings. Other 'improvements' were accounting issues or revaluations etc. For AS, it was important to make reasonable efforts to run the Trust efficiently without compromising patient care: so, yes.
 - 7.13. TH noted that in the private sector a cost saving programme would look different. NEDs were confident that the Finance Director had things under control, and for him too the answer was yes. The cost improvement programme was not strictly speaking an £11m saving on the budget.
 - 7.14. AS advised that the outcome of the demand and capacity review was all-important moving forward.
 - 7.15. MH asked about 111. Was there a contingency plan for the loss of 111 revenues? AS advised that the focus of FIC so far was scrutinising bids on behalf of the Board. There was time left to address the contingency issue.

7.16. On WWC, FD asked about the new bullying and harassment case identified in the IPR. TH noted that it would need a follow up discussion with the HR Director to ensure the Board had confidence that we were considering bullying and harassment properly. TH would bring this back to the Council.

ACTION: TH to bring an update on bullying and harassment and the Trust's response to new claims to the Council

7.17. FD asked whether the NEDs at QPS had a decent level of assurance about the level of care received by our patients. She observed that the IPR report was very quantitative.

7.18. TH noted that assurance around the quality of care was the entire purpose of the QPS committee. Most of the time the committee was happy with the level of the care provided. Things had also greatly improved with the two new Medical and Quality Directors now in post.

7.19. The Board wanted to understand better how it should interpret some of the figures when there was a very small sample statistically.

7.20. DM noted that each week the two clinical Directors met to look at all SIs, incidents, and complaints and triangulate these looking at any emerging themes. They also considered improving data capture. FD asked whether QPS saw clinical audit reports. TH confirmed this, for instance on medicines management.

7.21. MT noted that she was pleased that DM would be meeting with her Trust regarding Section 136 transfers. The QPS report focused on the issue of the data mismatch between SECamb and MT's Trust, but the real issue was the lack of provision of conveyance for these patients. For Sussex only, there were 391 conveyances in 4 months and 81% were conveyed by the police, not the ambulance service. This was mirrored for ordinary mental health conveyances. The important thing for QPS to know, was that her Trust collected data from the individual record of each patient. And the issue was not really about the data. TH confirmed that the Executives in the Trust were clear about the discrepancy in the data and the issues with conveyances. There was a similar issue regarding conveyances in Surrey but not in Kent. The Executive had been asked to find out why the differences existed, and then there would need to be a discussion about funding.

7.22. MT noted that the Ambulance Response Programme Category 2 response for 136 conveyances had been agreed and some money provided. DM advised that SECamb was achieving its C2 performance and so it seemed that we needed to understand whether the police were making the calls to SECamb requesting conveyance or not.

7.23. GG's final question was read out: Following the GDPR update to the Board in April, are the NEDs assured by the measures put in place to make the Trust compliant?

7.24. AS noted that there was a programme in place and TH advised that as far as he knew NEDs were assured. DM noted that Bethan Haskins would be undertaking a peer review to check nothing had been missed.

8. WWC Observation Feedback

- 8.1. JC noted that the level of engagement within the Committee was good: those present were genuinely passionate about their subject and the Governors had been very assured about the level of scrutiny and challenge. It was good to see both Bethan Haskins (Director of Quality and Nursing) and Joe Garcia (Director of Operations) in attendance.
- 8.2. This was an improvement on the previous year.
- 8.3. TH noted that he agreed. In his view this was partially down to Ed Griffin (Director of HR) joining, the quality of the papers had improved and also Terry Parkin had taken over as Chair.
- 8.4. RL agreed and noted that he had been impressed with the gratitude to staff expressed – the tone had changed.
- 8.5. TH advised that the workforce strategy might be taken as an afternoon workshop at the next Council meeting.

ACTION: Add the workforce strategy to the potential agenda items for the July Council meeting

9. Workforce strategy

- 9.1. DM noted that Ed Griffin had unfortunately been unable to attend, and to do justice to the workforce strategy it would be better to cover this more fully in a workshop at a later date.
- 9.2. DM would circulate the People Strategy to the Council.

ACTION: DM to circulate the Trust's People Strategy to the Council.

- 9.3. In line with the demand and capacity review, there was work ongoing on the workforce plan, which was looking at a longer term trajectory to be clear about how many of which types of employees were needed.
- 9.4. There was also a new vision for HR and the areas of focus to transform HR.
- 9.5. TH asked the Council if there were particular areas the Council would wish to be covered.
- 9.6. FD noted with interest the comment from the Staff Engagement Forum about still seeing "the same old people in the same old roles". She was interested whether this was the prevailing view, and how this would be tackled, alongside coaching etc.
- 9.7. TH did not believe it was entirely the case that the same people were in the same jobs. In some cases, people had been moved around, in others action was being taken where needed to uphold high standards.
- 9.8. JC wanted to understand Ed Griffin's view on the volunteer strategy and how it fed into the workforce strategy.
- 9.9. FP wanted to understand the connection between employees on the ground, and HR and management. From his chaplaincy experience, he felt the divide between frontline and management still existed and it would be good to understand how this would be addressed. It may be worth inviting Joe Garcia to attend to describe the way he was seeking to address this.
- 9.10. FP believed that DM's weekly emails had been much improved.
- 9.11. FD noted that the webcast the previous day had been very good. DM advised that over 350 people had watched it live, and he would hope that many more would watch it online afterwards. He hoped to do more of these on a fairly regular basis.

- 9.12. JC noted that it would be useful to get the Council's view while the workforce plan was being developed to help inform the plan.

10. Overview of NEDs' activities

- 10.1. AS noted that the FIC had focused on making sure the Trust had the resources to deliver services, but in particular on ambulances. There had been a review and approval of a vehicle strategy and the Trust had put a lot of money into buying more than 100 ambulances: a modernisation of the fleet was underway.
- 10.2. On risk management, the Audit Committee had been working to improvement risk management processes and reporting. There was a new risk management process in place.
- 10.3. The key risks for the Trust were important, and it was useful to understand the context. There may be some key risks for all ambulance services but due to the controls in place different Trusts may have different points of focus.
- 10.4. The key risks were discussed at the Board and the biggest risk (and opportunity) was around staffing. This was broken into a number of focal points, including EOC, and also culture, recruitment, and having the right number of staff.
- 10.5. Health and safety was another key risk. A further key risk was around meeting our national standards. IT and information governance were included, and business continuity. Hours lost at handover was a further key risk, and also the future of NHS 111.
- 10.6. RL asked whether 111 was now running at a profit. AS was not clear on the detail of that, however the bids we would put in to deliver services would be ones we were reasonably confident would be remunerated at a sufficient level to be sustainable for the Trust.

11. Membership Development Committee (MDC)

- 11.1. MHi highlighted a number of points from the paper provided.
- 11.2. The necessary work had been done to ensure the Membership Office was compliant with the new GDPR, and MHi thanked Katie Spendiff for her hard work on this.
- 11.3. The Team had attended Brooklands and signed up 80 members, and 15 new members had joined at an event in Crawley that was aimed at BME communities. CA had also attended a talk and promoted membership.
- 11.4. MHi thanked JGP on behalf of the MDC for all her hard work on the Committee over the years.
- 11.5. The next IHAG was on 29 June at 09:30 in Crawley.
- 11.6. The next Staff Engagement Forum was on the 4th September.
- 11.7. IA provided an overview of the work of the Barometer Group in helping the Trust gauge the impact of the culture programme.
- 11.8. On Patient Engagement, FD provided a summary of the recent meeting. Clinical Audit were now part of the Patient Experience Group. The group had reviewed CCG patient experience measures. A Patient Experience Strategy would be agreed by the end of Quarter 3. The group would trial a patient questionnaire during June. A letter would be sent out with complaint responses. This was part of a national initiative to trial different methods of getting patient experience feedback.

The Head of Patient Experience was seeking to involve patients with certain conditions. IA suggested that the membership database might be used to contact members with specific conditions to see if they wished to be involved.

- 11.9. RL noted that membership numbers had gone down. MHi advised that this was due to data cleansing and it was the quality, not quantity, of our members that was important: we sought members who would engage with the Trust.

12. Governor Development Committee (GDC)

- 12.1. JC reminded everyone of the purpose of the GDC and encouraged Governors to attend meetings.
- 12.2. The GDC had reviewed feedback from the previous Council meeting and felt the pre-meet had been useful.
- 12.3. The GDC had considered improving the focus on the NEDs and not the Executive. In future DM would be present only for his section of the meeting and the focus would move onto the NEDs.
- 12.4. On Council meeting attendance, it would be important to support Governor attendance and take action if people were unable to attend.
- 12.5. Laurie McMahon had attended the GDC to discuss risk with the Governors.
- 12.6. The next GDC meeting was on 21 June.

13. Governor Activities and Queries

- 13.1. JC thanked all Governors for their engagement and queries.
- 13.2. He noted that it was worth looking through the slides from the NHSP Governor Focus event he had attended, when these were sent out to Governors.
- 13.3. IA provided a response on the Volunteer Manager Post, noting that this was moving through the approval process.
- 13.4. On the question regarding consumables, this would be raised in the afternoon session.

14. Elections

- 14.1. Elections were not necessary as there was only one candidate for each position. The following Governors were duly appointed:
 - 14.1.1. Lead Governor - James Crawley (one-year term)
 - 14.1.2. Deputy Lead Governor – Charlie Adler (one-year term)
 - 14.1.3. Nominations Committee member – Felicity Dennis (three-year term or until FD's current term of office was over, whichever was sooner).
- 14.2. IA thanked all candidates for being willing to take these roles.

15. Issues to highlight to the NEDs

- 15.1. FD asked for some bullet points on what NEDs were doing to if they were not able to attend Council meetings.
- 15.2. TH advised that he would prefer to share a general update on what NEDs were involved with and would discuss this with the NEDs.

ACTION: TH to discuss with NEDs how best to provide an update on NED activities to the Council.

16. Any Other Business

- 16.1. TH noted that he wished to have meetings with Governors to get a view from the Council for the new Chair. This could happen on a constituency basis to take place over the summer.
- 16.2. TH further noted that JGP was leaving us today after six whole years on the Council.
- 16.3. TH said a huge thank you to JGP. She would be sorely missed.
- 16.4. CA wanted the Council of Governors to thank all of those involved in the Trust culture programme. Culture change needed to happen in partnership with our people. His principle duty as a Staff Governor was to represent the workforce.
- 16.5. CA wished to highlight the importance of behaviour and demonstrating the values of the Trust through optimism and moving forwards together. Culture was about being kind and generous to other people and to each other.

17. Questions from the public

- 17.1. There were no further questions from the public.

18. Areas to highlight to the NEDs

- 18.1. No additional areas were identified.

Signed:

Tim Howe, Deputy 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 |
|--------------|-------------|--------|---|-------|-----------------|------------|--------------------|---|
| 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 on 25.06.18. |
| 29.01.18 | 99.40 | 217 | DM to pick up re Section 136 transfers with MT | DM/MT | 29.03.18 | CoG | IP | MT has had a couple of meetings postponed but was due to meet with relevant managers at SECAMB in May 2018. |
| 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 | TBC | CoG | IP | WWC members can provide an update once it had been taken at WWC. |
| 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 | The Handover Programme Lead would attend the July Council meeting to provide the context behind the programme and discuss the Council's information requirements. |
| 29.03.18 | 119.2.3 | 230 | Share ePCR plans with the Council after they have been to the Board. | DM | | CoG | IP | DM advised at the May CoG that the Trust should move to an electronic patient clinical record and an options appraisal was being undertaken. The Board would receive an update at the end of June. |
| 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 | IP | The Quality and Patient Safety Committee have asked for an assurance paper to come to the Committee. |
| 31.05.18 | 5.80 | 232 | If possible, DM to circulate to the Council the paper on EOC that was taken at the recent QPS | DM | | CoG | IP | Updated information to be provided at the Council meeting in July 2018. |
| 31.05.18 | 6.17 | 233 | Arrange for the Council to discuss influencing STPs with Jayne Phoenix | IA | July | CoG | IP | Jayne is confirmed to attend for the afternoon workshop following the July Council meeting |
| 31.05.18 | 7.16 | 234 | TH to bring an update on bullying and harassment and the Trust's response to new claims to the Council | TH | September | CoG | IP | This was discussed by the GDC in June and registered as an agenda item for the Council in September |
| 31.05.18 | 8.50 | 235 | Add the workforce strategy to the potential agenda items for the July Council meeting | IA | July | CoG | C | This remains on the suggested items list as it was felt better to take strategy and the STPs in the afternoon in July and to cover the workforce plan during the formal meeting in September. |
| 31.05.18 | 9.20 | 236 | DM to circulate the Trust's People Strategy to the Council | DM | July | CoG | IP | |



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

July 2018



Taking
Pride



Striving for
Continuous
Improvement



Acting With
Integrity



Demonstrating
Compassion
and Respect



Assuming
Responsibility










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| Operations 111 | 24 |
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| Finance | 30 |

SECamb CQC Rating and Oversight Framework

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

Chart Key

| | |
|--|--|
|  Data Point | <p>This represents the value being measured on the chart</p> |
|  Run of 3 above average  Run of 3 below average | <p>These points will show on a chart when the value is above or below the average for 3 consecutive points. This is seen as statistically significant and an area that should be reviewed.</p> |
|  Above UCL  Below LCL | <p>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.</p> |
|  AVERAGE | <p>This line represents the average of all values within the chart.</p> |
|  UCL  LCL | <p>These lines are set two standard deviations above and below the average.</p> |
|  Target | <p>The target is either an Internal or National target to be met, with the values ideally falling above or below this point.</p> |

SECamb Executive Summary

This report provides an update to the Trust Board in the areas of Clinical Safety, Clinical Quality, Operations 999 and 111, Workforce and Finance. The report should be read in conjunction with the Trust Delivery Plan and supporting narrative. The Trust Board will note that contemporary performance information relating to response time is provided to Board members on a weekly basis and discussed with commissioners with this frequency.

Following discussions with leads further detail is now included on workforce and quality metrics to assure the board of progress and issue identification / action in these areas.

As previously reported, CQC Must do and Should do items are included for reference and work is in progress to demonstrate to commissioners that an effective and controlled handover / transition from project status to Business As Usual including the continuation of risk management. The forecast dates for projects that will be transitioning into BAU shortly is as follows:

1. Incident Management – there are still some gaps in project plan so date for project closure not yet confirmed
2. Medical Devices – project closed and will now transition into BAU subject to EMB approval on 25th July 2018
3. Risk Management – project closed and will now transition into BAU subject to EMB approval on 25th July 2018. All uncompleted activities have now been transferred to the Governance and Risk Task and Finish group
4. Performance and AQI – project closed and will now transition into BAU subject to EMB approval on 25th July 2018
5. Governance and Health Records and Clinical Audit – project closed and will now transition into BAU subject to EMB approval on 25th July 2018
6. Medicines Governance – project closed and will now transition into BAU subject to EMB approval on 25th July 2018

SECamb Our Enablers

Progress is being made in the creation of our enabling strategies and work is well underway with the following:

1. Workforce including volunteers
2. Fleet
3. Estates
4. ICT
5. Research and Development
6. Clinical
7. Governance
8. Partnership/Commercial

As the Trust is also engaging with many of its personnel on an update to our Strategy (important in the context of many improvements being made) the opportunity to strengthen alignment between the Trust's overarching Strategy and Enablers is being taken.

SECamb Financial Performance

The Trust has achieved its planned deficit of £0.6m for the month of May. Cumulative year to date performance is marginally better than plan by £0.1m.

The Trust is forecasting delivery of its control total for the year of £0.8m deficit.

The Trust achieved a Cost Improvements of £0.3m which was £0.1m lower than plan. The target for the full year is £11.4m.

The Trust's Use of Resources Risk Rating (UoRR) is a 3, in line with plan.

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.

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

Please note: the updated Clinical Safety CQC must do's for this month are provided in a more detailed Board Paper - Must/Should Do Paper

Patient records: All Patient Clinical Records (PCRs) are now validated on arrival at the scanning department (the backlog has been cleared). the Trust moved to a 4 digit CAD number (on 18th April) and the percentage of unreconciled PCRs has continued to fall. It is now 10.84% and is now in line with national figures.

Medicines Management: A review of the medicines pouch system is underway. Although this system has advantages, it is time consuming, resource intensive, and prone to tagging errors (inconsistent tagging of partially used pouches). Operational Team Leaders (OTLs) continue to regularly audit medicines management at Operating Unit (OU) level, demonstrating high levels of compliance (>95%). Quality Assurance Visits (announced and unannounced) provide further evidence of compliance.

Temperature monitoring is continuing daily at all sites, with central monitoring through the OTL checks. A business case has been approved to source reliable electronic monitoring. With the recent high temperatures maintaining drugs within safe margins has been a challenge.

We continue to manage incidents where Paramedics inadvertently take their Controlled Drugs home at the end of their shift. Although small numbers, it is of concern that this is still happening nine months after the introduction of body worn CD pouches. A clinical bulletin highlighting the legal requirement to return CDs has been issued. OUMs and the CDAO will continue to monitor the situation and provide support where this behaviour is repeated.

SECamb Clinical Safety - Caring

SECamb Clinical Safety - Effective

National performance targets: The clinical indicator data summarises January 2018 performance (national three month data lag to enable the attainment of outcome data (survival to discharge) from hospitals and validation of the national returns to the Department of Health.

The data now reflects national changes in the Quality Indicators dataset, with only confirmed STEMIs and Strokes being included (using data submitted as part of the Myocardial Infarction National Audit Programme (MINAP) and SSNAP (Stroke projects). The number of patients in each group is small, leading to month on month variation in performance. In terms of annual performance, the Trust is generally just below the national average for both indicators; however an improvement on last years data is evident. Reduced performance in the December data is thought to be reflective of the increased pressures on both call taking and operational performance.

The care bundles for Stroke and STEMI tell a similar story. Changes to national reporting requirements will result in the Trust continuing to report monthly data internally, however only one month's data will be reported in the national figures.

SECamb Clinical Safety - Responsive

Demand management: : The Trust introduced the Surge Management Plan (SMP) 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. The most recent version of the SMP was circulated on 26/06/2018.

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.

SECamb Clinical Safety - Well Led

During June 2018, the monthly Quality and Patient Safety report reported against May 2018 data (wherever possible) :

- a) The Trust vacancy rate was 12.63%, a slight increase from 12.23% in April. There continues to be a significant variation of vacancy levels across the Operating Units (OU's). Paddock Wood (24.04%), Dartford (18.91%) and Thanet (18.03%) continue to have the highest rates. Polegate (-0.32%) and Brighton (0.97%) continue with the lowest rates. In the Emergency Operating Centre's (EOC's) – West has seen a reduction to 5.18% from 5.56% in April, which compares to -7.64% in the East.
- b) Unreconciled Clinical Records: The four digit incident number was introduced to the Trust mid April. A marked improvement has been realised with the lowest number of unreconciled records seen for nine months.
- c) Medicines compliance to safe and secure handling audit checks has increased to 94% in May; a continued increase since February 2018. Gatwick HART and Gatwick Solo both missed submitting one of their weekly reports, which has been addressed by the Improvement Hub to ensure future compliance. 100% compliance with the monthly OU checks continues. Temperature checks continue to fluctuate, however overall temperature compliance continues. Work commenced by Estates at identified sites as required. One Key loss was reported in May (reduced from 3 in April and 11 in March). Between April 2017 and April 2018, a significant reduction of 60% in CD breakages across the Trust was reported. To better manage medicines stock rotation, a revised process has been implemented to remove those nearing their expiry date and process them for return.
- d) Hand Hygiene (HH) and Bare Below the Elbow (BBE) have reduced but remain on target at 90%. Work continues to promote this with the publication of the new IP Ready Procedure. Make Ready Centre (MRC) Deep Clean rates have dropped from 99% in April to 93.5% in May 2018. All Vehicle Preparation Programme (VPP) areas were on or above target for the month, an improvement from April. Environmental audit return rates continue to be monitored, with reporting against new standards included in this month's Quality and Patient Safety dashboard.
- e) Safeguarding referral rates continue to increase in line with activity. A number of safeguarding data requests have been received this month for ongoing case reviews. 2018/19 training now includes a session on harmful behaviours (coercive and controlling).
- f) The Trust has seen an increase in incident reporting, boosted in April due to QAV reporting, with average monthly figures increasing from 550 to 700. 724 incidents were reported in May. The allocation of investigators has reduced to 67. The number of overdue incidents investigated within 20 working days is 80.
- g) Serious Incidents (SIs) and Duty of Candour (DoC): six SIs were reported in May (17 in April). 54 SIs were open on STEIS at the end of May (a decrease from 64 in April). A reduction to 8 (from 15 in April) were overdue for first submission to the CCG; a further 12 were closed during the month. The Trust achieved 82% compliance with DoC requirements for SI's during May (from 80% in April). 100% compliance was achieved for DoC made/attempted within deadline.
- h) 101 complaints were received and opened in April against a monthly average for the year of 104. Patient Care complaints received the highest number in May with 41, compared to 24 in April (caused in the main by an increase in the number of complaints about call triage). The significant improvement in complaints response timeliness continues, with 99% (106/107) of complaints responded to within the Trust's 25 working day timescale in May 2018. Circa 130 compliments continue to be received each month across the Trust.
- i) During May 2018, the mental health indicator demonstrates there were 144 Section 136 related calls to the service. Of these 86.8% received a response resulting in a conveyance to a place of safety by an ambulance.
- j) STEMI Care Bundle performance had dropped to 58.1%, which continues below the national YTD average of 76.4%.
- k) Stroke Diagnostic Bundle performance remains below the national average (97.1%), although Trust performance has increased to at 96.4%.

SECAmb Clinical Safety Scorecard

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

| | Nov-17 | Dec-17 | Jan-18 | 12 Months |
|---------------------------|--------|--------|--------|-----------|
| Actual % | 51.2% | 27.8% | 35.7% | |
| Previous Year % | 46.9% | 48.6% | 51.5% | |
| National Average % | 47.4% | 46.5% | 45.1% | |

Cardiac ROSC - ALL

| | Nov-17 | Dec-17 | Jan-18 | 12 Months |
|---------------------------|--------|--------|--------|-----------|
| Actual % | 24.1% | 20.7% | 23.1% | |
| Previous Year % | 25.1% | 28.5% | 28.8% | |
| National Average % | 28.5% | 28.1% | 27.3% | |

Cardiac Survival - Utstein

| | Nov-17 | Dec-17 | Jan-18 | 12 Months |
|---------------------------|--------|--------|--------|-----------|
| Actual % | 32.5% | 14.7% | 10.7% | |
| Previous Year % | 4.8% | 8.8% | 10.7% | |
| National Average % | 27.3% | 23.2% | 22.5% | |

Cardiac Survival - All

| | Nov-17 | Dec-17 | Jan-18 | 12 Months |
|---------------------------|--------|--------|--------|-----------|
| Actual % | 9.9% | 6.0% | 3.6% | |
| Previous Year % | 2.4% | 3.7% | 3.4% | |
| National Average % | 8.3% | 7.1% | 6.5% | |

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

| | Nov-17 | Dec-17 | Jan-18 | 12 Months |
|---------------------------|--------|--------|--------|-----------|
| Actual % | 70.6% | 71.8% | 61.2% | |
| Previous Year % | 67.6% | 62.8% | 65.6% | |
| National Average % | 76.0% | 77.6% | 75.3% | |

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

| | Nov-17 | Dec-17 | Jan-18 | 12 Months |
|-----------------------------|--------|--------|--------|-----------|
| Mean (hh:mm) | 02:11 | 02:19 | 02:12 | |
| National Average | 02:12 | 02:18 | 02:12 | |
| 90th Centile (hh:mm) | 02:45 | 02:59 | 03:03 | |
| National Average | 02:58 | 03:07 | 03:00 | |

Stroke - call to hospital arrival

| | Nov-17 | Dec-17 | Jan-18 | 12 Months |
|-----------------------------|--------|--------|--------|-----------|
| Mean (hh:mm) | 01:08 | 01:12 | 01:08 | |
| National Average | 01:13 | tbc | tbc | |
| 50th Centile (hh:mm) | 01:01 | 01:04 | 01:02 | |
| National Average | 01:06 | tbc | tbc | |
| 90th Centile (hh:mm) | 01:38 | 01:49 | 01:41 | |
| National Average | 01:49 | tbc | tbc | |

Stroke - assessed F2F diagnostic bundle

| | Nov-17 | Dec-17 | Jan-18 | 12 Months |
|---------------------------|--------|--------|--------|-----------|
| Actual % | 96.2% | 95.2% | 94.6% | |
| Previous Year % | 96.3% | 95.6% | 94.9% | |
| National Average % | 97.0% | 97.2% | 97.2% | |

Medicines Governance

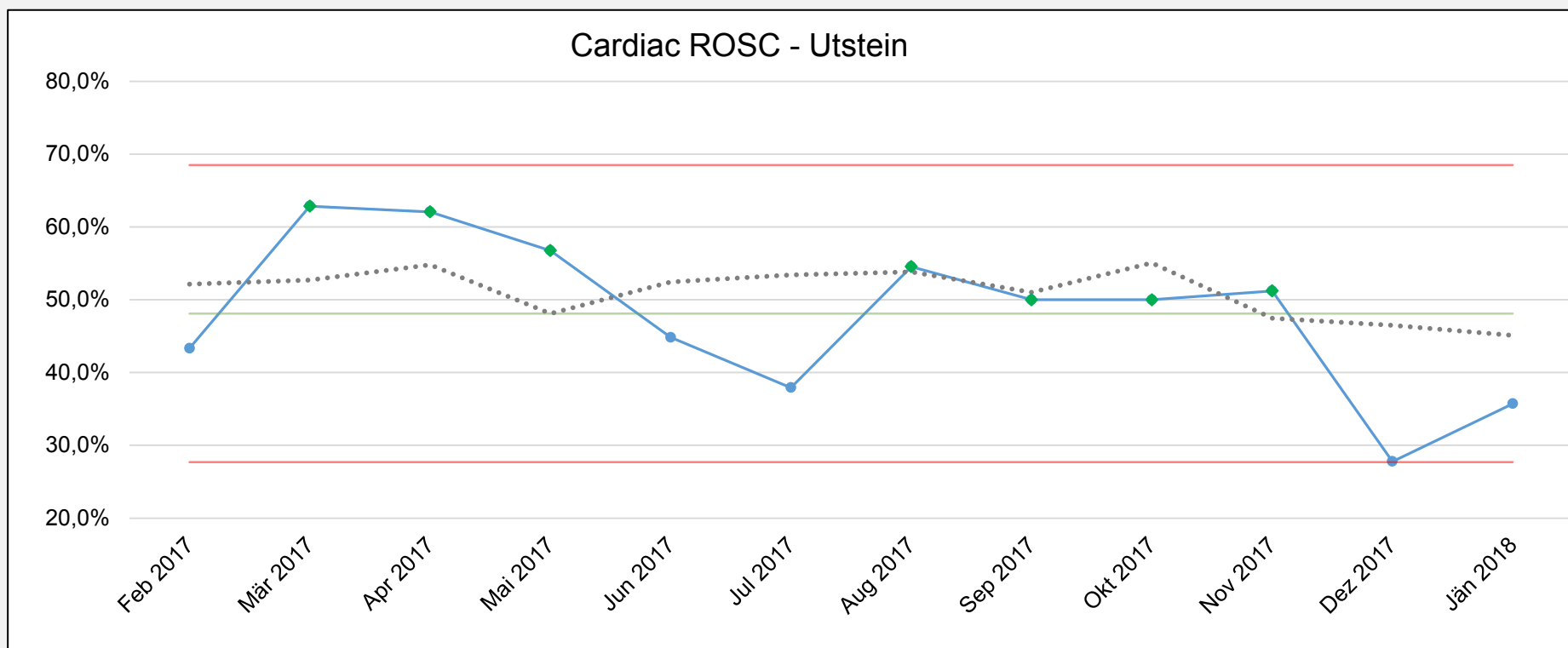
| | Mar-18 | Apr-18 | May-18 | 12 Months |
|--|--------|--------|--------|-----------|
| Total Number of Medicines Incidents | 71 | 83 | 129 | |
| Single Witness Sig/Inapt Barcode Use CDs Omnicell | 15 | 9 | 14 | |
| Single Witness Sig/Inapt Barcode Use CDs Non-Omnicell | 5 | 2 | 6 | |
| Total Number of CD Breakages | 22 | 14 | tbc | |
| PGD Mandatory Training | tbc | 225 | 168 | |
| Key Skills Medicine Governance | 463 | 226 | 77 | |

Medicines Management

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|---------------------------|--------|--------|--------|-----------|
| Number of Audits | 201 | 190 | 172 | |
| Number of audits % | 97% | 98% | 98% | |

SECamb Clinical Safety Charts

Cardiac ROSC - Utstein

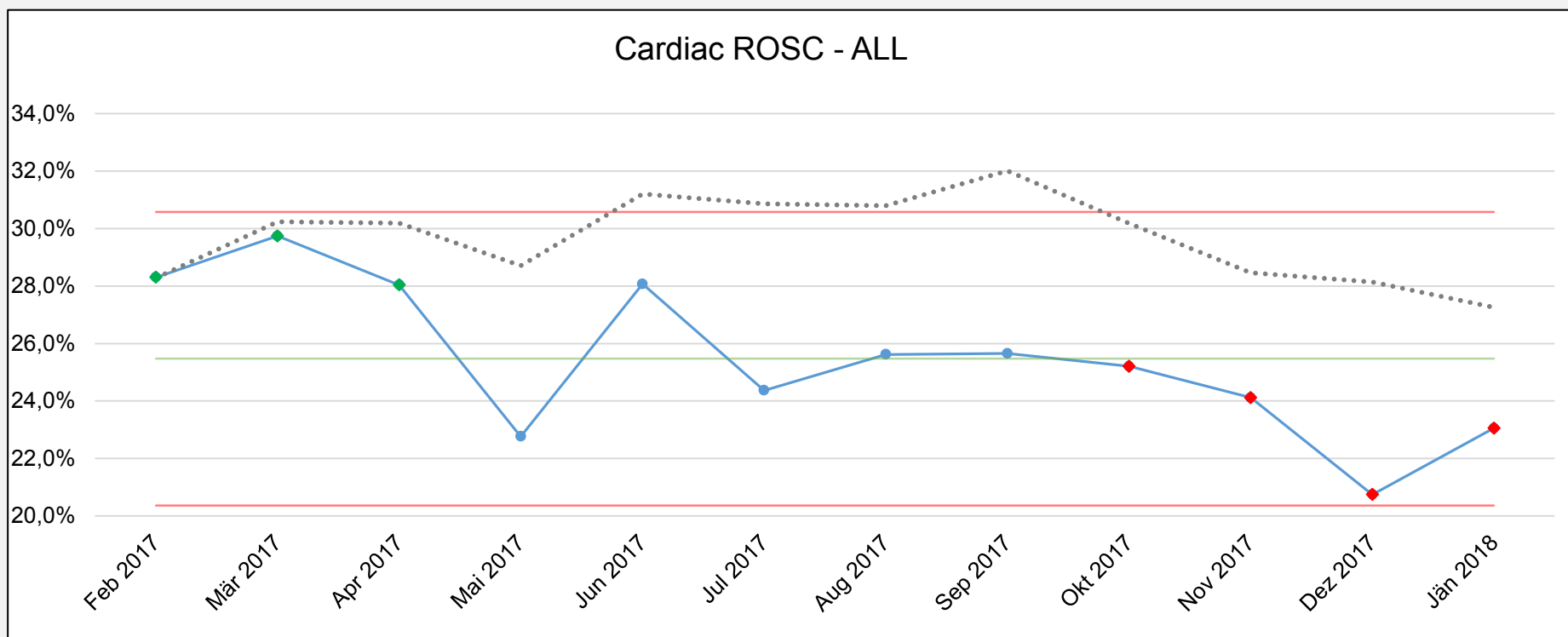


Performance for the cardiac arrest ROSC indicator for the Utstein group for January 2018 is below the SECamb YTD and the national average. However, there is an improvement on the previous month.

The medical directorate has allocated a senior clinician to lead on the Trust's cardiac arrest survival improvement programme from May to July initially. Areas of focus include improving call answering time, developing a standardised debriefing process and producing a standard operating procedure for resuscitation.

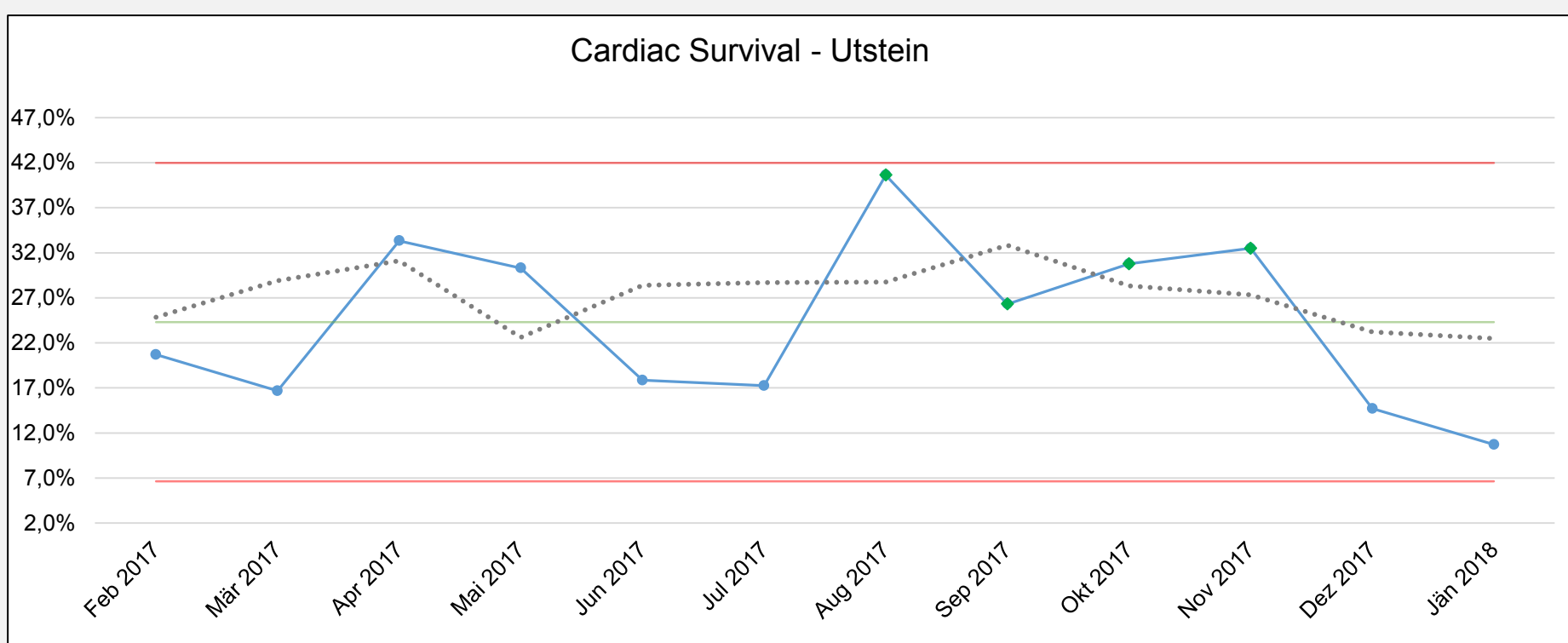
Key skills training for 2018/19 is underway and includes resuscitation training.

Cardiac ROSC - ALL



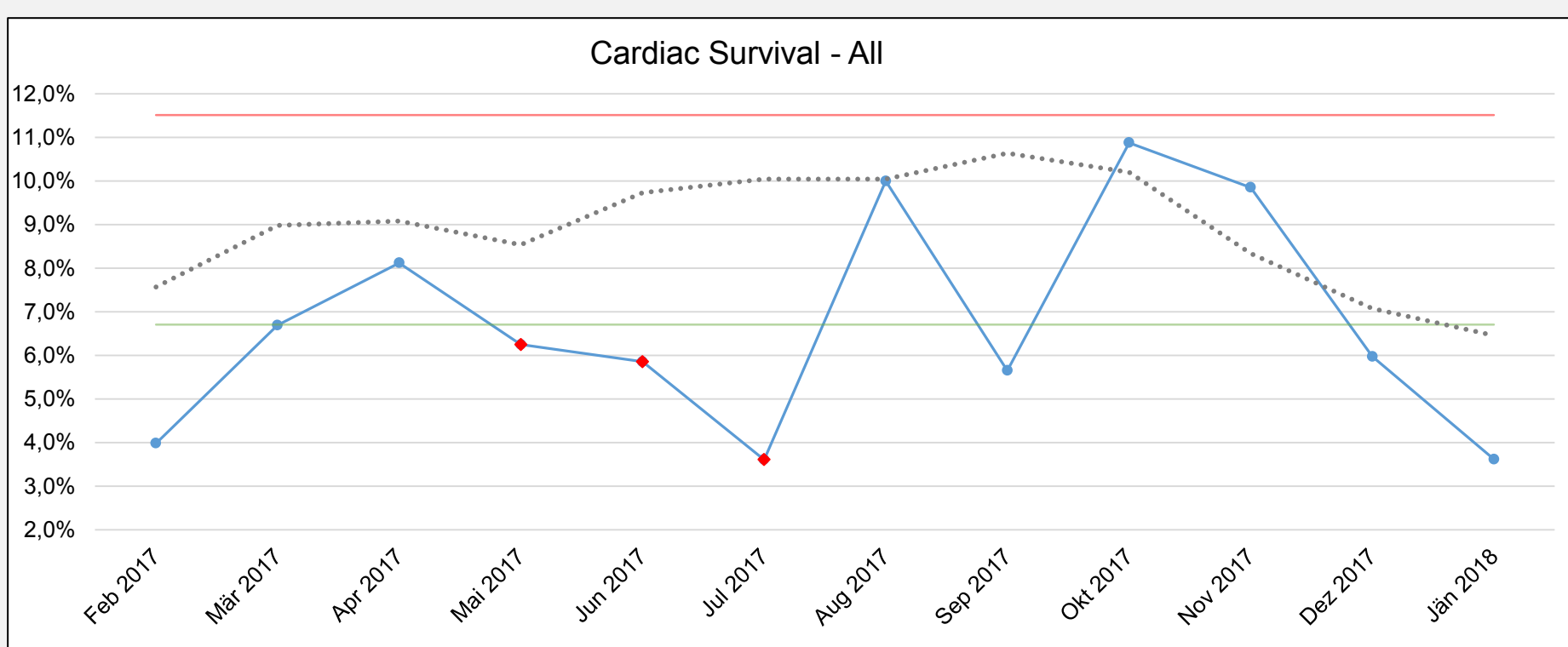
In January 2018 our performance for ROSC in all patient groups remains below the SECamb YTD average.

Cardiac Survival - Utstein



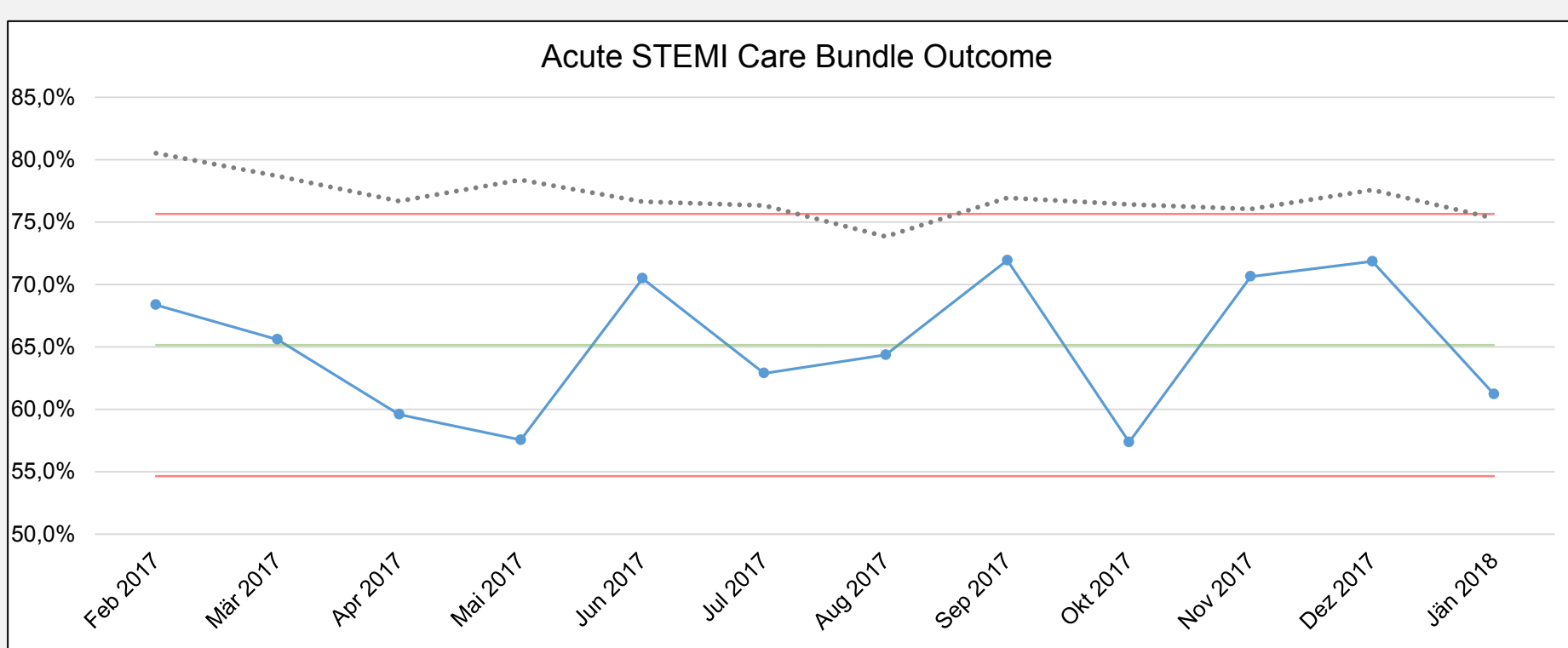
In January 2018, survival to discharge for the Utstein group was below the SECamb and the national average. The data continues to show normal patterns of variation.

Cardiac Survival - All



In January 2018, our survival for all cardiac arrest patients was below the SECamb and the national average. This appears to be in line with normal patterns of variation.

Acute STEMI Care Bundle Outcome

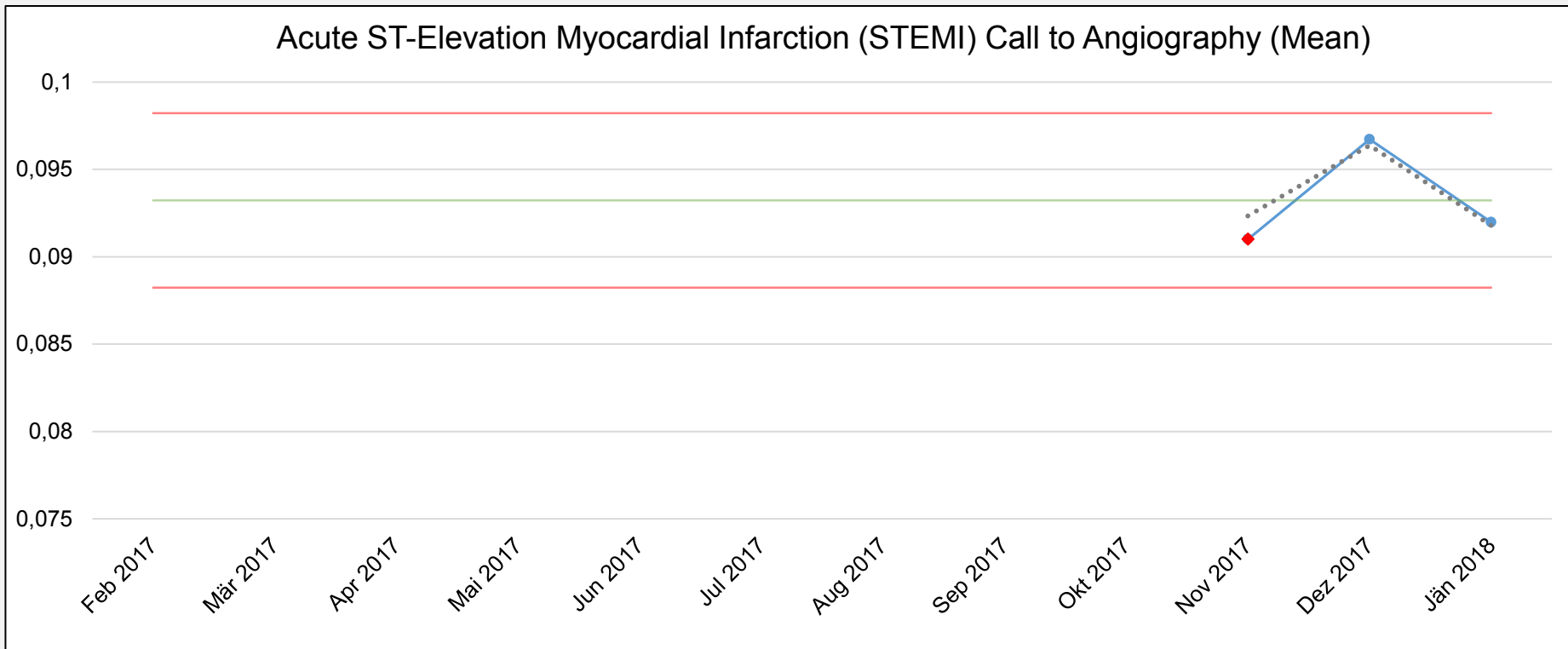


Performance for January 2018 was below the national average.

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.

Focussed improvement work is planned for operating units whose average performance is outside of the expected parameters.

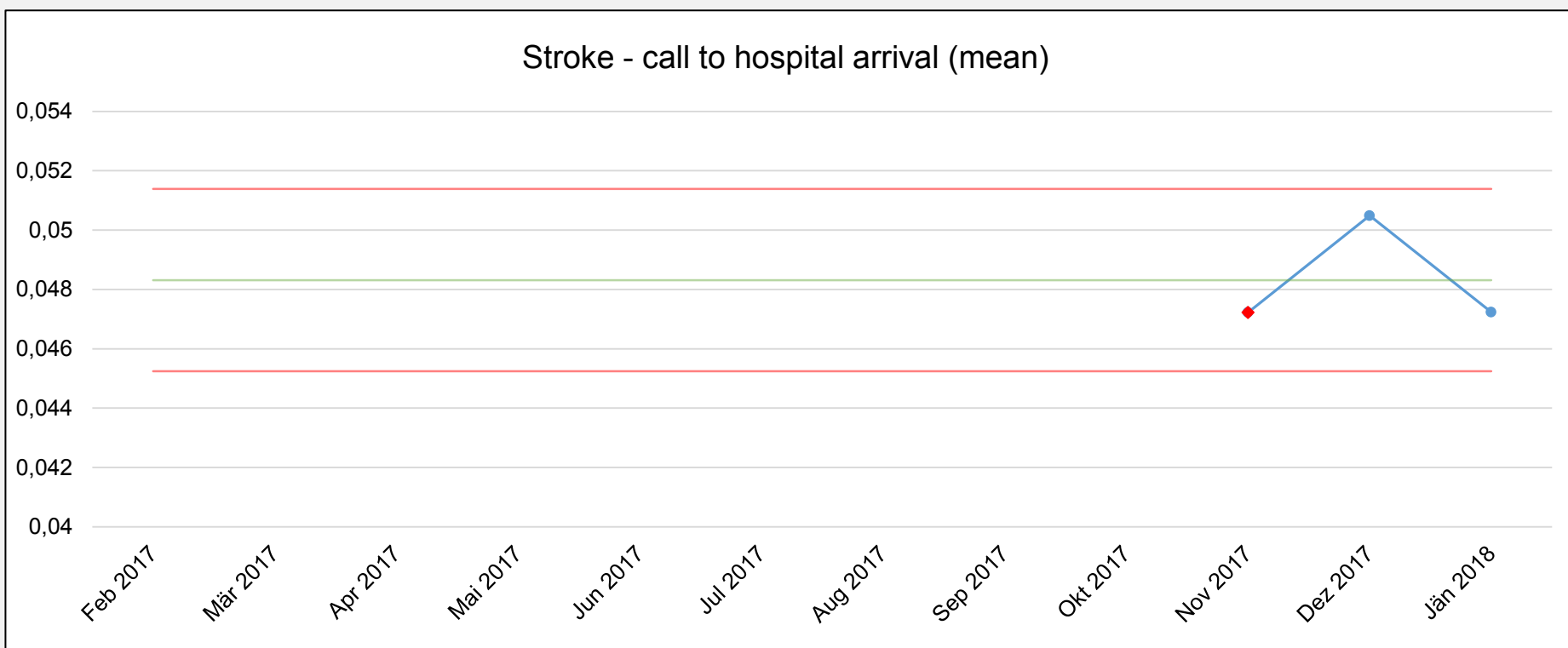
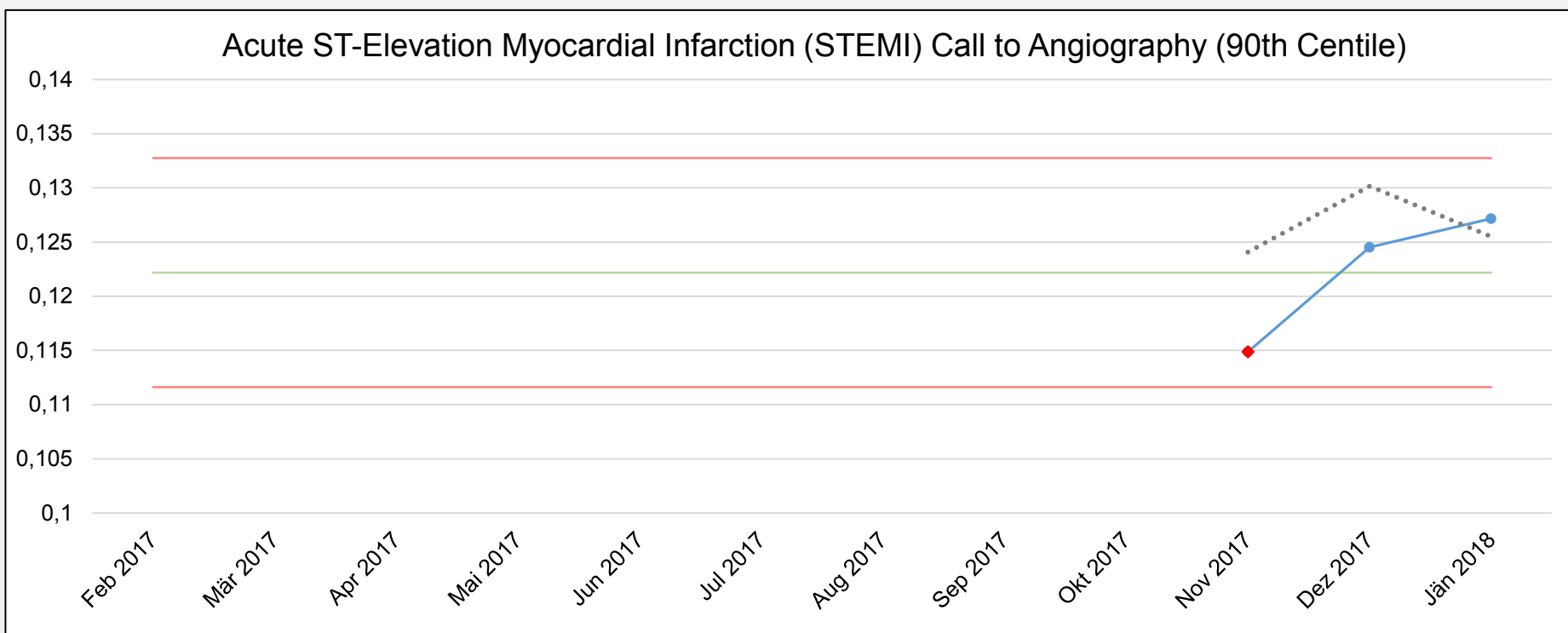
SECamb Clinical Safety Charts



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 STEMI, rather than suspected STEMI that this measure was previously based upon.

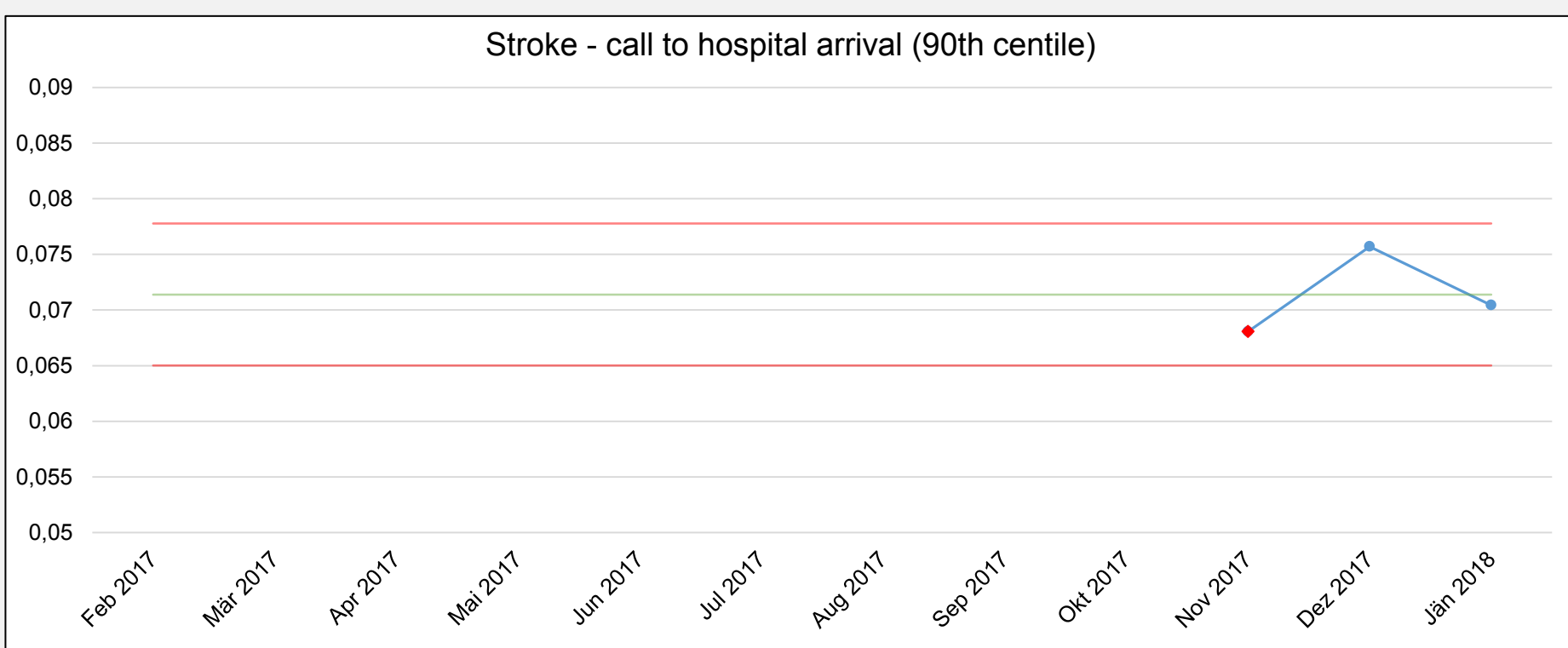
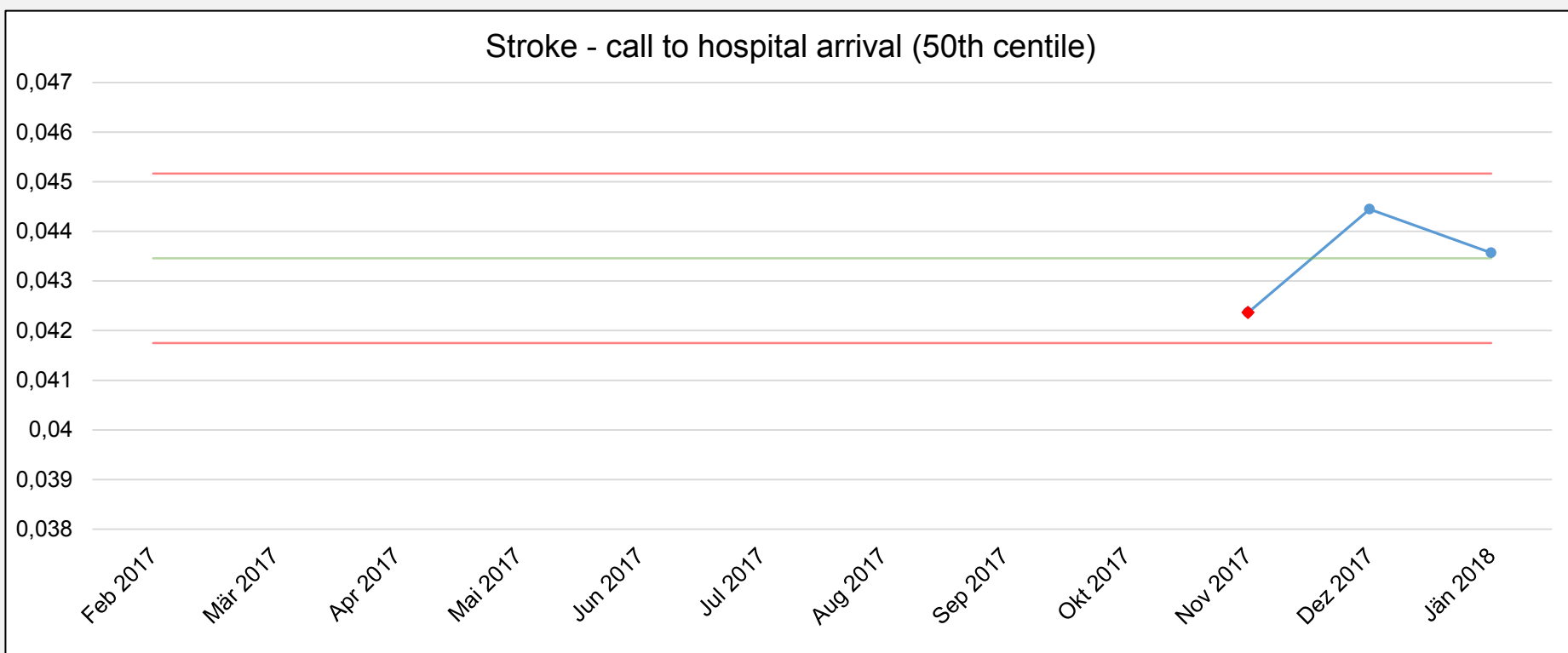
Mean performance is in line with the national average. Our 90th centile performance is above the national average. Which shows that stroke patients that SECamb care for tend to receive more timely stroke care.



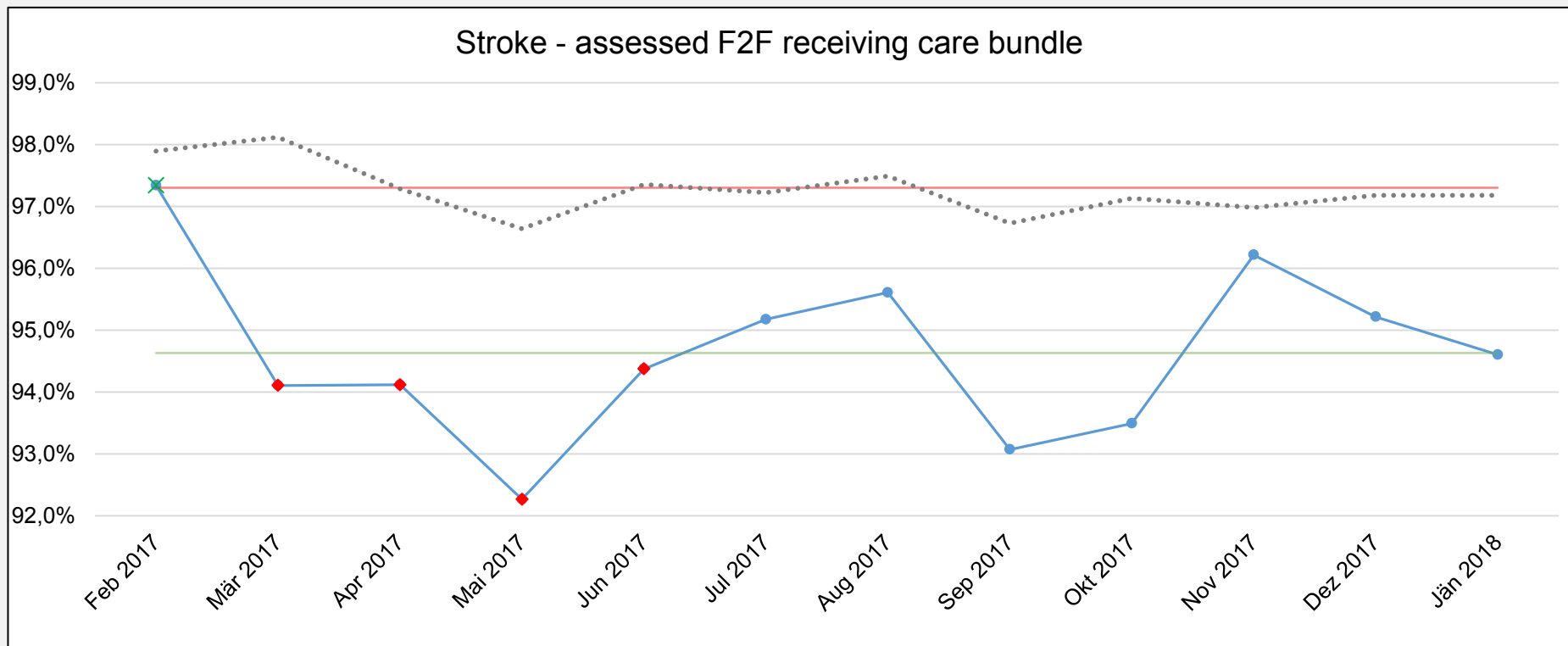
In November 2017 the method for measuring the timeliness of care delivered to stroke patients changed to a measure of mean and 90th centile call to arrival at a hyper-acute stroke centre.

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.

The data shows normal patterns of variation.



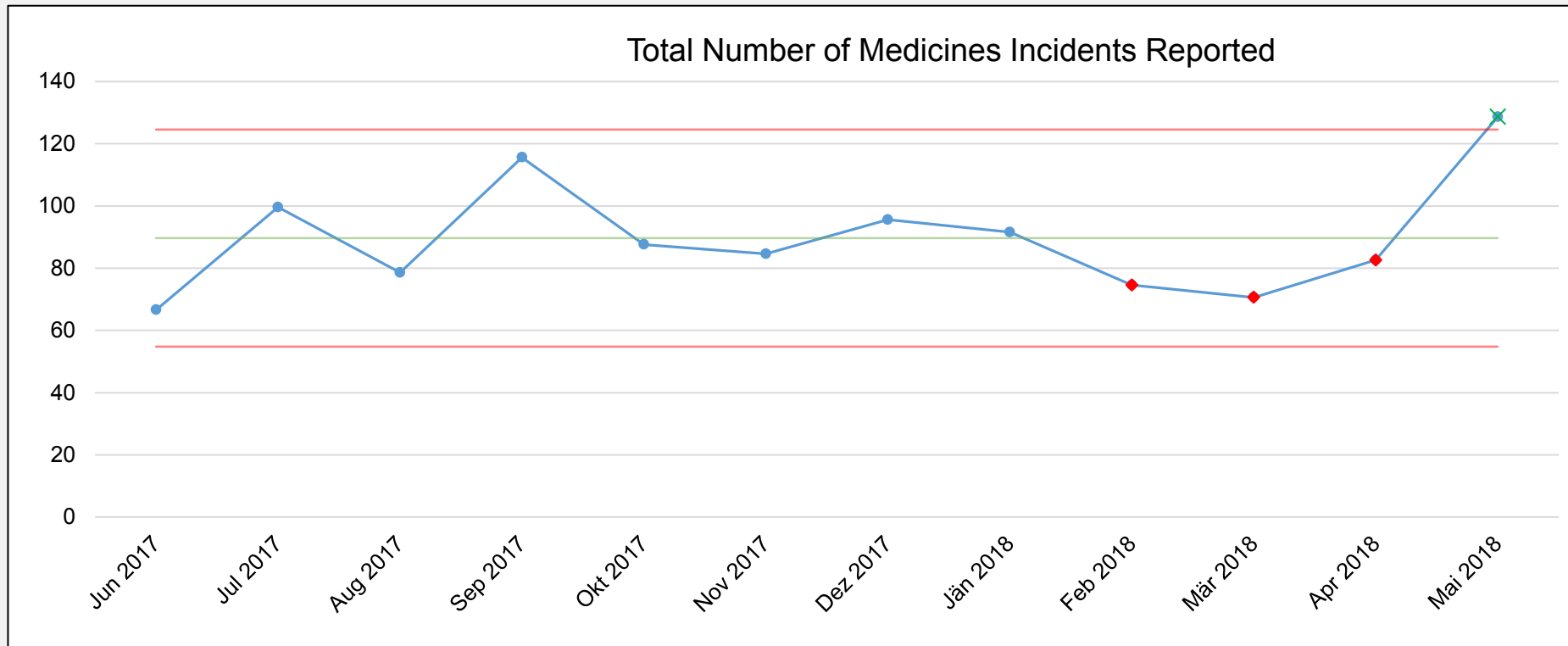
SECamb Clinical Safety Charts



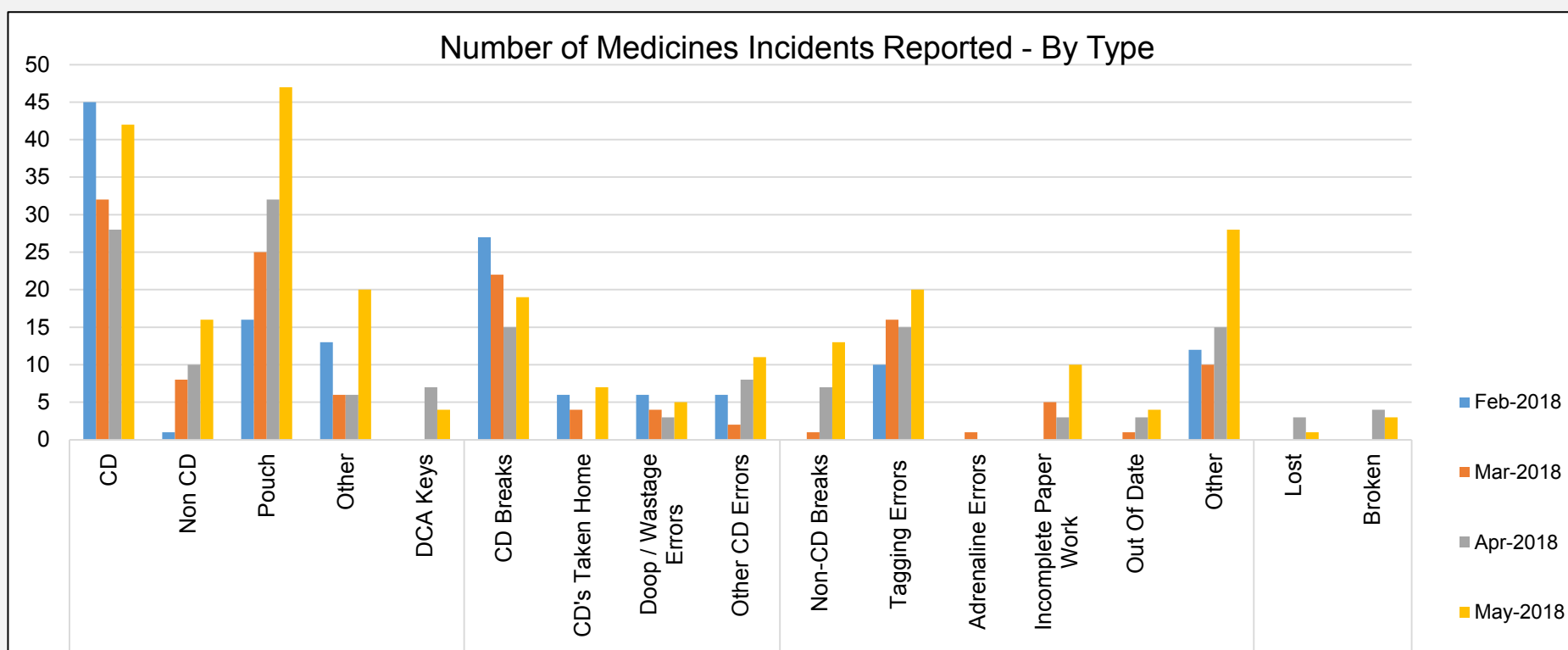
Performance in completing the stroke care bundle is below national average.

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.

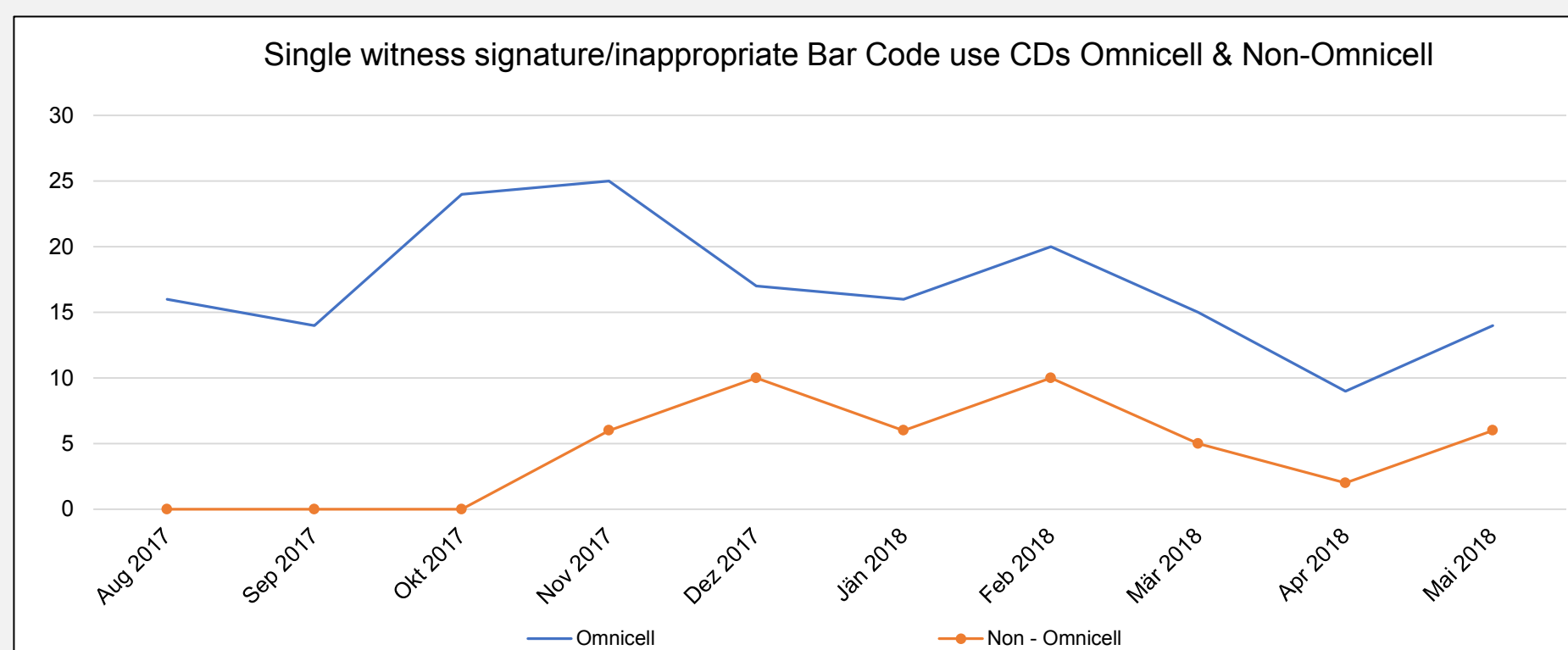
Focussed improvement work is planned for operating units whose average performance is outside of the expected parameters.



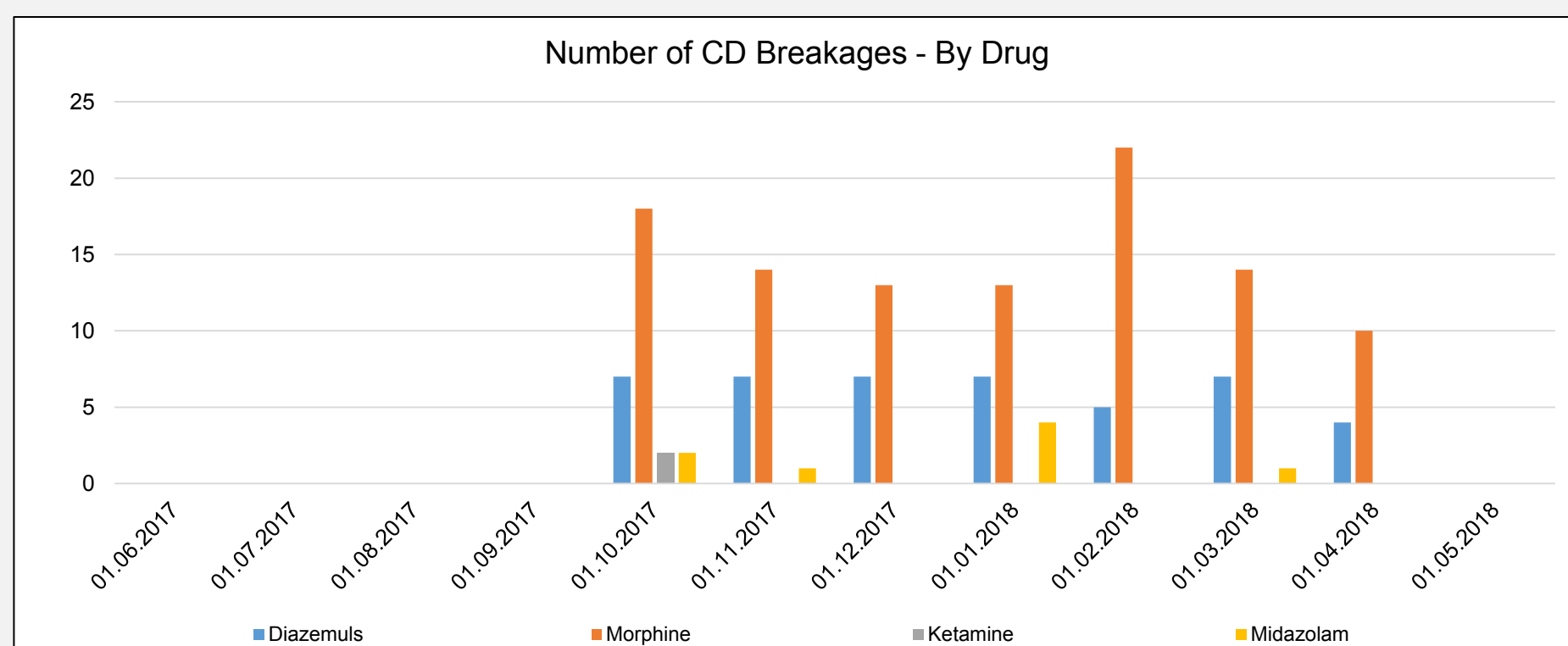
There is a pleasing and steady increase in the number of incidents reported. The majority relate to incorrect pouch tagging issues. A small number of drug administration errors are being reported and used as learning exercises. There are still incidents occurring where staff take Controlled Drugs home at the end of their shifts. A process is in place to ensure the drugs are returned without delay, and feedback is provided targeting any repeat offenders.



This relates to graph 1. Of note the number of key losses has decreased significantly.

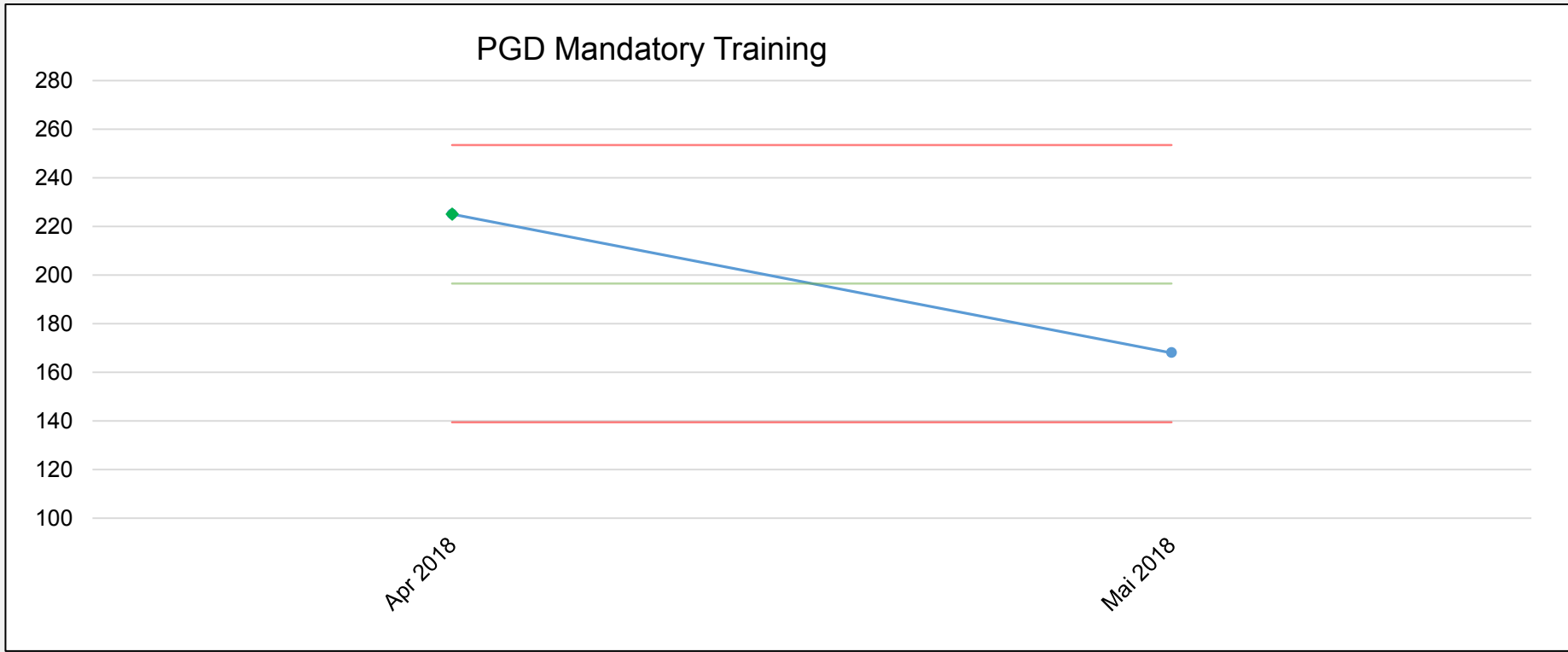


The number of signal signatories for Omnicell sites has decreased significantly. Generally it is possible to find another staff member to provide second witness. This is not always as easy in the non Omnicell sites, but the numbers here are small.

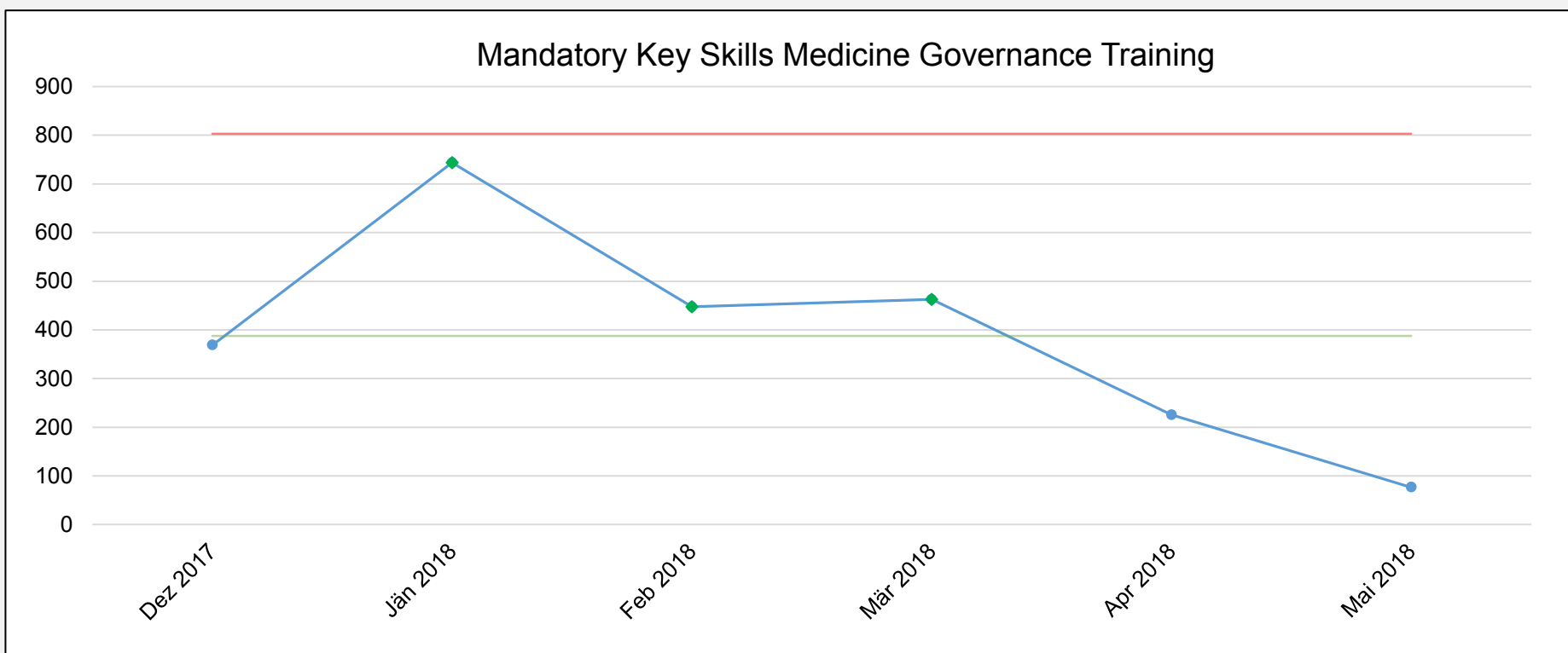


The highest breakage rate is for morphine, almost certainly because this drug is more commonly used than diazepam. However total breakages are reduced by 60% when compared to 2017. However, the trend is down, and the breakage rate for diazepam remains fairly consistent. Midazolam is only available to CCPs.

SECAmb Clinical Safety Charts



The reduced numbers reflect the position that most Paramedics, CCPs and PPs have now undertaken the required training. There will always be training required for new staff joining the Trust.



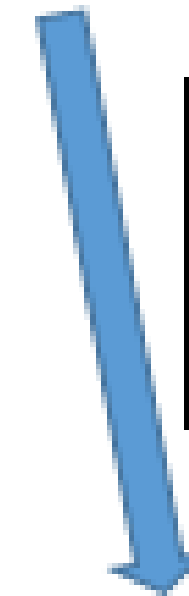
Analysis of Cardiac Arrest Data - December 2017

Total number of cardiac arrests identified = 778



Number of resuscitation attempts = 323 (41.5%)

(excluding DNACPR 62 / DDA 379 / Hospital transfer 1 / No Resus by SECamb 8 / Post arrest 5)



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

Cardiac Arrests (Utstein incs) = 36 (11.1%)

Cardiac Arrests (All incs) = 323 (100%)

ROSC sustained to hospital (Utstein)
 = 10 (27.8%) + 4 non ROSC

ROSC sustained to hospital (All)
 = 67 (20.7%) + 15 non ROSC

| Outcomes for ROSC at hospital and non ROSC at hospital patients | | |
|---|--|---------|
| Utstein | Details | Overall |
| 5 | Patient survived to discharge | 19 |
| 7 | Patient died in hospital | 58 |
| 1 | Patient still in hospital* | 1 |
| 1 | Outcome unknown* (Patient identifiable data incomplete) | 4 |

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

Survival to Discharge (Utstein) = 5 (14.7%)

Survival to Discharge (All incs) = 19 (6.0%)

Additional Information - Resuscitation Attempts

| Cardiac Rhythm | Overall Totals | ROSC at Hospital | Non ROSC at Hospital |
|---|----------------|------------------|----------------------|
| Asystole | 176 (54.5%) | 19 | 7 |
| PEA | 66 (20.4%) | 17 | 0 |
| VF | 68 (21.1%) | 26 | 8 |
| Non-shockable | 2 (0.6%) | 0 | 0 |
| Not recorded | 11 (3.4%) | 5 | 0 |
| CPR Bystander - 200 (61.9%) | | | |
| EMS Witnessed arrest - 38 (11.8%) | | | |
| Cardiac Arrest downloads received for Dec-10 continuous reports to be checked for resus attempt | | | |
| Cardiac Arrest download reports sent to crew 0 | | | |

Analysis of Cardiac Arrest Data by area - January 2018

Number of resuscitation attempts = 306
 this figures excludes 2 incidents as PAS & VAS crew (1 of which attained ROSC at Hospital)

| | |
|---|--|
| Cardiac Arrests (Utstein) East = 13 (4%) | Cardiac Arrests (All) East = 171 (56%) |
| Cardiac Arrests (Utstein) West = 15 (5%) | Cardiac Arrests (All) West = 135 (44%) |
| ROSC sustained to hospital (Utstein) East = 6 (46%) + 1 non ROSC | ROSC sustained to hospital (All) East = 39 (23%) + 5 non ROSC |
| ROSC sustained to hospital (Utstein) West = 4 (27%) + 3 non ROSC | ROSC sustained to hospital (All) West = 31 (23%) + 5 non ROSC |

Outcomes for ROSC at hospital and non ROSC at hospital patients

| Area | Utstein | Details | Overall |
|------|---------|--|---------|
| East | 1 | Patient survived to discharge | 3 |
| West | 2 | | 8 |
| East | 6 | Patient died in hospital | 39 |
| West | 5 | | 26 |
| East | 0 | Patient still in hospital* | 1 |
| West | 0 | | 1 |
| East | 0 | Outcome unknown* (Patient identifiable data incomplete) | 1 |
| West | 0 | Outcome unknown* (Patient identifiable data incomplete) | 1 |

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

| | |
|---|--|
| Survival to Discharge (Utstein) East = 1 (8%) | Survival to Discharge (All) East = 3 (2%) |
| Survival to Discharge (Utstein) West = 2 (13%) | Survival to Discharge (All) West = 8 (6%) |

MENTAL HEALTH CARE (May 2018 data)

Rag Ratings:

| | |
|--|---------|
| Within ARP Cat 2 18 mins | = GREEN |
| Outside Cat 2 ARP 18 mins, up to 40 mins | = AMBER |
| Outside Cat 2 ARP 18 mins, beyond 40 mins | = RED |
| Within 90th Percentile 40 mins | = GREEN |
| Outside 90th Percentile 40 mins, up to 1 hour | = AMBER |
| Outside 90th Percentile 40 mins, beyond 1 hour | = RED |

Overall RAG Rating = GREEN

1. The mental health indicator has been rated GREEN as the majority of responses to calls across OU's were within the ARP Cat 2 timeframe.

Mental Health Response Times (Section 136 MHA)

2. During May 2018 there were 144 Section 136 related calls to the service. 125 of these calls received a response (86.8%) resulting in a conveyance to a place of safety by an ambulance on 118 (81.9% of total calls; in April this was 83% of total calls) of these occasions. This is a reduction from 96% of total calls from March 2018.
3. The overall performance mean shows a response time across the service as 00:17:29 (April was 00:17:24). Against the 90th centile measure, the response was 00:31:48 (April was 00:30:13).
4. There were 19 occasions when SECamb did not provide a response. This is up from 17 in April, however the activity is slightly higher. This report RAG rates against both mean ARP standards within Cat 2; these being 18 minutes and the 90th percentile within 40 minutes. The report also details conveyances measured under Cat 3, Cat 4, C60 HCP, C120 HCP and C240 HCP (these are likely to be secondary conveyances and are not RAG rated) and these are as follows:

| | | |
|---------------------------|------------------------|--------------------|
| Cat 3: Total calls 8 | Total responses 5 | Total transports 4 |
| Performance Mean 00:41:53 | 90th centile 01:25:24. | |
| Cat 4: Total calls 0 | Total responses 0 | Total transports 0 |
| C60 HCP: Total calls 11 | Total responses 3 | Total transports 3 |
| Performance Mean 00:41:51 | 90th centile 00:58:32 | |
| C120 HCP: Total calls 5 | Total responses 3 | Total transports 3 |
| Performance Mean 02:20:44 | 90th centile 04:15:53 | |
| C240 HCP Total calls 0 | Total responses 0 | Total transports 0 |

(These responses are collectively reported by Operational Unit below on the associated dashboard)

5. The data within indicates that the majority of OU's reaching a good standard and that activity in this area has increased. The data also shows improved performance on April's data. Sussex Partnership NHS Trust and Sussex and Kent Police are disputing the volume being reported in relation to this activity, believing it to be under reported and dialogue with these services to explore this further continues.

SECamb Clinical Quality - Safe

Incident reporting onto DATIX incident reporting continues to increase as per the plan. The increase in April is primarily due to the central logging of incidents identified on the Quality Assurance Visits.

The most reported incidents were regarding medicines management issues (ampule breakages and medicines storage issues).

Hand hygiene audits remain overall above 90%

SECamb Clinical Quality - Caring

The Trust received less complaints in April (93) compared to March (112) which is a continuous decline since February. 31 of the complaints were in respect of poor staff behaviours which is a slight increase from last month's 28.

13 complaints were identified as 'complaints in respect of triage' and 10 of these related to 111.

SECamb Clinical Quality - Effective

Make Ready Centre (MRC) deep clean (DC) rates have improved to 99% following the substantive recruitment to staff establishment.

The revised Infection Prevention Ready Policy has been circulated to staff for consultation, and is scheduled for approval at the forthcoming JPF meeting.

SECamb Clinical Quality - Responsive

The Trust continues to achieve complaints responses consistently above 90% since February as per the plan. Current performance is 98%.

100% compliance with of Duty of Candour within the internal target time of 10 days continues.

SECamb Clinical Quality - Well Led

NRLS reporting remains consistent at 107. 536 incidents were closed during April.

SECamb Clinical Quality Scorecard

Number of Incidents Reported

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|----------------------|--------|--------|--------|-----------|
| Actual | 627 | 721 | 722 | |
| Previous Year | 495 | 545 | 576 | |

Number of Incidents Reported that were SI's

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|----------------------|--------|--------|--------|-----------|
| Actual | 12 | 17 | 6 | |
| Previous Year | 6 | 5 | 6 | |

Duty of Candour Compliance (SIs)

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|-----------------|--------|--------|--------|-----------|
| Actual % | 90% | 100% | 100% | |
| Target | 100% | 100% | 100% | |

Number of Complaints

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|------------------------------------|--------|--------|--------|-----------|
| Actual | 112 | 93 | 101 | |
| Previous Year | 87 | 71 | 79 | |
| Complaints Timeliness (All) | 97.7% | 97.9% | 99.1% | |
| Timeliness Target | 95% | 95% | 95% | |

Compliments

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|---------------|--------|--------|--------|-----------|
| Actual | 123 | 133 | 131 | |

Safeguarding Training Completed (Adult) Level 2

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|------------------------|--------|--------|--------|-----------|
| Actual % | 94.62% | 6.33% | 26.05% | |
| Previous Year % | 90.90% | 0.44% | 20.00% | |
| Target | 85% | 85% | 85% | |

* Safeguarding training is completed each financial year, which explains the significant drop for April 2018

Hand Hygiene

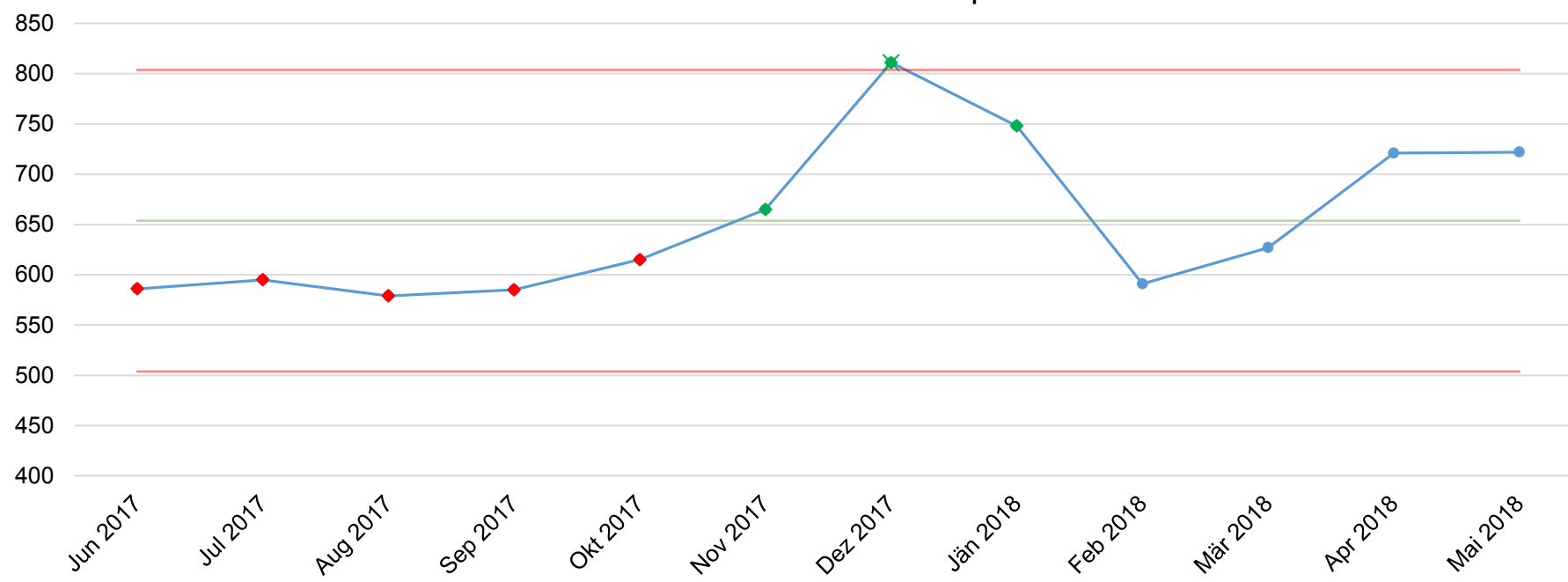
| | Mar-18 | Apr-18 | May-18 | 12 Months |
|-----------------|--------|--------|--------|-----------|
| Actual % | 92% | 92% | 90% | |
| Target | 90% | 90% | 90% | |

Safeguarding Training Completed (Children) Level 2

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|------------------------|--------|--------|--------|-----------|
| Actual % | 93.99% | 6.51% | 25.88% | |
| Previous Year % | 91.70% | 0.56% | 21.00% | |
| Target | 85% | 85% | 85% | |

SECamb Clinical Quality Charts

Number of Incidents Reported



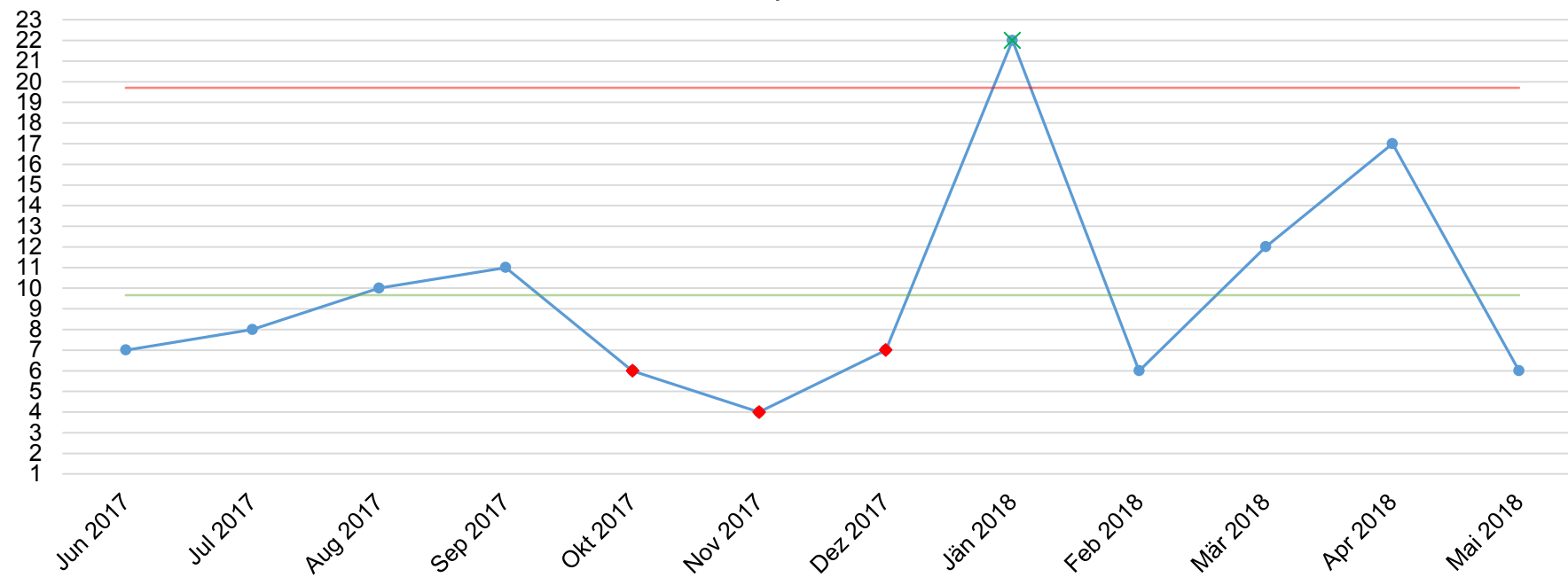
There were 722 incidents reported in May.

May figures were helped by the inclusion of Quality Assurance Visit which are reporting on their visits to sites with potential issues with Health and Safety, Medicines, Equipment and other categories being flagged on Datix.

The most reported incident were around medicine error in which 34 were reported across the Trust. These were mainly for ampoule breakages/storage of drugs. In terms of operating units Polegate & Hastings reported the most with 84.

The Trust reported 217 incidents to NRLS in May 2018. Following on from this the Trust closed 499 records in April.

Number of Incidents Reported that were SI's



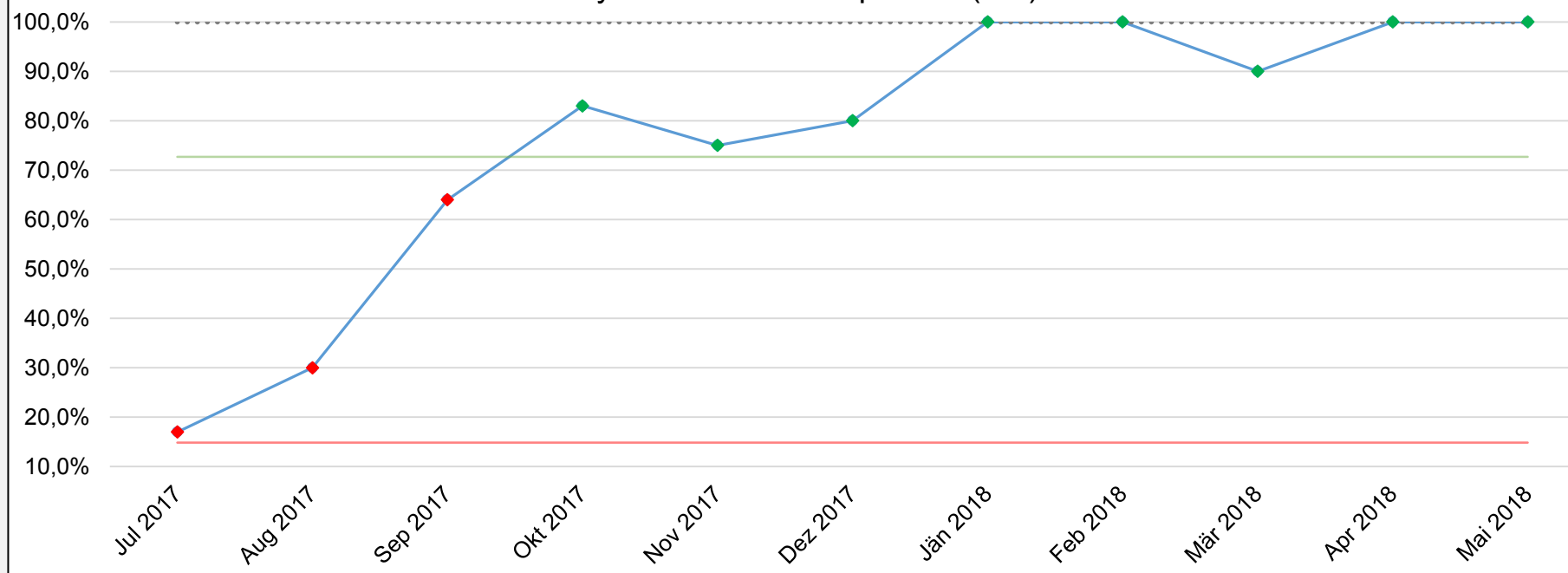
The Trust reported 6 Serious Incidents this month:

| Reporting Reason | N° SIs |
|--|--------|
| Call answer delay | 1 |
| Delayed attendance / Call answer delay | 1 |
| Triage/call management | 4 |

Lead Service area:

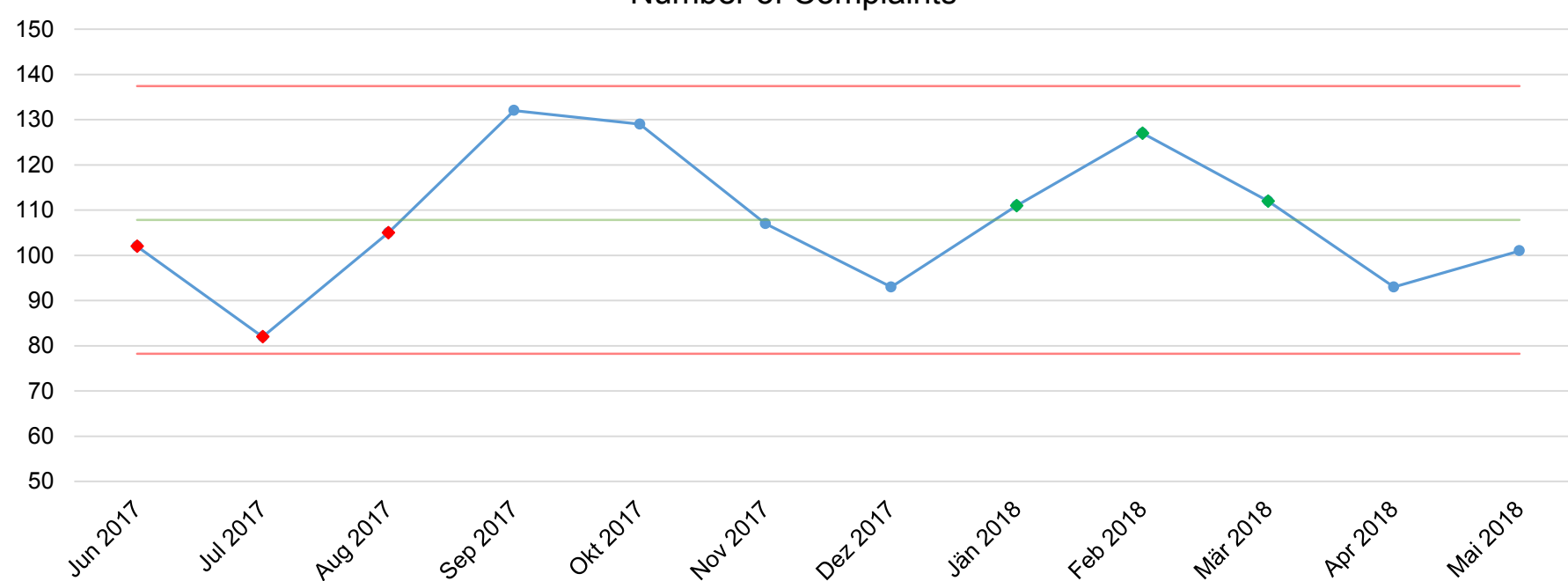
| | |
|---------|---|
| EOC | 5 |
| KMSS111 | 1 |

Duty of Candour Compliance (SIs)



All SIs that required Duty of Candour received initial contact from the SI Team within the internal 10 day target. Work has commenced to confirm that evidence of contact is recorded on Datix

Number of Complaints

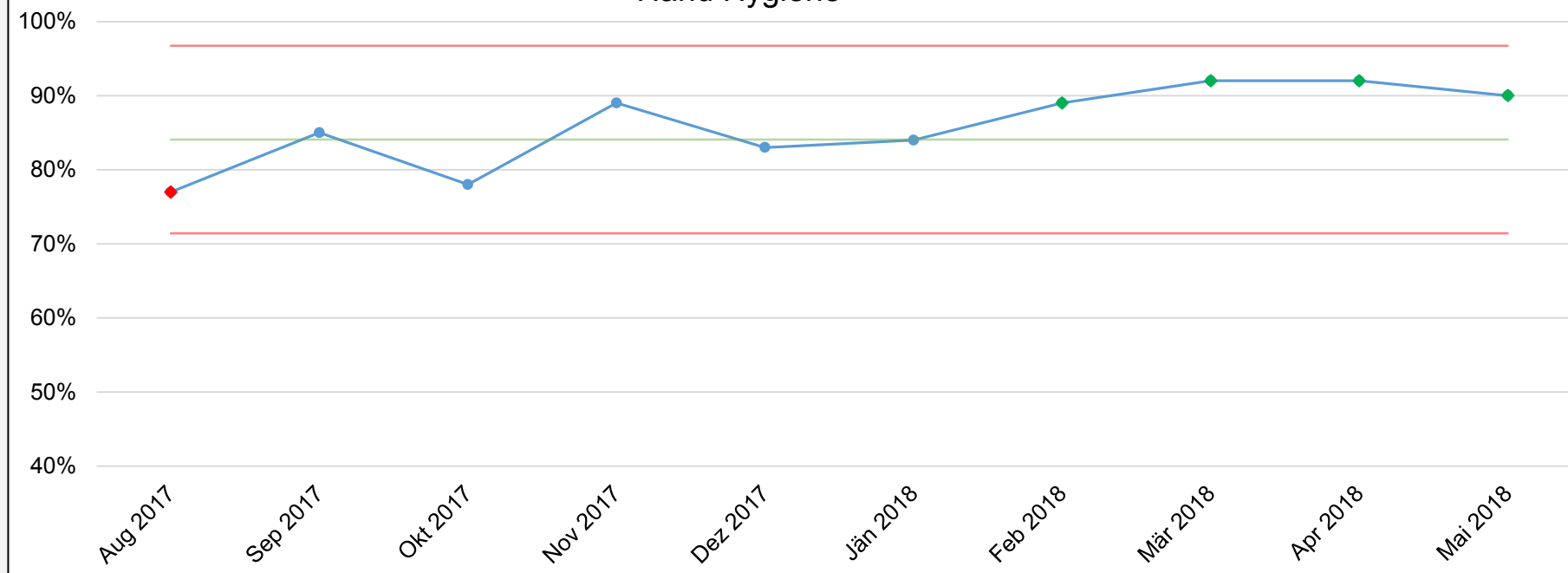


The Trust received and opened 101 complaints in May 2018 compared to 93 in April, and against a monthly average of 104 for the year 17/18.

The subject with the highest number of complaints for SECamb in May was patient care, with 41 complaints compared to 24 in April. Of these, 22 were about call triage (9 concerned NHS111 and 13 concerned EOC). There were 28 complaints about staff behaviours and 28 complaints about timeliness, compared to 31 for each in April.

The significant improvement in complaints response timeliness since the end of January has continued, with 99% (106/107) of complaints responded to within the Trust's 25 working day timescale in May 2018.

Hand Hygiene



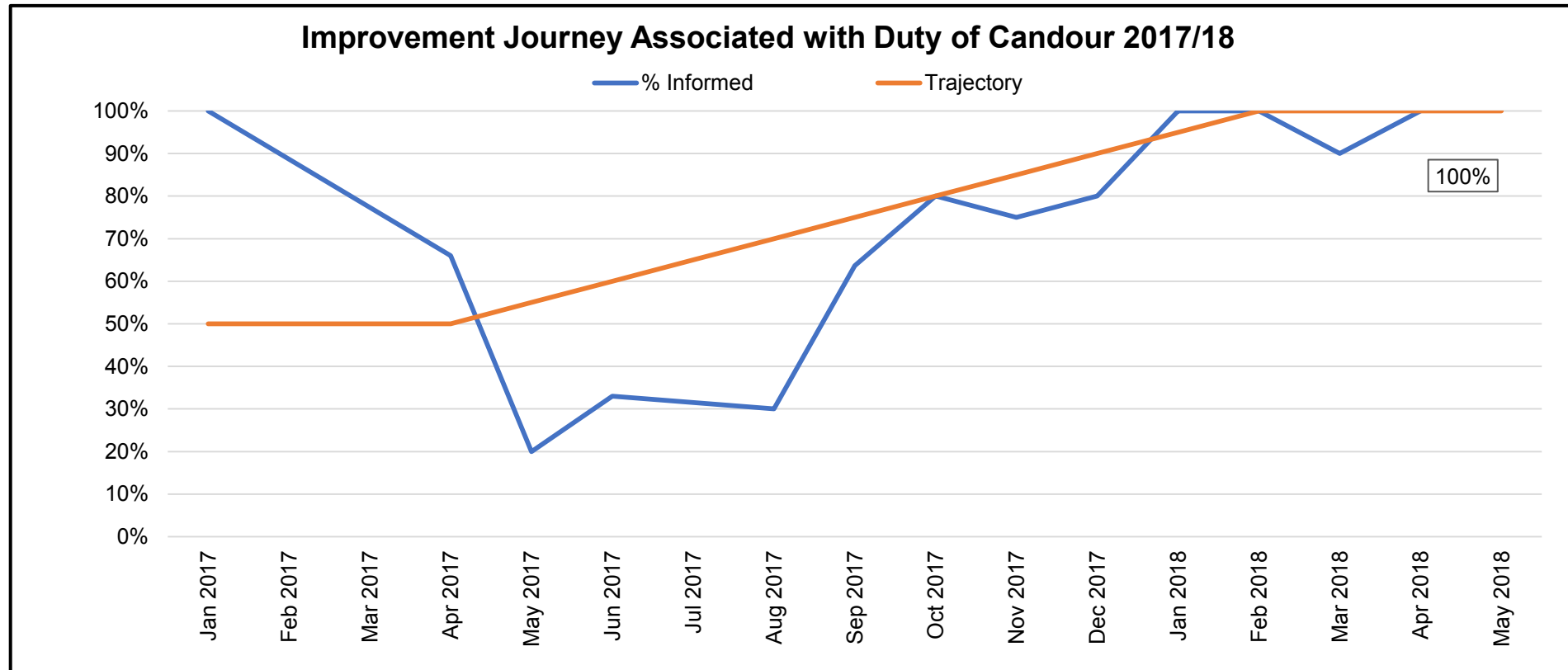
Infection Prevention & Control is still RAG rated AMBER due to this months training figures from ESR and a fall in compliance for Deep Clean (DC) completion at Make Ready Centers. Hand Hygiene (HH) and Bare Below the Elbows (BBE) compliance is still being audited using observational audit tools by local OTL's and IPC Champions and we have seen compliance targets met once again for both HH and BBE. However, following a recent Quality Assurance Visit, staff were observed at hospital and seen not to be performing hand hygiene after handover of their patient. A new audit tool has therefore been developed which will be used as a Secret Shopper tool to help support awareness training for staff relating to hand hygiene. The MRC DC rate has dropped to 93.5% this month due to two of the sites showing poor returns to the 99% target. The IPC Team will be visiting both sites, week commencing 11th June, to discuss the reasons behind the drop. All VPP areas were on or above the target for the month. This month's dashboard now shows the new standards for environmental cleanliness auditing. We are showing compliance as a RAG rating for the first three months until staff get used to completion requirements for monthly audits and how to use the audit tool itself. IPC Level 2 training is being recorded via the ESR system, which still requires local Administration staff to input the system once staff have shown their certificate of completion. The IPC Team recognise that the figures shown in the dashboard may not be a true reflection of the completion rates for staff. The new Infection Prevention Ready Procedure has now gone out for final approval, with a completion date of the 14th June. A communications plan has been developed to provide staff with regular information on the new procedure and posters, videos and roadshows are in development as well. Next week the IPC Improvement Plan goes into Intensive Support, but we are confident that all of the work being completed by the Task and Finish Group, IPC Team and support from other teams will see the plan return to business as usual very soon.

SECAmb Duty of Candour and Moderate Harm

The Trusts Serious Incident Group reviews all moderate harm incidents to confirm the correct grade of harm has been recorded, and if not declared an SI these incidents are confirmed as requiring DoC with the Investigating Manager.

Incidents may be investigated as a Level 2 or Level 3 (with an internal Root Cause Analysis (RCA) investigation), however both require DoC.

During 2017, the Trust encountered a number of difficulties in delivering the DoC obligations and in May 2017 compliance had fallen to 20%. A decision was taken to centralise the process and ensure a member of the SI team undertook the initial contact. By January 2018 this change in process facilitated a 100% compliance with the standard, which has been maintained. This is illustrated in the graph below



Compliance with DoC for SIs where DoC was required in May 2018 was: (*due in the month*):

- SIs reported (where DoC due in May) – 11
- Number where DoC required - 9
- DoC made/attempted within deadline – 9

The Trusts Improvement Hub have published a poster for all staff to further promote Duty of Candour.

Duty of Candour

What does it mean to you?

Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered.

Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.

Believe in and encourage all of the above.

Overview of the Duty of Candour process

| Incident detection or recognition | Preliminary team discussion | Initial Being open discussion | Follow-up discussions | Process completion |
|--|---|---|--|--|
| Detection and notification through appropriate systems | Initial assessment | Verbal and written apology | Provide update on known facts at regular intervals | Discuss findings of investigation and analysis |
| Prompt and appropriate clinical care to prevent further harm | Establish timeline | Provide known facts to date | Respond to queries | Inform on continuity of care |
| Choose who will lead communication | Offer practical and emotional support | Identify next steps for keeping informed | Monitor how action plan is implemented | Share summary with relevant people |
| Documentation | Provide written records of all Being open discussions | Record investigation and analysis related to incident | | Communicate learning with staff |

More information about Duty of Candour and the Principles of Being Open can be found in the "Being Open and Duty of Candour" Policy and Procedure on our intranet site, the **SECAmb Zone**.

The CQC document "Regulation 20: Duty of candour" can be found on the CQC's website: www.cqc.org.uk

The QI **SECAmb** HUB

The **SECAmb** Quality Improvement Safety Hub is available to answer your questions and provide support on 0300 123 9197

Introduction

Following interviews, we have appointed a Head of Health and Safety (H&S) who starts on 16th August having completed pre-employment checks. This new role will enhance our H&S team allowing greater strategic oversight and freeing up the H&S managers to work more closely with our front line staff. In the interim period, we have appointed an interim who will start on the 2nd July.

Our external report has now been finalised and will form the basis of a focused improvement plan. It will be shared with the Central Health and Safety Working Group (CHSWG) on the 20th June and a small task and finish group will be set up to work on the plan, initially with the interim Head of H&S.

The Central Health and Safety Working Group on the 20th June will focus predominantly on risks and RIDDOR.

A second IOSH for Directors course took place in May and there is a final one planned for August where Regional Operating Managers (ROMs) and the Head of Fleet and Head of Estates will be attending to embed the importance of a safety culture.

The first Patient and Staff safety leadership walk round will take place in July which will allow Board members and senior managers to consider safety issues first hand, engage with front line staff and managers and will also provide an opportunity for OU teams to ask any strategic questions they may have.

Violence and Aggression Incidents - See Figure 1 below

We have seen an increase in reports over the last two months which will require further analysis by our security manager. This may be related to warmer weather and increased alcohol consumption.

Manual handling Incidents - See Figure 2 below

Manual handling incidents have fallen each month this calendar year and in April fell below the trend line for the first time since November. By default these will be relatively low harm as they are not RIDDOR reportable. The plan to allow Community First Responders to access DATIX directly did not work due to an issue with the SECAmb firewall. The DATIX team are now going to implement a paper form for Community First Responders (CFRs), private providers and co-responders as an alternative.

H&S incidents - See Figure 3 below

The sharp rise in reported H&S incidents is as a direct result of learning from the Quality Assurance Visits (QAV). Following each visit all issues found are now added to DATIX by the QAV coordinator to ensure they are captured. This will then be used to encourage greater reporting of low and no harm issues by the local teams rather than relying on QAVs, which can be discussed at area forums to share learning.

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

RIDDOR reporting is an area where we need to improve our compliance with Health & Safety Executive (HSE) regulations as we continue to miss the 15 day reporting deadline. We will look for a solution that allows the Quality Improvement Hub (QI hub) to monitor on a weekly basis. A direct notification from GRS has not yet provided us with the early notification that we had hoped for.

Figure 1

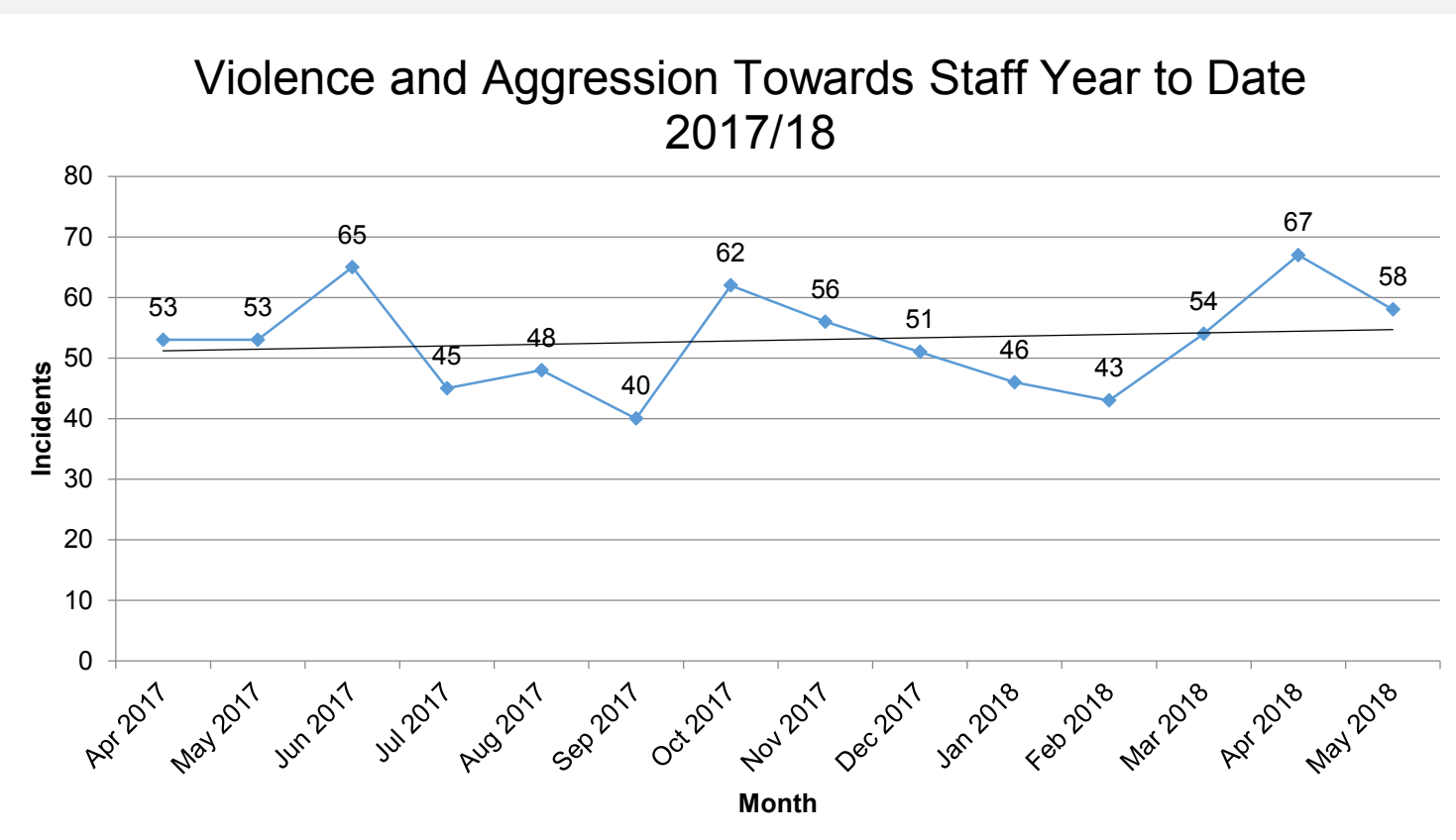


Figure 2

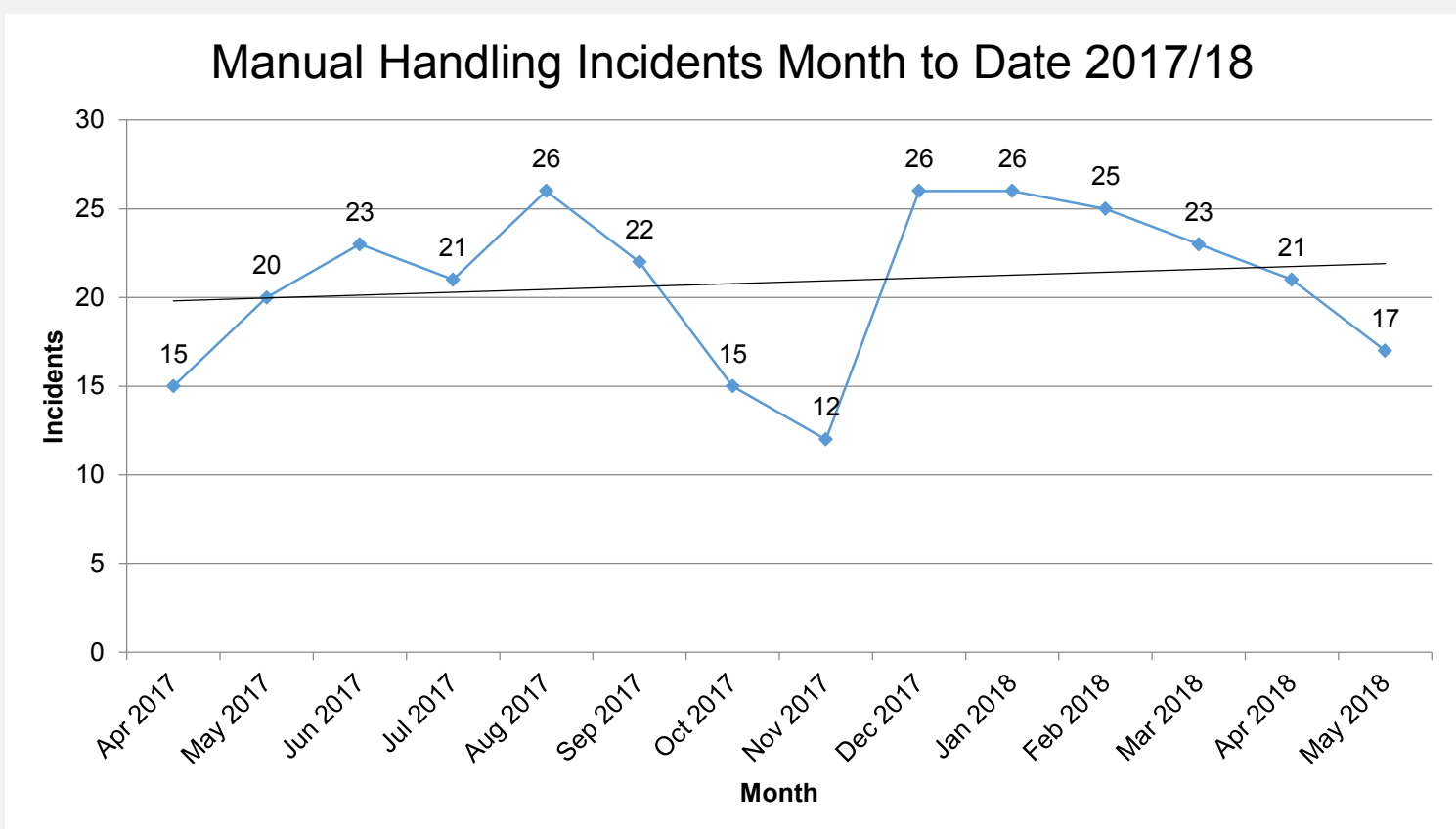


Figure 3

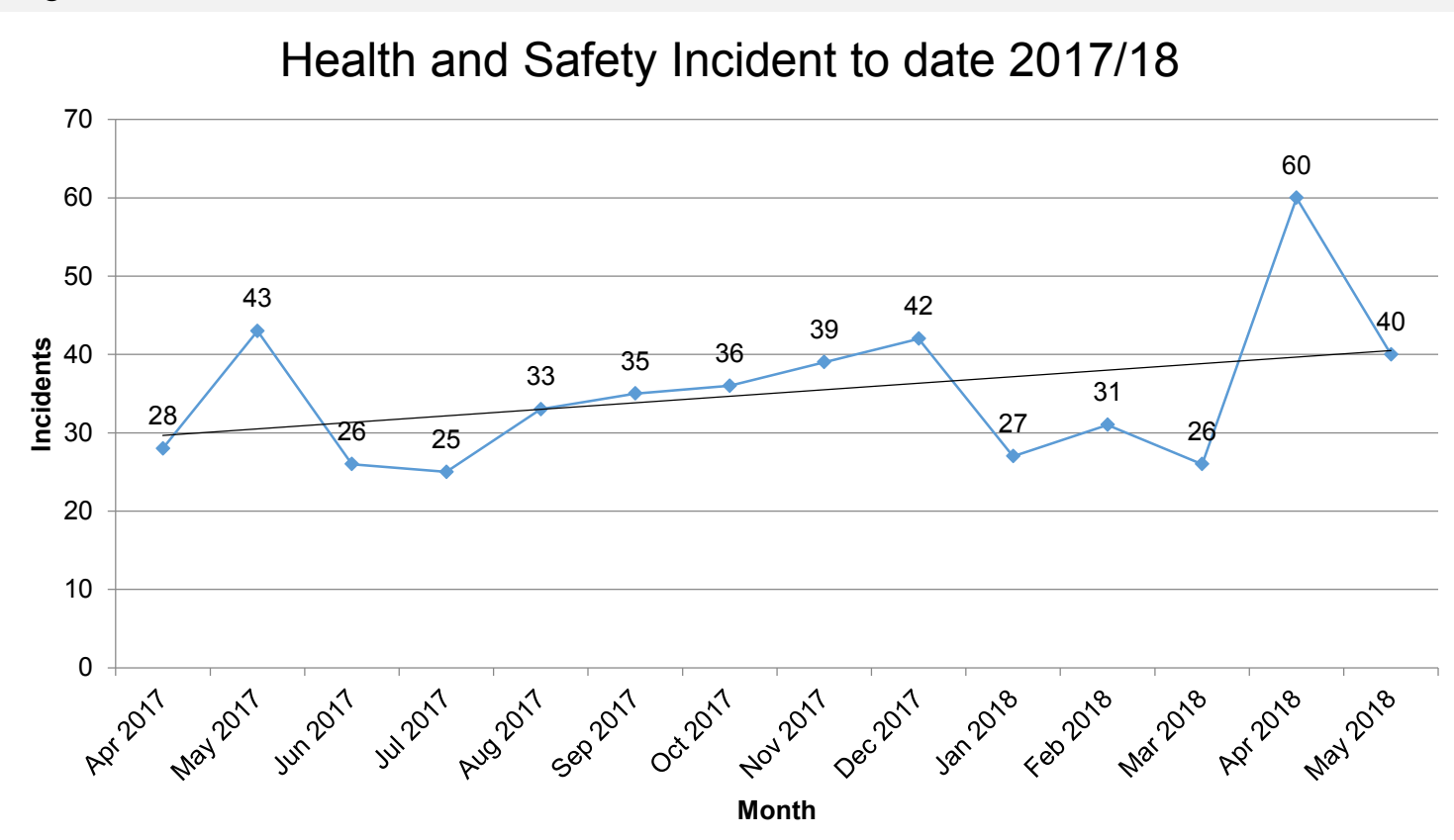
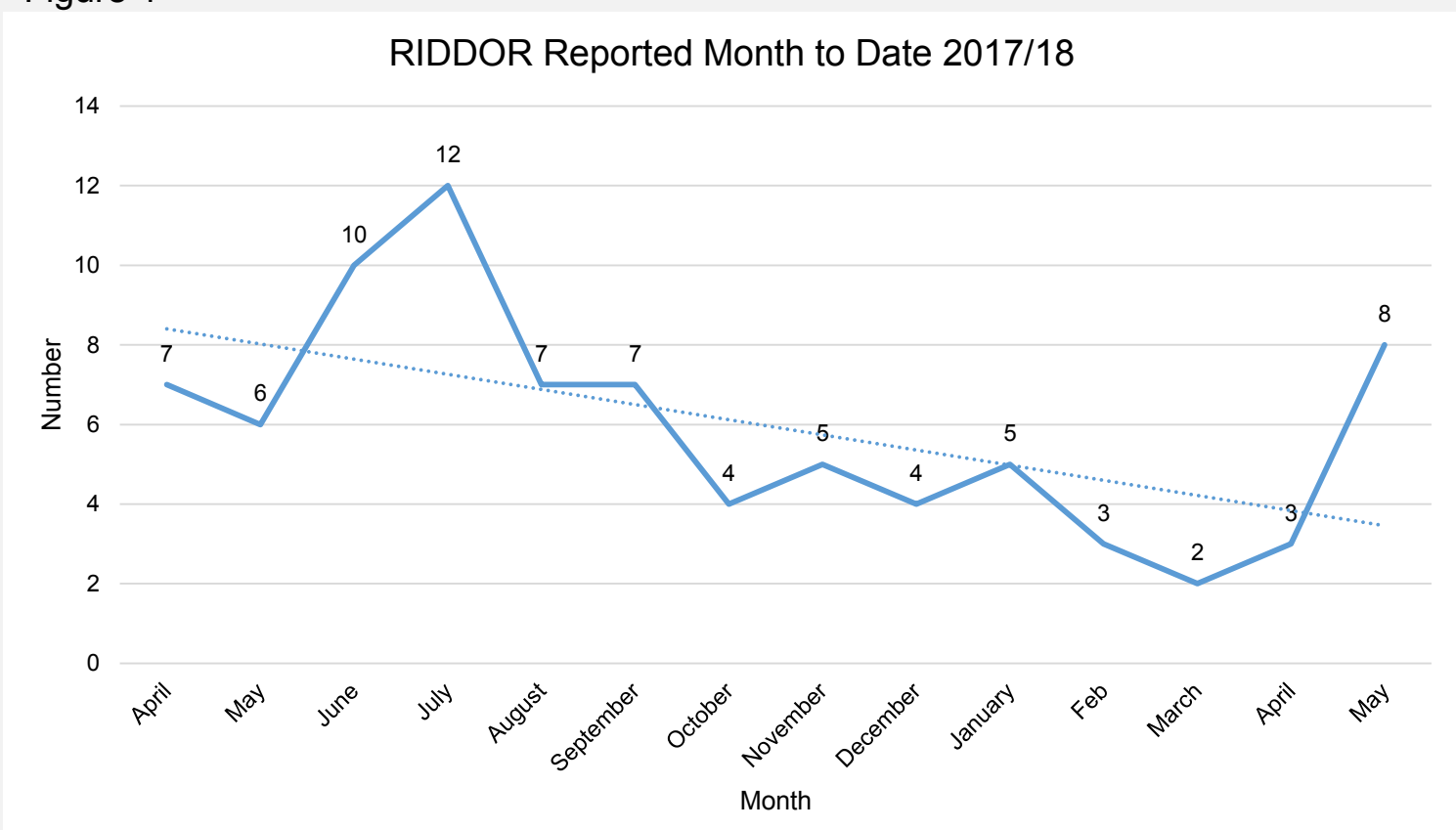


Figure 4



SECamb Operations 999 - Safe

Call Answer Performance: Call answer performance is now included in the Emergency Operations Centre (EOC) action plan to address the CQC requirement of improving Ambulance Quality Indicators (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 (EMAs).

Duplicate Calls: The surge in duplicate Estimated Time of Arrival (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 Double Crewed Ambulances (DCAs) at night, together with the recruitment of 300 Operational staff by November 2018.

Category 3 (Cat 3) & Category 4 (Cat 4) Performance: Additional fleet vehicles have been acquired in line with the recruitment plan to improve our responses to within the Cat 3 and Cat 4 lower acuity cohort of patients. It is proposed to have these vehicles operational by September 2018.

SECamb Operations 999 - Caring

Surrey Heartlands Pregnancy Advice Line: This continues, based in the EOC. A review will be completed at the beginning of July 2018 following 2 complete months in operation. This will involve call volumes, nature of calls, disposition, feedback from EOC, Field Crews and Callers as appropriate. Feedback so far, is that this service has been received positively by patients and EOC staff.

Well Being Hub: is now in permanent operation which will provide ongoing well being support to all staff and volunteers at SECamb.

Staff Engagement programme: is being actively continuing throughout the Trust, including at local station level. There is now a clear escalation and cascade process for issues and ideas.

Culture Change programme: has now been rolled out to field operations that recognises the values and the valuable contribution of staff. This has been met with mixed engagement from staff at this time. However, its very early in the plan and further development is planned.

SECamb Operations 999 - Effective

Response Time Performance Targets: Category 1 (Cat 1) performance has significantly improved on the prior month. Category 2 (Cat 2) responses continue to perform within target consistently. However, the Trust is not meeting Category 3 (Cat 3) and Category 4 (Cat 4) response time targets due to resourcing levels. A Demand and Capacity Review continues 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 (SMP): 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 being revised in line with comments received following these reviews. It is proposed to review the escalation triggers to mirror OPEL. The SMP will be subject to further reviews once agreed. SMP was revised and went live on 20th June 2018. Following reviews and feedback, a look back and learn is set for review in July 2018.

Handover Improvement Project: Handover delays continue to improve with a significant reduction in patients waiting greater than 60 minutes. The Task and Finish group continue to focus on handovers and improving patient flow and releasing resource availability.

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. Key skills were placed on hold during the Bank Holiday weeks to release resources back to the frontline.

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. Area Governance Reviews are also attended by Executives. The Resilience Group now meet monthly and report to the Executive on a quarterly basis.

Risk: Management of Risk remains high on the operational agenda. All meetings with the A-F Team structure actively review risks. Risk Management has been incorporated into the relevant Terms of Reference.

SECAmb 999 Operations Performance Scorecard

Call Handling

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|--|--------|--------|--------|-----------|
| 5 Sec Performance (95% Target) | 61.8% | 84.0% | 78.3% | |
| Mean Call Answer Time (secs) | 43 | 15 | 18 | |
| 95th Centile Call Answer (Secs) | 205 | 97 | 108 | |
| National Mean Call Answer | 15 | 6 | 8 | |
| National 95th Centile Call Answer | 73 | 31 | 45 | |

Cat 1 Performance

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|-----------------------------------|----------|----------|----------|-----------|
| Mean (00:07:00) | 00:08:14 | 00:07:24 | 00:07:37 | |
| 90th Percentile (00:15:00) | 00:15:09 | 00:13:45 | 00:14:06 | |
| Mean Resources Arriving | 1.75 | 1.77 | 1.79 | |
| Count of incidents | 3426 | 3201 | 3290 | |
| National Mean | 00:08:22 | 00:07:38 | 00:07:46 | |

Cat 1T Performance

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|-----------------------------------|----------|----------|----------|-----------|
| Mean (00:19:00) | 00:11:28 | 00:10:21 | 00:10:20 | |
| 90th Percentile (00:30:00) | 00:21:37 | 00:19:36 | 00:19:37 | |
| Mean Resources Arriving | 2.85 | 2.85 | 2.90 | |
| Count of incidents | 2108 | 1988 | 2033 | |
| National Mean | 00:13:36 | 00:12:09 | 00:12:28 | |

Cat 2 Performance

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|-----------------------------------|----------|----------|----------|-----------|
| Mean (00:18:00) | 00:19:37 | 00:16:08 | 00:17:07 | |
| 90th Percentile (00:40:00) | 00:37:17 | 00:30:17 | 00:32:29 | |
| Mean Resources Arriving | 1.12 | 1.13 | 1.14 | |
| Count of incidents | 29758 | 26663 | 27678 | |
| National Mean | 00:27:07 | 00:20:15 | 00:21:17 | |

Cat 3 Performance

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|-----------------------------------|----------|----------|----------|-----------|
| Mean (01:00:00) | 01:14:02 | 01:04:25 | 01:14:35 | |
| 90th Percentile (02:00:00) | 03:52:06 | 02:32:34 | 02:53:19 | |
| Mean Resources Arriving | 1.07 | 1.06 | 1.07 | |
| Count of incidents | 20983 | 21571 | 22133 | |
| National Mean | 01:14:56 | 00:49:37 | 00:58:13 | |

Cat 4 Performance

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|-----------------------------------|----------|----------|----------|-----------|
| Mean | 02:29:08 | 01:41:15 | 02:02:13 | |
| 90th Percentile (03:00:00) | 05:54:23 | 04:10:57 | 04:38:21 | |
| Mean Resources Arriving | 1.07 | 1.06 | 1.06 | |
| Count of incidents | 1082 | 1148 | 1202 | |
| National Mean | 01:37:45 | 01:13:42 | 01:25:32 | |

HCP

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|--------------------------------|----------|----------|----------|-----------|
| HCP 60 Mean | 02:23:29 | 01:36:21 | 02:07:24 | |
| HCP 60 90th Percentile | 06:23:58 | 03:42:35 | 05:36:32 | |
| HCP 120 Mean | 02:48:18 | 02:07:37 | 02:15:20 | |
| HCP 120 90th Percentile | 06:53:24 | 05:12:08 | 05:17:52 | |
| HCP 240 Mean | 04:09:59 | 02:14:38 | 02:50:17 | |
| HCP 240 90th Percentile | 10:56:32 | 05:03:46 | 06:49:53 | |

Call Cycle Time

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|--|----------|----------|----------|-----------|
| Avg Allocation to Clear at Scene | 01:16:49 | 01:14:01 | 01:13:50 | |
| Avg Allocation to Clear at Hospital | 01:49:55 | 01:46:02 | 01:45:42 | |
| Handover Hrs Lost at Hospital (over 30mins) | 6338 | 4804 | 4404 | |
| Number of Handovers >60mins | 1032 | 516 | 307 | |

Incident Outcome AQI

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|-------------------------|--------|--------|--------|-----------|
| Hear & Treat | 5.7% | 5.5% | 6.1% | |
| See & Treat | 33.0% | 33.4% | 33.1% | |
| See & Convey | 61.3% | 61.1% | 60.8% | |

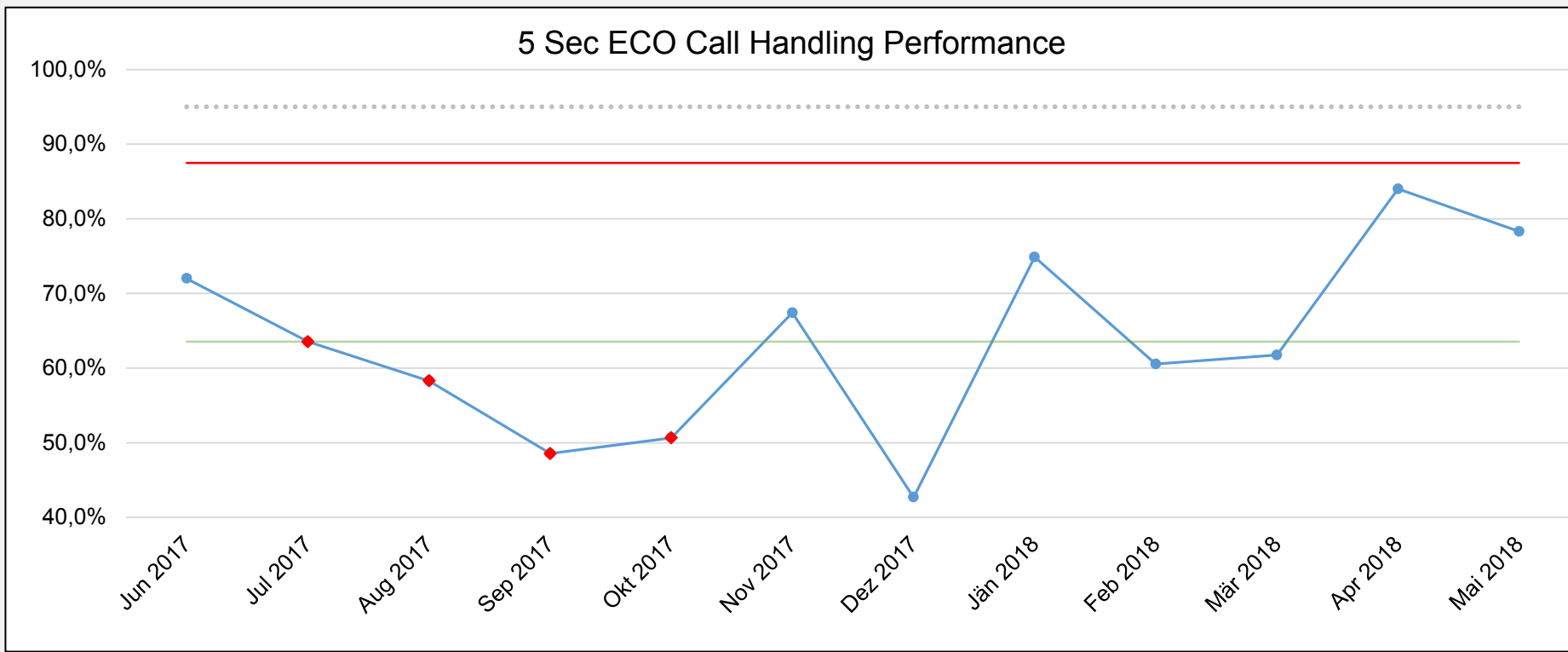
Community First Responders

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|-------------------------------------|--------|--------|--------|-----------|
| Volume of incidents Attended | 1889 | 1608 | 1556 | |

Demand/Supply AQI

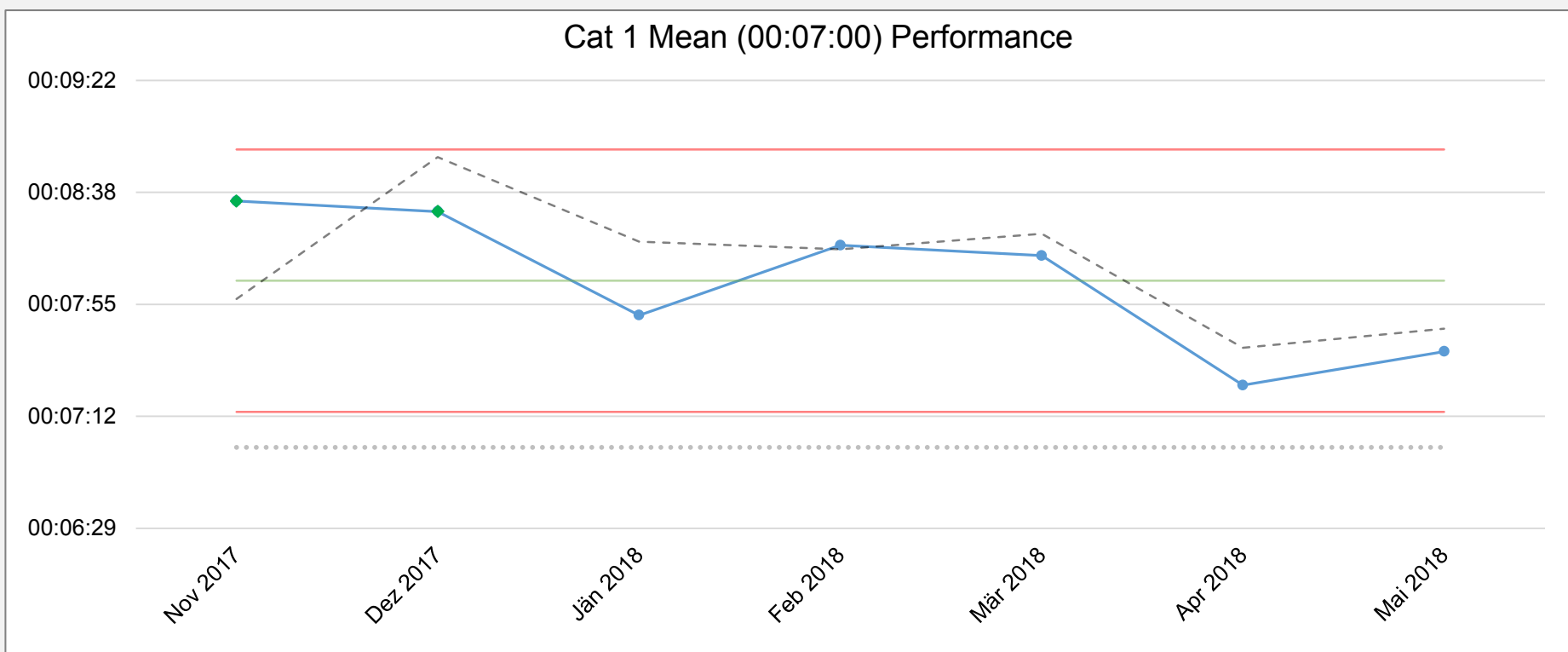
| | Mar-18 | Apr-18 | May-18 | 12 Months |
|-----------------------|--------|--------|--------|-----------|
| Calls Answered | 67732 | 58773 | 64186 | |
| Incidents | 60659 | 57890 | 60189 | |
| Transports | 37170 | 35368 | 36587 | |

SECamb 999 Operations Performance Charts



Call answering performance for May has fallen below an average of 80%. The volume of duplicate calls regarding ETA of responses is a major contributor to increase call volumes. With the purchase of the second-hand flats and the recruitment plans this will improve performance, although this will not be felt until the vehicles and staff are operational. In the short term absence is being managed and is below 5%.

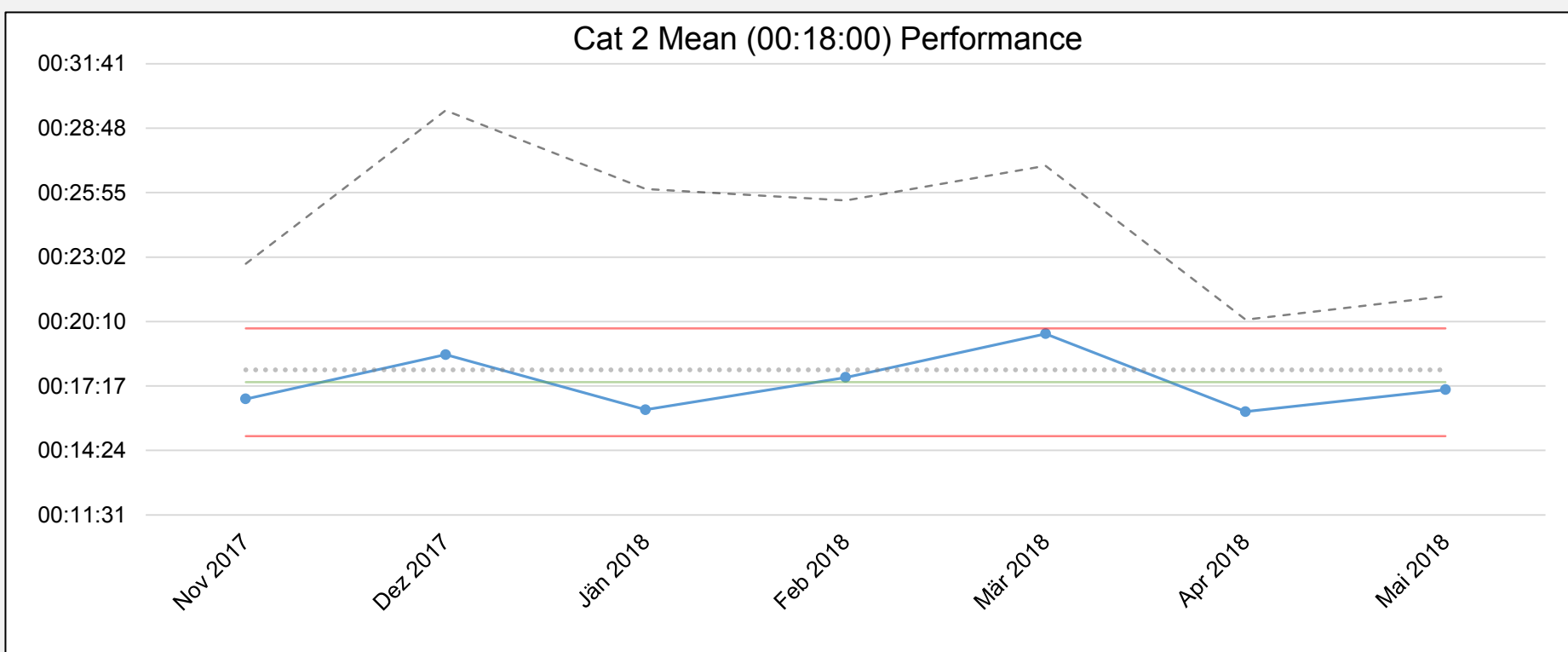
Call answer performance is covered in great detail in the EOC action plan that is tracking the actions of the EOC task and finish group to address the CQC must do requirement of demonstrating improvement against this key target, along with recruitment and staff retention. Significant scrutiny is still being placed on call handling performance with all efforts being made to improve this and a further cohort has been recruited for June which now takes the established whole time equivalents way beyond the funded establishment by up to 20 WTE.



As advised in the detail above the Cat 1 mean response performance has increased by 13 seconds on the previous month, indicative of the details highlighted above. Whilst we are not yet delivering the ambulance response program (ARP) target of seven minutes, both our mean performance and 90th percentile performance are tracking consistently within the middle of the pack when measured against all other English ambulance services. This consistency in delivery demonstrates the significant focus given to the high acuity patient groups.

Analysis of the data shows that the response performance to Cat 1 incidents identified through nature of call (NoC) or as cardiac arrest is significantly higher than the generic mean response for this category by almost 1 minute.

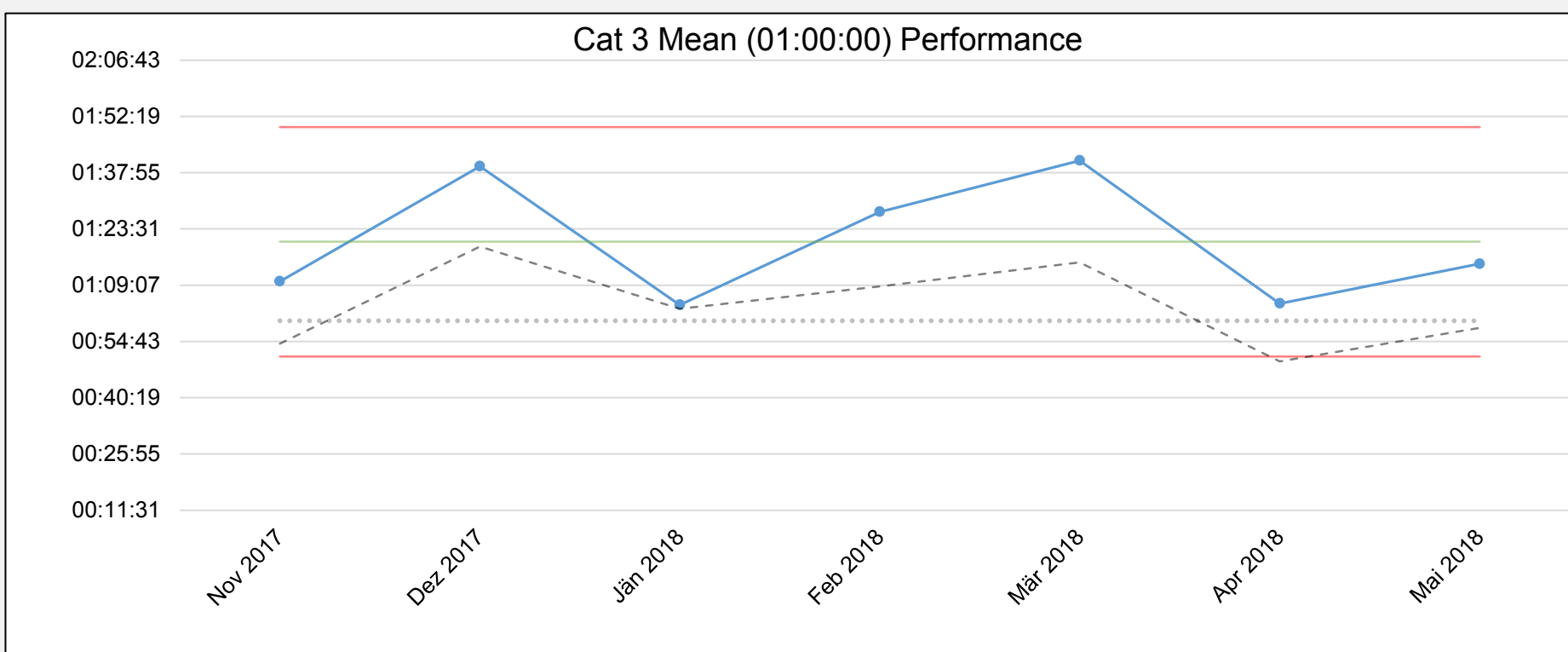
----- National Mean



Cat 2 mean and 90th centile performance has been and remains a particularly successful delivery for SECamb with both remaining within target requirements and when measured against our peers we continue to track in the upper quartile of performance when measured against all other English Trusts. This is a further indication of the importance placed on the higher acuity patient group.

This improvement alongside the other metrics recorded for May have been influenced by the reduction in activity as the winter pressures have eased and in particular a significant reduction in lost hours through hospital handover delays providing more available resource to meet this reduced activity. However, this should be balanced by the Duplicate Calls, the volume of which are significant.

----- National Mean

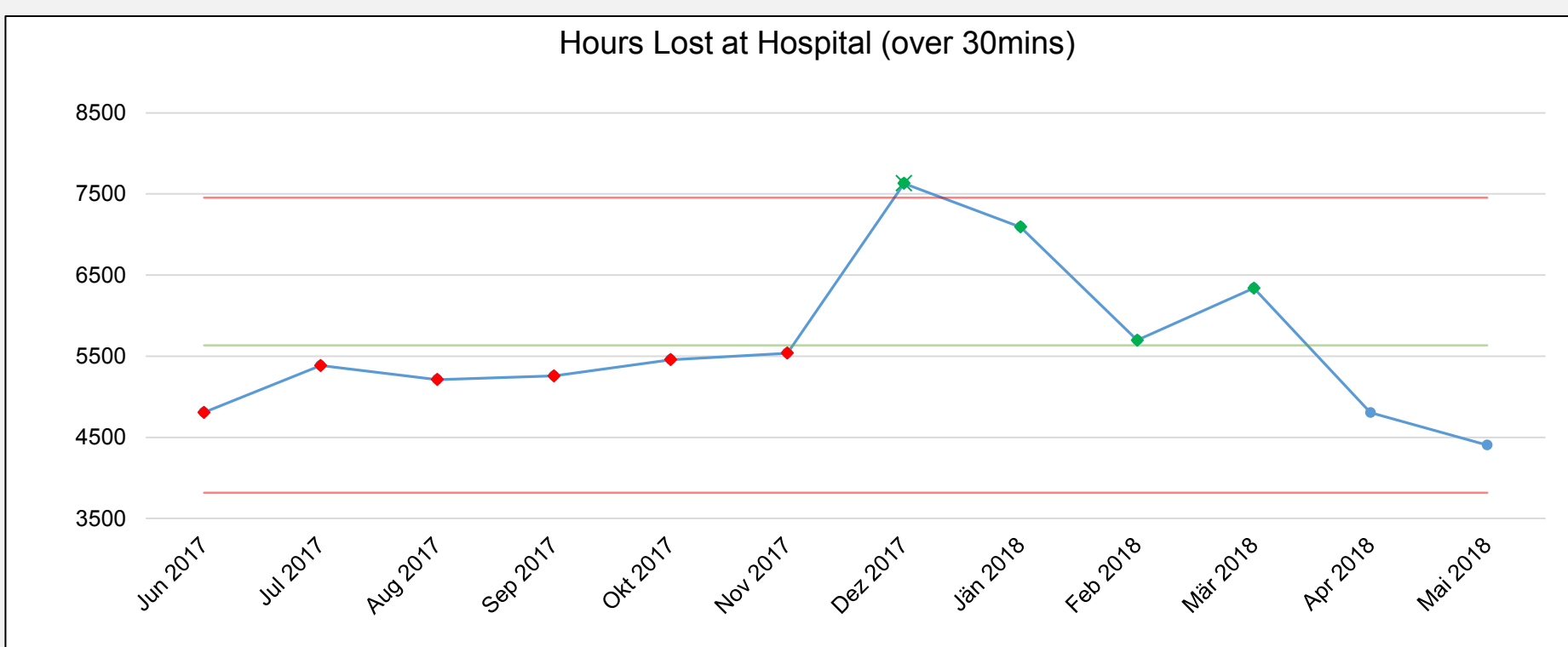


Cat 3 mean has been included to provide the Board with oversight on the significant pressure against the performance requirements for this patient group.

Since the introduction of the Ambulance Response Program (ARP) in late November 2017 performance against the Cat 3 standard has been extremely challenged, this is a clear measure of the well rehearsed arguments surrounding the 'right sizing' of the response capabilities of SECamb and whilst we have seen a significant improvement on both the mean and 90th centile performance targets for this patient group in May compared with March, we still remain in the bottom quartile when compared with the other English Ambulance Trusts.

As highlighted SECamb have invested heavily in obtaining new fleet that will be deployed to respond better to Cat 3/4 cohort of patients.

----- National Mean



The hours lost to operational response capability through hospital delays for May continues to improve at 4400 compared to 4804 in April.

There has been significant progress through the task and finish groups focused on hospital handover delays and this is now being evidenced through the recorded data and subsequent increased availability of resources which contributed to improve the performance metrics above.

Whilst this reduction is a significant success for May, it is still accounted for an average of 1100 hours a week.

Further plans on crew to clear are being developed to improve any future lost hours.

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 operational performance in quarter four of 17/18. 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 level of complaints remained static across Q1 18/19, despite an increased level of service activity experienced year on year. Once again, no complaint reports were breached 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 which we have continued to experience in Q1 of 18/19.

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 and this has resulted in the creation of a "Culture Club" in the service's Ashford 111 Contact Centre. Fortnightly meetings of the Culture Club have been held throughout Q1 of 18/19. 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 and at the Ashford site in particular. 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 and this includes coaching booths, a "relaxation" break-out area and the initiation of a Gardening Club for all our colleagues in Ashford.

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 NHS E performance. The service continues to work in collaboration 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 for which an action log is maintained. The service also has senior managers present on the Trust's Hear & Treat Programme Board whilst the Joint Commissioner Pilot (JCP) of 111/999 integration, which commenced in 17/18 has continued in to this financial year with best practice from both 111 and 999 being shared across services.

SECamb Operations 111 - Responsive

The service continues to reach out and engage with all stakeholders including patients, Commissioners, NHS E and other providers. 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. The same process has been replicated for our own 999 service when it is in elevated levels of escalation for the Surge Management Plan (SMP). This has been particularly useful throughout Q1 of 18/19 when the service has been able to protect multiple providers (including 999) when there was a period 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. A monthly bulletin and poster is shared with all colleagues identifying the learns from the previous month and also sharing the compliments and positive comments made about the service and its people.


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 noted 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 with respect to audit), this is despite the challenges of incredibly high service activity and erratic call volume profiles during Q1 of 18/19.

SECamb 111 Operations Performance Scorecard


Calls Offered

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|----------------------|--------|--------|--------|--|
| Actual | 112748 | 93916 | 92737 |  |
| Previous Year | 83545 | 99575 | 91789 | |


Calls answered in 60 Seconds

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|------------------------|--------|--------|--------|---|
| Actual % | 45.1% | 73.6% | 74.0% |  |
| Previous Year % | 92.5% | 95.5% | 91.1% | |
| Target % | 95% | 95% | 95% | |

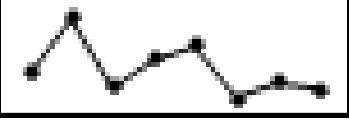
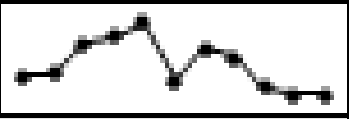
Calls abandoned - (Offered) after 30secs

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|------------------------|--------|--------|--------|--|
| Actual % | 15.7% | 4.8% | 4.7% |  |
| Previous Year % | 0.9% | 0.5% | 1.0% | |
| Target % | 2% | 2% | 2% | |

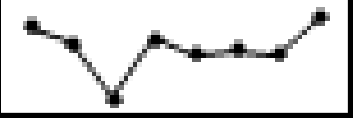
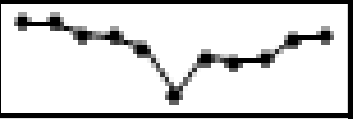
Combined Clinical KPI

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|------------------------|--------|--------|--------|---|
| Actual % | 71.9% | 68.9% | 68.6% |  |
| Previous Year % | 73.6% | 80.4% | 74.0% | |
| Target % | 90% | 90% | 90% | |

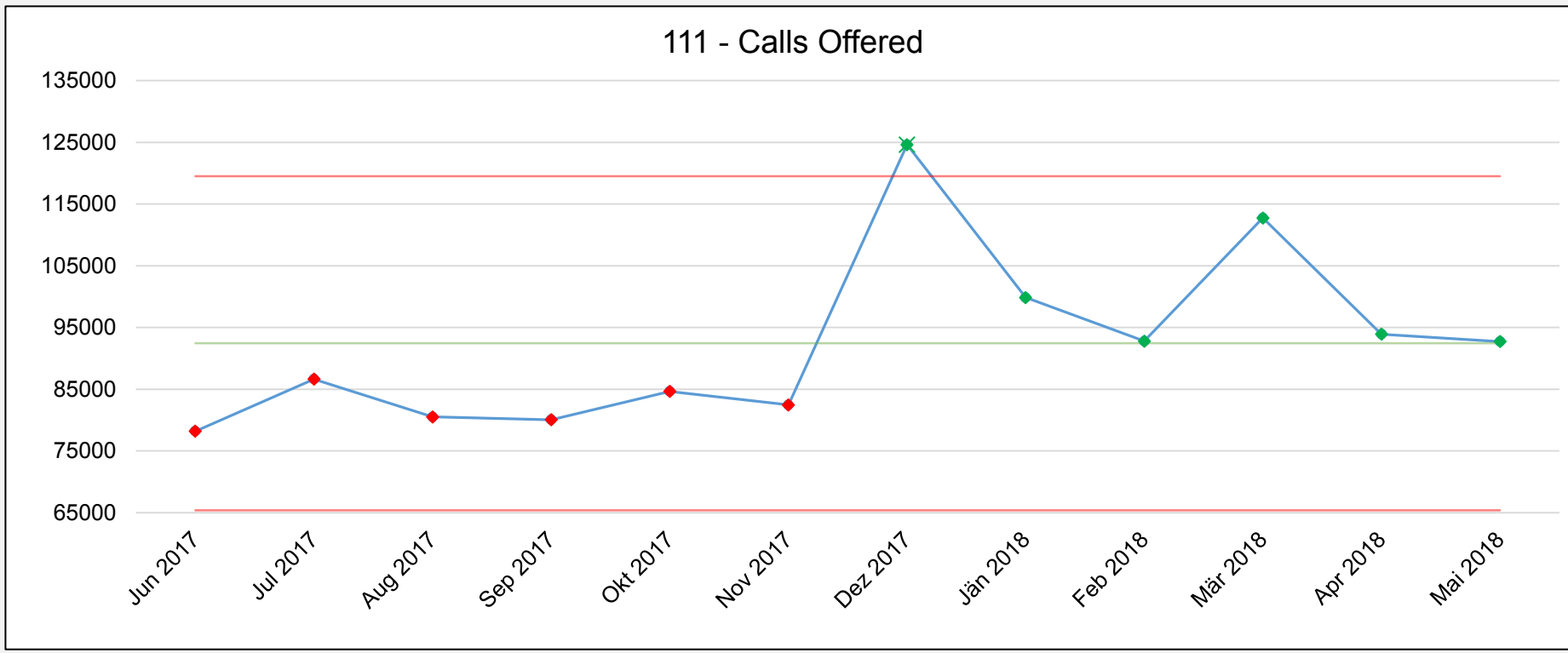
999 Referrals

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|---|--------|--------|--------|--|
| 999 Referrals % (Answered Calls) | 10.5% | 10.9% | 10.7% |  |
| 999 Referrals (Actual) | 9627 | 9578 | 9311 | |
| National | 10.7% | 10.7% | |  |

A&E Dispositions

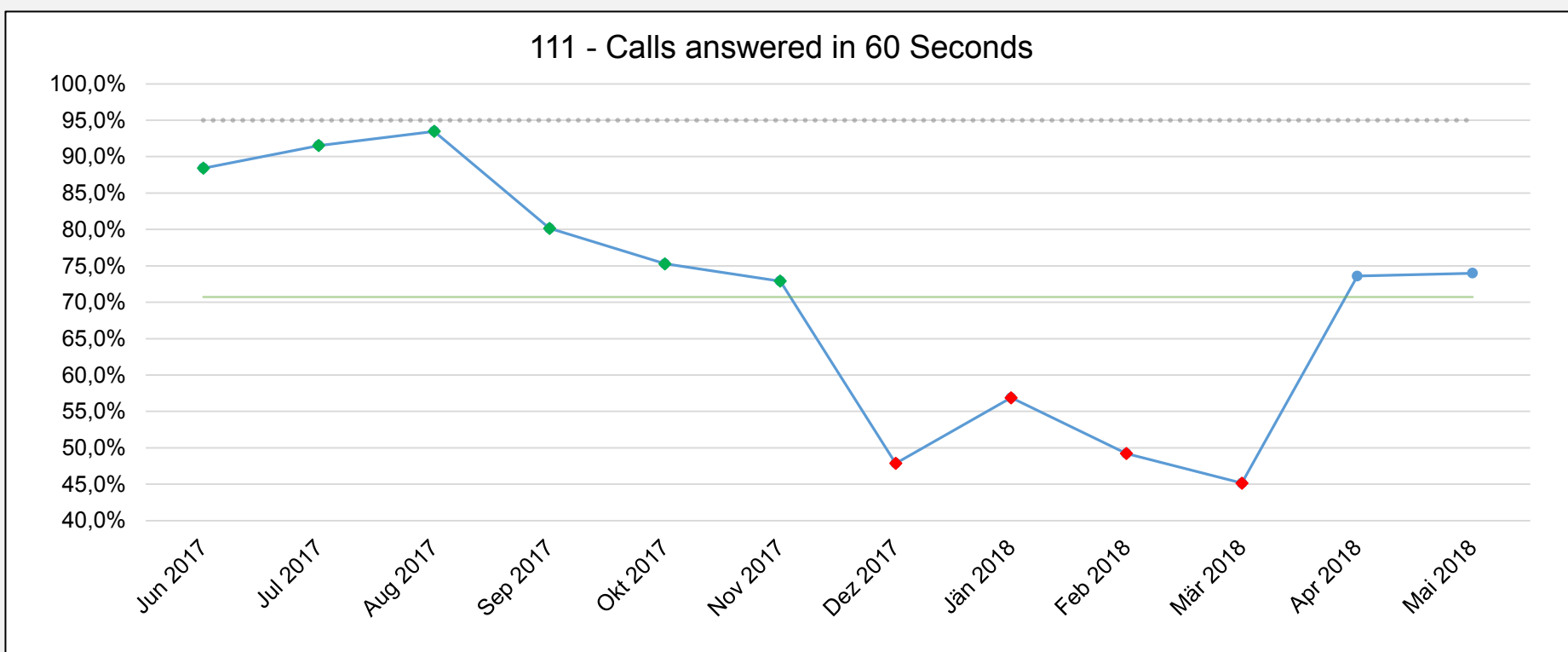
| | Mar-18 | Apr-18 | May-18 | 12 Months |
|--|--------|--------|--------|---|
| A&E Dispositions % (Answered Calls) | 7.3% | 7.2% | 7.9% |  |
| A&E Dispositions (Actual) | 6756 | 6337 | 6890 | |
| National | 7.7% | 7.7% | |  |

SECAmb 111 Operations Performance Charts



Call Volumes decreased early in 18/19, as winter pressures finally ended.

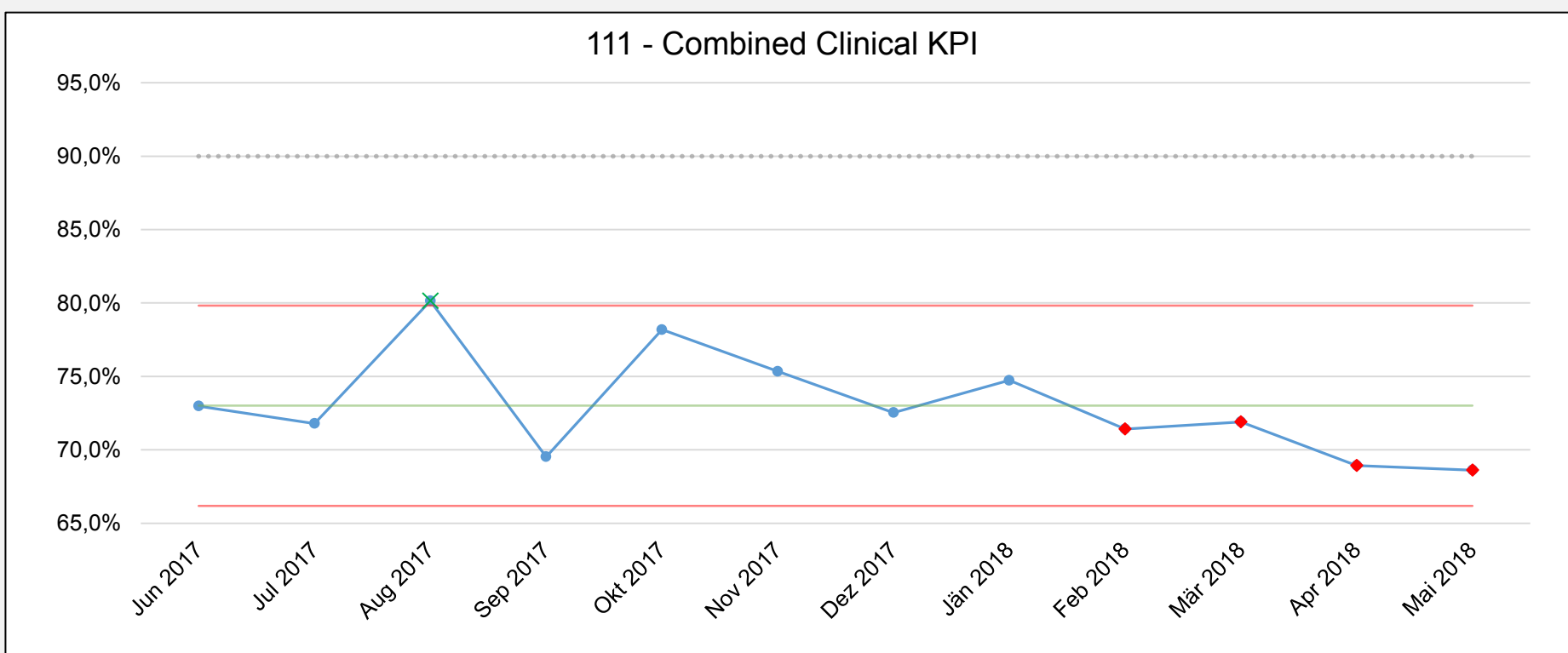
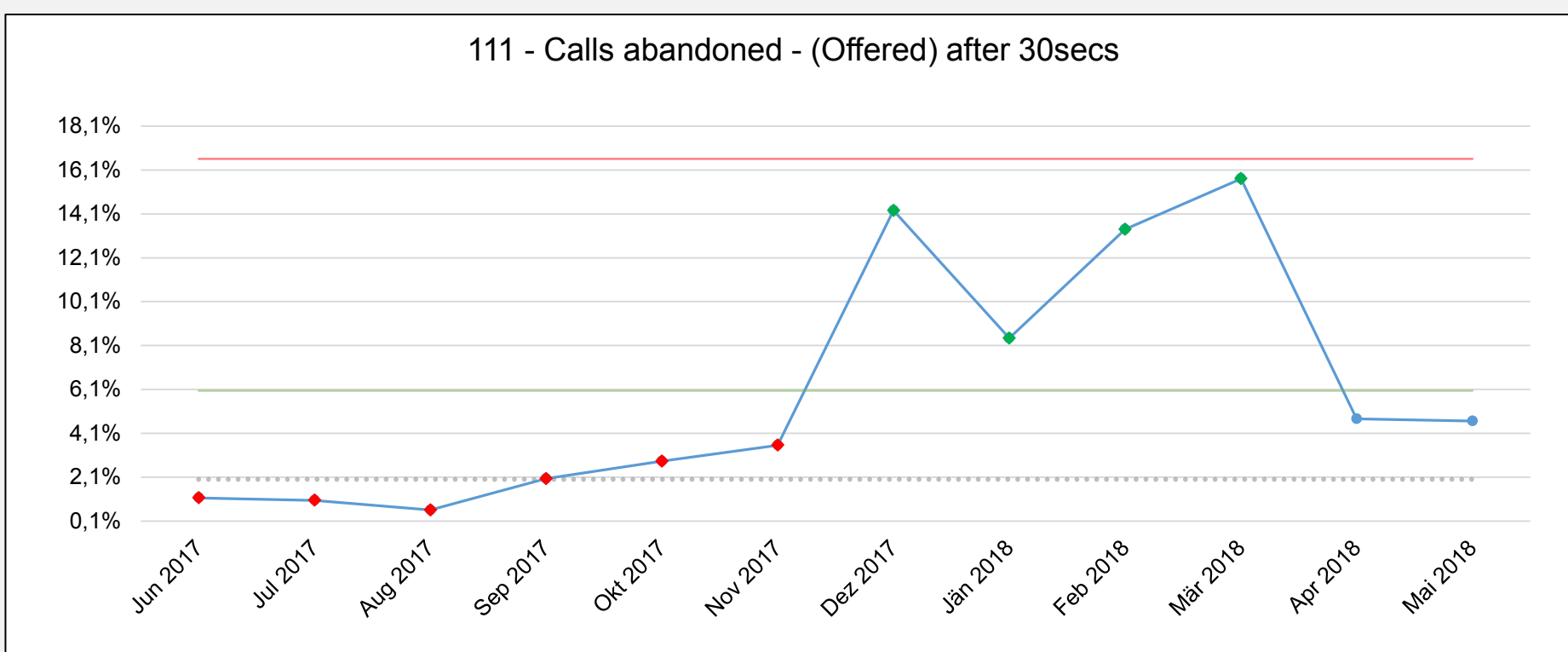
Consequently the service was able to improve its Service Level and to significantly reduce the Average Speed to Answer back to approximately 60 seconds. This has been maintained throughout Q1 of 18/19.



KMSS 111 achieved a significant turnaround in "Answered in 60" service level for Q1 of 18/19 in comparison with the previous quarter, improving the performance to 74% for May.

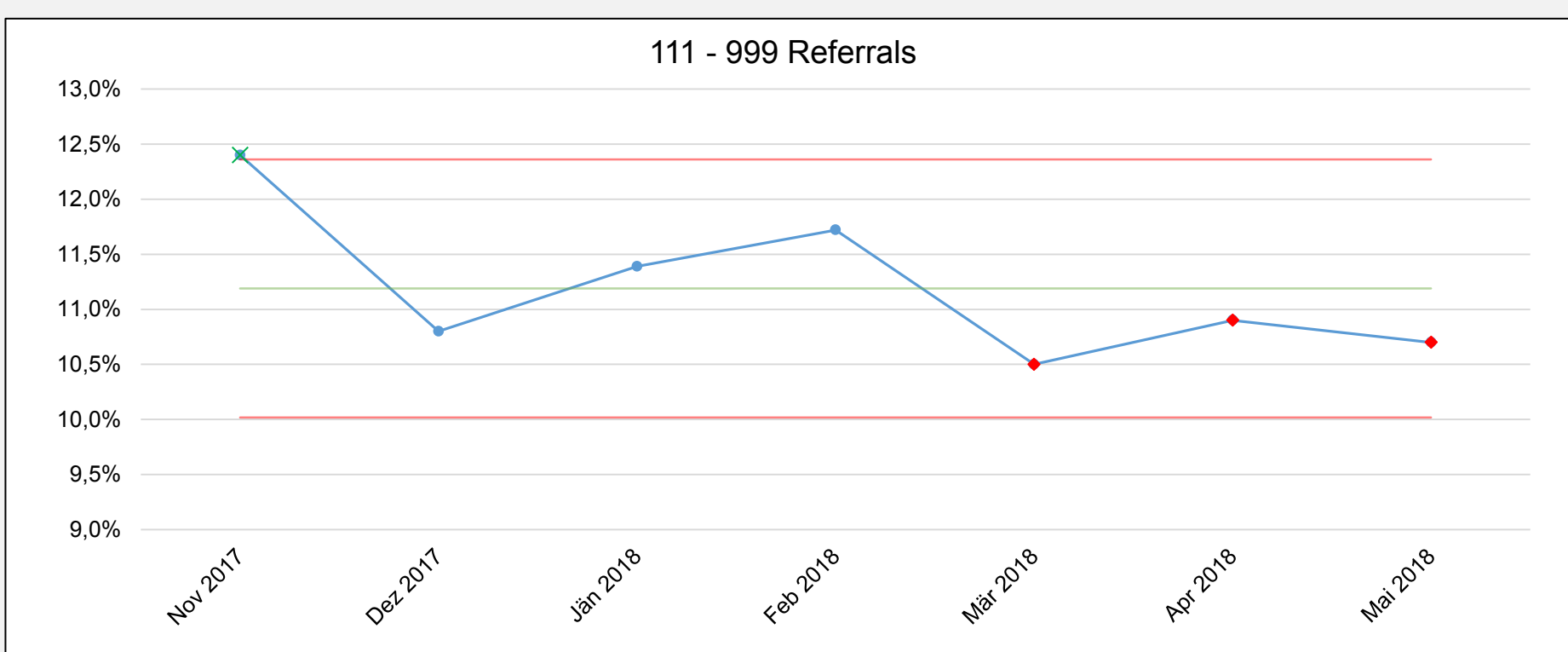
Average Handling Time decreased, and the service continued to optimise rotas and recruit and train new Health Advisors.

The performance was also supported by the introduction of Service Advisors on weekday evenings, handing Repeat Prescriptions and call backs.



Clinical performance dipped slightly across Q1 of 18/19 but remained significantly better than the majority of large-scale 111 providers and the NHS E average.

Rota shortfalls are being addressed, and mitigated by integrated queue supervision across the service, in addition to a key focus on prioritisation of clinical cases.



The KMSS 111 Ambulance referral rate fell slightly in May, and was still below the NHS E national average for the month.

Clinical Inline Support continues to downgrade significant volumes of AMB dispositions, despite capacity challenges due to clinician rota issues.

SECamb Workforce - Safe

Recruitment in EOC has been a strong focus together with work on improving retention in the EOCs. Work has been done to identify appropriate planning and incentives to ensure cover during the May Bank Holiday weekends. Work has been underway in April on building the workforce trajectory for the frontline of SECamb to enable us to meet the developing ambulance needs of the South East region to 2021. The first phase of the trajectory is aligned with staffing requirements/mix for the ARP.

SECamb Workforce - Caring

We have reviewed the work and impact of the Well-being Hub. Usage levels have been high and the combined focus particularly through mental health advisors and physios has been very positively received. Anecdotally the Well-being Hub is also contributing to staff feeling it is a safe place with appropriate confidentiality and support. The EMB have now agreed to make the provision of the Hub permanent.

SECamb Workforce - Effective

The HR Transformation Programme has specific outcomes to improve the effectiveness of the HR function. The process re-design work will ensure that we have people processes that are measurable and improvable as part of the design to ensure good value and continuous improvement.

SECamb Workforce - Responsive

We are working with Commissioners and HEE on the workforce trajectory to ensure that there is a system-wide collaboration in how we meet the ambulance needs of the region.

SECamb Workforce - Well Led

As part of the Culture Programme, the Executive Team are having regular facilitated off sites to review how we are working and the impact of our behaviour.

We have started the roll-out of four leadership development modules targeted at the EMB and senior leadership team. This group of senior leaders is using 360 feedback and external coaches to support a behaviour change.

A key component of the focus on leadership development is managing for both task delivery and the right behaviours – this is a specific focus of leadership development modules.

SECAmb Workforce Scorecard

Workforce Capacity

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|---|---------|---------|---------|-----------|
| Number of Staff WTE (Excl bank & agency) | 3077.0 | 3118.3 | 3114.1 | |
| Number of Staff Headcount (Excl bank and agency) | 3349 | 3381 | 3377 | |
| Finance Establishment (WTE) | 3532.29 | 3552.29 | 3563.29 | |
| Vacancy Rate | 12.82% | 12.23% | 12.63% | |
| Vacancy Rate Previous Year | 9.64% | 10.75% | 11.85% | |
| Adjusted Vacancy Rate + Pipeline recruitment % | 9.83% | 8.09% | 7.78% | |

Workforce Compliance

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|--|--------|--------|--------|-----------|
| Objectives & Career Conversations % | 91.95% | 23.65% | 17.42% | |
| Target (Objectives & Career Conversations) | 80.00% | 80.00% | 80.00% | |
| Statutory & Mandatory Training Compliance % | 93.24% | 6.54% | 85.68% | |
| Target (Stat & M and Training) | 95.00% | 95.00% | 95.00% | |
| Previous Year (Stat & M and Training) % | 85.00% | 8.26% | 23.49% | |

* Objectives & Career Conversations and Statutory & Mandatory training has been measured by financial year. The completion rate is reset to zero on 01/04/2018

Workforce Costs

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|---|--------|--------|--------|-----------|
| Annual Rolling Turnover Rate % | 17.19% | 16.50% | 17.42% | |
| Previous Year % | 16.70% | 16.65% | 16.34% | |
| Annual Rolling Sickness Absence | 5.12% | 5.26% | 5.12% | |
| Target (Annual Rolling Sickness) | 5.00% | 5.00% | 5.00% | |

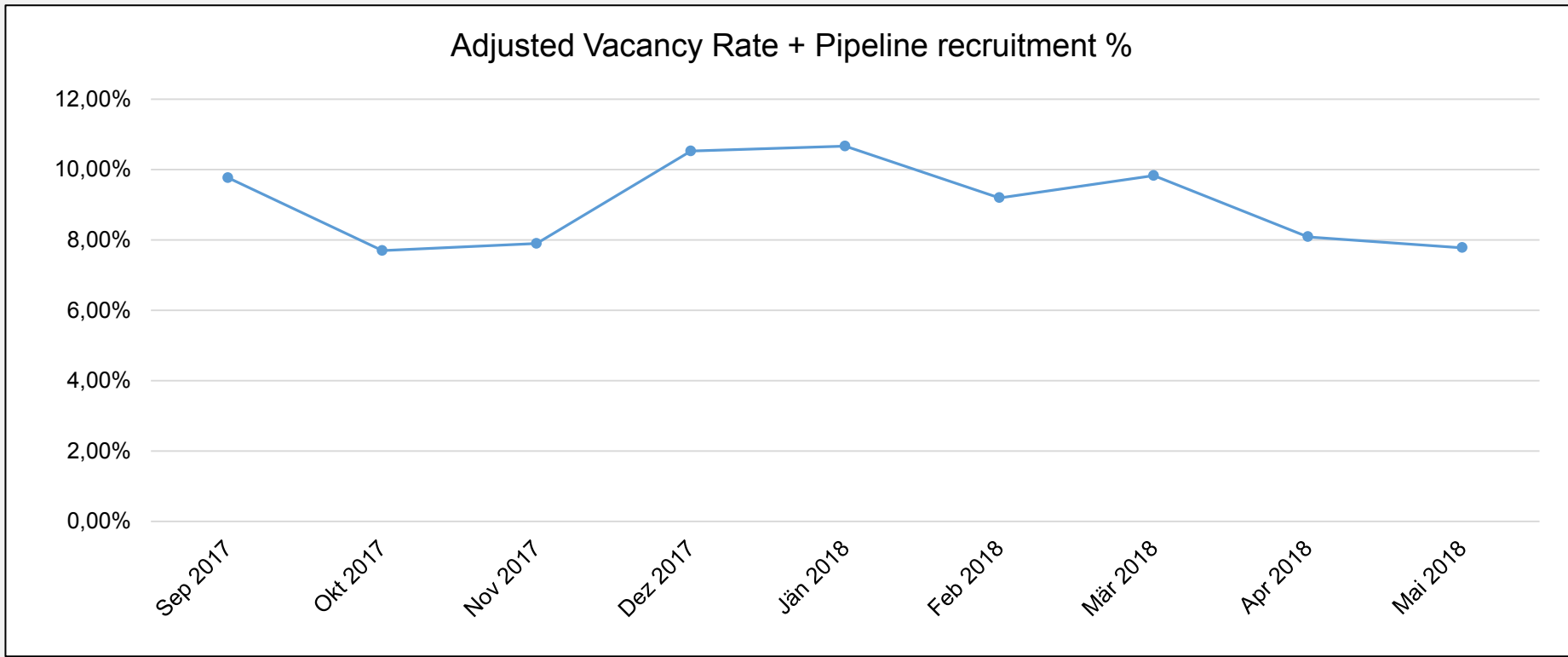
Employee Relations Cases

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|--|--------|--------|--------|-----------|
| Disciplinary Cases | 4 | 9 | 2 | |
| Individual Grievances | 5 | 9 | 14 | |
| Collective Grievances | 3 | 1 | 2 | |
| Bullying & Harassment | 1 | 2 | 3 | |
| Bullying & Harassment Prev Yr | 3 | 1 | 1 | |
| Whistleblowing | 0 | 0 | 1 | |
| Whistleblowing Previous Year | 0 | 0 | 0 | |

Physical Assaults (Number of victims)

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|----------------------|--------|--------|--------|-----------|
| Actual | 17 | 22 | 13 | |
| Previous Year | 18 | 19 | 14 | |
| Sanctions | 9 | 5 | 4 | |

SECamb Workforce Charts

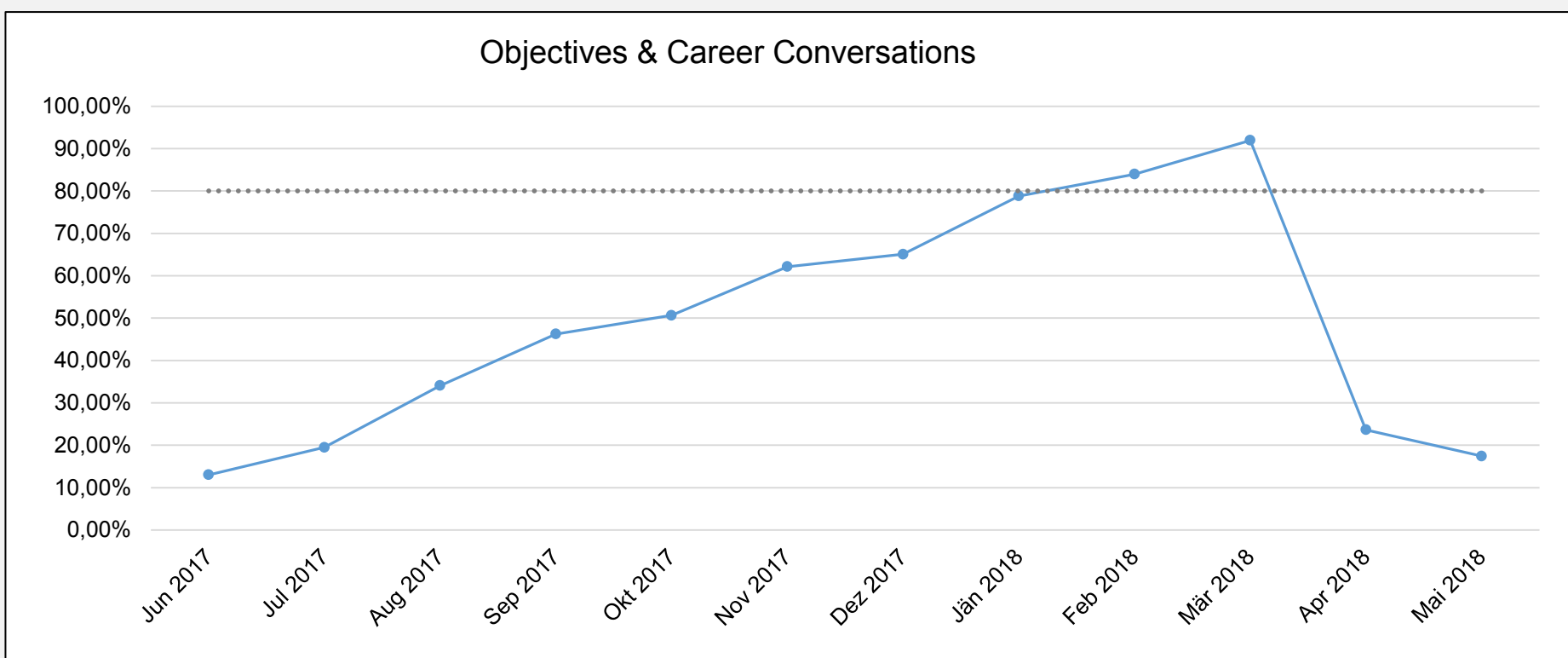


The continued increase in assessment centres has resulted in an increase in pipeline (offers of employment) for May which supports the continued decrease in vacancies for April and May.

In July, the C1 business case has been submitted for sign off. This will help to attract the additional 300 external ECSWs and AAPs.

An attraction strategy has been written and shared with the Human Resources Directorate (HRD). The plan to ensure funding is available for this is being worked up.

A recruitment strategy has been written and submitted to the HRD for comment and feedback.

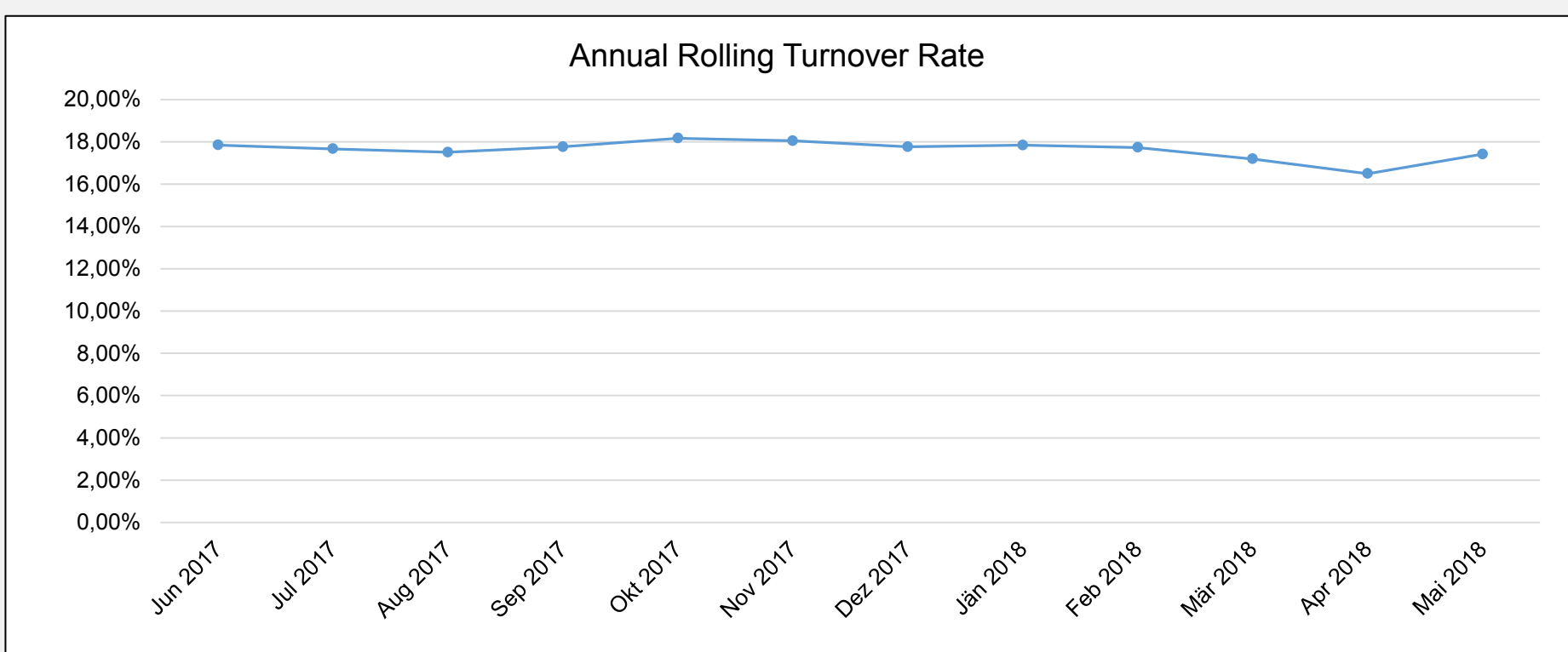


The target to be achieved this year is 95% compliance cross the Trust.

The appraisal year started in April 2018, and we recorded 23.65%. In May figures slightly dropped to 23.43%, and June again decreased to 18.11%. This is due to how we are calculating the appraisals, which is to count 'published' appraisals ONLY and we will no longer include objective activity that have been agreed.

Therefore June figures reflect the subtraction of objectives in agreement on the system.

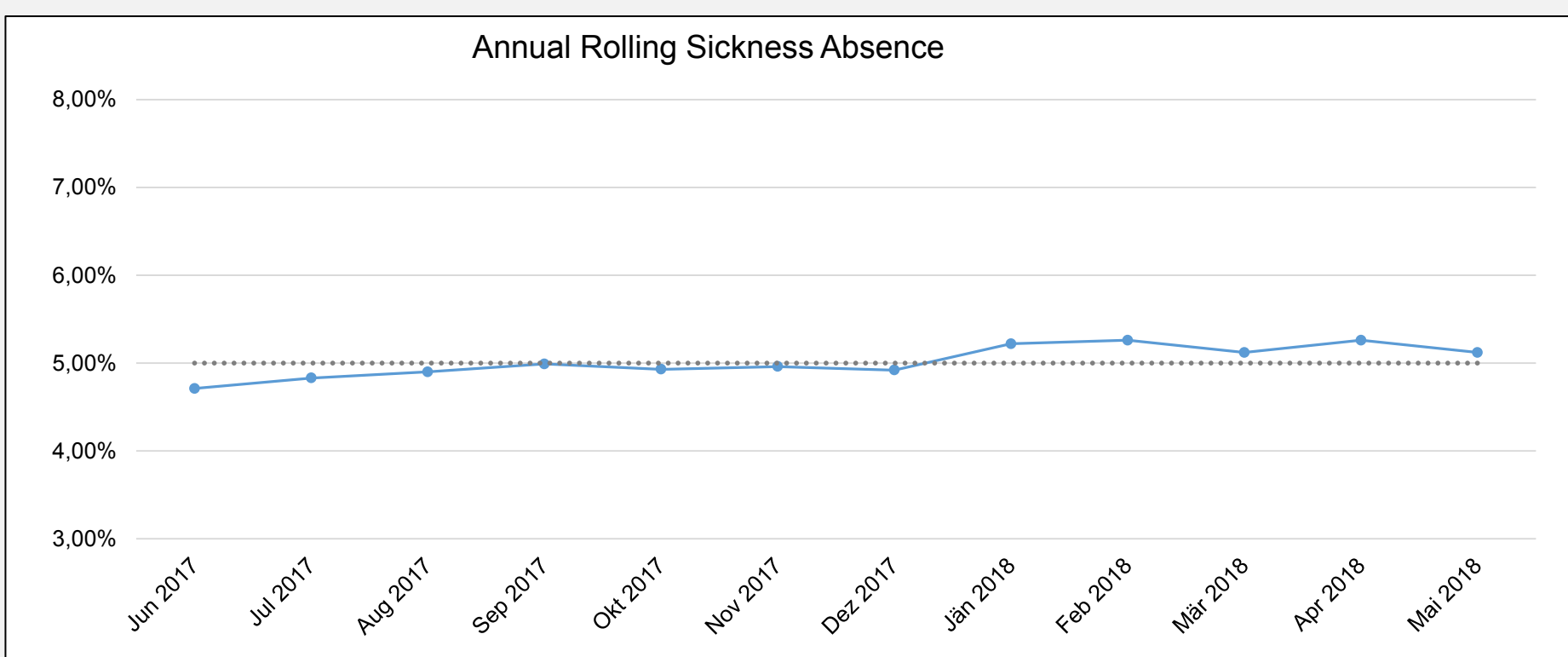
The organisation aims to achieve 10% compliancy each month, so regular monitoring and reports are produced and sent direct to Operating Managers (Oms), Operating Team Leaders (OTLs) and department leads. BMs and BPs are also circulated this information, to keep up the momentum of publishing appraisals.



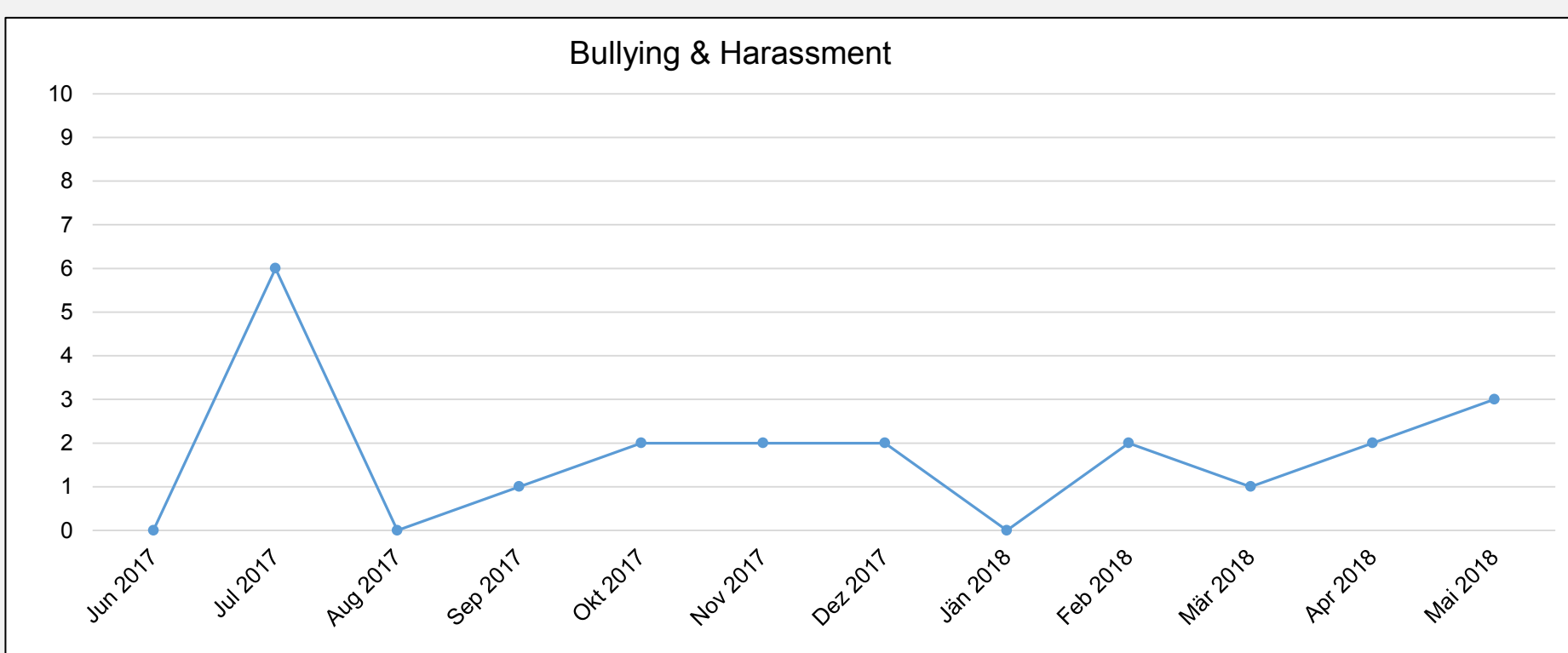
Retention is as challenging as recruitment, with our Paramedics in demand in a number of areas including contact centres, assessment services and primary care.

We are looking at Rotational Paramedic roles which offers them variety of experiences, such as 'hear and treat' or based with GPs. Paramedics are not the only staff group, so we are looking at our 'progression routes' for all frontline roles, including the apprenticeship model.

We also have the Trust Culture Programme that has implemented our refreshed values and behaviours. This is looking at a longer term affect on retention.



There is a new policy Managing Health & Attendance, replacing our previous Sickness Management Policy. There is additional support for staff and Line Managers, with some significant improvements including: greater definition, clearer guidance and new process for Alternative Duties



There were 3 new Bullying & Harassment (B&H) cases in May however, it is not concentrated to one area. The steady increase is being monitored by the team to ensure no themes or hot spots.

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

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|------------------------|---------|---------|---------|-----------|
| Actual £ | £25,743 | £16,830 | £17,205 | |
| Previous Year £ | £16,787 | £15,229 | £16,174 | |
| Plan £ | £17,367 | £16,983 | £17,566 | |

Expenditure

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|------------------------|----------|----------|----------|-----------|
| Actual £ | £ 22,806 | £ 17,794 | £ 17,756 | |
| Previous Year £ | £ 17,154 | £ 16,126 | £ 16,673 | |
| Plan £ | £ 16,576 | £ 18,001 | £ 18,131 | |

Capital Expenditure

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|----------------------------|----------|--------|--------|-----------|
| Actual £ | £ 3,190 | £ 299 | £ 142 | |
| Previous Year £ | £ 1,859 | £ 268 | £ 670 | |
| Plan £ | £ 856 | £ 391 | £ 401 | |
| Actual Cumulative £ | £ 7,848 | £ 299 | £ 441 | |
| Plan Cumulative £ | £ 15,836 | £ 391 | £ 792 | |

Cost Improvement Programme (CIP)

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|----------------------------|----------|--------|--------|-----------|
| Actual £ | £ 1,406 | £ 392 | £ 308 | |
| Previous Year £ | £ 764 | £ 899 | £ 910 | |
| Plan £ | £ 1,409 | £ 402 | £ 402 | |
| Actual Cumulative £ | £ 15,522 | £ 392 | £ 700 | |
| Plan Cumulative £ | £ 15,100 | £ 402 | £ 804 | |

CQUIN (Quarterly)

| | Q4 17/18 | Q1 18/19 | Q2 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)

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|---------------------|----------|----------|----------|-----------|
| Actual £ | £ 2,937 | -£ 964 | -£ 551 | |
| Actual YTD £ | £ 1,298 | -£ 964 | -£ 1,515 | |
| Plan £ | £ 791 | -£ 1,018 | -£ 565 | |
| Plan YTD £ | -£ 1,003 | -£ 1,018 | -£ 1,583 | |

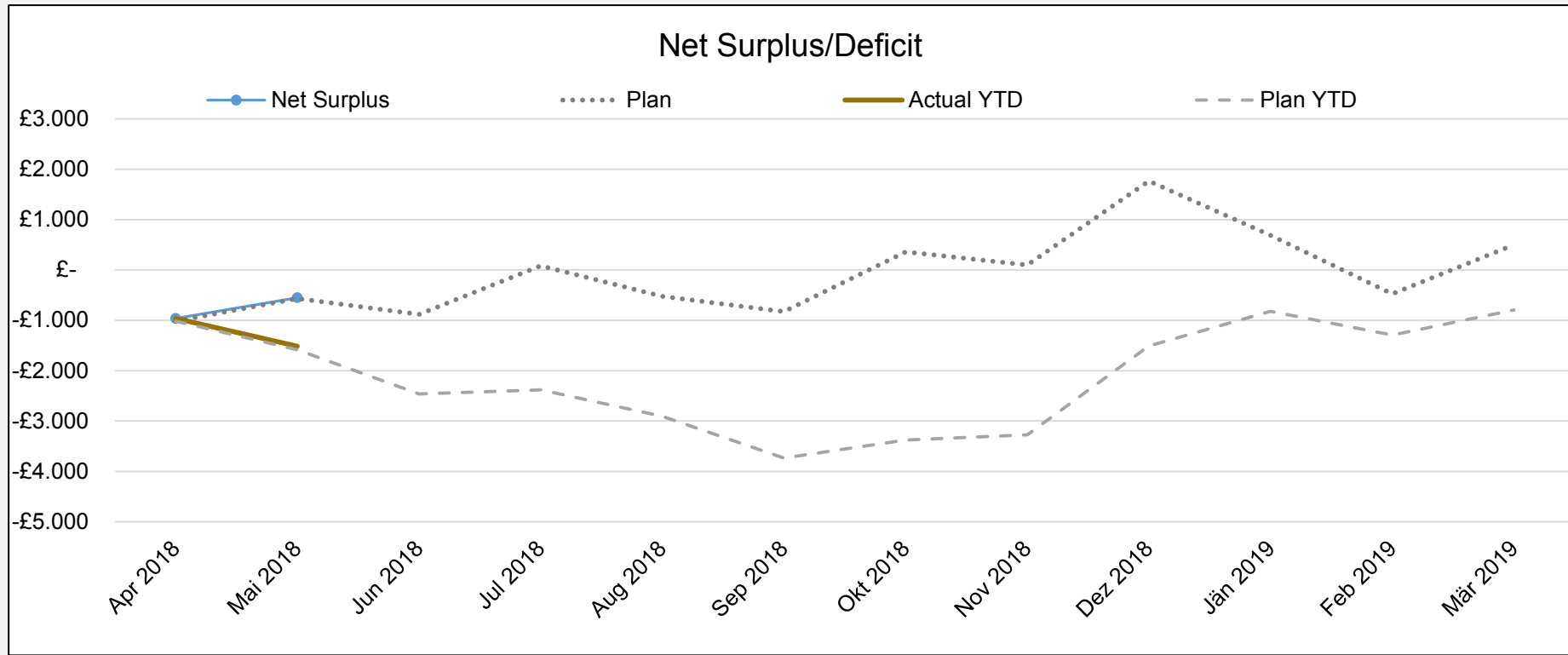
Cash Position

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|------------------|----------|----------|----------|-----------|
| Actual £ | £ 22,892 | £ 19,244 | £ 21,762 | |
| Minimum £ | £10,000 | £10,000 | £10,000 | |
| Plan £ | £ 5,459 | £ 16,152 | £16,428 | |

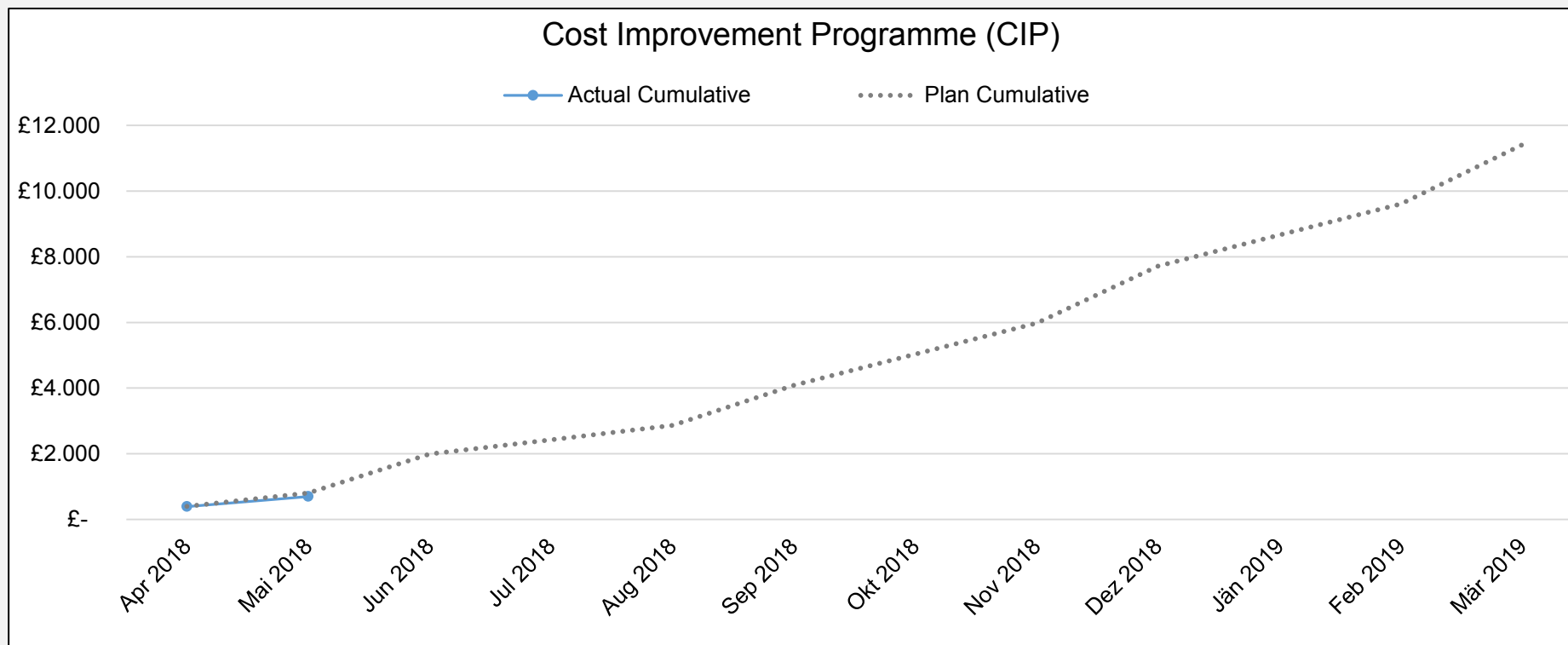
Agency Spend

| | Mar-18 | Apr-18 | May-18 | 12 Months |
|-----------------|--------|--------|--------|-----------|
| Actual £ | £ 413 | £ 119 | £ 329 | |
| Plan £ | £ 325 | £ 240 | £ 236 | |

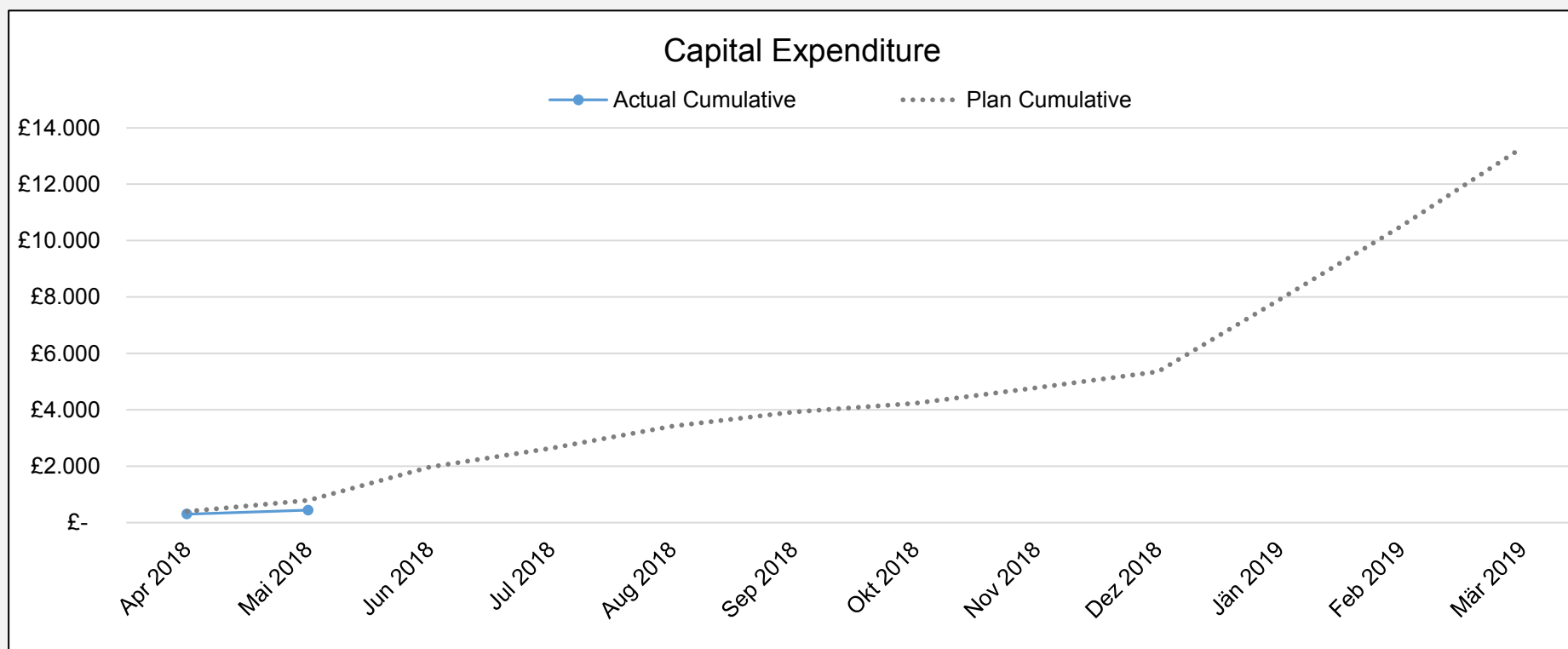
SECamb Finance Performance Charts



The Trust's I&E position in Month 2 was a deficit of £0.5m, which was marginally better than plan. This increased the cumulative deficit to £1.5m, which is £0.1m better than plan.

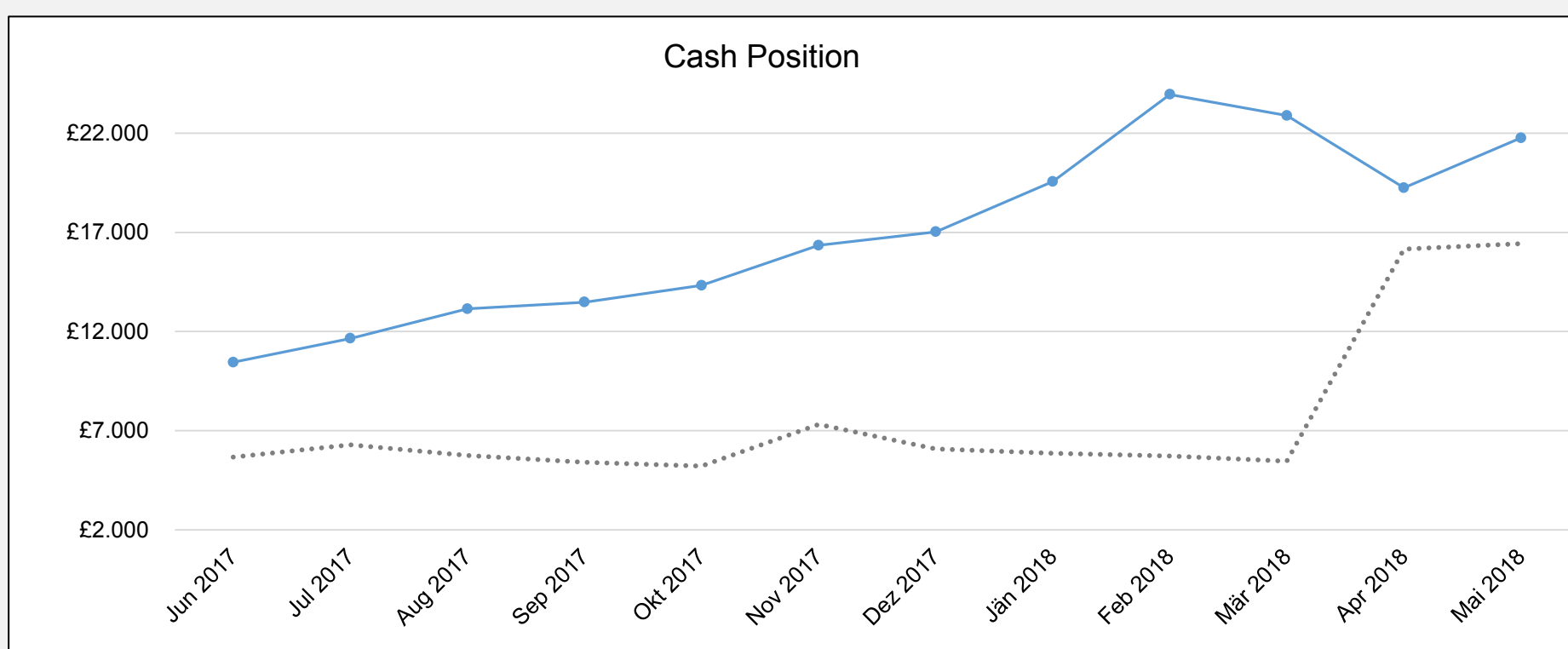


CIP schemes delivered a benefit of £0.3m in the month compared to the planned level of £0.4m. Cumulative CIPs of £0.7m are £0.1m behind plan. The target for the full year is £11.4m.

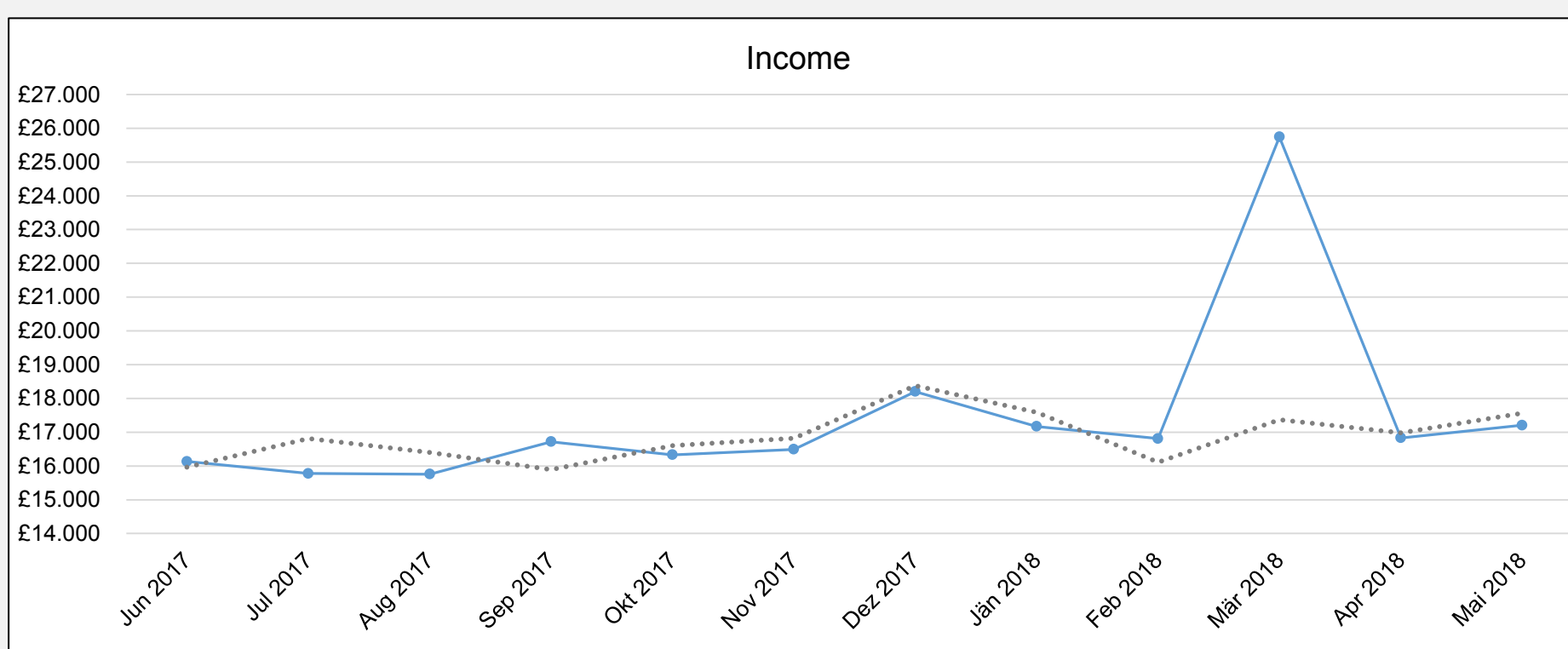


Capital spend in the month was just £0.1m, increasing the underspend against plan to £0.3m.

The Trust has made a bid for nearly £10.0m of capital funding in the first part of the national ambulance capital bidding process. This is for bids that will improve performance against Ambulance Response Programme (ARP) targets in the current financial year. The second part of the exercise relates to longer-term improvements and the Trust is developing a further set of bids for submission by 16 July. The main areas being targeted for investment are new and replacement ambulances, expansion of 'Make Ready' facilities and developments in EOC, including IT improvements.

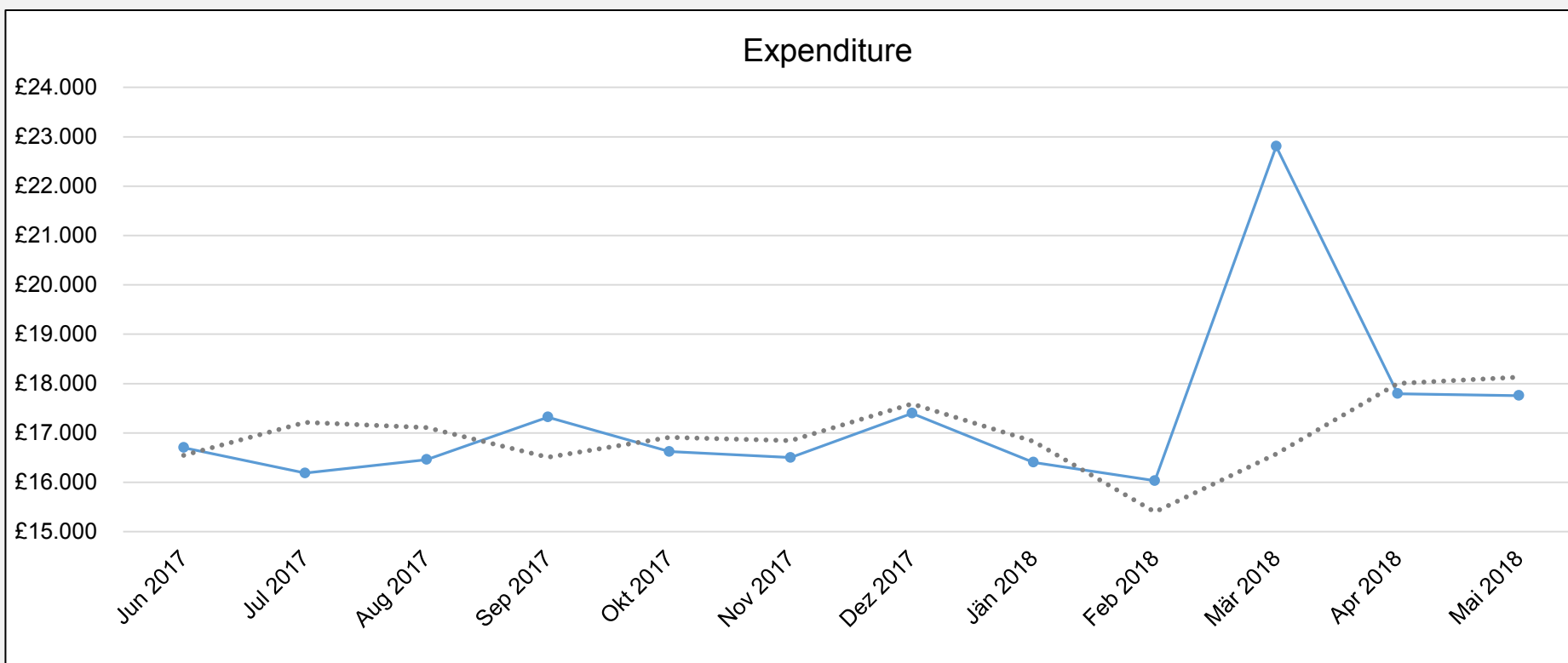


The cash position on 31 May was £21.8m, which was £5.3m better than plan. The year-end balance was £22.9m.



Total Income in the month of £17.2m was £0.4m under plan, increasing the cumulative shortfall against plan to £0.5m. The main reason for the shortfall was a reduction in income for the East Kent Hospitals ambulance divert resulting from a reduced level of resource being applied.

SECamb Finance Performance Charts



Pay costs in the month were overspent by £0.5m, but this was more than offset by a £0.9m underspend on non-pay. Cumulatively, total operating costs are underspent by £0.7m, even though pay costs are slightly above plan.

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

1. Introduction

1.1 This report seeks to provide a summary of the key activities undertaken by the Chief Executive and the local, regional and national issues of note in relation to the Trust during June and July 2018.

2. Local issues

2.1 Chair recruitment

2.1.1 On 25th July 2018, interviews will be held for the role of Trust Chair, with the process including a staff stakeholder event.

2.1.2 Following this and depending on the outcome, we hope to have a new Chair in place for the Trust's Annual Members' Meeting in September. I will keep you updated on this appointment in the coming weeks.

2.1.3 I would like to express my thanks to Graham Colbert, who took on the role of Chair on an interim basis following Richard Foster's departure in April and who will continue in this role until a substantive appointment is made.

2.2 Engagement with local stakeholders & staff

2.2.1 On 19th July 2018 I had the pleasure of meeting our staff responsible for providing tactical support at the Farnborough Air Show. While we don't provide the event emergency medical cover, which is undertaken by a private company, should a major incident occur, our team is on hand and will lead on any serious incident that arises.

2.2.2 I was very impressed with the level of planning and preparation that goes into the providing support to the event, which is held over a two-week period, every two years and attracts over 150,000 visitors.

2.2.3 During my visit, I was given a tour of the show control office where we work alongside our partners in fire and police as well as some state-of-the-art medical facilities that the showground has. It was very interesting to see such impressive facilities.

2.3 Care Quality Commission (CQC) inspection

2.3.1 On 13th July 2018, we received the CQC's 48 hours pre-notification of the core services inspection of the Trust, which subsequently took place between 18th and 20th July 2018.

2.3.2 During their inspection, the CQC team visited over twenty Trust sites, including stations, Make Ready Centres and EOCs, as well as spending time observing staff at local A&E departments.

2.3.3 To ensure everyone was kept up-to-date during the visit, our internal CQC hub team put in place two, core communication networks to keep a central senior management and a wider internal, CQC operational team (including on-rota leads, subject leads and OUMs) up-to-date with the latest inspection intelligence. The hub team, operating from a dedicated office in Crawley HQ, ran briefing and local update calls with the wider operational team three times a day, during the inspection.

2.3.4 Daily inspection updates were also shared with our senior management team and the wider operational team, keeping them informed of sites visited, CQC lines of enquiry and other key call-outs. A more top-level daily report was shared with all staff and hosted on The Zone.

2.3.5 While the main core services inspection was completed on 20th July 2018, the CQC may hold further unannounced follow-up visits to any SECamb site or teams, ahead of the Well-led inspection of the Trust, which will take place on 22nd and 23rd August 2018.

2.3.6 Thank you to all staff who have been involved so far in preparing for the inspection and who participated in last week's inspection.

2.4 Executive Management Board (EMB)

2.4.1 The Trust's Executive Management Board (EMB), which meets weekly, is a key part of the Trust's decision-making and governance processes.

2.4.2 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 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 and planned for the on-going hot weather and associated high demand and provided support to the operational leadership team
- Monitored the progress of the Demand & Capacity Review, as it moves towards completion

2.4.3 On 27th June 2018 we held our second live Chief Exec 'webcast'. As previously, the session was advertised in advance and a link provided so staff could log in 'live' at the start of the session.

2.4.4 The focus for this session, led by myself and Bethan Haskins, our Director of Nursing & Quality, was our forthcoming (at that point) CQC inspection and included a

presentation providing more detail about the inspection process, the areas of the focus and a reminder of the improvements we have made in recent months.

2.4.5 After a brief presentation, the majority of the session was given over to Q&As and once again, a variety of questions were asked 'live' during the session, which myself and Bethan answered directly. Topics of questions were diverse, including fleet developments and the Trust's Culture Programme, as well as many related to the CQC.

2.4.5 The next live session will take place on 5th September 2018 and will focus on the work underway to change the culture of the Trust.

2.5 Improving the culture of the Trust

2.5.1 Following on from the 'launch' of the Trust's values and behaviours on 12th June 2018, we are continuing to see the roll-out of the values cubes and cards across the Trust. These provide an easy way to recognise when a colleagues has really demonstrated our values and the behaviours associated with them and to simply say 'thank you'.

2.5.2 As part of the broader programme of work to improve the culture of the Trust, we have now refreshed the Culture Plan, to build on the work undertaken to date and the guidance and support received from the external experts, Ignite, who have been supporting the programme to date.

2.5.3 The refreshed plan has three key work-streams:

- Infrastructure – ensuring that we have the right processes covering appraisals and performance management and the correct HR policies in place to support and enable culture change
- Behaviour & leadership – continuing to roll-out support and training across the Trust, including local work-shops in each Operating Unit
- Engagement – building on the role of the Staff Engagement Champions and ensuring that engagement is clearly seen as everyone's responsibility

2.5.4 This programme remains a key priority for us all, as we work together to create and build a better workplace.

2.6 Operational performance

2.6.1 During the recent hot weather, which coincided with the football World Cup, we have seen very high levels of demand facing us. At times, we have seen demand reach similar levels to that seen on New Year's Eve.

2.6.2 I know our operational teams have been working hard to try to ensure we have as many resources in place to respond to this demand but, despite this, we have had periods when we have been under real pressure.

2.6.3 I would like to extend my thanks to everyone who has worked so hard during recent weeks to respond to the high demand from our patients and provide as safe and timely a service as possible.

3. Regional issues

Nothing to note

4. National issues

4.1 NHS Horizons' 'Project A' event

4.1.1 As I shared previously, a team of our staff joined colleagues from across the country in a start-up event held on 28th June 2018, hosted by NHS Horizons, to allow ambulance staff to share ideas and suggestions with colleagues nationally, to improve the services provided by the ambulance sector.

4.1.2 The feedback from colleagues who attended was positive and I know many valued the opportunity to discuss the challenges we face as a sector and possible solutions with colleagues from across the country.

4.1.3 Five key themes were identified at the initial event, as below and these are now being shared widely with ambulance staff nation-wide for their feedback and ideas:

- The partnership with the public challenge
- The patient pathways challenge
- The roles, practices, wellbeing and career progression challenge
- The working with partners challenge
- The thinking the unthinkable and current "rules" and perceptions challenge

4.1.4 I look forward to seeing how Project A moves forwards and the innovative ideas and solutions suggested by staff.

4.2 NHS 70

4.2.1 5th July 2018 saw the 70th anniversary of the creation of the NHS marked across the country.

4.2.2 Our staff participated in the celebrations in a range of different ways, both beforehand and on the day, including:

- A Songs of Praise 'NHS 70 Special' featuring SECamb Paramedic Chris Treves & SECamb Chaplain Tim Parsons
- Attending a special NHS 70 Garden Party at Westminster Abbey
- An ITV Meridian feature looking at the 'modern ambulance service'
- National coverage of the multi-agency Maternity Line, in partnership with NHS England
- Hosting visits from many local partners, including local media and MPs
- On-day social media activity, featuring archive photos, contrasting with services provided today

4.3 Research Activity League table

4.3.1 On 18th July 2018, the National Institute for Health Research (NIHR) Clinical Research Network (CRN) published its annual Research Activity League Table. This provides a picture of how much clinical research is happening, where, in what types of NHS organisation, and involving how many participants.

4.3.2 I was very pleased to see that SECAmb has significantly increased the number of recruits involved in its studies to 1,181 from just 60 in 2016/17, which has earned it first place in the league tables for this measure of research activity compared to all ambulance services in England.

4.3.3 Well done to Dr Fionna Moore, Professor Julia Williams, the Trust's Head of Research and all those involved making such progress.

5. Recommendation

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

Daren Mochrie QAM, Chief Executive

23rd July 2018

C1 - Summary Report on the Audit & Risk Committee (AuC) Meeting of 11th July 2018

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| Date of meeting | 11 July 2018 |
| Overview of issues/areas covered at the meeting: | <p>The key areas covered in this meeting related to Internal Audit, GDPR and the BAF Risk Report</p> <ul style="list-style-type: none"> • The Committee noted that the HR Transformation program currently underway would be overseen by WWC with an audit program following on behind, provided that at least some relevant audits can be carried out and reported before the next year end • The Committee determined that the BAF Risk Report need further work and consideration but was confident that the same could be completed in time for submission to the July Board • AuC received and approved a revised Internal Audit Plan for the 2018/19 year • AuC to receive and review Business Continuity and Whistleblowing policy at its next meeting |
| Internal Audit and Salary Over Payments write off | <p>AuC considered amendments to the 2018/2019 Audit plan. AuC was assured that the Audit program was now more aligned with the risks set out in the BAF Risk Report) and approved the revised plan. AuC also supported the plan to discuss internal audit topics with QPS.</p> <p>AuC approved the write off of staff overpayments that were now beyond legal recoverability</p> <p>Several areas of concern (and outstanding actions) relate to the HR environment. AuC agreed WWC would carry out oversight of the forthcoming HR transformation program subject to carrying out (and reporting) at least some of the proposed HR audits before the next year-end.</p> <p>It was agreed that revised timescales for completing existing audit actions would be developed and presented to the next AuC</p> |
| Board Assurance Framework, Risk Register and Risk Report | <p>A draft BAF Risk Report was presented and approval sought for submission to the July Board. AUC noted that good progress had been made. Following discussion it was agreed that the BAF Risk Report could go to July Board provided that the Executive reviews the “scoring” contained within the report and completed drafting of the controls and actions sections. Dates should be included within the Target risk state sections</p> <p>Ideally, dates should be included within the Target risk state sections as soon as this is feasible.</p> |
| Policy Suite Review GDPR | <p>A list of policies to be overseen by Audit Committee was agreed at the meeting. The Committee will start its role by reviewing at least the SECamb Whistleblowing Policy at its next ordinary meeting.</p> <p>A paper on GDPR was presented. AuC noted good progress but asked for a number of extensions (particularly in relation to the “dashboard”) with a further paper to be brought to</p> |

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| | the next meeting |
| IFRS16 | The Committee noted progress with and implications of moving to IFRS 16 |
| Fraud Management | <p>Relatively few responses were received in the recent annual SECAMB Fraud Awareness survey. Notwithstanding, it was disappointing that the responses received suggested that Staff are still not comfortable that they can report concerns as needed</p> <p>AuC ask to review Whistleblowing policy at its next</p> |
| Business Continuity | AuC asked for a paper on Business Continuity to come to its next meeting |

South East Coast Ambulance Service NHS Foundation Trust

C2 - Escalation report from the Workforce and Wellbeing Committee

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| Date of meeting | 23 July May 2018 |
| Overview of issues/areas covered at the meeting: | <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</p> <p>Committee reviewed the workforce plan, which focusses on operational areas, and the trajectories included in the demand and capacity review. This takes the Trust to 2021 and the committee explored the need for a longer-term trajectory, to 2026 and beyond. It also explored the need for a robust HR model to sustain the recruitment and retention needed. This requires careful resourcing and sequencing, which the committee will keep under review and provide the sense-check that will be needed. The executive confirmed that it is reviewing the strategic timeline to ensure good alignment.</p> <p>The committee is assured that the size and complexity of the task is well understood and that there are processes in place to support the plan(s). However, given the sheer scale it recommends that the Board hold a workshop in September to review the workforce plan and specifically seek assurance on the assumptions that inform it.</p> <p>HR Transformation Programme Partially Assured</p> <p>An update was provided on the 5 key components:</p> <ol style="list-style-type: none"> 1. Culture 2. Process improvement 3. People risk 4. Personnel files 5. Operating model <p>There is good focus on personnel files and process improvement, which provided the committee with assurance that there is grip and focus. The committee explored this being a good example of being well-led, as management had used its systems of governance to identify issues, and has taken action to work through the solutions.</p> <p>The was good discussion about the metrics we use to measure the impact of the activities within the culture programme. Some are much less tangible than others. There is some evidence that the behaviours training for executive and senior managers is having a positive effect, including in being more able to talk about and challenge to ensure the right behaviours are demonstrated. The committee is assured by the increasing openness with which staff appear to be coming forward with issues.</p> <p>The committee is also assured that there is a dynamic process / programme underway to embed the right culture in to organisation and what is needed to measure the impact. The committee reflected on the pace, and agreed that we got off to a slow start but more recently, the benefits are starting to show. That said, there is understanding that it is yet to fully permeate deep in to the organisation, and so the next stage is critical, using the OUM / OM structure to achieve this.</p> |

South East Coast Ambulance Service NHS Foundation Trust

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| | <p>H&S Independent Review Partially Assured</p> <p>The committee considered the independent review of health and safety (H&S). A number of issues have been identified, and these are being addressed through a Task & Finish Group. A project plan is being developed to bring together the actions needed. A new Head of H&S and a H&S Manager have been appointed. A further H&S Manager is to be appointed.</p> <p>The committee was partially assured on the basis that the review is complete, management understand what action is needed, and is in the process of developing a plan to address the identified issues. The Board will receive the report in August. Al Rymer agreed to be the NED that will help to provide additional Board assurance of the project.</p> <p>Risks</p> <p>A review of the committee risks was undertaken, with particular focus on the risks on the register rated Extreme and the four BAF Risks – see separate BAF Risk Report.</p> <p>The committee reflected that its meeting covered all the issues with the BAF and will continue to ensure the agenda is informed by these risks.</p> |
| <p>Reports <i>not</i> received as per the annual work plan and action required</p> | <p>The committee had planned to review the Payroll Discrepancy Policy, in terms of an overview of its effectiveness, but on review asked management to consider a revision to better reflect the culture we are aiming to achieve.</p> |
| <p>Changes to significant risk profile of the trust identified and actions required</p> | <p>None – the committee reviewed the workforce risks on the risk register and was confident that they reflected the current risks.</p> |
| <p>Weaknesses in the design or effectiveness of the system of internal control identified and action required</p> | <p>None</p> |
| <p>Any other matters the Committee wishes to escalate to the Board</p> | <p>None</p> |

SECAMB Board

QPS Committee Escalation report to the Board

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| Date of meeting | 21 June 2018 |
| Overview of issues/areas covered at the meeting: | <p>Prior to the meeting, a sub-group of the committee met to review the risk register. The aim was to review all risks linked to the committee, to establish the extent to which the risks identified are relevant and up-to-date.</p> <p>The committee was assured that it has good visibility of the areas identified by each of the risks, specifically those rated high and extreme. There was one exception relating to the software that the Trust uses to analyse ECG downloads. The system is overdue an upgrade and the committee has asked for an update in July.</p> <p>Although there were no obvious gaps in the risk register, the committee did ask management to confirm whether all the risks are captured related to the 111 service.</p> <p>It was apparent that some risks were not up to date. Management is aware of this and taking corrective action. There were also a number of risks allocated to the committee that were related to resource / recruitment and to business continuity. These will be reallocated to the most relevant committee.</p> <p>Overall, this was a helpful exercise, which the committee will repeat every 6 months. In the interim, it will receive a regular high-level summary report relating to the relevant risks, which will include the BAF risks.</p> <p>The committee considered a number of Management Responses (<i>response to previous items scrutinised by the committee</i>), including:</p> <p>CFR Governance Partial Assurance</p> <p>The committee received a very detailed response from management, setting out the governance framework for how the Trust engages with and supports community first responders (CFRs). Central to this is the appointment of a Head of Community Engagement. Much has been done to improve the governance in this area and the committee acknowledged the positive outcome of the assessment by the National Council of Voluntary Organisations (NCVO). NCVO determines if organisations meet the UK standard for quality volunteer management. The Trust met this standard, with some conditions. A re-assessment will take place in September 2018.</p> <p>Management is clear about the areas requiring further improvement. The committee will review progress in November 2018 and, in the meantime, asked for a risk to be added to the register relating to use of CFRs not up to date with training and / or practicing infrequently.</p> <p>MDT Action Plan Review Assured</p> <p>The committee reviewed the outstanding actions from this Serious Incident and was assured with the management oversight and scrutiny. A final closure report will be received in September.</p> |

Patient Experience Group Assured

Earlier in the year, a Governor asked about the priority given to the Patient Experience Group. The committee explored this and is assured that this Group is in place and an integral part of the management governance structure.

Safeguarding (internal) Assured

The committee sought assurance on the current review of pre-employment screening. Substantial progress has been made and there is management grip. The committee will receive a further update at its meeting next month.

Two annual reports were considered:

Accountable Officer for Controlled Drugs

The committee considered this review of the arrangements in place to manage controlled drugs during the past year, and noted the significant strengthening of medicines governance during this period.

The committee felt it was a very thorough report, which reflects the significant work done, and recommends it to the Board.

Infection Prevention and Control

The committee reviewed the steps taken over the year to improve infection prevention and control, as set out in the report. It asked management to make some relatively minor amendments to make areas clearer, but otherwise the committee recommends the report to the Board. The committee recognises there still remains challenges in this areas for 2018/19.

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;

External Safeguarding Assured

The committee scrutinised the controls in place for external safeguarding, specifically in how we are meeting our statutory obligations. There is good management grip and focus in this area, in particular with how we engage with safeguarding boards and ensuring staff are up to date with training.

999 NHS Pathways License Compliance Assured

This paper focussed on the requirements for NHS Pathways and our levels of compliance. Call audits has been a particular challenge during the year and the committee was assured that we are now on target to be 100% complaint from May 2018, resulting in the Trust being compliant with all license conditions.

The committee explored how feedback is provided following these audits to ensure quality improvement and noted the plan to redevelop the quality team model in EOC to ensure sustained improvement, with less reliance on support from 111. The challenge will be to sustain this and the committee will review compliance again in October 2018.

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| | <p>Medical Equipment Assured The committee tested the metrics relating to management of medical devices. It has not been assured in this area for some time and so was really pleased that management is now able to demonstrate that 100% of all equipment in live operation is up to date with servicing. An issue was found with the adhesive on some labels, but the new Fleetman system can now be cross-referenced to evidence that the equipment has been serviced. This is great progress. An ongoing audit is now in place as business as usual. In light of this, the committee is assured by the system of control now in place.</p> <p>Vehicle Cleanliness Partial Assurance The committee received a good paper demonstrating via the dashboard that deep cleans are in place. However, the paper did not include the outcome of swab testing so the committee was unable to be assured with the effectiveness of the deep cleans. This will be covered at the meeting next month, via a management response.</p> |
| <p>Reports <i>not</i> received as per the annual work plan and action required</p> | <p>None</p> |
| <p>Changes to significant risk profile of the trust identified and actions required</p> | <p>None</p> |
| <p>Weaknesses in the design or effectiveness of the system of internal control identified and action required</p> | <p>None</p> |
| <p>Any other matters the Committee wishes to escalate to the Board</p> | <p>In July, the committee will be scrutinising the progress with patient care records. In advance of that, the meeting in June received a verbal update giving a good degree of assurance that management now truly understand the reasons why some PCRs cannot be reconciled with the CAD. The committee remains assured that records are not being lost and noted the openness with which management is approaching this long-standing issue</p> |

C4 - QPS Committee Escalation report

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| Date of meeting | 23 July 2018 |
| Overview of issues/areas covered at the meeting: | <p>The committee considered the outputs of its annual self-assessment, which included a review of the areas of scrutiny during the year. Members and those who regular attend/observe, including external stakeholders, were also asked to complete an on-line survey, answering questions against the following themes:</p> <ul style="list-style-type: none"> ▪ Committee Focus ▪ Committee Team Working ▪ Committee Effectiveness ▪ Committee Leadership <p>The committee reflected on the largely positive feedback and specifically discussed a need to ensure a continued balance between scrutiny and strategy.</p> <p>The committee considered a number of Management Responses (<i>response to previous items scrutinised by the committee</i>), including:</p> <p>Clinical Audit Assured</p> <p>At its meeting in January 2018 the committee asked for an update on the key clinical outcome metrics and the role clinical audit is having in supporting improvement. There is notable progress with health records and all aspects of clinical audit is moving in the right direction. Assurance was provided that we are well positioned to deliver on the aspirations within the clinical audit plan.</p> <p>QIA Process Assured</p> <p>In May the committee asked for further assurance on the QIA process, specifically with regards the sign off. It was concerned that there appeared to be a single-point of failure and asked management to consider how to provide better resilience. The Innovations Group has been revised to include QIA approval, which mitigates the single point of failure, as well as providing different perspectives.</p> <p>ECG Analysis Capability Partially Assured</p> <p>In June 2018 the committee undertook a review of the risk register and was assured it had sight on all the risks listed, save for the Risk 276 (ECG Analysis Capability). It therefore asked for information on how this specific risk is being managed.</p> <p>The Trust installed modems in all of its Lifepak monitor/defibrillators, which enables crews to transmit 12-lead ECGs for discussion with specialist HCPs and to the Clinical Audit department for analysis. The system used measures the effectiveness of some of the key elements of a resuscitation attempt; for example, the proportion of time where chest compressions are delivered, the rate of ventilations, the speed of compressions and time to first shock. Following analysis, a report is produced that can be shared with crews to be used during debrief, reflection and professional development. SECAMB is the only Trust in the country that has used this approach.</p> <p>The committee learned of the multi-factorial issues that is preventing full use of the system, which includes IT. There is a clear plan to resolve all of these during Q2. The committee has asked for a management response in October to seek assurance the</p> |

system is fully functional and has referred to the finance committee the IT issue to seek assurance on this element.

Safeguarding (internal) Partially Assured

The committee asked management to provide an update on its progress with evidencing employment checks. A review of all employees is in place, including DBS checks. Risk assessment are in place. There is a clear trajectory to ensure all employment checks are available on file. This is part of a bespoke project and the committee received the project mandate and plan. The committee will keep this under review during Q2/3.

Vehicle Cleanliness (swab testing) Not Assured

In June the committee received a good paper demonstrating via the dashboard that deep cleans are in place. However, the paper did not include the outcome of swab testing so management was asked for further detail on the effectiveness of the deep cleans.

Evidence of swab testing was provided to the committee. However, there is currently a lack of clarity on how the results are followed up. This is being taken through the Quality Improvement Hub and the committee will receive an update at its next meeting in September.

The committee is therefore not assured, but acknowledged the helpful data that is produced, which identifies the hot spots, e.g. radios and steering wheels.

Two performance reports were considered:

Clinical Audit Q1 Review

There was a good discussion about how and when we measure clinical outcomes, to enable better visibility of the Board on how we are improving. The committee asked management to re-visit the audit plan to see if 'time at scene' can be brought forward, given the link to other risks.

Overall, the committee is assured that the plan is progressing well with good risk identification. A request was made to show a summary of the actions taken/outstanding to provide further assurance that we are responsive to the findings of clinical audit.

Mortality & Morbidity Bi-Annual Review

This was the first update to the committee, since the implementation of the learning from deaths policy. The committee was assured with the process in place, via the SI Group, for reviewing the incidents we are mandated to review. However, the wider screening of all cases still needs to be established, and the committee explored the balance needed here given the significant resource that will be required, agreeing that it is reasonable to introduce a new system within 6-12 months. This is in the context of the policy not being mandated for ambulance trusts.

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;

111 Partially Assured

This scrutiny item focussed on the quality assurance processes for call triage, training, audit, and learning.

The committee received a very detailed paper, which set out the current challenges, including some clinical staffing issues within the last 3-6 months. Compared nationally, the service is better than average, but the committee agreed that operational performance is below expectations. The reasons for this were explored, including the adverse impact of the current 111-procurement process in Kent, Sussex and Surrey, in particular on recruitment and retention.

There was a good discussion about the strategic intent to integrate the clinical roles within 111 and 999.

The committee was therefore assured with the process in place for training and auditing triage and that there is learning capability. However, performance is not as it has been and the team is working through its improvement plan.

The committee asked management to follow up in two areas. Firstly, it noted that the number of reported incidents appeared to be quite low. Secondly, the SI data showed a theme relating to the triage of cardiac arrest and asked for details on the impact of this learning. The committee will scrutinise in December the patient safety controls in place to manage the clinical queue over the Christmas period.

Incidents and Serious Incidents Assured

The committee felt there is significant progress being made with the management of incidents and how we are approaching mortality and morbidity, provides different perspectives. The committee was assured by this process, and specifically noted that the Serious Incident Group appears to be working effectively; this group now includes a review of trends.

There is a resource issue within the team, and management provided assurance that interim cover is in place until substantive appointments are made.

The annual report was received, which the committee commends to the Trust Board.

Patient Care Records Assured

A progress update with unreconciled records confirmed that we are currently at 10.8% unreconciled records and now close to the 10% national benchmark. The reasons for records not matching are now well understood. Subject to audit, the true number is likely to be nearer 5%. The committee noted that there is a balance to how much time is provided on these interim fixes, as ECPR is the full solution and this is due in April 2019.

Committee is as assured specifically that PCRs are not being lost and with the progress toward the national benchmark for unreconciled records.

CIP QIAs Assured

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| | <p>The committee is assured with the process for assessing the impact on quality of the current cost improvement programme (CIP) schemes. It noted the positive internal audit of 2017/18 CIP, which included the QIA process. Management has planned a retrospective review of all QIAs.</p> <p>QI Methodology The committee received details of the specification for a QI methodology and was very supportive of the approach set out.</p> |
| <p>Reports <i>not</i> received as per the annual work plan and action required</p> | <p>Thematic review of delays – this is being received at an exceptional meeting on Thursday 26 July and a verbal update will be provided to the Board.</p> |
| <p>Changes to significant risk profile of the trust identified and actions required</p> | <p>The committee reviewed the BAF risks and the risks on the risk register rated Extreme – see BAF Risk Report.</p> <p>The committee asked for a review of the current infection prevention and control risk(s) to ensure it picks up the risk identified relating to swab testing.</p> |
| <p>Weaknesses in the design or effectiveness of the system of internal control identified and action required</p> | <p>Under AOB, the Executive Director of Nursing & Quality updated the committee on the plans in place to improve the controls for private ambulance providers (PAPs). A number of different sources, including through incident and the quality assurance visits, has recently highlighted some concerns with the controls in place. A Task & Finish Group has been established to help drive through the identified improvements. There are 17 work-streams and full programme plan is being developed over the next couple of weeks.</p> <p>The annual cycle of business includes a more detailed review of PAPs in September and will take that opportunity to review the project.</p> |
| <p>Any other matters the Committee wishes to escalate to the Board</p> | <p>The committee was pleased to learn that the Trust’s Freedom to Speak Up Guardian has been appointed and due to start shortly.</p> |

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

D – Non-Executive Director Activities

1. Introduction

- 1.1. As part of the Governors' responsibilities to hold the NEDs to account for the performance of the Board of Directors, Governors advised at recent meetings that they would find it helpful to understand what NEDs are doing between Council meetings.
- 1.2. This paper sets out the general responsibilities and activities of NEDs.
- 1.3. It is proposed that the NEDs participating at each Council meeting will provide a verbal update on their activities in the previous couple of months.
- 1.4. There is now a rota of NED attendance at the Council in place:

| July 18 | September 18 | November 18 | January 19 | March 19 |
|---------|--------------|-------------|------------|----------|
| Tim | Tim | Tricia | Angela | Lucy |
| Laurie | Graham | Lucy | Lucy | Al |
| Terry | Lucy | Al | Terry | Adrian |
| | Al | | | |
| | Laurie | | | |

2. NED activities

2.1. Regularly:

- 2.1.1. NEDs attend and Chair specific committee meetings on a regular basis. As part of the process they are required to read and provide constructive feedback on papers provided:
- 2.1.1.1. QPS – every six weeks
 - 2.1.1.2. WWC – every two months
 - 2.1.1.3. FIC – quarterly meetings
 - 2.1.1.4. Audit Committee – every two months
 - 2.1.1.5. Charitable Funds Committee – every six months
- 2.1.2. NEDs actively engage with Executive Directors and Senior Leaders and participate in Working Group meetings from time to time and according to their specialisms. For example, Laurie McMahon is part of the Strategy Working Group, Terry Parkin has commented on our developing safeguarding documentation, Lucy Bloem sat on the group procuring the new CAD, and Adrian Twyning uses his experience to support IT developments.

- 2.1.3. NEDs attend Council meetings which are every two months.
- 2.1.4. Meetings with our regulators take place monthly (Integrated Assurance Meeting and the Single Oversight Group) and each month two or three NEDS attend these meetings.

2.2. Periodically

- 2.2.1. Quality Assurance Visits to various SECamb sites.
- 2.2.2. Patient and staff safety Leadership walk rounds – at least twice per year (prior to the visit NEDs are required to attend a pre meeting to ascertain key areas to focus on, and a follow up meeting to reflect on their findings).
- 2.2.3. Observer ('third manning') shifts – engaging with front line staff.
- 2.2.4. Staff engagement sessions across the Trust – enabling staff to attend drop in sessions to speak to the NEDs and attending the Staff Engagement Forum quarterly.

2.3. Less frequently

- 2.3.1. Meeting and networking with other ambulance Trusts.
- 2.3.2. Association of Ambulance Chief Executive meetings.
- 2.3.3. MP meetings.
- 2.3.4. NHSI liaison and meetings.
- 2.3.5. Chairing and attending grievance and disciplinary hearings, and appeals.
- 2.3.6. Board away days and strategy days
- 2.3.7. Recruitment interviews for Executive team and NEDs

Izzy Allen, Assistant Company Secretary

South East Coast Ambulance Service NHS Foundation Trust

Membership Development Committee

E - Membership Development Committee Report

1. Introduction

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

1.2. The 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

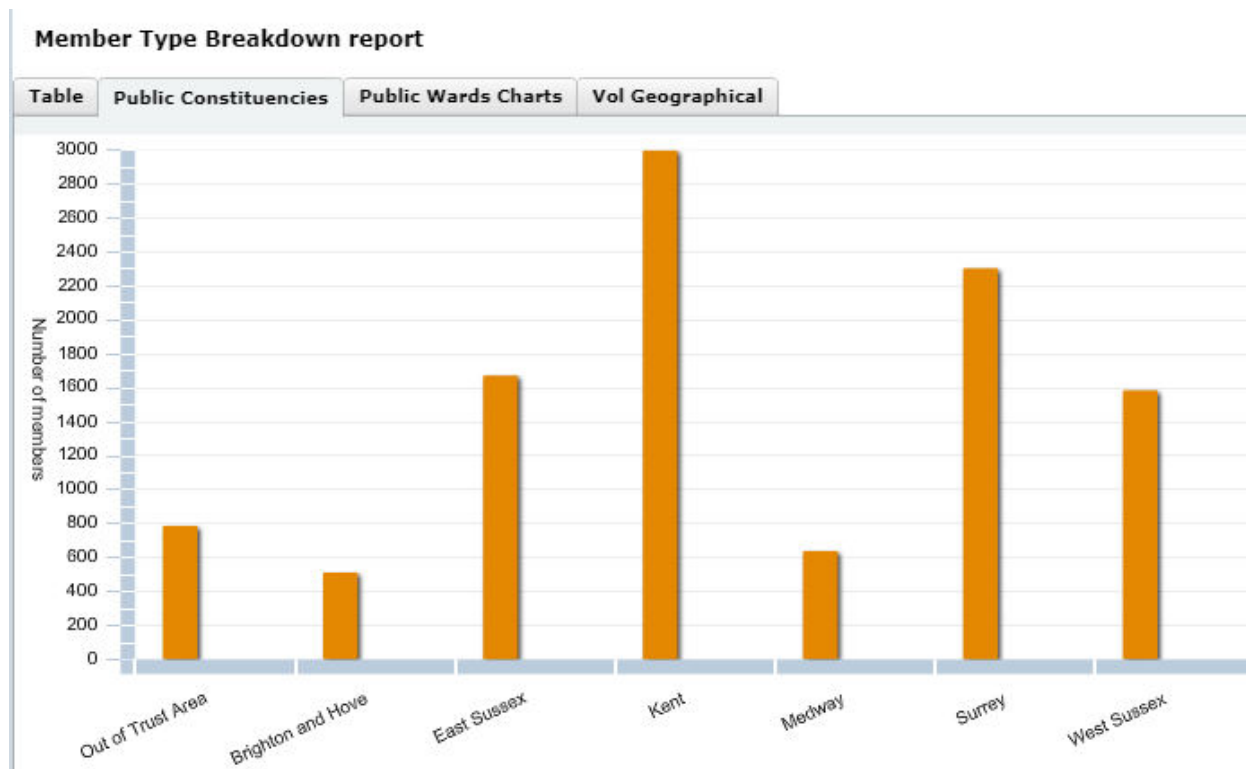
2.1. The MDC have not met since the last report to the Council. The next meeting is on 20th November.

3. Membership Update

3.1. The total staff membership as of 30.06.18 is 3,375.

3.2. Current public membership by constituency (at 13.07.18):

| Constituency | No. of members | Member numbers percentage increase or decrease compared to previous report | Proportion of the population who are members |
|-----------------|----------------|--|--|
| Brighton & Hove | 511 | 0.19% | 0.19 |
| East Sussex | 1672 | 0.35% | 0.32 |
| Kent | 2998 | 0.23% | 0.22 |
| Medway | 637 | 0.15% | 0.24 |
| Surrey | 2303 | 0.21% | 0.18 |
| West Sussex | 1583 | 0.18% | 0.20 |
| Total | 9704 | 0.03% | 0.22 |



Membership engagement summary

- 3.3. The Membership Office is attending **Trans Pride** in Brighton on the 21st July. This supports increasing LGBTQ representation in our membership and in turn LGBTQ voices within our Trust. This was an area of agreed focus at the MDC. Engagement will take place in the form membership sign up, CPR demonstrations, blood pressure checks and talking to attendees about volunteering opportunities in SECamb, alongside recruitment information.
- 3.4. The Trust will once again be taking part in **Brighton Pride Community Parade** on Saturday 4th August. This is a great opportunity to showcase our service and show our support for LGBTQ staff, volunteers and patients. Attendance is arranged by our Pride in SECamb staff network. If any Governors would like to participate in the parade, please email pride@secamb.nhs.uk
- 3.5. As part of a membership leads network that has been developed in Kent, the Membership Office has been working with Kent Community Health NHS FT, Medway NHS FT & East Kent Hospitals NHS FT on a **joint event for Governors** with the support of NHS Providers. The event is open to all our Governors to attend and will take place on 30th October 2018 at the [Kent Events Centre](#) so hold the date for now! The agenda is currently being formalised but expect workshops, talks and networking opportunities with other Governors. It should be a good event!
- 3.6. Members were invited to attend an **event on research in SECamb** on the 4th July to learn more about this area of work. The afternoon featured facilitated

group work on what attendees see as important topics for ambulance service research. Public Governors Felicity Dennis and Brian Rockell were in attendance, alongside a good number of foundation trust members including IHAG representatives.

3.7. The **member newsletter** was sent out on the 16th July to our c10,000 public FT members and our staff FT members. This edition focussed on promotion of the Annual Members Meeting, changes in data protection in relation to membership, hospital handover delays and an interview with EOC Manager Debbie Maynard as suggested by the MDC. The next edition is due out early December.

3.8. **Annual Members Meeting** work is well underway. Invites have been sent to our members, volunteers, stakeholders and local dignitaries and MPs. A wider promotional campaign is underway – posters are going out to stakeholders including GP surgery's and patient participation groups etc. Electronic posters and invites are also going to all Governors to promote within their networks. Twitter and Facebook campaign is scheduled. We have engaged with staff FT members regarding stands and content for presentations at the event after discussion at the MDC. The Membership Office is considering issuing a survey to members to see what they would like to hear about at the event when we have a couple of subjects to choose from.



**Marianne
PHILLIPS**

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

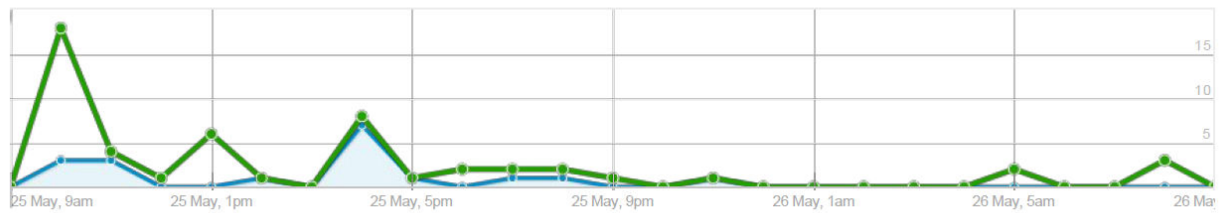
4. **Brighton & Hove Election** result was

announced on the 21st June and we are pleased to welcome Marianne Phillips to the Council and to her very first Council meeting which is in Brighton which is fitting! There was a 8.46% turn out for voting this year. Last year for multiple elections we had between 10 – 19% turnout although these constituencies were much larger areas. This year we tried voting by email to

members with valid addresses for the first time so it may account for the slightly lower rate. For any emails that bounced – a postal ballot was sent and the member record was updated. Looking at the data overleaf on emails sent, we will need to consider our approach to the elections next year at the MDC. A reminder email was also sent.

Sent to 204 unique subscribers in SECAMB first voting email

● Opens and ● Link Clicks for first day



Campaign Overview

| | |
|--|---|
| ■ 50 Unique opens 71 total opens to date | 29.59% of all recipients opened so far |
| ■ 35 Bounced 17.16% couldn't be delivered | 28% clicked a link (14 people) |
| ■ 119 Unopened Open rates are only estimates | 0% unsubscribed (0 people) |
| | 0 people marked it as spam (0%) |

4.1. 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 29th June 2018. Felicity Dennis, Brian Rockell & Marguerite Beard-Gould are the Council's representatives at IHAG meetings. Felicity had got in touch with the Chair of IHAG to apologise as she had been unable to attend a meeting yet. She noted she would like to step down from being part of the formal representation to enable someone who was available to attend more frequently, to take the opportunity. Representation will be discussed at the next MDC. All Governors are welcome to request to observe the IHAG from time to time.

5.3. Brian Rockell attended for the MDC. He may wish to add his own observations in addition to the meeting summary below. The minutes of this meeting are not yet available.

5.4. IHAG meeting summary:

5.5. The IHAG heard from Ed Griffin Director of HR on the culture work taking place in the Trust and his views on the HR development work needed within the Trust. The IHAG heard about a screening service for Emergency Medical Advisor applicants with an occupational psychologist, ensuring those put forward were mentally resilient. There was also a new approach in giving candidates exposure to the environment and job prior to starting the training to see if this was something they actually wanted to pursue. The IHAG sought assurance on work happening to diversify our workforce. Ed noted an 'attraction' strategy was being produced and focus was on looking into recruitment of BME candidates, those who had worked for the armed forces and later career starters.

5.6. The IHAG had previously requested patient representation at the Trusts Serious Incident quarterly deep dive meetings. The IHAG were pleased to confirm that Penny Blackbourne and Leslie Bullman would be representing patients and the IHAG at these meetings.

5.7. Staff Elected Governor and Strategy team member Charlie Adler presented to the IHAG on the Trusts refresh of the 5 year strategy. The IHAG were asked to feedback on what areas needed to be considered under the strategy moving forward. Charlie also gave an overview of what integrated urgent care is and could look like in the future for the Trust.

5.8. 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.

5.9. The next IHAG meeting takes place on the 15th October 2018 at Crawley HQ.

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:**

SEF meeting took place on the 15th May. The meeting summary was in last report to Council. Notes from the meeting are now pasted below as appendix 1.

6.3. 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 meetings have been sparsely attended and in particular lacking operational staff members. 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. Consideration was given to other ways to engage with staff on this.

7.3. The next Barometer Group session will be added to the Staff Engagement Forum as a meeting afterwards. The Culture Team are keen to hold these meetings at a variety of locations across the Trust and to allow colleagues to view through skype etc.

8. **Patient Members' Views**

8.1. The **Patient Experience Group (PEG)** met on 24th May 2018 and a meeting summary is provided below. Felicity Dennis is the Governor representative on this group and has provided a summary of the meeting below.

8.2. **PEG meeting summary:**

The Terms of Reference for the group are to be refreshed to reflect the reviewed attendee list, which now includes the Head of Clinical Audit, which is a positive move as we will be able to see implementation of learning linked to quality improvement.

8.3. Group governance framework: the group is to report into the Clinical Governance Group chaired by the Director of Nursing and Quality.

8.4. There was concern voiced about the level of information which the Board receives in terms of patient experience - is the data rich enough to provide them with the right level of information.

- 8.5. Group risks were reviewed and revised
- 8.6. CQC Improvement plan has been delivered and is now closed with all actions moved to business as usual.
- 8.7. SECAmb were part of a national ambulance service initiative to trial a patient questionnaire during June 2018.
- 8.8. CCG patient experience measures have been agreed and will form the basis of the teams workplan for 2018/19. The Patient experience Strategy is due to be agreed by Q3.
- 8.9. Gathering patient feedback remains a challenge and various options are being discussed within the group.
- 8.10. Next meeting (August 2018): commence development of a Patient Experience Strategy.

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 SEF Notes

Staff Engagement Forum – 15 May 2018

Introduction

Ed Griffin, new Director of HR and Organisational Development attended and gave an introduction to himself, his background and his aspirations for staff engagement in the Trust:

- It must be inclusive;
- Should recognise everyone's contribution to the workplace;
- It also helps with productivity; and
- It is ultimately the responsibility of line managers and needs to be embedded throughout the Trust.

Engagement isn't complex – it boils down to the way we interact with each other and could simply be summarised as 'be nice'.

Ed was unable to stay for the full meeting but his input was valued by the group. The CEO or his deputy would attend future meetings of the SEF.

Communications

The Communications Team asked for our 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.

The outcomes of the session were:

The Communications Team will:

- 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);
- Consider broadening the way people can nominate colleagues (so that it is no longer a writing/marketing competition);
- Use the values to judge categories; and
- Consider selecting the Employee of the Year from among the winners of the other awards.

The SEF will:

- Help promote the Staff Awards to all colleagues, encouraging people to nominate colleagues; and
- Each Champion will nominate at least one colleague for an award.

Clinical Quality and Audit

Dean Rigg, Head of Clinical Audit, joined the meeting. He gave an overview of clinical audit in the Trust, noting that it should be something to be valued as a learning tool, and no longer a stick to beat people with. The SEF were very much in agreement that audit should be (and be seen as) constructive and help us improve.

Dean is keen that audit can show how we are improving as well as providing opportunities to learn and would be reviewing PCR data monthly against several clinical criteria to keep track of this.

He would like 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 show how great we are or see where we need to improve e.g. particularly in terms of STEMI and stroke bundles.

Clinical Audit will:

- Produce a simple guide to PCR completion to help everyone;
- Communicate with the Operational Staff Engagement Champions to get their views on the issue and feedback on the 'idiot's guide' before it's published;

- Provide a tool or tools to help SEF members have local conversations about this – this may involve Dean visiting local forums; and
- Ensure involvement in development of the ePCR as this moves forward, since the SEF believed that clinical audit should be one of the leaders on the ePCR project when it starts up again.

The SEF noted:

- The importance of feedback loops to help clinicians and other frontline colleagues learn, and feel valued and engaged;
- 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 importance of accurate recording of ethnicity, which was a key indicator of certain conditions and clinically relevant. It was not acceptable to guess ethnicity.

The SEF will:

- Have these conversations in their local forums to promote the value and benefit of good record-keeping; and
- Promote simple ways to ask difficult questions to complete the PCR.

Culture workstream – the launch of SECamb values

Claire Irving and Andrew Hartley from HR and Organisational Development joined the meeting.

They presented the Trust's values, which were based on feedback from colleagues involved in the workshops about bullying and harassment, following the Prof Duncan Lewis report into the same a year or so ago. They were not plucked out of the air.

There would be a grand launch on 12 June. As part of the launch, there will be a new recognition process in line with the values. This is an opportunity to celebrate success and as part of the process, can be shared on social media, logged on Actus or remain as a personal "well done".

The Culture Programme, so far, has undertaken 360 feedback and coaching sessions with the Executive and Senior Management Team. These colleagues are also undertaking training on the values and behaviours (4 modules). This training will be rolled out to the next line of management and continue as a yearly rolling programme.

The SEF noted:

- The values are exhibited by many of our colleagues already – the values were an explicit statement of what we should expect of each other, not something new; and
- That colleagues would need to be provided with support and the tools to constructively challenge behaviour that falls outside of expected behaviours.

Local Communications

The SEF discussed how local Champions had developed their own communications and meeting structures to suit their local needs. This was working really well but the Communications Team would happily provide some tools to support this is SECs wished.

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 will:

- Send examples of local communications to Kim, who will share them with Comms;
- Let Kim know what we need in terms of support to communicate well locally.

The Communications Team will:

- Produce templates to help SECs with local communications.

All Champions will:

- Go to the Trust's intranet directory (click on your avatar/silhouette image on the Zone) with their accurate job title, phone number and other contact info. You may need to email IT to update your job title.

SEC Workshop – removing barriers to effective working!

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 consider how to overcome each of these and noted the following issues and solutions:

- **Inconsistent application of policy**
 - Make policies clear and understandable
 - Make archives available
 - Include flowchart/idiots guide/summary
 - Balance between using judgement/discretion and policies being prescriptive
 - Too complicated
 - Out of date/not removed
 - Responsibility for policy
 - Need to be able to find the right policy and associated documents – 2 clicks
 - Section headings should be explicit
 - What do we do if someone doesn't want to follow a policy? Where to escalate?
 - Ensure things are workable/ if necessary pilot them

- **Poor communications from the centre**
 - Not all communications are cascaded – key comms to come from centre so it isn't missed by cascading
 - Repetition of communications
 - More face to face communications
 - How can we access the information we need? E-bulletin?
 - Comms expertise should be involved in identifying what needs to be communicated – key part of project groups
 - Pace of change – too much too quickly may cause anxiety and fear. 3 key messages a month?
 - More controlling than enabling in tone at present
- **Good ideas implemented badly**
 - Staff involvement not always right – either too many cooks or not the right cooks!
 - The 'centre' should set principles but enable localised actions/ownership
 - Better skills utilisation (using expertise that's available in house when possible – but fairly)
 - Inconsistent approach
 - Rationale behind the changes is often lacking
 - Re-active – more forward planning needed
 - Learning & feedback should be part of every change programme
 - Making individuals accountable and holding them to account was needed

The following actions would be taken by the SEF and Champions to help improve things:

Communications:

- All SECs would help mitigate issues by sharing widely with colleagues when they had information of relevance;
- SECs were establishing local forums and communications channels which would help;
- Add to the risk register a risk around frontline colleagues not being able to clearly understand policy and procedural changes that had taken place while e.g. on leave.
- **Danny, Liz, Dave, Wendy and Rhiannon will:** investigate ways to finding a solution on effectively updating colleagues on important Ops/EOC updates.

Good ideas implemented badly:

- The SEF would make a list of their recommendations to share with colleagues

Inconsistent application of policies:

- This was timely as the 'Policy on Policies' was under review and so all the points would be incorporated where possible and shared with the SEF;
- Also relied on better cascade/communications and the culture work to empower effective use of discretion and seeking support when needed.

Sharing good practice – live streaming/audio for meetings

The SEF were very keen to develop the ability for SECs to hold meetings accessible to colleagues through web-based audio. It was clear this would help make things more accessible given the disparate locations of colleagues and this would aid engagement and communication no end.

Rob, Liz and Justine will:

- put their heads together to consider the best platform to use, whether Rob could apply for innovation funding for kit (microphone/laptop) to support this, and whether there were alternative ways of delivering the same thing through Office 365.

Horizon scanning and problem solving

The SEF discussed various issues and several actions came out of these discussions:

- Kim would contact Matt England to put him in touch with Teresa, about Blue Light Partnership to try to make progress on the issue of lack of understanding between police and ambulance colleagues, which sometimes led to issues and negativity. Dave and Rhiannon would also support the work Teresa has done to support from a West EOC and Ops perspective.
- Kim and Ellie were considering how local induction might facilitate shared experiences e.g. between frontline and EOC colleagues;
- We would try and find a diagram to explain the new Operational management structure (Teams A-F) and put something in the bulletin to help spread understanding; Nansi Braybrooke to look into this and send to Kim/Ellie to circulate.
- Pips and the way they were introduced would be added to the next agenda;
- Scheduling to be added to the next agenda to discuss how decisions were made that led to, e.g., regular under-resourcing on nights;
- Equipment was being introduced without colleagues receiving necessary training and this was a risk that would be escalated and noted on the risk register;
- Colleagues who were Band 5 were being asked to undertake Band 6 activity and being treated badly if they refused. This was also a risk that should be escalated;
- Vision for Change Management – SEA's will invite Eileen Sanderson/Jon Amos to next SEF.

The next meeting will be held on 4th September 2018

All Staff Engagement Champions should send one person from their area to the quarterly Forum meetings.

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 21 June 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, selection of patient videos for Council meeting, and the main focus was on the feedback from Governors' effectiveness self-assessment survey and 360 feedback received from Non-Executive Directors (NEDs).

2. Feedback from the previous CoG

- 2.1. The GDC noted that the pre-meet continued to be a welcome development, but perhaps less people seemed to ask questions that might be ideal. There had been fewer questions from diverse Governors than at the first meeting following a pre-meet. The GDC was keen to support and encourage everyone to ask questions if they wished.
- 2.2. The GDC noted that the committee escalation reports should provide fertile ideas for questions to the NEDs since these set out key areas of risk for the Trust.
- 2.3. The GDC were clear that it was not always easy to understand risk and assurance and would welcome a session on this with KPMG (the Trust's auditors) and/or with Angela Smith (NED and Chair of the Audit Committee).

3. Agenda setting

- 3.1. The GDC prioritised seeking assurance around handover delays and would receive an update on 111 urgent care as there were changes afoot and the Trust was in the process of putting bids in which the Council should be sighted on.
- 3.2. The Council should also review its own effectiveness during the public meeting.
- 3.3. The afternoon working shop would cover how Governor can be involved with, understand and influence the development of the Sustainability and Transformation Partnerships (STPs), and the strategy directorate wished to come and provide more information about

the development of the Trust strategy. In addition, the outcomes of the demand and capacity review were expected by the end of June or failing that July and this would be vital for the Council to understand.

4. Selection of patient videos for the Council

- 4.1. The GDC agreed that it was very helpful to use the videos (which are also shown at the Board) at the Council meetings.
- 4.2. The GDC were keen to understand 'what happened next' following patient stories and it was suggested that Giles Adams, Head of Compliance, might provide some useful insight to the Council regarding the Quality Assurance Visits being undertaken in the Trust.

5. Council of Governors' annual self-assessment of effectiveness

- 5.1. A separate paper at the Council meeting of July 2018 presents the outcomes of the survey, 360 feedback from NEDs and the discussion of key themes at the GDC in full detail.

6. Recommendations:

- 6.1. The Council is asked to note this report.
- 6.2. Governors are invited to join the next meeting of the Committee on Thursday 16th August 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

Thursday 21 June 2018

Present:

Alison Stebbings (AS) Staff Governor (Non-Operational)
Roger Laxton (RL) Public Governor for Kent
Mike Hill (MH) Public Governor for Surrey and NE Hampshire
Felicity Dennis (FD) Public Governor for Surrey and NE Hampshire
Brian Rockell (BR) Public Governor for East Sussex
Tim Howe (TH) Non-Executive Director
Isobel Allen (IA) Assistant Company Secretary

Minutes: Shelley Bridgwater- Corporate Governance Officer

1. **Apologies:** James Crawley, Marguerite Beard-Gould, Matt Alsbury-Morris

2. Welcome and Declarations of interest

2.1. Members were welcomed to the meeting. MH noted that he was chairing at JC was unable to attend on this rare occasion. No declarations were received.

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

3.1. The minutes of the last meeting were taken as an accurate record. The action log was reviewed as follows:

3.2. Handover delays- IA advised that things have moved on and Gillian Wieck had been appointed as Handover Delays Programme Director to focus on handover delays. It would be helpful if Gillian attended a Council of Governors meeting to update members.

3.3. Governors shadowing NEDs- This had not been discussed with NEDs. TH would raise this at the NED meeting the following day, 22 June. There was a disconnect between the two groups and this would be helpful in bringing them together.

3.4. TH commented that there may be a better and more effective way of bringing NEDs and Governors together and he would consider finding a better solution.

3.5. IA advised that the Trust was waiting for the results of the Communication Engagement Report; this would come to the GDC after the CQC inspection.

4. Discussion of any feedback from the previous CoG meetings including:

4.1. The GDC provided feedback on the effectiveness of pre-meeting.

4.2. MH commented that it was a good idea as it focused people's attention. FD commented that some people didn't ask questions; IA agreed adding that at the first pre-meet there had been a really good level of input from people but at the last meeting there were fewer questions.

4.3. There was a discussion about how people could be encouraged to ask questions and supported to do so.

4.4. IA suggested that the committee escalation reports to the Board would suggest the questions to the NEDs. Referring to the Audit Committee escalation report, FD commented that she

would find it a challenge to ask questions about risk and assurance and would like help with the questions that should be asked.

- 4.5. IA suggested a session with KPMG might be helpful, as well as talking to Angela Smith, Chair of the Audit Committee. TH agreed that talking to Angela would be a good option. The following action was agreed:

Action: IA to contact Angela Smith to discuss how she could help the Council with the understanding the challenges around risk and assurance and what they should be looking for in terms of assurance.

5. Content of the formal CoG meetings

- 5.1. IA advised that in the present format, Daren Mochrie, Chief Executive, was still the focus of the meeting and there was no more focus on the NEDs than there had been previously. IA commented that the CEO section of the meeting was always completed first, after which DM stayed for the rest of the meeting.
- 5.2. There was a discussion about the best way to organise the meeting. BR suggested that members should be assured that DM was focusing on the things the council had a key interest in. FD commented that it would be helpful to know what activities NEDs were involved in and the key issues. TH indicated that a list could be provided that showed the type of things NEDs were doing. The following action was agreed:

Action: IA and TH to discuss the best way of updating members on NED activities.

6. Agenda items for the Council meeting on 27 July:

- 6.1. Gillian Wieck- to come and talk about handover delays.
- 6.2. 111 Urgent Care
- 6.3. Council Self-Assessment recommendations

7. Afternoon session:

- 7.1. Strategy
- 7.2. Demand and Capacity Review outcomes (if available)
- 7.3. Sustainability and Transformation Partnerships

8. September meeting:

- 8.1. TH suggested that infection control and medicines management were both good news stories to build on. He commented that rather than a member of the Exec team, it would be good for a specialist lead such as infection control lead Aide Hogan to come and present the item. The following action was agreed:

Action: IA to look at how subject experts could attend the CoG to present items

9. Selection of patient videos for the Council

- 9.1. MH advised that he had asked for patient videos to be shown. IA commented that members should choose one of two previously shown videos that had particular relevance to the governors. TH indicated that it would be good to have an update after the video to understand "what happens next". BR suggested that the person presenting the video should be responsible for that area of accountability.

9.2. TH suggested that Giles Adams, Head of Compliance, would be a good person to talk to the Council about quality assurance visits. Members agreed this was a good idea and the following action was agreed:

Action: IA to talk to Giles about giving a talk at the July CoG.

10. Council Self-Assessment and 360 Feedback

- 10.1. IA explained that it was good to note that this year's responses had been more positive. However, it was upsetting that more Governors had not responded - of nineteen governors only twelve had responded and this was worse than the previous year.
- 10.2 The GDC reviewed the questions and responses in detail, question by question. IA provided commentary around the themes she felt the responses illustrated, and after discussion the GDC noted the following:
- 10.3 It was good to see that responses were across the board a great improvement compared to the previous year's self-assessment. It was clear that the previous year's assessment had been taken at the time of flux and stress for the Trust which was reflected in feeling of uncertainty in the Council, and that the Council had, to some extent understandably, not been the focus of the then-Chair's attention when the survey was undertaken.
- 10.4 In general, those Governors who responded felt that:
- 10.4.1 They were adequately independent,
- 10.4.2 There were constructive relationships between Governors,
- 10.4.3 There was the right number of Governors and the correct balance between public, appointed and staff Governors,
- 10.4.4 Meetings of the Council of Governors focused on relevant issues,
- 10.4.5 There was sufficient time at meetings for the presentation and full discussion of the issues,
- 10.4.6 The Council of Governors was well chaired and led,
- 10.4.7 The CoG had open and constructive discussions and deliberations,
- 10.4.8 Papers for the Council meetings were provided in a timely manner,
- 10.4.9 Sufficient background information regarding Trust performance etc. was provided between Council meetings,
- 10.4.10 The secretarial and administrative arrangements for the Council are appropriate and effective,
- 10.4.11 The level of participation in Council meetings by Non- Executive Directors was appropriate,
- 10.4.12 The Trust encouraged and ensured communication between the Council of Governors and executive management,
- 10.4.13 Overall, the Council was effective in carrying out its statutory duties,
- 10.4.14 The Trust Board was supportive of the Council and viewed it as an asset (significant improvement here on the previous year),
- 10.4.15 The Council's committees operated effectively and contributed to the work of the Council,
- 10.4.16 Overall, Governors were clear about their role and responsibilities as a Governor,
- 10.4.17 Governors were confident that they were representing the interests of their constituency and the wider public, and finally that
- 10.4.18 Overall the level and scope of Governors' involvement with the Trust was "about right".
- 10.5 The issue of whether there was too much or not enough representation from CFRs on the Council continued to be raised. The possibility of having a specific Governor to represent CFRs continued to be raised.

10.6 Governors wished the vacancies for Appointed Governors to be filled as soon as possible. After discussion, it was agreed that it could be an early objective for the new Chair to visit partner agencies and organisations to recruit effective and committed Appointed Governors. This would be a useful part of their induction to the wider context in which the Trust worked.

Action: TH to ensure procurement of appointed Governors was an early objective for the new Chair.

10.7 There continued to be a small number of Governors who wished to see more detailed information than was usually provided. The GDC discussed this and agreed that Governors should not be provided with the level of detail that Executives needed to do their jobs – Governors should take a more ‘helicopter’ view of the Trust.

10.8 There was a mixed response as to whether the Council had had appropriate opportunity to input into the Trust’s strategic plans and it was recognised that while there had been some opportunities, the Council had not worked closely with the Board on strategic planning as they had in previous years. Similar points were made in relation to whether Governors felt they were clear enough about the Trust’s priorities for the next five years. This need for annual interaction with the Board on strategic planning would be noted for the new Chair to ensure this happened in future.

Action: IA to keep a list of issues raised for the new Chairman, including the need for annual interaction between Board and Council on strategic planning.

10.9 There were some Governors who felt that the quality of papers and presentations to the Council could be improved, in particular that some of the Executives were still not always great at presenting clear summaries. This included feedback on statistical presentation and this could sometimes be clearer.

10.10 On whether individuals tended to dominate Council meetings, while there was generally a positive response, some Governors felt that a wider variety of contributions from more Governors would be welcome.

10.11 Governors felt that the level of participation by management in meetings remained inadequate. The GDC discussed the utility of inviting subject specialists more often to talk about their areas of work, rather than Executive Directors.

10.12 Governors felt that communications between the Council and NEDs was improving, but with room for further improvement. The GDC noted that the recent changes to Council agendas to bring more focus on discussions with NEDs should help remedy this further.

10.13 On communicating the views of members and the public to the Trust, responses showed that Governors felt that the strong voices of CFRs, staff and Inclusion Hub Advisory Group members were heard. The GDC noted that Governors should consider doing what some Governors did around attending CCG meetings, but acknowledged how time-consuming this was. The GDC felt that Governors bringing anecdotal evidence from their local areas would be really useful to NEDs to support their own challenge at the Board and in Committees.

10.14 There remained some concern around how to hold the NEDs to account effectively. This would be taken back to the Nominations Committee to consider how to advise the Council on what they should be looking for in terms of NED performance.

Action: IA to add a discussion on helping the Council understand more clearly what they should consider regarding NED performance to the agenda for a Nominations Committee meeting.

10.15 The remaining questions on the survey related to the skills, experience and training needs of the Governors. The GDC noted the massive amounts of experience and expertise brought across the Council, and how this was a real strength.

10.16 TH commented that it would be good to have an afternoon session on finances at a future council meeting; this was agreed as a recommendation.

Action: Afternoon session on finances to be arranged for a future council meeting

10.17 Training needs were noted and RL questioned how training was arranged for Council members; IA explained that Katie Spendiff, Corporate Governance Coordinator – Governors and Membership, circulated the dates when they were received from NHS providers and bespoke training had been provided during the previous year.

10.18 The GDC then reviewed the feedback received from the NEDs and others the Council works with.

10.19 The GDC noted that responses were generally positive though more mixed than from Governors, and in some cases wide divergences of opinion were seen with most NEDs feeling positive about some aspects but one or two professing the opposite opinion. Unfortunately, not all the questions had free text comments so it was not always possible to tell what issues NEDs wished to highlight through negative responses.

10.20 The GDC noted the following summary feedback:

10.20.1 All but one NED felt the Council had the right mix of talents, expertise and background though one was unclear what 'right' might mean since there was no job description for a Governor,

10.20.2 Some NEDs were unaware of the work the Council had done with the Trust on the strategy recently and TH noted that he would be able to follow this up with NEDs,

10.20.3 One NED felt that Council agendas did not always reflect the Trust's priorities, and

10.20.4 NEDs shared Governors' view that more could be done to facilitate NED/Governor and Board/Governor interaction.

10.20.5 IA advised that she would bring a paper outlining these key points from both the Governor self-assessment and the NEDs' 360 feedback to the Council in July.

11 Any other Business

11.1 BR asked what happened with regard to the feedback session with the assessor for Investing in Volunteers. IA would follow up.

Action: IA to check if feedback session with the assessor for investing in volunteers was/had taken place

12 Review of meeting effectiveness

12.1 MH thanked everyone for taking part in the discussions.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

G – Governor Activities and Queries

1. Governor activities

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

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| 08.06.18 | Informal meeting with managers and staff at Tongham Ambulance Station – Felicity says “Useful to build links with my local Secamb team and triangulate what I hear at COG and the Board with how that's translating to the crews and managers“ | Felicity Dennis |
| 14.06.18 | Governor representative on Stakeholder meeting for pre-interview for Deputy Medical Director position | Nick Harrison |
| 04.07.18 | Public and Patient Involvement and Engagement in Research – Felicity says “If interested I would recommend keeping abreast of the research going on in SECAMB via the website and weekly newsletter.” | Brian Rockell, Felicity Dennis |
| 12.07.18 | Quality Assurance Visit at SECAMB HQ - Conducted QAV visit on HR and HQ Functions – Felicity says “I would highly recommend other members of the Council of Governors to participate in an internal quality assurance visit either at HQ or the stations. It is an opportunity to meet and talk to a wide range of SECAMB staff on a number of different topics, as well as a chance to actively support the trust as it strives to meet a range of challenging standards which are crucial to patient safety and the running of a high quality service.” | Felicity Dennis, James Crawley |

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.

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| 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? | <p>Response from Steve Carpenter (contingency and resilience lead): This issue has seemed to of captured the attention of a lot of people within HART, although I'm not convinced at this time that it is having the impact that is being suggested.</p> <p>The current position within HART is:</p> <ul style="list-style-type: none"> • We are complying with the Trusts position and we are not using any OOD consumables within the training environment. Therefore, there will be no OOD items on the HART bases, which has removed any potential patient risk. • Training has not been affected, as HART operative has been advised to use in-date consumables in training if required. • The financial impact of this decision has not been quantified, as it is currently unclear how many consumables is required per annum. • Going forward, we are looking at a number of options, which may allow us to use OOD consumables without presenting a risk to patients. These options will need to be fully supported by the Trust, before they can be implemented. <p>We are managing this issue, via our team meetings and addressing any items that come up.</p> <p>I hope this helps. If you need any further information, please let me know.</p> |
| 24.05.18 | Query about the use of chargable 0845 number for contacting scheduling, which is costing employees money to dial in sick etc. | <p>Information went onto the Community FB group on the day and in the Bulletin this week (01.06.18) as below: Staff are reminded there are direct contact numbers for scheduling in the Trust: They are:</p> <p>Lewes 0300 123 9167 Coxheath 01622 740540 Banstead/Crawley 01737 364540 EOC 0300 123 9168 Jerry Hillman-Smith, Production Manager</p> |
| 29.05.18 | Please could you just explain to me the term/ process of what is meant by ambulance deposition - I am unsure how the calls would be routed to 111 - have the patients called 999 in the first instance? | <p>It means that when they called 111 the NHS pathways system (the same as what is used in our 999 centre) reached an outcome of dispatching an ambulance – likely under the lower acuity response categories. They have clinicians onsite at 111 so are able to do a bit more care work over the phone. I think that some of the categories are for 3hours or so, so when faced with a 3 hour wait or you could make your own way to A&E/ GP as per clinical recommendation on pathways people probably choose the latter. They are also able to give really specific recommendations for where to go for care based on the callers locality.</p> |

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| <p>25.06.18</p> | <p>I would like to officially ask the board what assurances they can provide that due consideration regarding the event on 23rd of September has taken place in regards to public & patient safety. Can they provide scenario planning examples? Can they provide traffic impact assessments? (Some A roads will be closed for up to 8 hours). My concern is primarily on the operational impact to SECamb, considering the impact of 15,000 cyclists, their family & friends and the 100 miles of closed road creating a substantial area of population which will become isolated by road closures and blocked by cyclists isolating at least 10,000s of people from ambulances and hospitals.</p> <p>The area I represent is already underserved and under target, and this event will exacerbate that. I cannot see how, if the organisers claim is true, this is something we can be assured the trust is able to support - so would be keen to understand the gap in my knowledge.</p> | <p>Our involvement with the planning for this event goes back to January this year when it was first brought to the Horsham District Council (HDC) Safety Advisory Group for discussion. The event will cross into the HDC's area for a significant part of the route which is why I have been involved from an early stage. I have previous experience of the medical providers for the event and I am reassured that this company has been chosen as they have a good track record of covering large events in the area (e.g. Tough Mudder).</p> <p>I drove the route yesterday and have a good understanding of the issues that we might face responding to patients; as Tim mentions, the event organisers have given assurances that they will assist with responding to incidents where we might take extra time getting to the patient because of the road closures.</p> <p>Good communication and co-ordination will be essential to ensure that we can continue to provide our usual service to the public while the event is going on, to that effect I have tried to engage with our EOC colleagues to discuss the event.</p> <p>Matt has since replied on this and is being put in touch with local COM Duncan Jones to discuss further.</p> |
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| July | Which Executive leads on Research for the Trust? How can Governors get involved? | Bethan Haskins - Director of Nursing and Quality, as this is research and development designed to improve the quality of our services and staff experience/wellbeing, which itself impacts on our capacity for patient care. Governors who wish to be kept informed about research opportunities and developments should email research@secamb.nhs.uk and ask to be put on the research mailing list. |
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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

H – CoG self-assessment and 360 review 2018

1. Overview

- 1.1. It is recommended that Councils of Governors undertake self-assessment of the Council's effectiveness annually. This enables the Council and the Trust to understand:
 - 1.1.1. The Council's view of the effectiveness of the Council as a whole, and
 - 1.1.2. The effectiveness of the processes to support the Council that have been put in place.
- 1.2. The Governor Development Committee (GDC) of the Council has overseen the self-assessment process and conducted a review of the outcomes at its meeting in June 2018.
- 1.3. The GDC focused on significant improvements and deteriorations in comparison with the previous self-assessment, which was undertaken in 2016/17, in order to identify themes emerging.
- 1.4. The GDC did not always identify specific actions which should be taken in response to the views expressed as they would like to hear the views of the Council on the accuracy of the analysis contained here. Where remedial actions seemed straightforward, there are actions included below.
- 1.5. There were significant improvements in Governors' perceptions of the effectiveness of the Council and its relationship with the Trust in almost every area of the Council's operation.
- 1.6. This paper sets out the process followed and contextual considerations noted by the GDC, and seeks to analyse the outcomes following discussion at the GDC.
- 1.7. Governors are asked to review the analysis and refer to the raw data provided as an appendix to this paper.
- 1.8. Please note that free text comments are not provided as it was felt preferable to conduct this review in public (as part of the CoG's commitment to public accountability) however the comments are summarised as part of the analysis to ensure the meaning is captured.
- 1.9. The aim of the discussion at the Council meeting is to sense-check the analysis with the Council as a whole, and provide the public and Trust with the outcomes of the self-assessment. Once the Council has had the opportunity for reflection at this meeting, the GDC will consider whether to propose any changes in Council practice or processes as a result.

2. Self-assessment process

- 2.1. The GDC agreed that the core self-assessment tool (an online survey) should follow the same format as the previous one, to enable comparison.
- 2.2. In addition, Non-Executive Directors (NEDs) were asked to provide anonymous feedback against the same set of questions as to their view of the operation of the Council.
- 2.3. The GDC reviewed both sets of results.

3. Responses

- 3.1. 12 responses to the survey were received, from a total of 19 Governors currently on the Council. This is a deterioration from 17/21 during the last self-assessment. The GDC was

keen to understand why those Governors who did not respond were not willing/able to complete the survey.

3.2. Governors are asked to indicate whether there were any barriers to their ability to complete the survey.

3.3. There were 9 responses to the 360 feedback survey, which went to NEDs and three others working closely with the Council.

4. Survey outcomes

1.1. It was good to note that this year's responses had been more positive. However, it was upsetting that more Governors had not responded - of nineteen governors only twelve had responded and this was worse than the previous year.

10.2 The GDC reviewed the questions and responses in detail, question by question. After discussion the GDC noted the following:

10.2.1 It was good to see that responses were across the board a great improvement compared to the previous year's self-assessment. It was clear that the previous year's assessment had been taken at the time of flux and stress for the Trust which was reflected in feeling of uncertainty in the Council, and that the Council had, to some extent understandably, not been the focus of the then-Chair's attention when the survey was undertaken.

10.2.2 Overwhelmingly, those Governors who responded felt that:

10.2.3 They were adequately independent,

10.2.4 There were constructive relationships between Governors,

10.2.5 There was the right number of Governors and the correct balance between public, appointed and staff Governors,

10.2.6 Meetings of the Council of Governors focused on relevant issues,

10.2.7 There was sufficient time at meetings for the presentation and full discussion of the issues,

10.2.8 The Council of Governors was well chaired and led,

10.2.9 The CoG had open and constructive discussions and deliberations,

10.2.10 Papers for the Council meetings were provided in a timely manner,

10.2.11 Sufficient background information regarding Trust performance etc. was provided between Council meetings,

10.2.12 The secretarial and administrative arrangements for the Council are appropriate and effective,

10.2.13 The level of participation in Council meetings by Non- Executive Directors was appropriate,

10.2.14 The Trust encouraged and ensured communication between the Council of Governors and executive management,

10.2.15 Overall, the Council was effective in carrying out its statutory duties,

10.2.16 The Trust Board was supportive of the Council and viewed it as an asset (significant improvement here on the previous year),

10.2.17 The Council's committees operated effectively and contributed to the work of the Council,

10.2.18 Overall, Governors were clear about their role and responsibilities as a Governor,

10.2.19 Governors were confident that they were representing the interests of their constituency and the wider public, and finally that

10.2.20 Overall the level and scope of Governors' involvement with the Trust was "about right".

10.3 The Council's views on the issues raised below are sought at the meeting:

- 10.4 The issue of whether there was too much or not enough representation from CFRs on the Council continued to be raised. The possibility of having a specific Governor to represent CFRs continued to be raised.
- 10.5 Governors who responded wished the vacancies for Appointed Governors to be filled as soon as possible. After discussion, it was agreed that it could be an early objective for the new Chair to visit partner agencies and organisations to recruit effective and committed Appointed Governors. This would be a useful part of their induction to the wider context in which the Trust worked.

Action: TH to ensure procurement of appointed Governors was an early objective for the new Chair.

- 10.6 There continued to be a small number of Governors who wished to see more detailed information than was usually provided. The GDC discussed this and agreed that Governors should not be provided with the level of detail that Executives needed to do their jobs – Governors should take a more ‘helicopter’ view of the Trust.
- 10.7 There was a mixed response as to whether the Council had had appropriate opportunity to input into the Trust’s strategic plans and it was recognised that while there had been some opportunities, the Council had not worked closely with the Board on strategic planning as they had in previous years. Similar points were made in relation to whether Governors felt they were clear enough about the Trust’s priorities for the next five years. This need for annual interaction with the Board on strategic planning would be noted for the new Chair to ensure this happened in future.

Action: IA to keep a list of issues raised for the new Chairman, including the need for annual interaction between Board and Council on strategic planning.

- 10.8 There were some Governors who felt that the quality of papers and presentations to the Council could be improved, in particular that some of the Executives were still not always great at presenting clear summaries. This included feedback on statistical presentation and this could sometimes be clearer.
- 10.9 On whether individuals tended to dominate Council meetings, while there was generally a positive response, some Governors felt that a wider variety of contributions from more Governors would be welcome.
- 10.10 Governors felt that the level of participation by management in meetings remained inadequate. The GDC discussed the utility of inviting subject specialists more often to talk about their areas of work, rather than Executive Directors.
- 10.11 Governors felt that communications between the Council and NEDs was improving, but with room for further improvement. The GDC noted that the recent changes to Council agendas to bring more focus on discussions with NEDs should help remedy this further.
- 10.12 On communicating the views of members and the public to the Trust, responses showed that Governors felt that the strong voices of CFRs, staff and Inclusion Hub Advisory Group members were heard. The GDC noted that Governors should consider doing what some Governors did around attending CCG meetings, but acknowledged how time-consuming this was. The GDC felt that Governors bringing anecdotal evidence from their local areas would be really useful to NEDs to support their own challenge at the Board and in Committees.
- 10.13 There remained some concern around how to hold the NEDs to account effectively. This would be taken back to the Nominations Committee to consider how to advise the Council on what they should be looking for in terms of NED performance.

Action: IA to add a discussion on helping the Council understand more clearly what they should consider regarding NED performance to the agenda for a Nominations Committee meeting.

10.14 The remaining questions on the survey related to the skills, experience and training needs of the Governors. The GDC noted the massive amounts of experience and expertise brought across the Council, and how this was a real strength.

10.15 TH commented that it would be good to have an afternoon session on finances at a future council meeting; this was agreed as a recommendation.

Action: Afternoon session on finances to be arranged for a future council meeting

10.16 Training needs were noted and RL questioned how training was arranged for Council members; IA explained that Katie Spendiff, Corporate Governance Coordinator – Governors and Membership, circulated the dates when they were received from NHS providers and bespoke training had been provided during the previous year.

10.17 The GDC then reviewed the feedback received from the NEDs and others the Council works with.

10.18 The GDC noted that responses were generally positive though more mixed than from Governors, and in some cases wide divergences of opinion were seen with most NEDs feeling positive about some aspects but one or two professing the opposite opinion. Unfortunately, not all the questions had free text comments so it was not always possible to tell what issues NEDs wished to highlight through negative responses.

10.19 The GDC noted the following summary feedback:

10.19.1 All but one NED felt the Council had the right mix of talents, expertise and background though one was unclear what 'right' might mean since there was no job description for a Governor,

10.19.2 Some NEDs were unaware of the work the Council had done with the Trust on the strategy recently and TH noted that he would be able to follow this up with NEDs,

10.19.3 One NED felt that Council agendas did not always reflect the Trust's priorities, and

10.19.4 NEDs shared Governors' view that more could be done to facilitate NED/Governor and Board/Governor interaction.

5. Skills and experience audit outcomes

5.1. The remaining questions on the survey related to the skills, experience and training needs of the Governors. The GDC noted the massive amounts of experience and expertise brought across the Council, and how this was a real strength.

5.2. An afternoon session on finances would be arranged at a future council meeting.

5.3. Training needs were noted and Governors are reminded that Katie Spendiff, Corporate Governance Coordinator – Governors and Membership, circulates the dates of training provided by NHS Providers and bespoke training has been provided during the year.

6. Recommendations

6.1. The Council is asked to review this analysis, consider the context, and come to the meeting ready to discuss:

6.1.1. Whether the analysis seems accurate from your perspective; and

6.1.2. Whether you would wish the GDC to consider anything further when thinking about actions that should be taken to secure improvements.

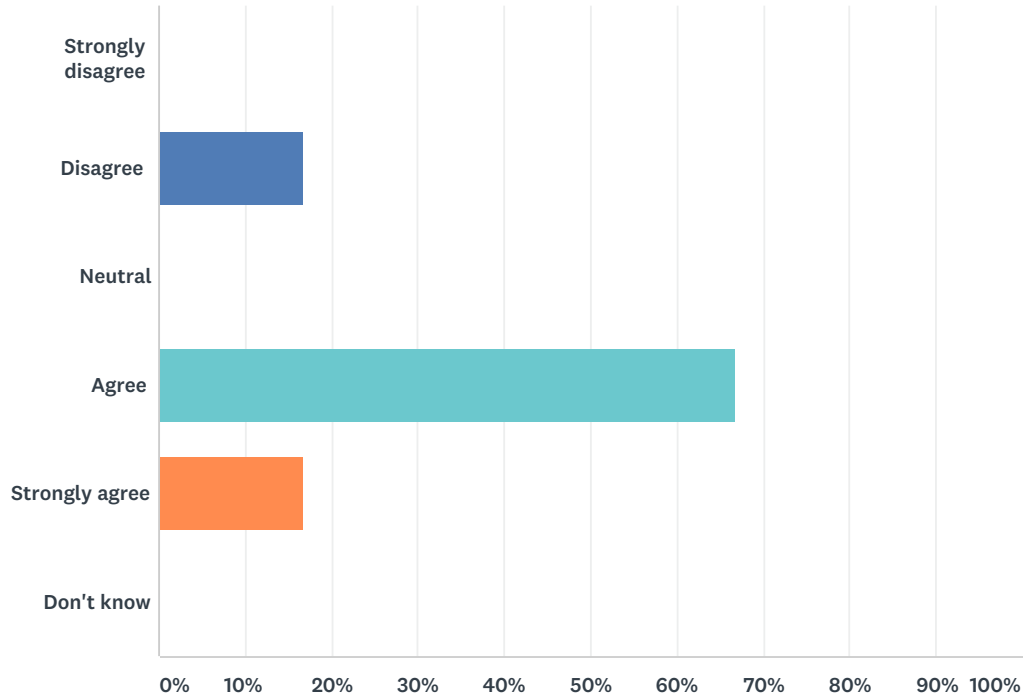
James Crawley

Public Governor for Kent, Lead Governor and Chair of the GDC

On behalf of the GDC

Q1 The Council of Governors has the right mix of talents, expertise and background in the context of its statutory duties and the challenges facing the Trust

Answered: 12 Skipped: 0

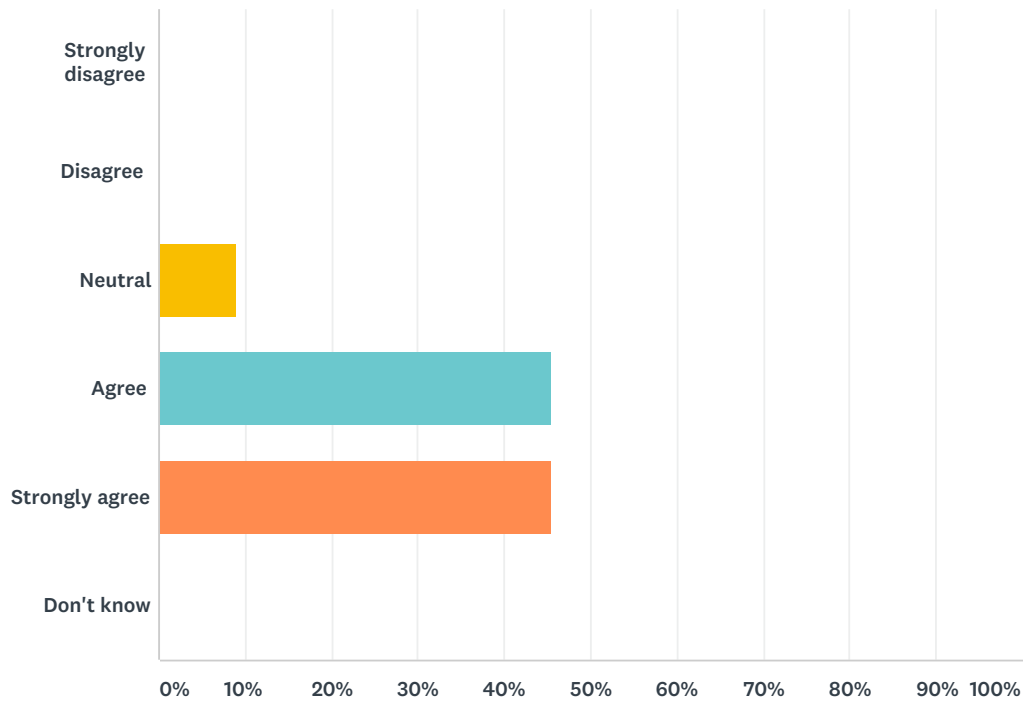


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 16.67% 2 |
| Neutral | 0.00% 0 |
| Agree | 66.67% 8 |
| Strongly agree | 16.67% 2 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | IF YOU WISH, PLEASE EXPLAIN YOUR RESPONSE | DATE |
|---|---|-------------------|
| 1 | I believe there is a role on the council for a volunteer representative as there are staff (given that volunteers make up 20% of the workforce) and that would relieve the pressure on the governors who happen to be volunteer CFRs so they don't have to feel they are constrained to that issue | 5/18/2018 4:58 PM |
| 2 | I feel that an increased attendance from the co opted governors would bring some useful expertise to the COG. I am unsure about the level of expertise given that colleagues are elected by the public not on the strength of their CV | 5/2/2018 5:41 PM |
| 3 | A good mix, but the age range could be larger | 5/2/2018 4:11 PM |
| 4 | Increased medical presence would be useful. Appreciate the challenge on time committment | 5/2/2018 2:00 PM |
| 5 | Mix of public governors and volunteers-CFRs less than ideal | 5/2/2018 1:56 PM |
| 6 | Mix of business, public, CFR and EMR backgrounds | 5/2/2018 1:14 PM |

Q2 Appropriate and relevant background information is made available to Governors to enable us to perform our role

Answered: 11 Skipped: 1

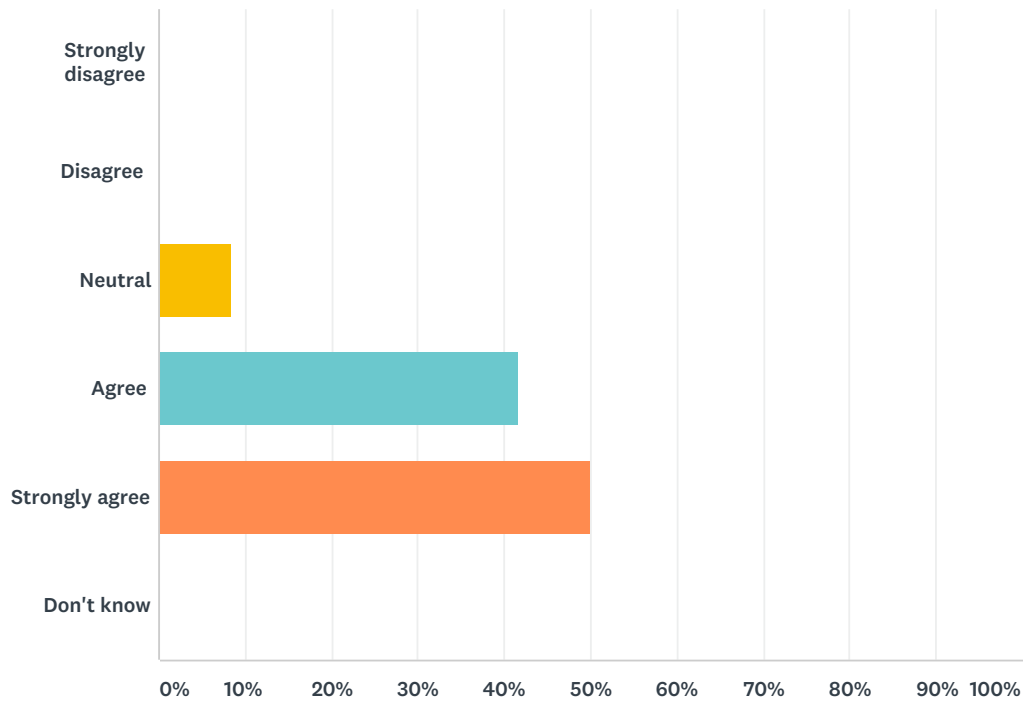


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 9.09% 1 |
| Agree | 45.45% 5 |
| Strongly agree | 45.45% 5 |
| Don't know | 0.00% 0 |
| TOTAL | 11 |

| # | ANY COMMENTS? | DATE |
|---|---|------------------|
| 1 | I think one has to be wary that we are only able to comment on what is provided for us to read and it is sometimes hard to triangulate information about the organisation | 5/2/2018 5:41 PM |
| 2 | The intial meeting with Staff and 'Handbook' were useful, but it's also a case of 'learning on the job'. | 5/2/2018 4:11 PM |
| 3 | I think detail can sometimes be "thin" and when specific questions are asked by the council the reply's should be formalised and detail to support statements should be offered to the council enabling further challenge or clarity being sought if needed | 5/2/2018 1:51 PM |

Q3 The Council of Governors exercises appropriate standards of independence in dealing with Trust issues

Answered: 12 Skipped: 0

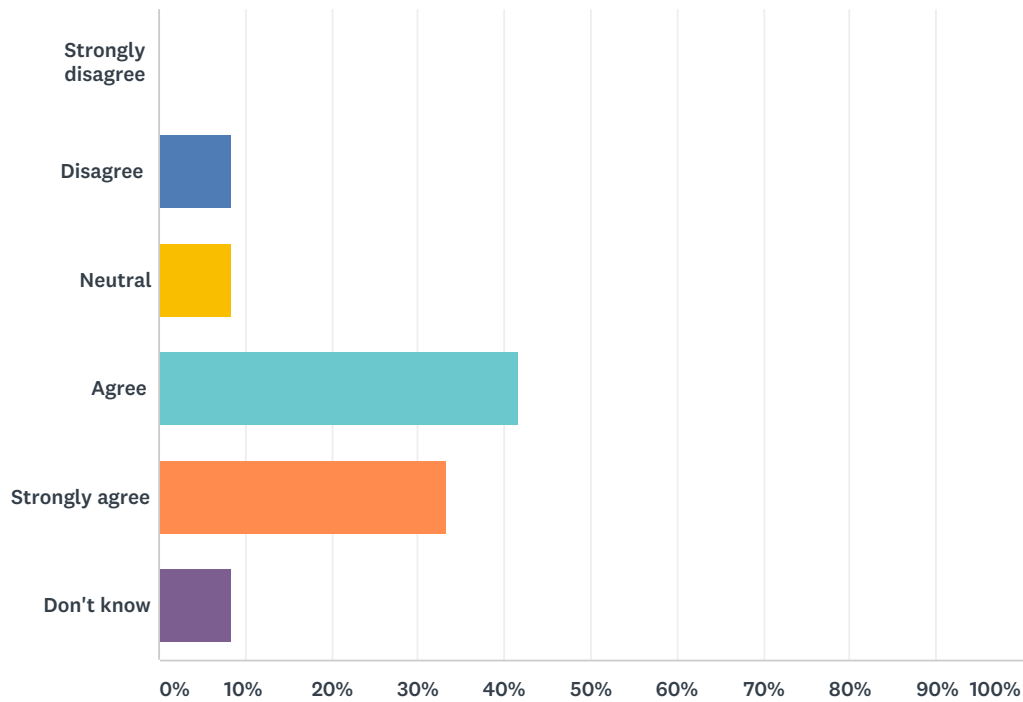


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 8.33% 1 |
| Agree | 41.67% 5 |
| Strongly agree | 50.00% 6 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|-------------------------|------|
| | There are no responses. | |

Q4 The Council of Governors has appropriate opportunity to input into the Trust's major strategic plans and actions

Answered: 12 Skipped: 0

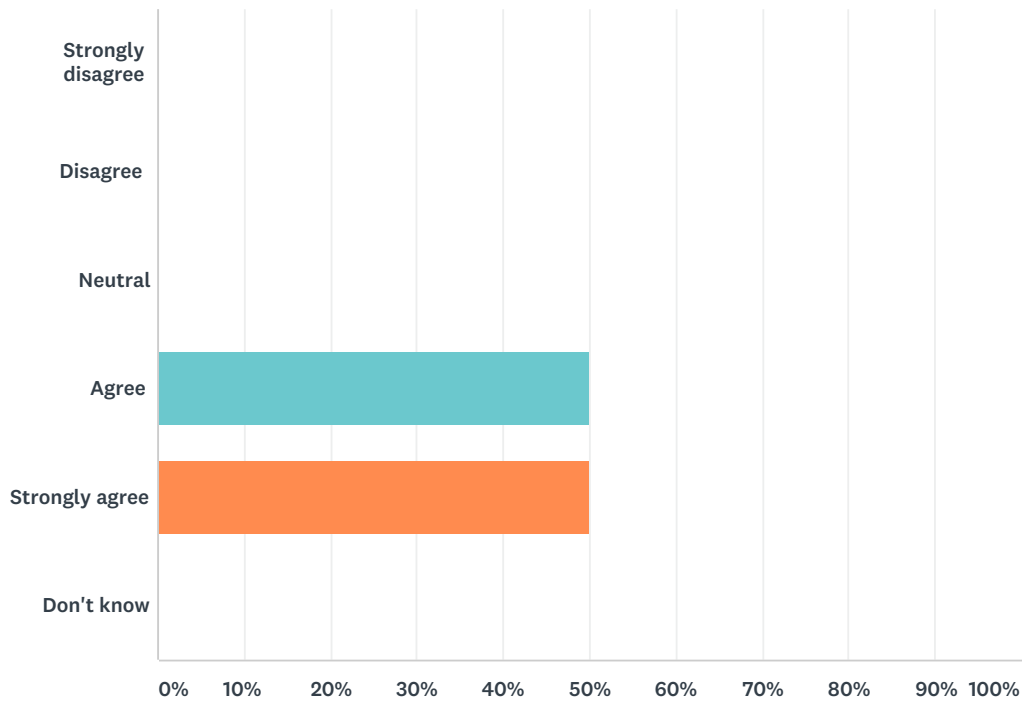


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 8.33% 1 |
| Neutral | 8.33% 1 |
| Agree | 41.67% 5 |
| Strongly agree | 33.33% 4 |
| Don't know | 8.33% 1 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|---|------------------|
| 1 | We would only know if we had been asked if that makes sense | 5/9/2018 9:34 AM |
| 2 | How much notice of what is said by the Governors by the Exec Team is questionable. I rather think that the NEDs have greater influence. | 5/2/2018 4:11 PM |
| 3 | The Council is less involved in strategic matters than it was in former times | 5/2/2018 1:56 PM |

Q5 There are constructive relations between the members of the Council of Governors

Answered: 12 Skipped: 0

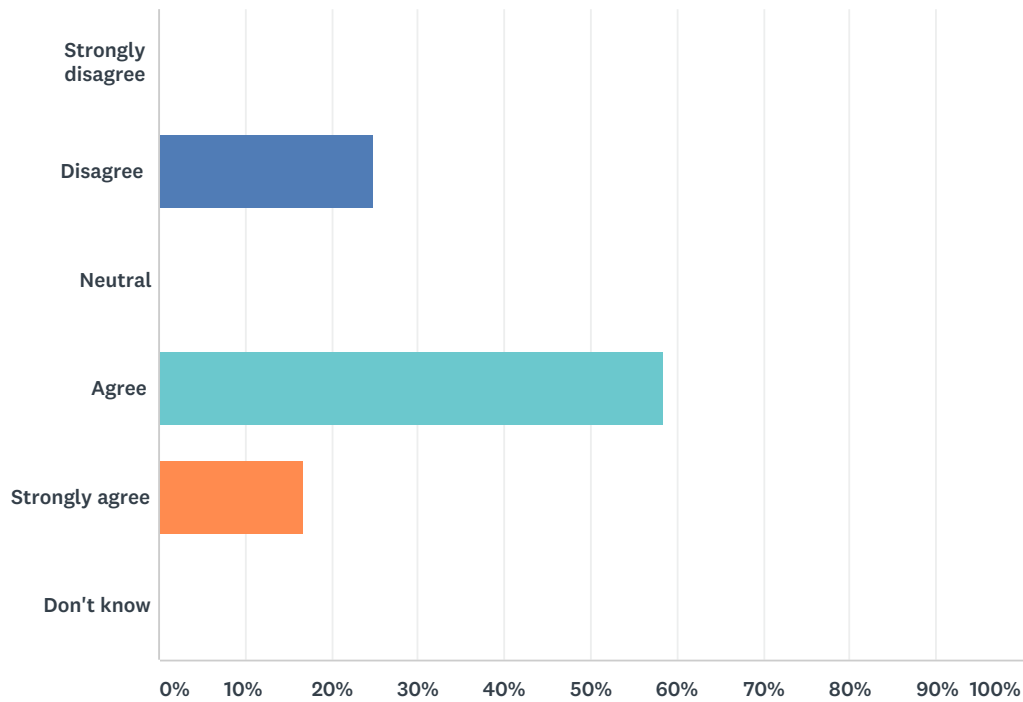


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 0.00% 0 |
| Agree | 50.00% 6 |
| Strongly agree | 50.00% 6 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|---|------------------|
| 1 | I think that the very wide geographical spread of the patch and limited opportunities to get together and have real debates about the issues limits building relationships within the COG | 5/2/2018 5:41 PM |
| 2 | This grows all the time. | 5/2/2018 4:11 PM |

Q6 The Council of Governors has the right number of Governors and the correct balance between public, appointed and staff Governors

Answered: 12 Skipped: 0

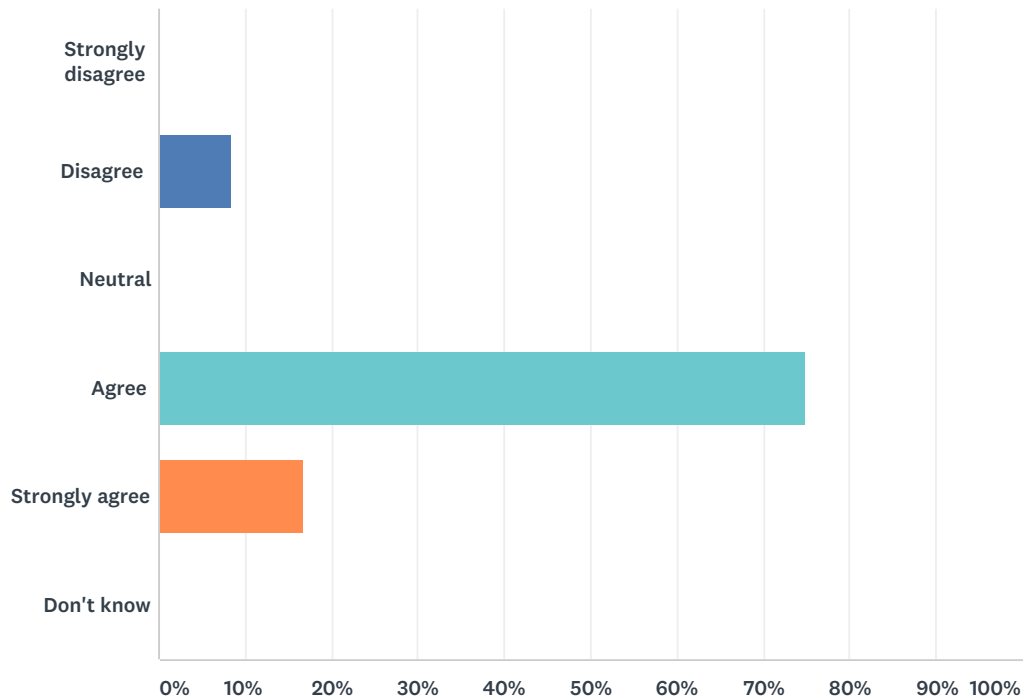


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 25.00% 3 |
| Neutral | 0.00% 0 |
| Agree | 58.33% 7 |
| Strongly agree | 16.67% 2 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|--|-------------------|
| 1 | see previous comments about a volunteer Gov | 5/18/2018 4:59 PM |
| 2 | Perhaps more staff governors are needed | 5/9/2018 9:37 AM |
| 3 | I think this will be true once the appointed governors are in post and attend the meetings | 5/2/2018 5:47 PM |

Q7 Meetings of the Council of Governors focus on relevant issues

Answered: 12 Skipped: 0

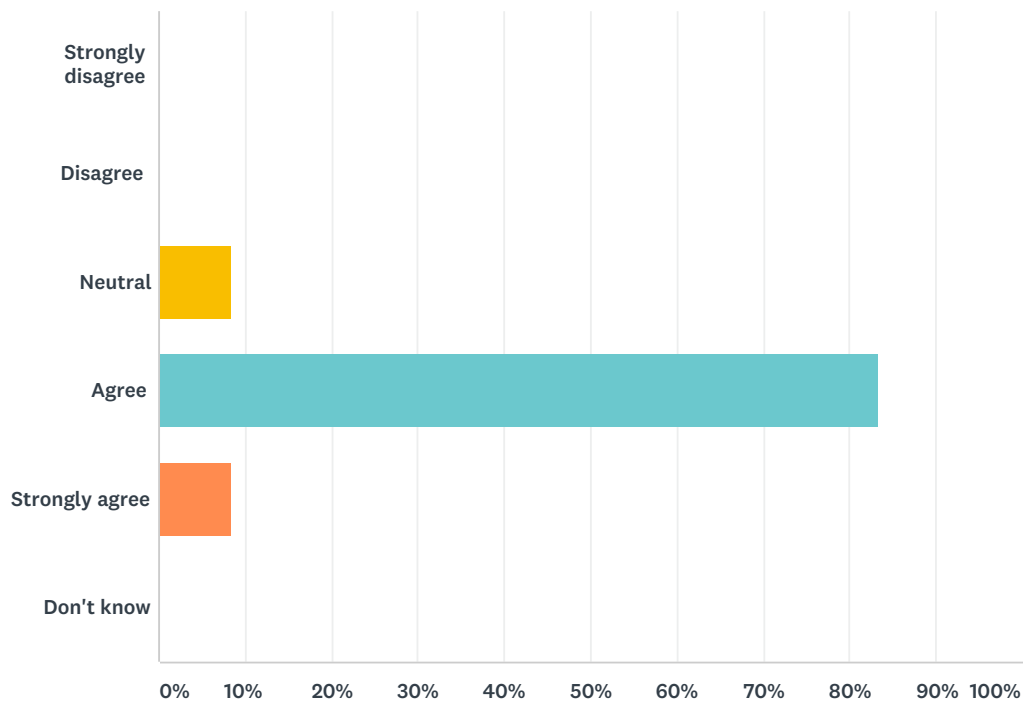


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 8.33% 1 |
| Neutral | 0.00% 0 |
| Agree | 75.00% 9 |
| Strongly agree | 16.67% 2 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|---|------------------|
| 1 | Usually!! | 5/2/2018 4:17 PM |
| 2 | Sometimes focus is appropriate sometimes focus is on operational issues | 5/2/2018 1:59 PM |
| 3 | I think the council should maybe be more challenging but this has improved with a better more unified approach being seen of late | 5/2/2018 1:53 PM |

Q8 There is sufficient time at meetings for the presentation and full discussion of the issues

Answered: 12 Skipped: 0

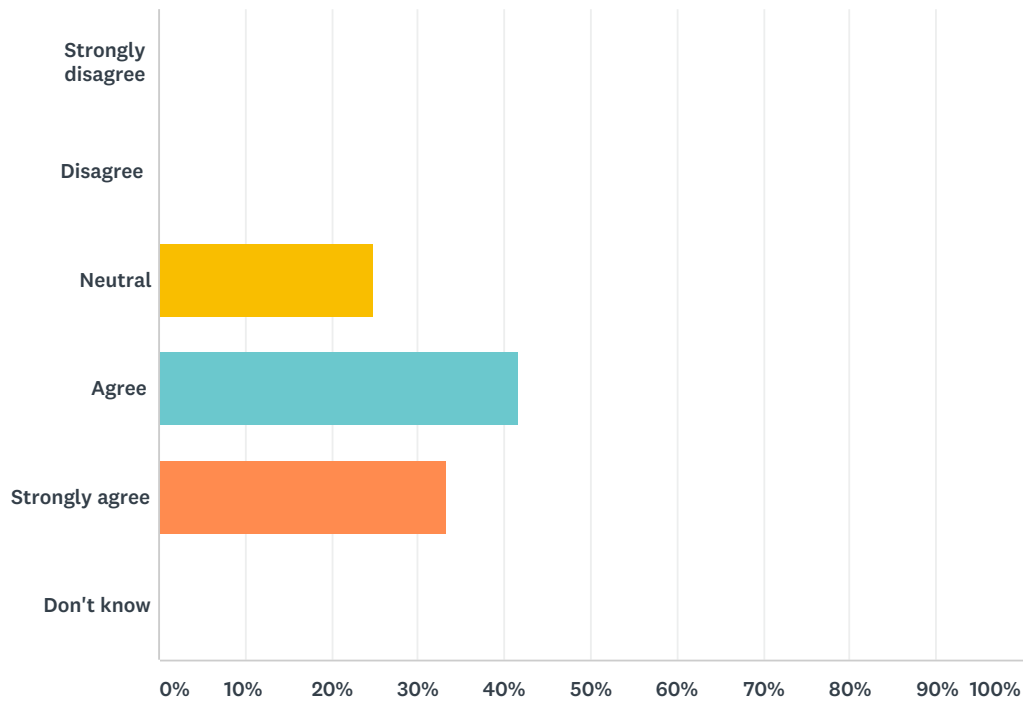


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 8.33% 1 |
| Agree | 83.33% 10 |
| Strongly agree | 8.33% 1 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS | DATE |
|---|---|------------------|
| 1 | We are always given time to discuss any concerns | 5/9/2018 9:37 AM |
| 2 | Hopefully the NHS providers effective questioning training and pre meet will improve COG capability to explore issues | 5/2/2018 5:47 PM |

Q9 The quality of papers and presentations to the Council of Governors is appropriate

Answered: 12 Skipped: 0

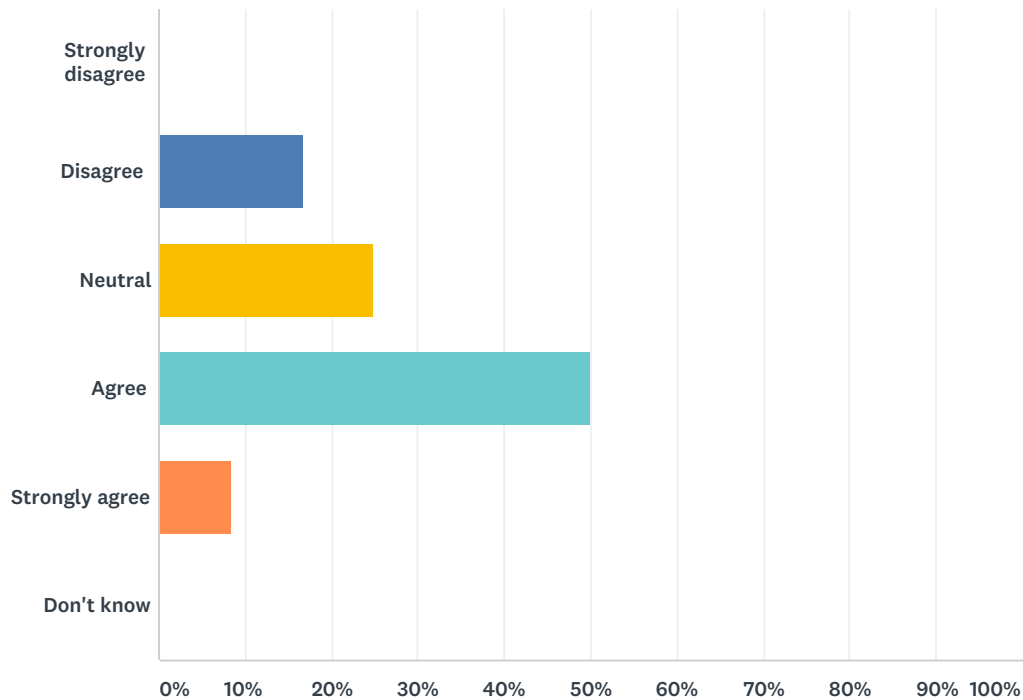


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 25.00% 3 |
| Agree | 41.67% 5 |
| Strongly agree | 33.33% 4 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|--|------------------|
| 1 | I find that some papers are full of narrative when focused bullet points would help in encapsulating the key issues and actions/ impact | 5/2/2018 5:47 PM |
| 2 | I think some of the key subjects sometimes lack detail and the emphasis is sometimes more macro than micro. Key areas should be presented by the relevant dept/staff that are directly involved in not only their creation but also their day to day administration. | 5/2/2018 1:53 PM |
| 3 | Much more clear and concise now | 5/2/2018 1:15 PM |

Q10 The format of statistical information presented to the Council of Governors is appropriate

Answered: 12 Skipped: 0

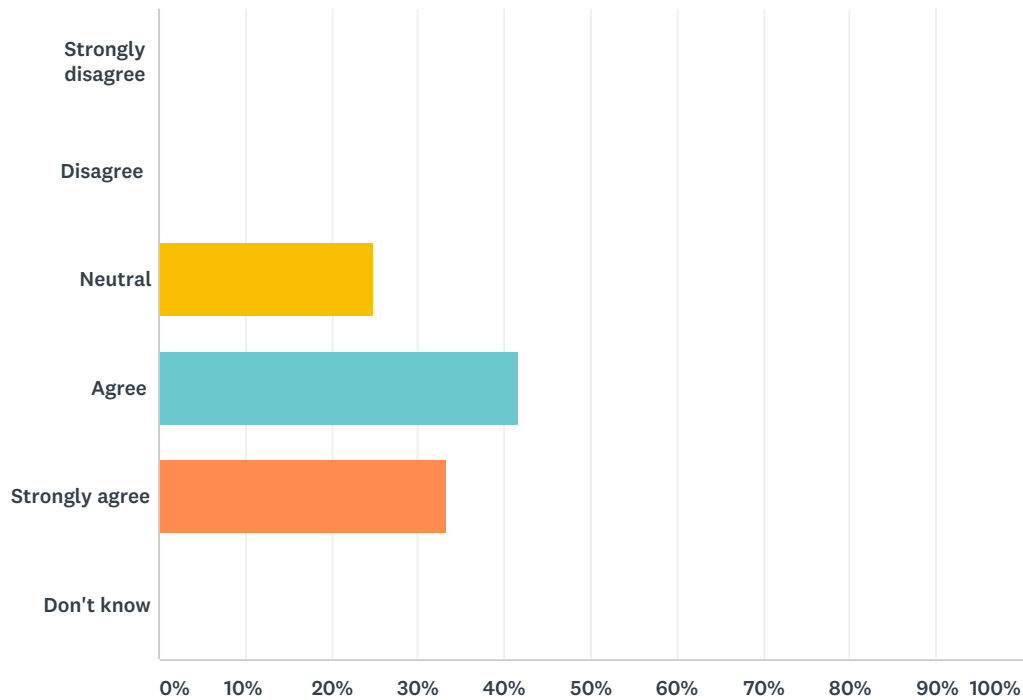


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 16.67% 2 |
| Neutral | 25.00% 3 |
| Agree | 50.00% 6 |
| Strongly agree | 8.33% 1 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|--|------------------|
| 1 | There are to many charts and they need to be larger and clearer with better use of colour | 5/9/2018 9:37 AM |
| 2 | I think it is improving | 5/2/2018 5:47 PM |
| 3 |even if I sometimes wonder why such detailed statistics are required both for the CoG and, indeed, the Board. I suspect some 'mandarins' in Whitehall have had a field day in demanding that SOME of these are produced! | 5/2/2018 4:17 PM |
| 4 | Too many presentations are minuscule in font size, Too many graphs are too small and too complicated with insufficient focus on the Kemp points | 5/2/2018 1:59 PM |

Q11 The Council of Governors is well chaired and led

Answered: 12 Skipped: 0

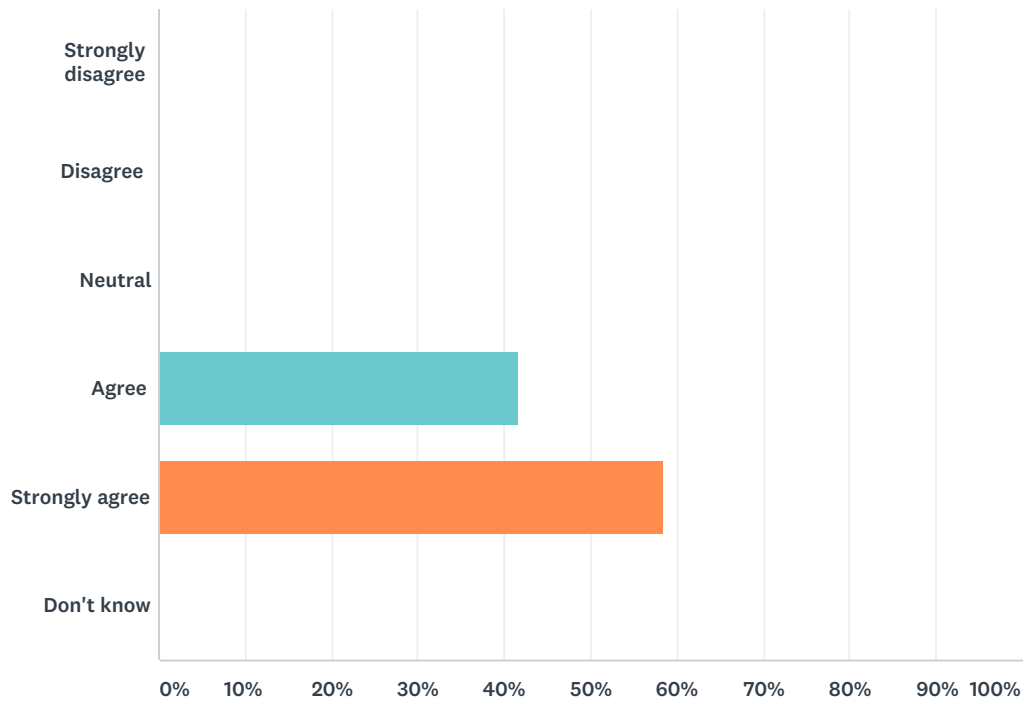


| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|-----------|
| Strongly disagree | 0.00% | 0 |
| Disagree | 0.00% | 0 |
| Neutral | 25.00% | 3 |
| Agree | 41.67% | 5 |
| Strongly agree | 33.33% | 4 |
| Don't know | 0.00% | 0 |
| TOTAL | | 12 |

| # | ANY COMMENTS? | DATE |
|---|---|------------------|
| 1 | I think we have a good chair and he is a good leader. | 5/9/2018 9:37 AM |
| 2 | I thought Richard did a good job so wait to see Graham's input as interim chair | 5/2/2018 5:47 PM |
| 3 | I am so sorry that Richard felt it necessary to stand down. I found him an excellent chairman, quietly and gently steering the meeting, and with huge skill in summing up what had been said. But of course his health must come first! | 5/2/2018 4:17 PM |
| 4 | Leadership has faltered | 5/2/2018 1:59 PM |

Q12 The Council of Governors has open and constructive discussions and deliberations

Answered: 12 Skipped: 0

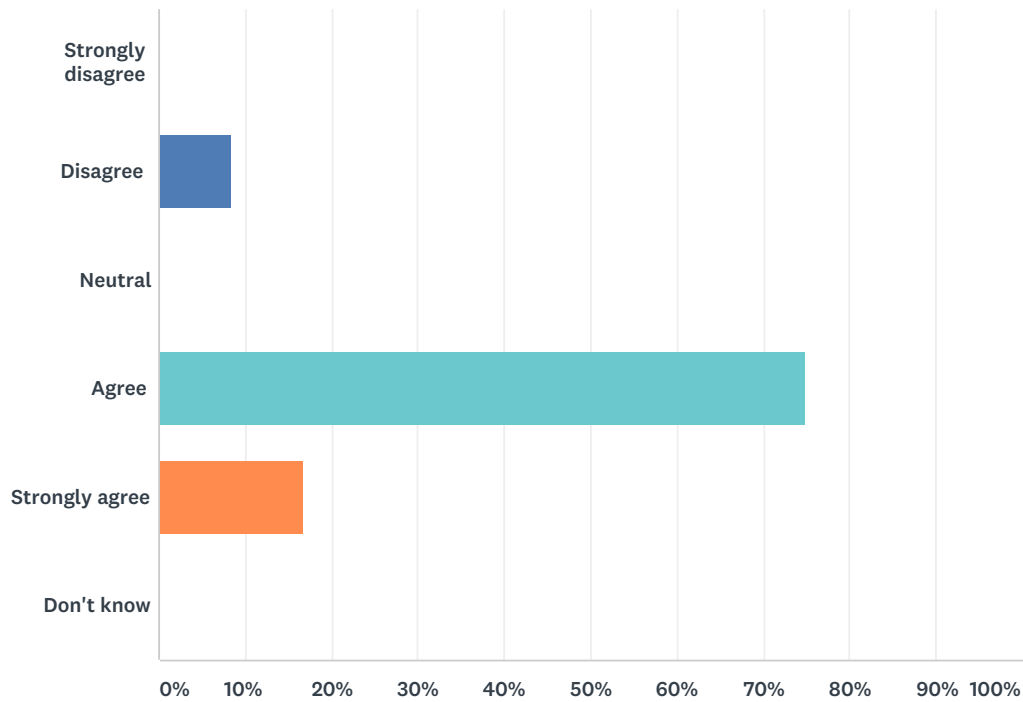


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 0.00% 0 |
| Agree | 41.67% 5 |
| Strongly agree | 58.33% 7 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|-------------------------|------|
| | There are no responses. | |

Q13 Individuals do not tend to dominate the Council of Governors' meetings

Answered: 12 Skipped: 0

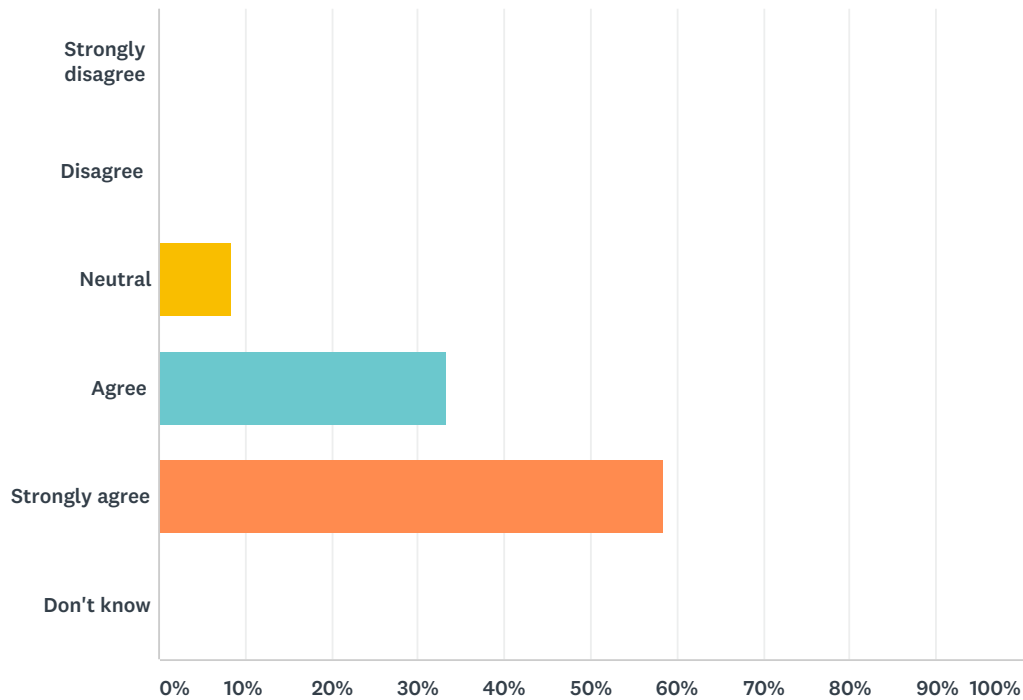


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 8.33% 1 |
| Neutral | 0.00% 0 |
| Agree | 75.00% 9 |
| Strongly agree | 16.67% 2 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|--------------------------------------|------------------|
| 1 | More voices would be welcome however | 5/2/2018 5:50 PM |
| 2 | Some do! | 5/2/2018 4:20 PM |

Q14 Papers for the Council meetings are provided in a timely manner

Answered: 12 Skipped: 0

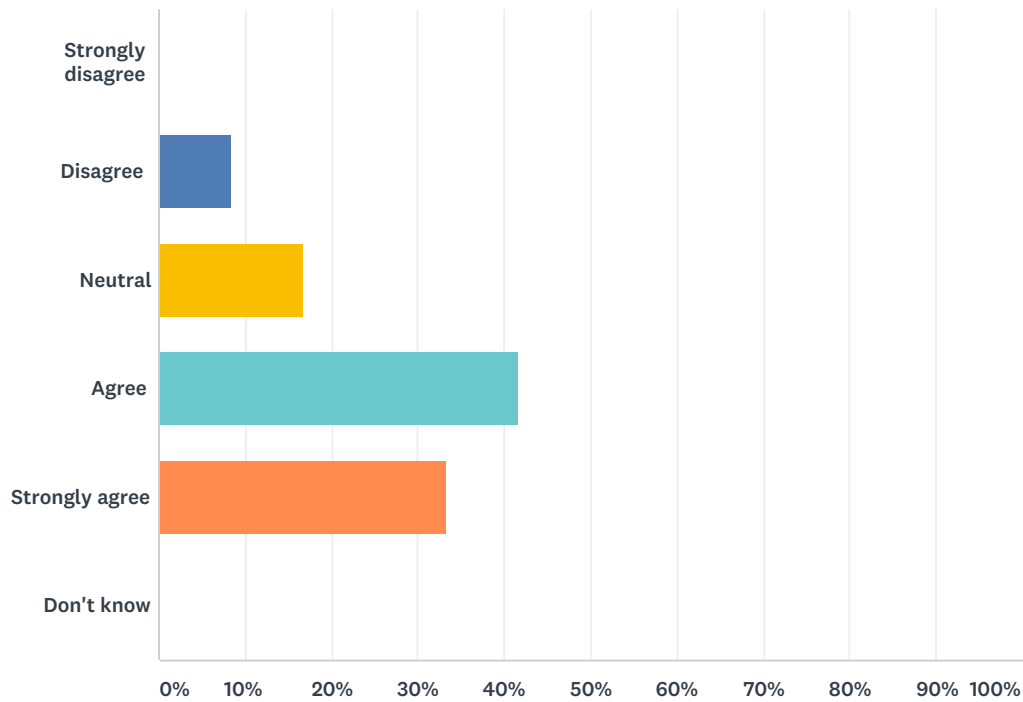


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 8.33% 1 |
| Agree | 33.33% 4 |
| Strongly agree | 58.33% 7 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|---|------------------|
| 1 | We need these papers in advance, the way we do, to read them ahead of the meetings. Many thanks to Katie and Izzy for the work they put into ensuring that we receive these in the way we do. | 5/2/2018 4:20 PM |

Q15 Sufficient background information regarding Trust performance etc. is provided between Council meetings

Answered: 12 Skipped: 0

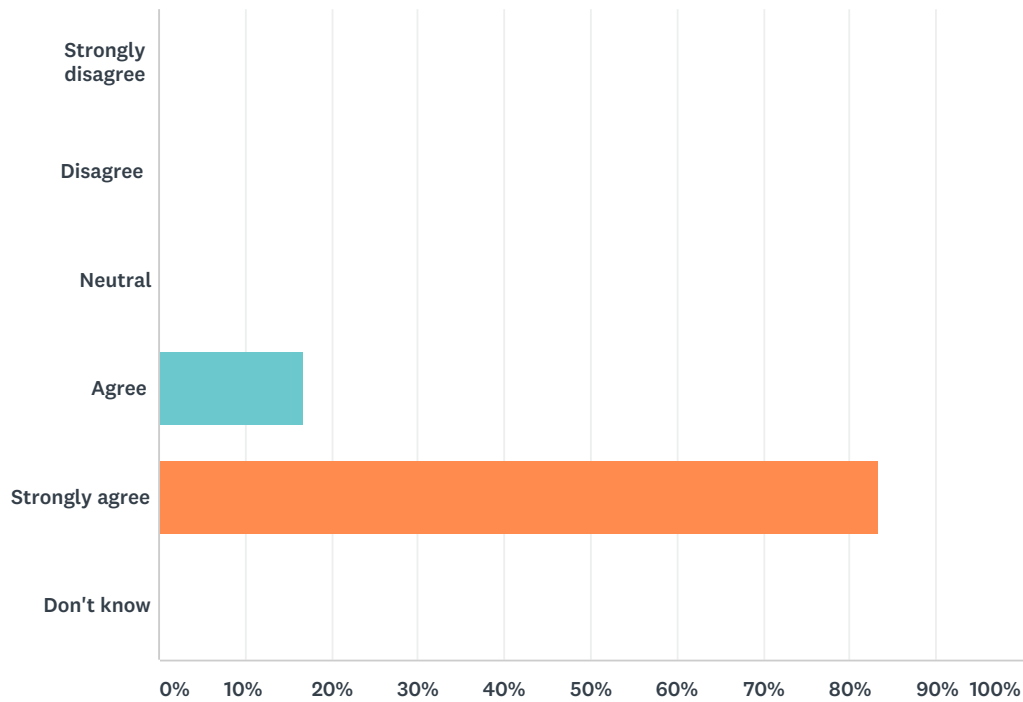


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 8.33% 1 |
| Neutral | 16.67% 2 |
| Agree | 41.67% 5 |
| Strongly agree | 33.33% 4 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|---|------------------|
| 1 | every week on the bulletin | 5/9/2018 9:38 AM |
| 2 | Monthly Board papers are the source of this | 5/2/2018 5:50 PM |
| 3 | Aagain, thanks to Katie S and Izzy | 5/2/2018 4:20 PM |
| 4 | More detail regarding day to day operations good and bad by related dept heads and workers should be provided. Highlighting problem areas any goof/high performing thing areas worthy of praise | 5/2/2018 1:55 PM |

Q16 The secretarial and administrative arrangements for the Council are appropriate and effective

Answered: 12 Skipped: 0

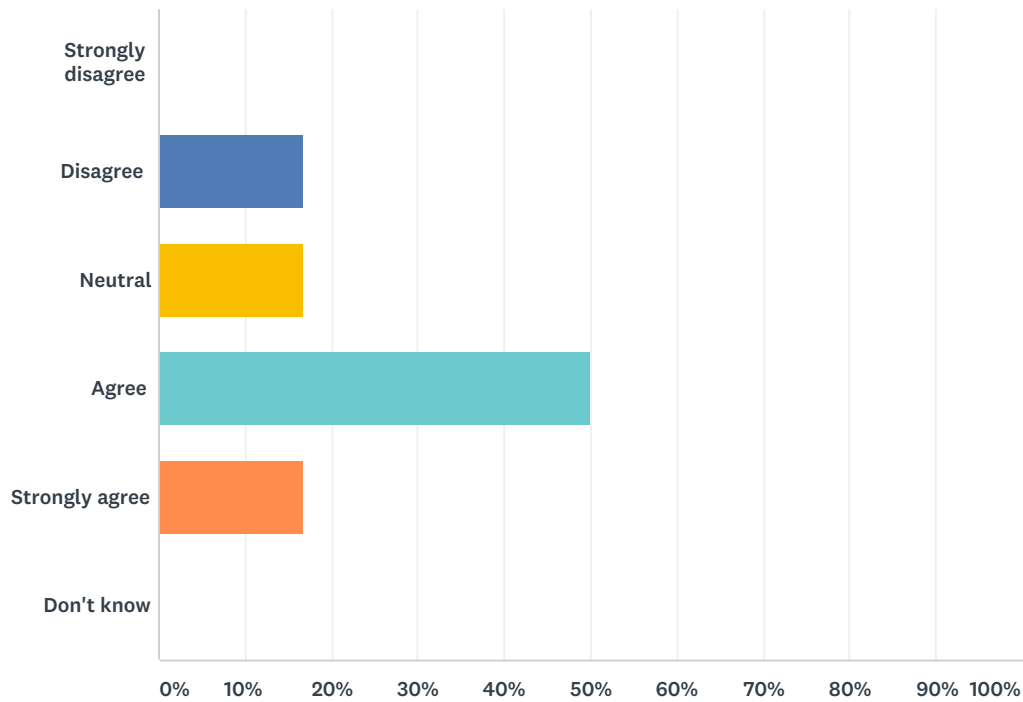


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 0.00% 0 |
| Agree | 16.67% 2 |
| Strongly agree | 83.33% 10 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|--|------------------|
| 1 | The team work hard to keep us informed and looked after. | 5/9/2018 9:38 AM |
| 2 | Excellent! | 5/2/2018 4:20 PM |

Q17 The level of participation in Council meetings by Trust management is appropriate

Answered: 12 Skipped: 0

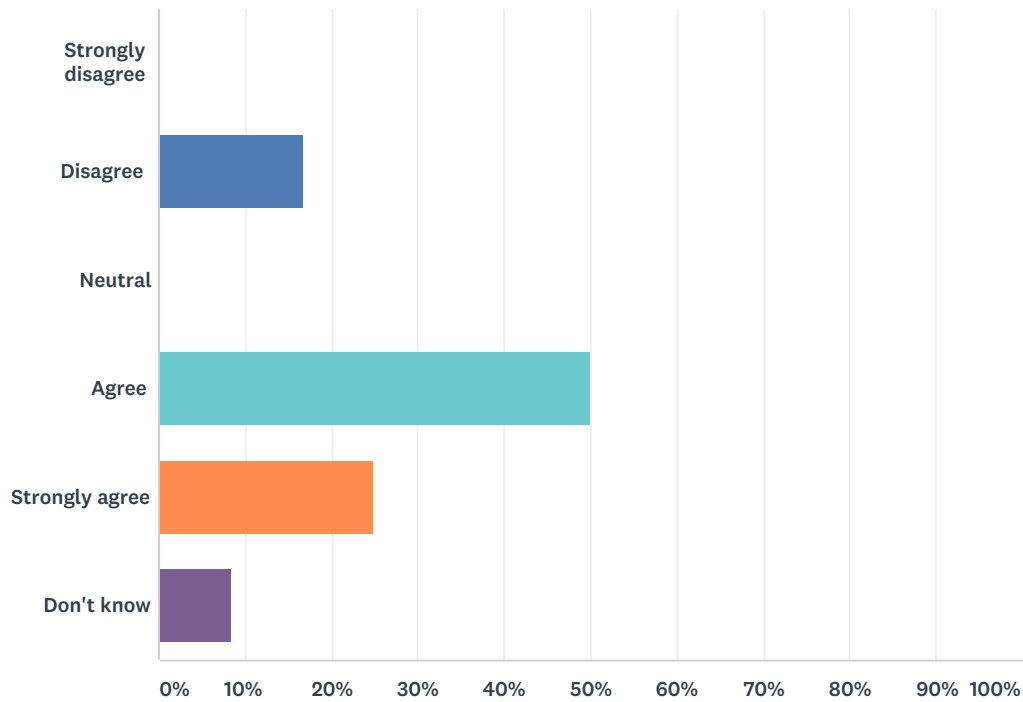


| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|-----------|
| Strongly disagree | 0.00% | 0 |
| Disagree | 16.67% | 2 |
| Neutral | 16.67% | 2 |
| Agree | 50.00% | 6 |
| Strongly agree | 16.67% | 2 |
| Don't know | 0.00% | 0 |
| TOTAL | | 12 |

| # | ANY COMMENTS? | DATE |
|---|--|------------------|
| 1 | I would like to see more NEDs at the meetings plus more management | 5/9/2018 9:47 AM |
| 2 | Better presence would be appreciated creating a better forum for strong direct questioning | 5/2/2018 1:56 PM |

Q18 The level of participation in Council meetings by Non- Executive Directors is appropriate

Answered: 12 Skipped: 0

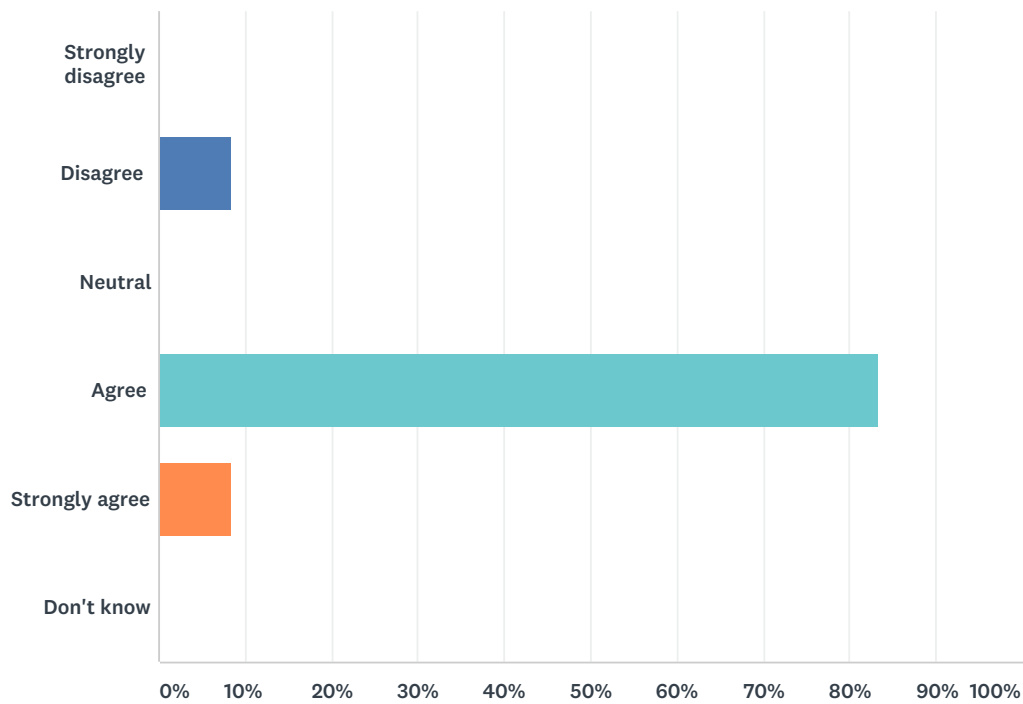


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 16.67% 2 |
| Neutral | 0.00% 0 |
| Agree | 50.00% 6 |
| Strongly agree | 25.00% 3 |
| Don't know | 8.33% 1 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|--|-------------------|
| 1 | Is improving | 5/20/2018 1:21 PM |
| 2 | sometimes they can be a bit thin on the ground. | 5/9/2018 9:47 AM |
| 3 | Full attendance by all NEDS would be welcome as an oppourtunty to engage with them | 5/2/2018 5:53 PM |
| 4 | Insufficient still attend | 5/2/2018 2:01 PM |

Q19 The Trust encourages and ensures communication between the Council of Governors and executive management

Answered: 12 Skipped: 0

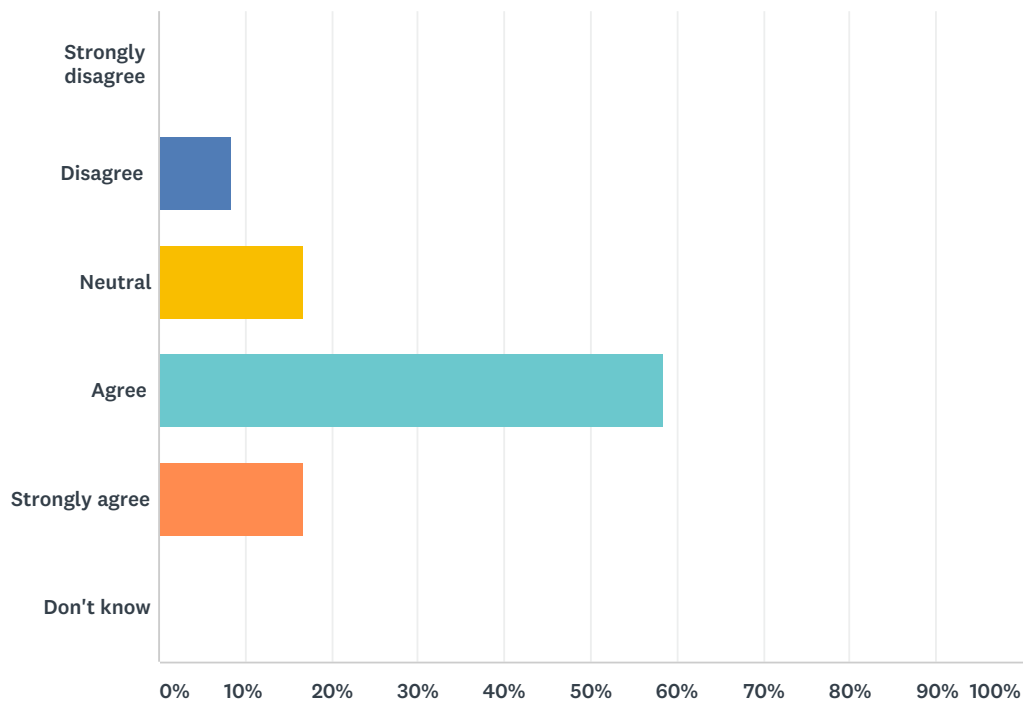


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 8.33% 1 |
| Neutral | 0.00% 0 |
| Agree | 83.33% 10 |
| Strongly agree | 8.33% 1 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|---------------|-------------------|
| 1 | Improving | 5/20/2018 1:21 PM |

Q20 The Trust encourages and ensures communication between the Council of Governors and Non-Executive Directors

Answered: 12 Skipped: 0

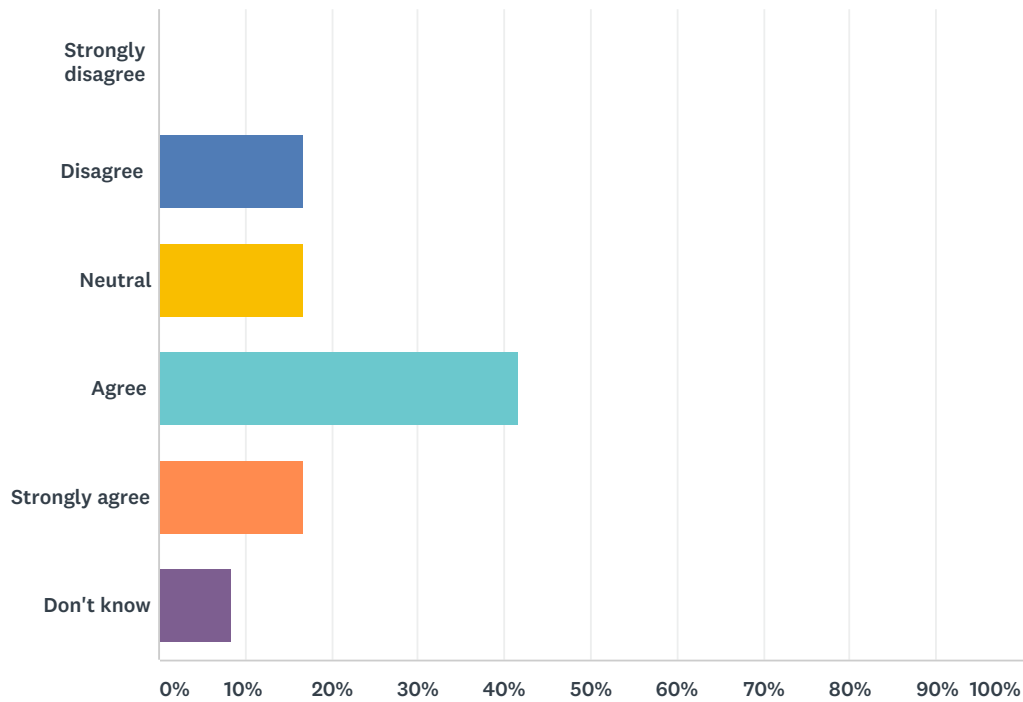


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 8.33% 1 |
| Neutral | 16.67% 2 |
| Agree | 58.33% 7 |
| Strongly agree | 16.67% 2 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|--|-------------------|
| 1 | Also improving | 5/20/2018 1:21 PM |
| 2 | Any questions to NEDS via email have been answered promptly and fully I should welcome more information about how they are utilised within the trust, plus COG attendance, etc | 5/2/2018 5:53 PM |

Q21 There is adequate contact between members of the Board of Directors as a whole and the Council of Governors

Answered: 12 Skipped: 0

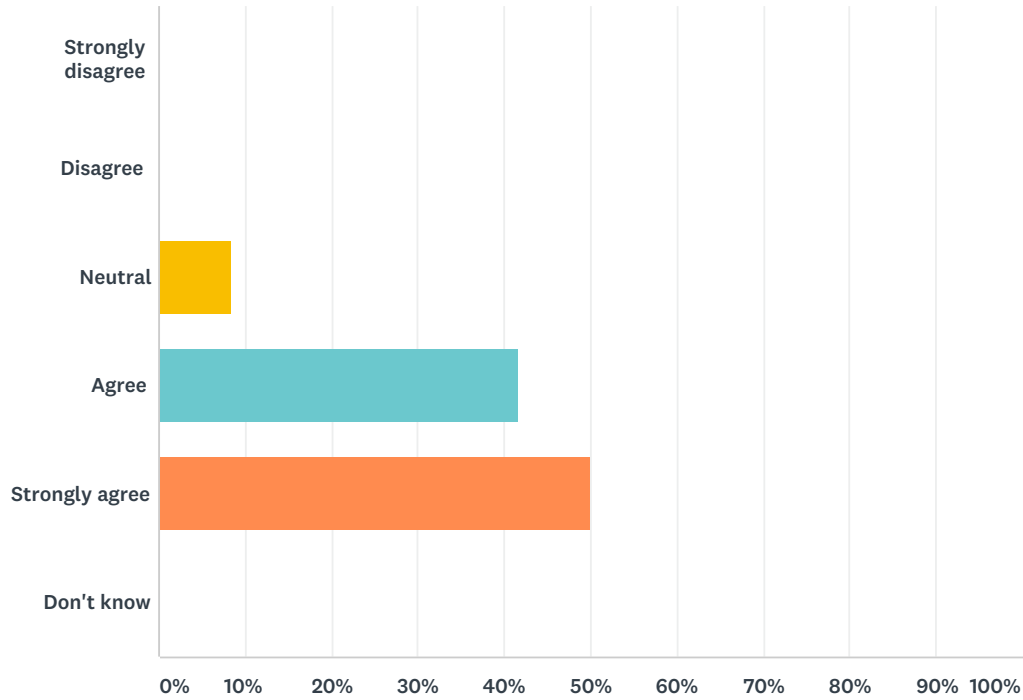


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 16.67% 2 |
| Neutral | 16.67% 2 |
| Agree | 41.67% 5 |
| Strongly agree | 16.67% 2 |
| Don't know | 8.33% 1 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|--|------------------|
| 1 | I see them as i work in the trust but am not sure about others | 5/9/2018 9:47 AM |
| 2 | This can always be improved upon | 5/2/2018 1:56 PM |

Q22 Overall the Council of Governors is effective in discharging its statutory duties:- To hold the NEDs to account for the performance of the Board- To represent the interests of members (including staff) and the wider public

Answered: 12 Skipped: 0

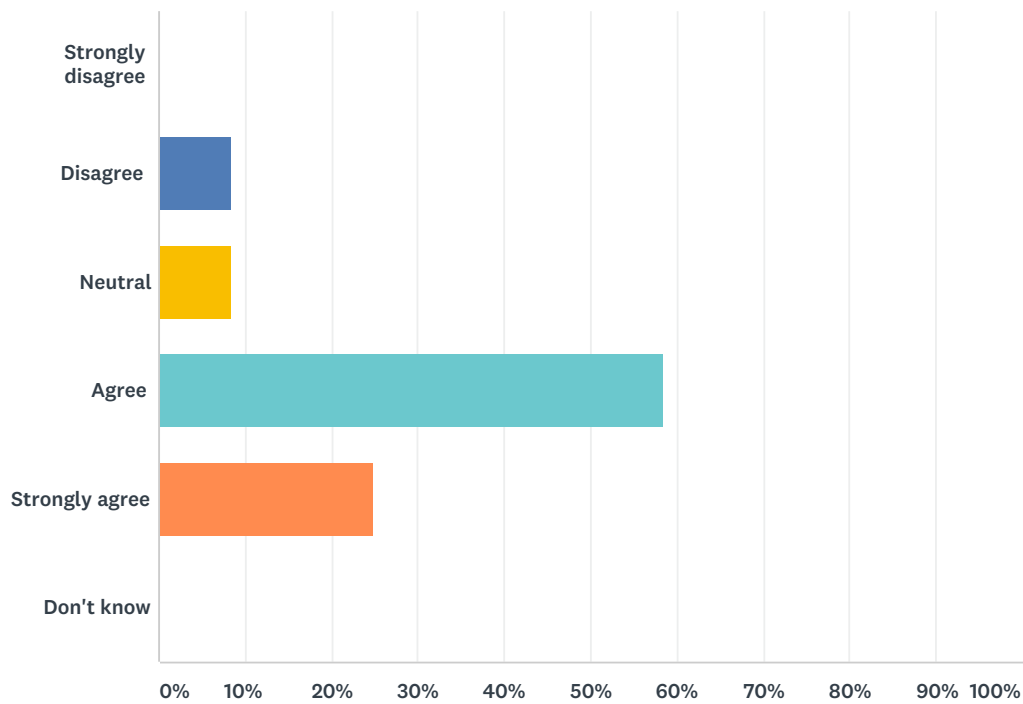


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 8.33% 1 |
| Agree | 41.67% 5 |
| Strongly agree | 50.00% 6 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS | DATE |
|---|---|------------------|
| 1 | I think so but find this a challenging concept to confirm. Not sure of the signs of not being effective?? | 5/2/2018 6:05 PM |

Q23 Overall the level and scope of the Governors' involvement with the Trust is "about right"

Answered: 12 Skipped: 0

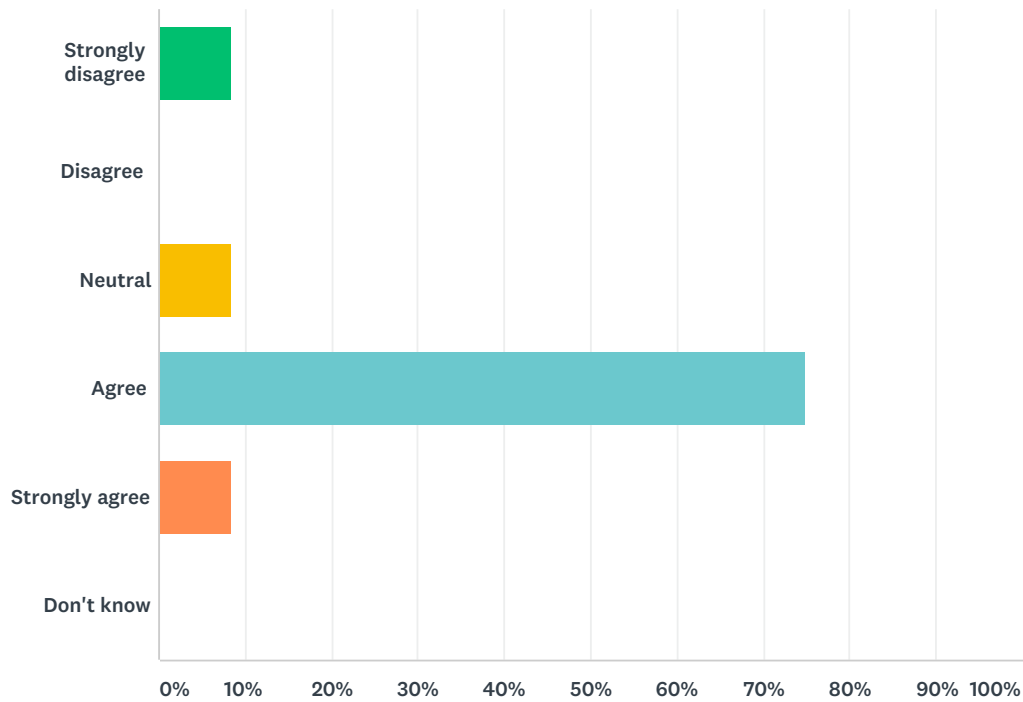


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 8.33% 1 |
| Neutral | 8.33% 1 |
| Agree | 58.33% 7 |
| Strongly agree | 25.00% 3 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|--|------------------|
| 1 | I think that governors should be able to attend EVERY committee | 5/9/2018 9:49 AM |
| 2 | Increased information requests and involvement is well supported | 5/2/2018 6:05 PM |
| 3 | I think so! | 5/2/2018 4:23 PM |

Q24 The Trust Board is supportive of the Council and views it as an asset

Answered: 12 Skipped: 0

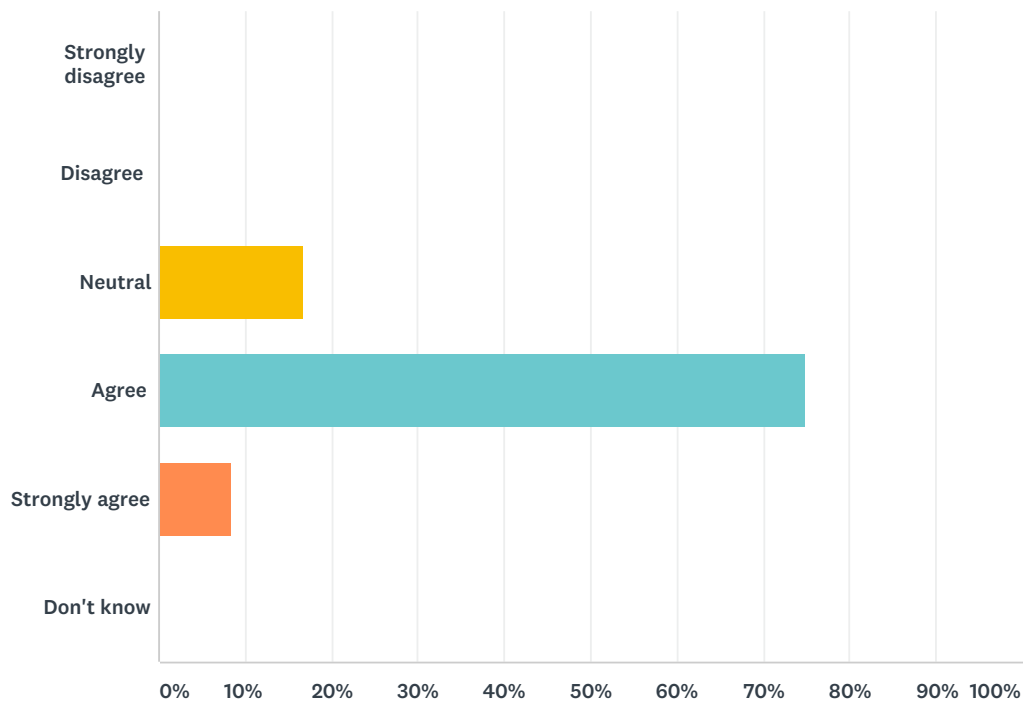


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 8.33% 1 |
| Disagree | 0.00% 0 |
| Neutral | 8.33% 1 |
| Agree | 75.00% 9 |
| Strongly agree | 8.33% 1 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|--|-------------------|
| 1 | Has improved latterly | 5/20/2018 1:23 PM |
| 2 | I think so . There is appears to be a positive and collaborative working together | 5/2/2018 6:05 PM |
| 3 | Not sure about this. Yes, the Board listens, but how much of the views of the Council is taken I'm not sure. | 5/2/2018 4:23 PM |
| 4 | There is insufficient regard for the cog | 5/2/2018 2:02 PM |

Q25 The Governors at my Trust are good at communicating the views of members and the public to the Trust

Answered: 12 Skipped: 0

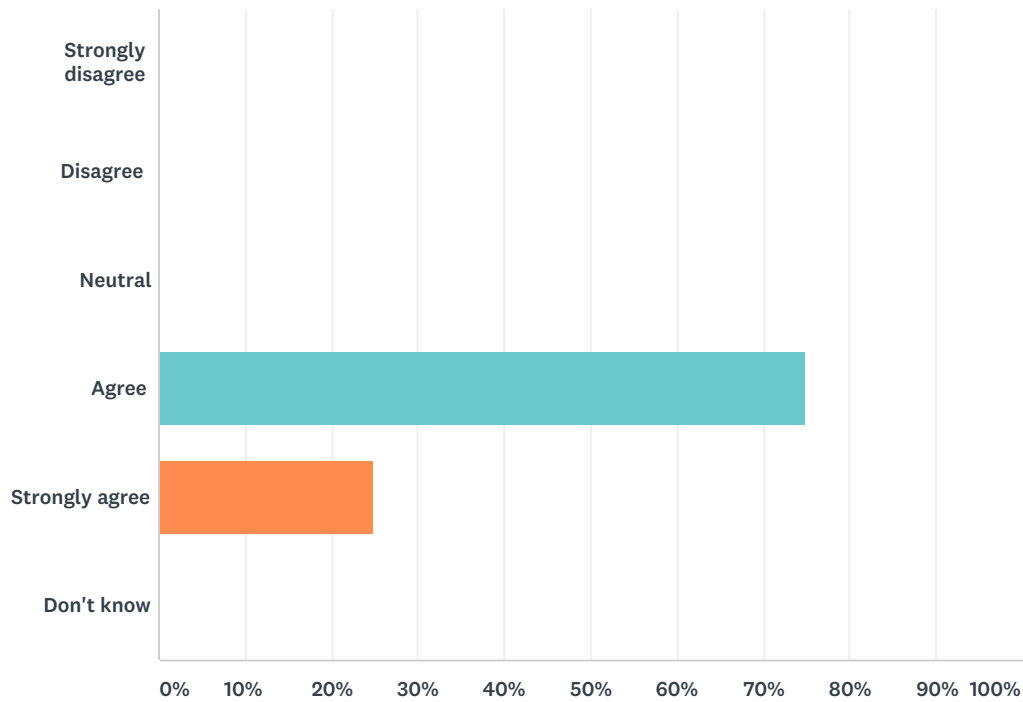


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 16.67% 2 |
| Agree | 75.00% 9 |
| Strongly agree | 8.33% 1 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|---|------------------|
| 1 | This is very challenging due to the nature of utilisation of ambulance services by patients. The only voices brought to the COG are that of CFRs, staff members and the patient group (IHAG). The annual membership survey provides the COG with views of the members. Patient experience examples are provided by the Trust | 5/2/2018 6:05 PM |

Q26 The Council’s committees operate effectively and contribute to the work of the Council

Answered: 12 Skipped: 0

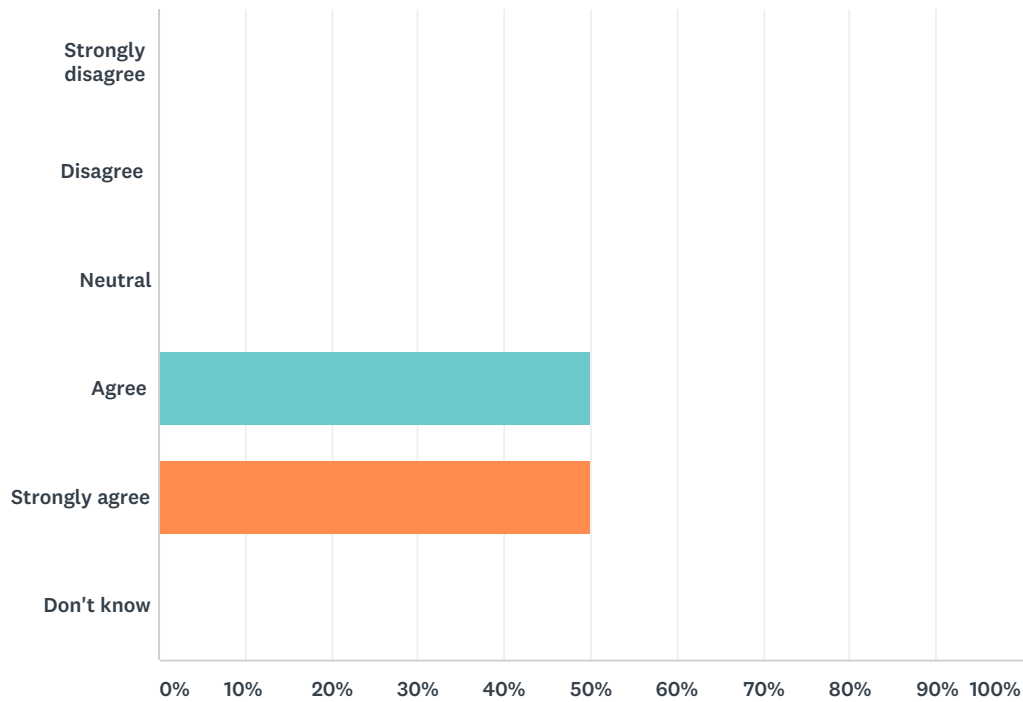


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 0.00% 0 |
| Agree | 75.00% 9 |
| Strongly agree | 25.00% 3 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|-------------------------|------|
| | There are no responses. | |

Q27 Overall, I am clear about my role and responsibilities as a Governor

Answered: 12 Skipped: 0

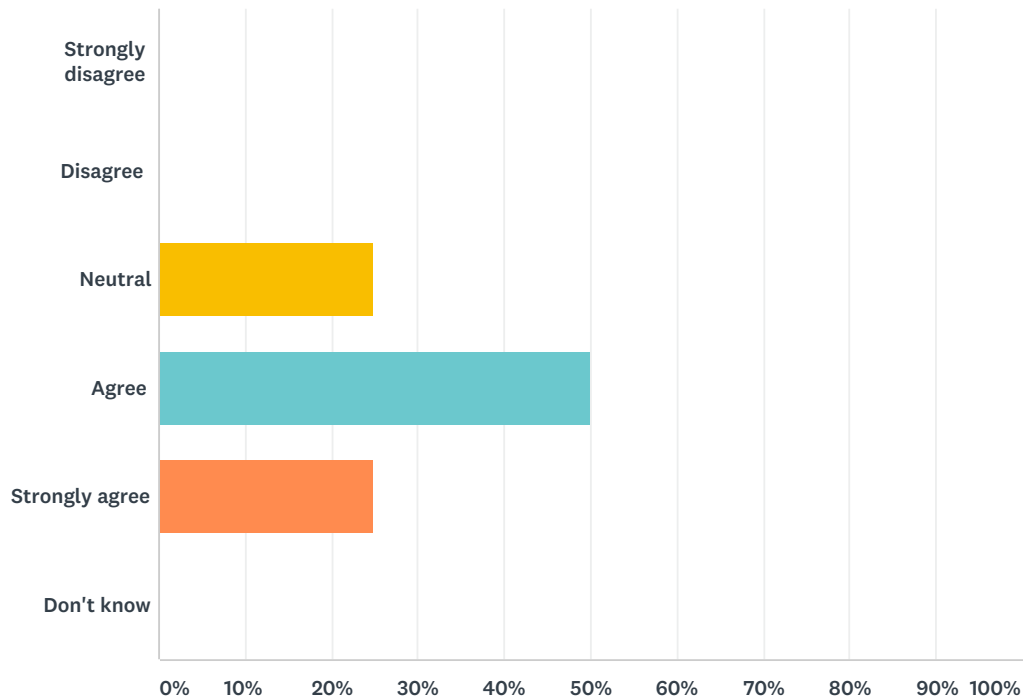


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 0.00% 0 |
| Agree | 50.00% 6 |
| Strongly agree | 50.00% 6 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|-------------------------|------|
| | There are no responses. | |

Q28 I am clear about the priorities for my Trust over the next five years

Answered: 12 Skipped: 0

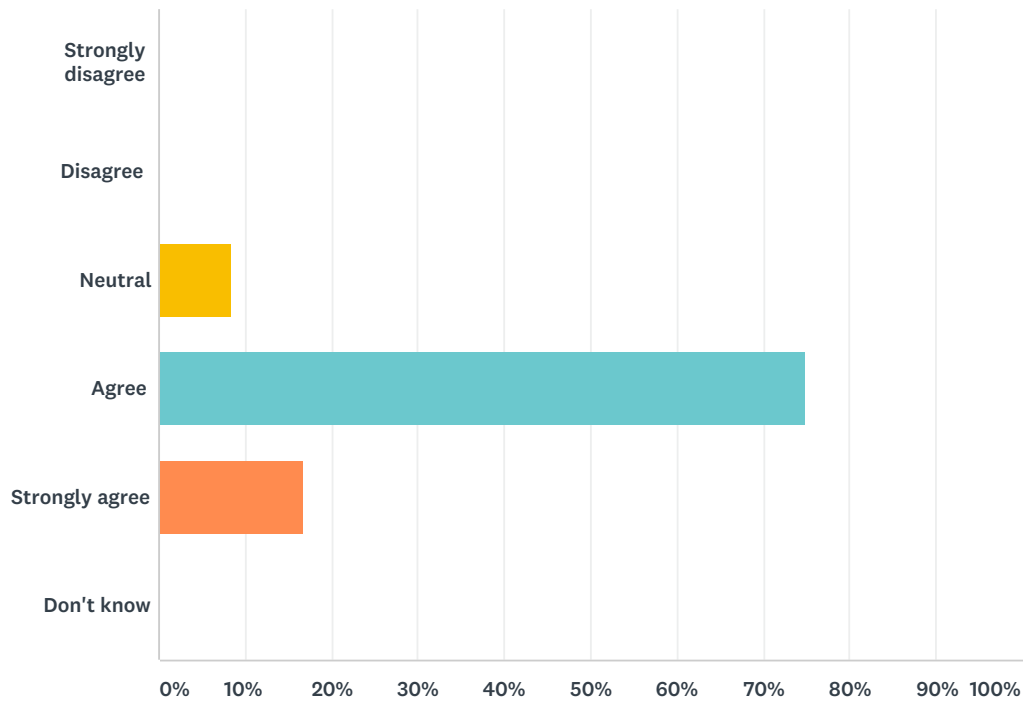


| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|-----------|
| Strongly disagree | 0.00% | 0 |
| Disagree | 0.00% | 0 |
| Neutral | 25.00% | 3 |
| Agree | 50.00% | 6 |
| Strongly agree | 25.00% | 3 |
| Don't know | 0.00% | 0 |
| TOTAL | | 12 |

| # | ANY COMMENTS? | DATE |
|---|--|------------------|
| 1 | Despite protestations that the Board is thinking long-term, I believe that satisfying the CQC is a major priority at the present time. Once tgh next inspection is over, and assuming the Trust gets out of Special Measures, I think everyone will breathe more easily and then plan for the long-term. | 5/2/2018 4:27 PM |

Q29 I am confident that as a Governor I am representing the interests of my constituency and the wider public

Answered: 12 Skipped: 0

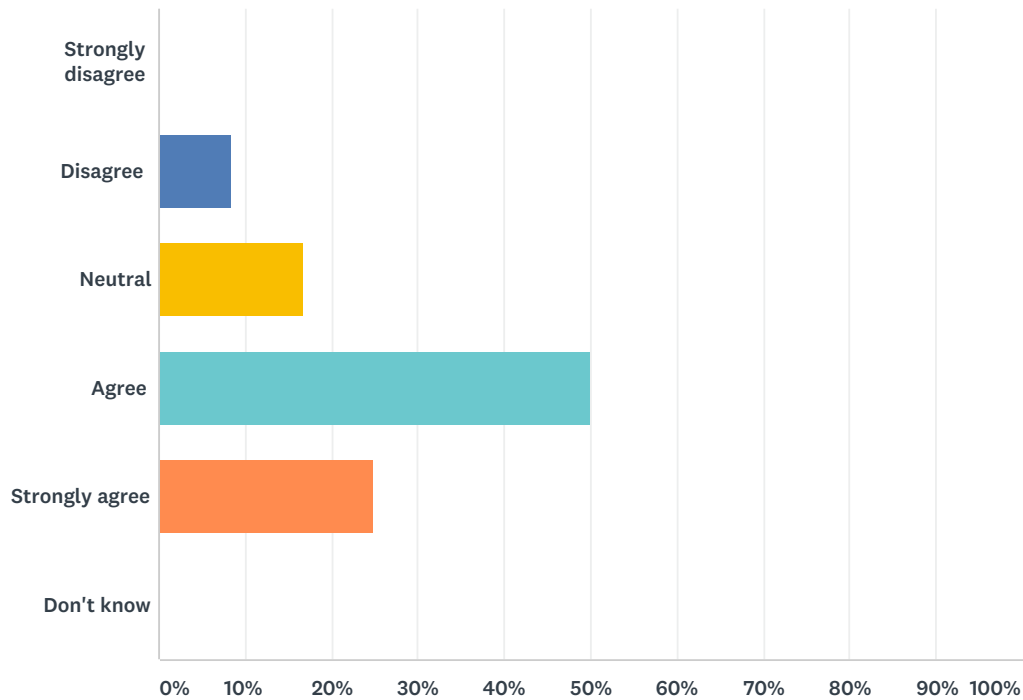


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 8.33% 1 |
| Agree | 75.00% 9 |
| Strongly agree | 16.67% 2 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|---------------------------|------------------|
| 1 | I would like to think so. | 5/2/2018 4:27 PM |

Q30 I am properly informed about the strategic direction of the Trust

Answered: 12 Skipped: 0

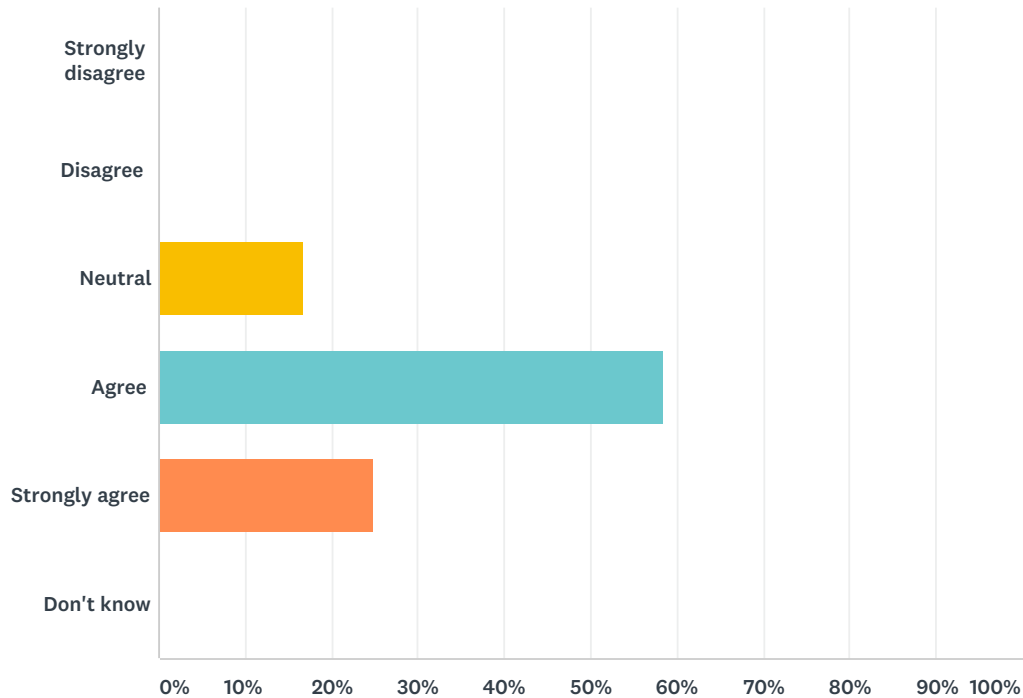


| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|-----------|
| Strongly disagree | 0.00% | 0 |
| Disagree | 8.33% | 1 |
| Neutral | 16.67% | 2 |
| Agree | 50.00% | 6 |
| Strongly agree | 25.00% | 3 |
| Don't know | 0.00% | 0 |
| TOTAL | | 12 |

| # | ANY COMMENTS? | DATE |
|---|------------------------|------------------|
| 1 | See my comments above. | 5/2/2018 4:27 PM |

Q31 I received sufficient information about the activities of the Trust to enable me to perform my role as a Governor in holding the Non-Executive Directors to account

Answered: 12 Skipped: 0

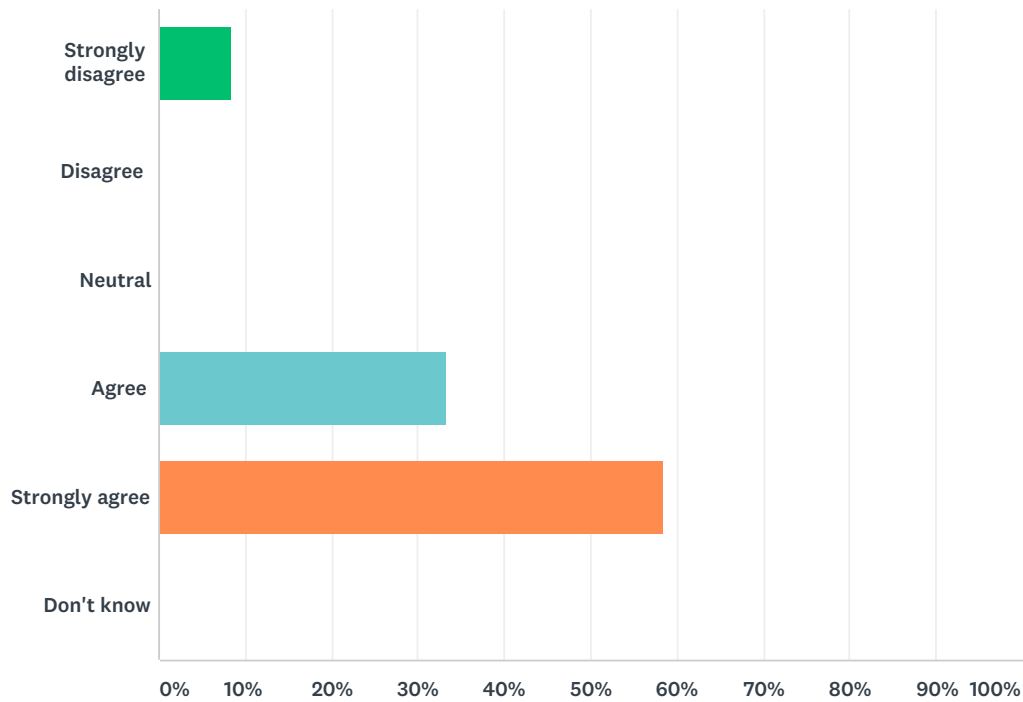


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 16.67% 2 |
| Agree | 58.33% 7 |
| Strongly agree | 25.00% 3 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|--|-------------------|
| 1 | Recently very much improved | 5/20/2018 1:28 PM |
| 2 | This is challenging concept and therefore I am not sure in my own mind what a poor performing NED would look like . My main source of assessment is the challenge they provide at Board meetings and the feedback from the trust committees which they chair | 5/2/2018 6:09 PM |

Q32 I would not hesitate to approach the Chairman with a query or issue

Answered: 12 Skipped: 0

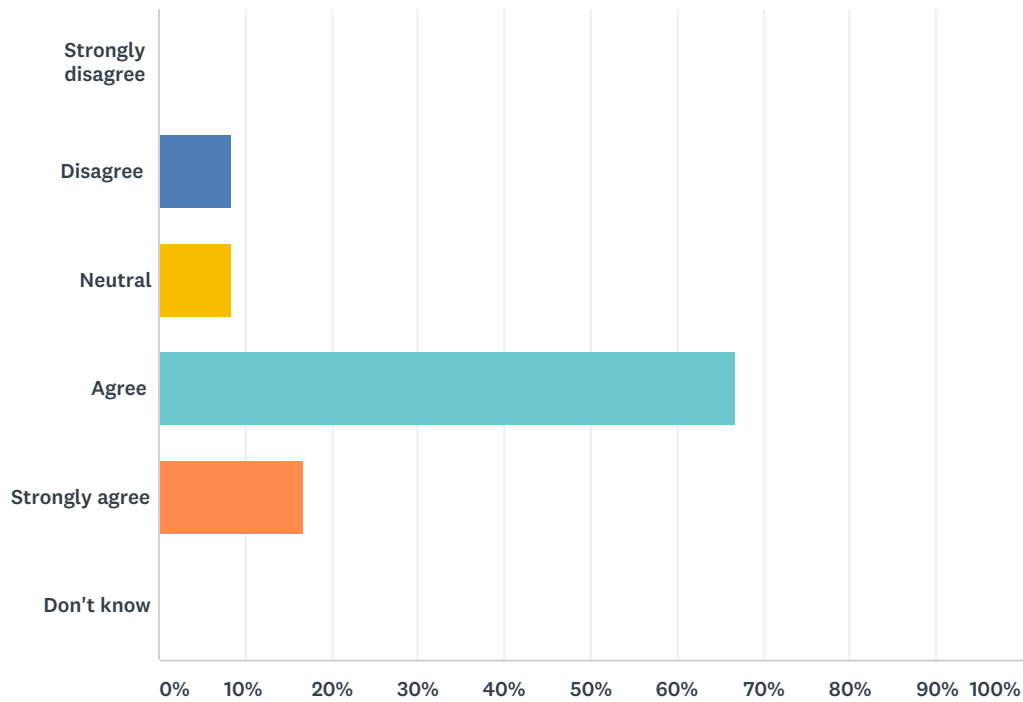


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 8.33% 1 |
| Disagree | 0.00% 0 |
| Neutral | 0.00% 0 |
| Agree | 33.33% 4 |
| Strongly agree | 58.33% 7 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|-------------------------|------|
| | There are no responses. | |

Q33 Overall the level and scope of my involvement as a Governor with the Trust is “about right”.

Answered: 12 Skipped: 0

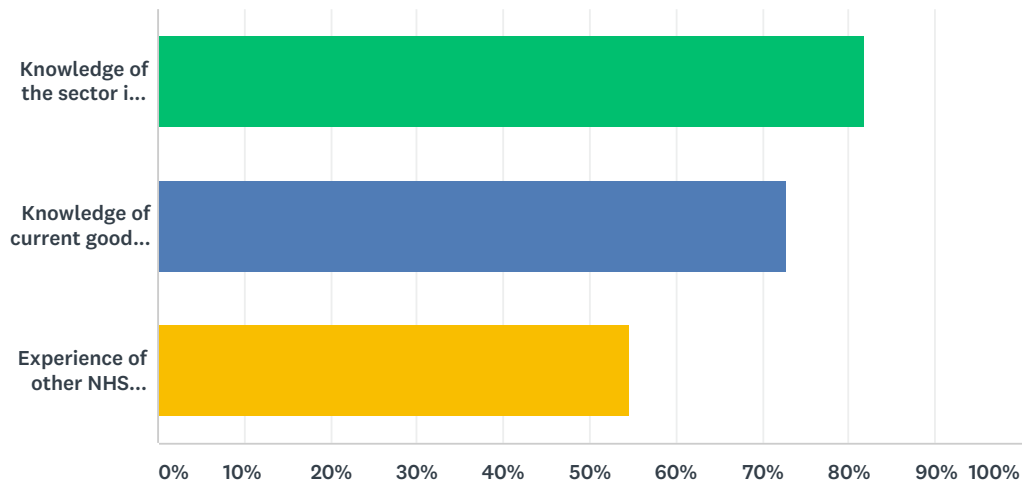


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 8.33% 1 |
| Neutral | 8.33% 1 |
| Agree | 66.67% 8 |
| Strongly agree | 16.67% 2 |
| Don't know | 0.00% 0 |
| TOTAL | 12 |

| # | ANY COMMENTS? | DATE |
|---|--|------------------|
| 1 | I would like more hours to the day as i have meetings that clash | 5/9/2018 9:51 AM |
| 2 | But the role is demanding, and takes a lot of time and energy to get it right. | 5/2/2018 4:27 PM |
| 3 | I would like to be more involved but I have limited availability due to other work commitments | 5/2/2018 1:58 PM |

Q34 Do you bring knowledge or experience of the NHS? Please tick all that apply or leave blank if none

Answered: 11 Skipped: 1

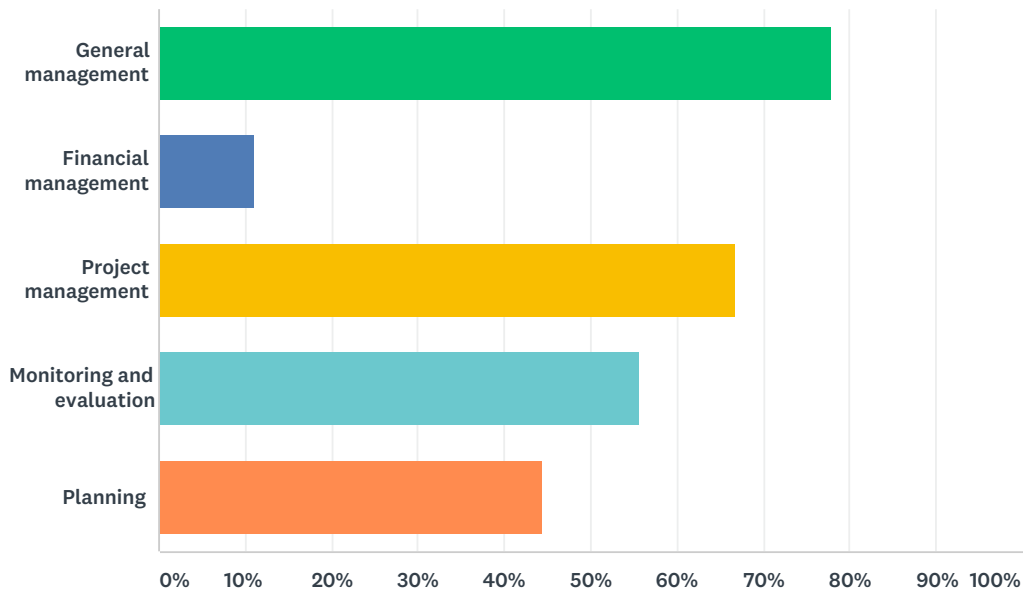


| ANSWER CHOICES | RESPONSES |
|--|-----------|
| Knowledge of the sector in general | 81.82% 9 |
| Knowledge of current good practice for health providers | 72.73% 8 |
| Experience of other NHS organisations (as a volunteer or staff member) | 54.55% 6 |
| Total Respondents: 11 | |

| # | OTHER (SPECIFIC TO THE NHS) | DATE |
|---|-----------------------------|------|
| | There are no responses. | |

Q35 Do you have any management skills? Please tick all that apply or leave blank if none

Answered: 9 Skipped: 3

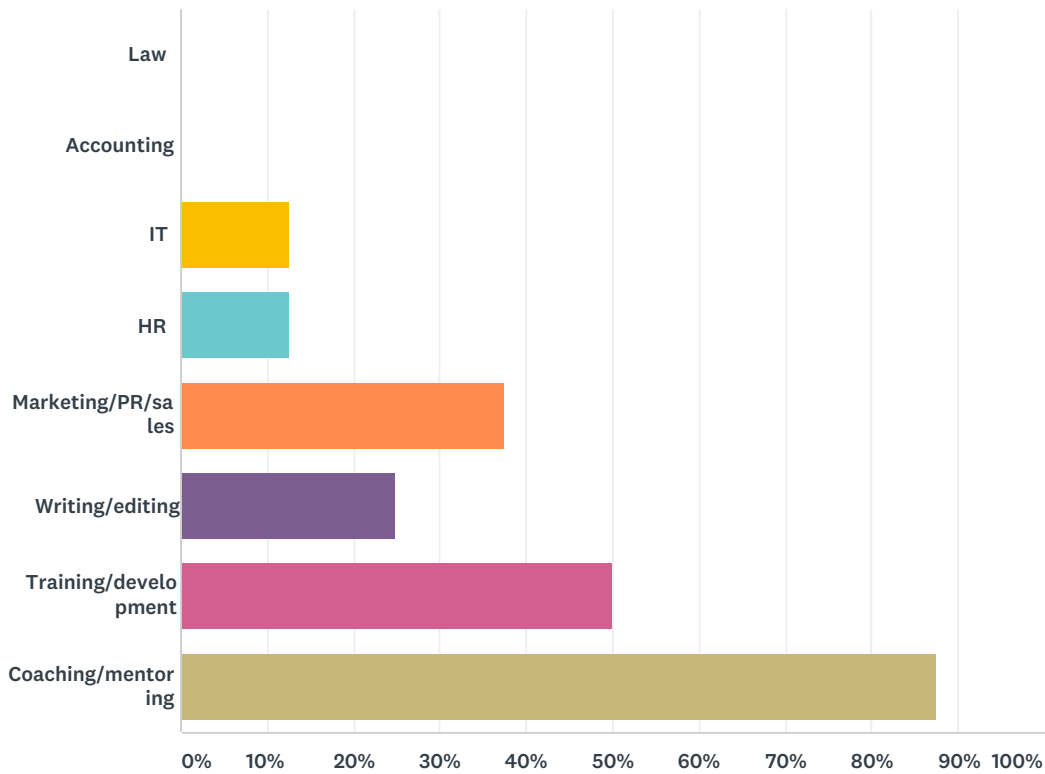


| ANSWER CHOICES | RESPONSES |
|---------------------------|-----------|
| General management | 77.78% 7 |
| Financial management | 11.11% 1 |
| Project management | 66.67% 6 |
| Monitoring and evaluation | 55.56% 5 |
| Planning | 44.44% 4 |
| Total Respondents: 9 | |

| # | OTHER (PLEASE SPECIFY) | DATE |
|---|-----------------------------|-------------------|
| 1 | Talent Management, Strategy | 5/18/2018 5:02 PM |

Q36 Do you have any professional skills? Please tick all that apply or leave blank if none

Answered: 8 Skipped: 4

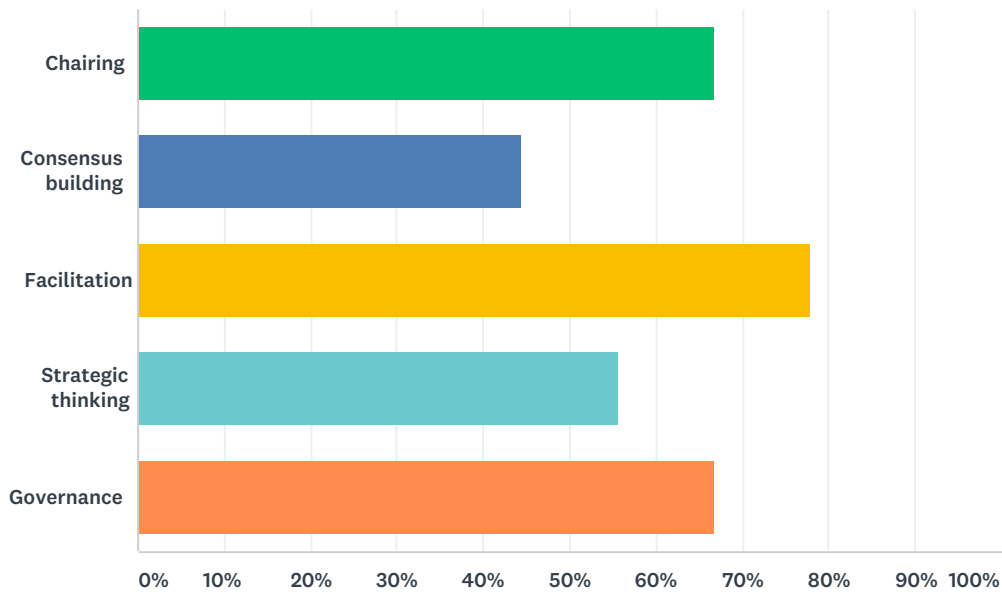


| ANSWER CHOICES | RESPONSES |
|----------------------|-----------|
| Law | 0.00% 0 |
| Accounting | 0.00% 0 |
| IT | 12.50% 1 |
| HR | 12.50% 1 |
| Marketing/PR/sales | 37.50% 3 |
| Writing/editing | 25.00% 2 |
| Training/development | 50.00% 4 |
| Coaching/mentoring | 87.50% 7 |
| Total Respondents: 8 | |

| # | OTHER (PLEASE SPECIFY) | DATE |
|---|--|--------------------|
| 1 | Social Work qualification and post qualifying | 5/10/2018 10:20 AM |
| 2 | Paramedic CILT Level 4 | 5/9/2018 9:53 AM |
| 3 | Having been Senior Chaplain to the Trust, I have a Trust-wide 'feel'. I also am hcpc registered as a Social Worker, having been a Senior probation Officer in my 'earlier life', skills which I use most days in chaplaincy. | 5/2/2018 4:31 PM |

Q37 Do you bring any skills relating to running and participating in meetings? Please tick all that apply or leave blank if none

Answered: 9 Skipped: 3



| ANSWER CHOICES | RESPONSES |
|----------------------|-----------|
| Chairing | 66.67% 6 |
| Consensus building | 44.44% 4 |
| Facilitation | 77.78% 7 |
| Strategic thinking | 55.56% 5 |
| Governance | 66.67% 6 |
| Total Respondents: 9 | |

| # | OTHER (PLEASE SPECIFY) | DATE |
|---|-------------------------|------|
| | There are no responses. | |

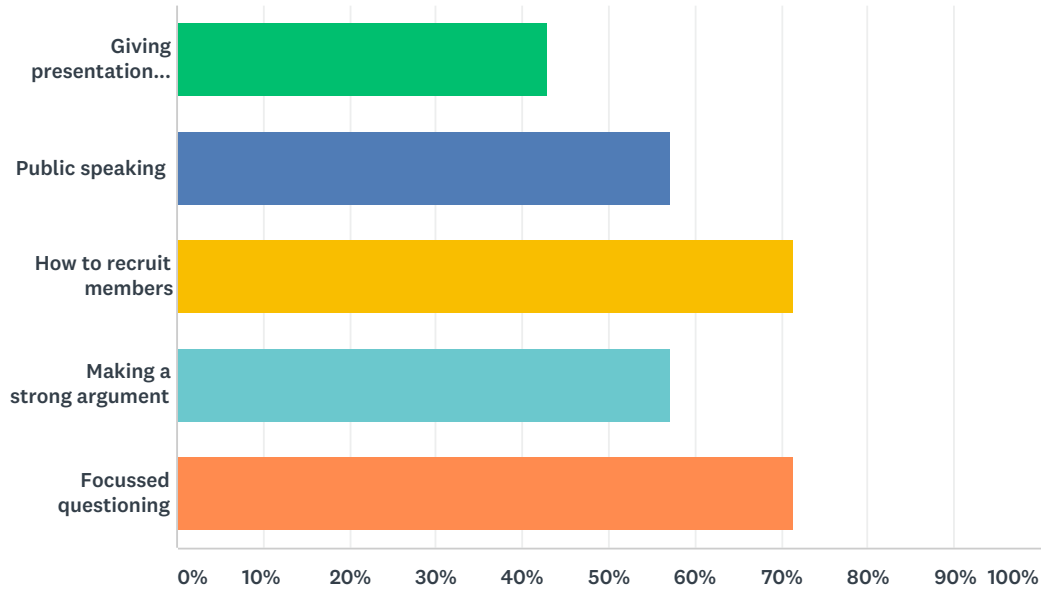
Q38 Do you have anything you wish to contribute to the Trust not mentioned above either in terms of experience, knowledge or skills?

Answered: 1 Skipped: 11

| # | RESPONSES | DATE |
|---|---------------------------------|------------------|
| 1 | No. You take me as you find me! | 5/2/2018 4:31 PM |

Q39 Do you feel your work as a Governor would benefit from training in any of the following. Please select all that apply, add your own or leave blank.

Answered: 7 Skipped: 5



| ANSWER CHOICES | RESPONSES |
|---|-----------|
| Giving presentations (using PowerPoint) | 42.86% 3 |
| Public speaking | 57.14% 4 |
| How to recruit members | 71.43% 5 |
| Making a strong argument | 57.14% 4 |
| Focussed questioning | 71.43% 5 |
| Total Respondents: 7 | |

| # | OTHER (PLEASE SPECIFY) | DATE |
|---|--|------------------|
| 1 | Even though i have had some wonderful training i still feel very weak in these areas | 5/9/2018 9:53 AM |

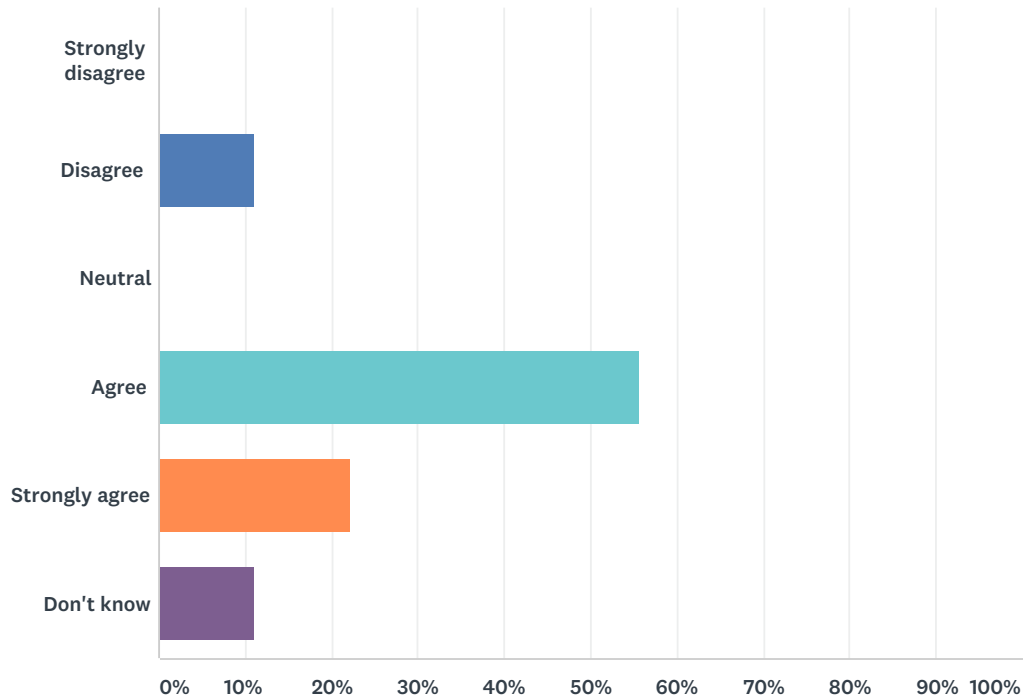
Q40 And finally, is there anything else that you would like to tell us?

Answered: 3 Skipped: 9

| # | RESPONSES | DATE |
|---|--|--------------------|
| 1 | I am happy with the COG | 5/19/2018 11:00 AM |
| 2 | ???!!! | 5/2/2018 4:32 PM |
| 3 | Its a privilege to hold this position, and to see the Trust returning to a secure and effective function again | 5/2/2018 2:04 PM |

Q1 The Council of Governors has the right mix of talents, expertise and background in the context of its statutory duties and the challenges facing the Trust

Answered: 9 Skipped: 0

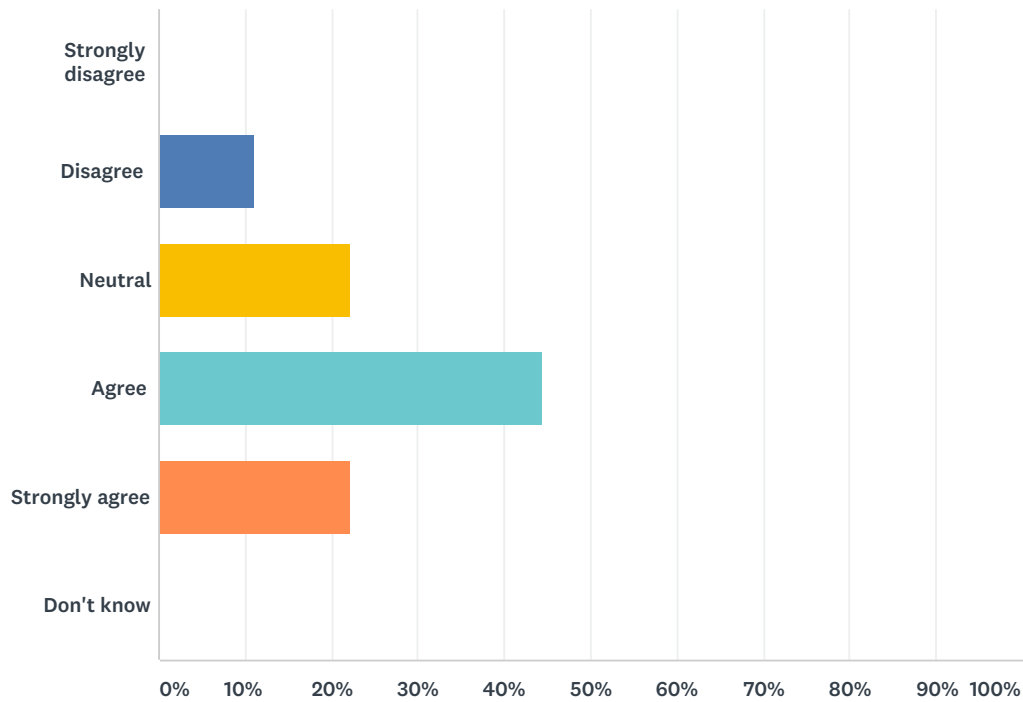


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 11.11% 1 |
| Neutral | 0.00% 0 |
| Agree | 55.56% 5 |
| Strongly agree | 22.22% 2 |
| Don't know | 11.11% 1 |
| TOTAL | 9 |

| # | IF YOU WISH, PLEASE EXPLAIN YOUR RESPONSE | DATE |
|---|--|------------------|
| 1 | I haven't seen anything that sets out what mix is needed and how the current group meets those needs. | 5/5/2018 5:46 PM |
| 2 | Would like to see Appointed Governor positions filled as 3 vacancies for some time. | 5/2/2018 1:47 PM |
| 3 | we have little control over who is elected. We might 'choose' a different mix but in the end its strength is in numbers. | 5/2/2018 1:12 PM |

Q2 The Council of Governors exercises appropriate standards of independence in dealing with Trust issues

Answered: 9 Skipped: 0

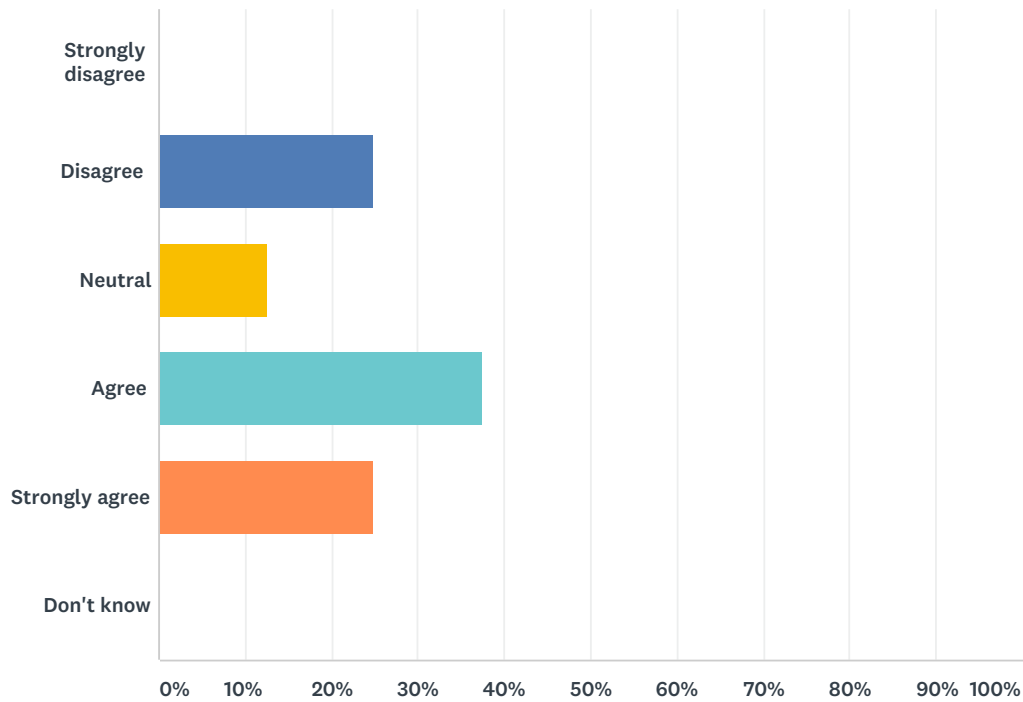


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 11.11% 1 |
| Neutral | 22.22% 2 |
| Agree | 44.44% 4 |
| Strongly agree | 22.22% 2 |
| Don't know | 0.00% 0 |
| TOTAL | 9 |

| # | ANY COMMENTS? | DATE |
|---|---|--------------------|
| 1 | Can get sidetracked by pet subjects | 5/21/2018 10:52 AM |
| 2 | As a Council this is in evidence but there are individuals who seek to focus on personal issues | 5/2/2018 1:12 PM |

Q3 The Council of Governors provides meaningful input into the Trust's major strategic plans and actions

Answered: 8 Skipped: 1

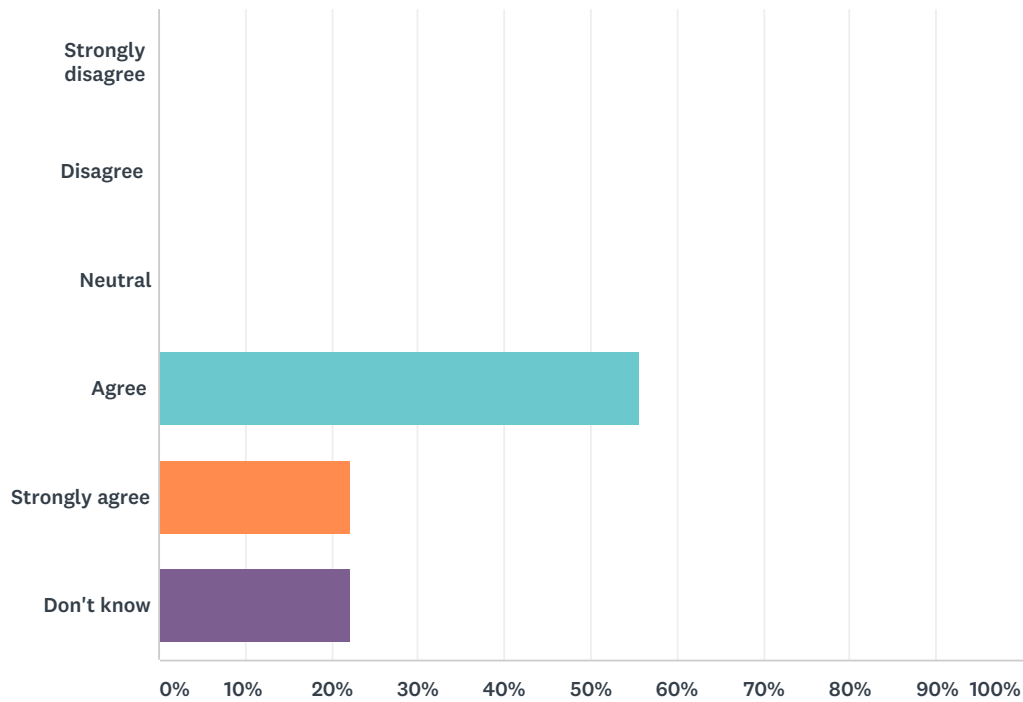


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 25.00% 2 |
| Neutral | 12.50% 1 |
| Agree | 37.50% 3 |
| Strongly agree | 25.00% 2 |
| Don't know | 0.00% 0 |
| TOTAL | 8 |

| # | ANY COMMENTS? | DATE |
|---|--|--------------------|
| 1 | Not sure it's given the right opportunity | 5/21/2018 10:52 AM |
| 2 | This has improved over the past two years but still a tendency to get embroiled in local operational issues | 5/11/2018 10:46 AM |
| 3 | I'm not clear there is a mechanism for CoG to work closely with SECAMB on strategy but I know this is planned to change. | 5/5/2018 5:46 PM |

Q4 There are constructive relations between the members of the Council of Governors

Answered: 9 Skipped: 0

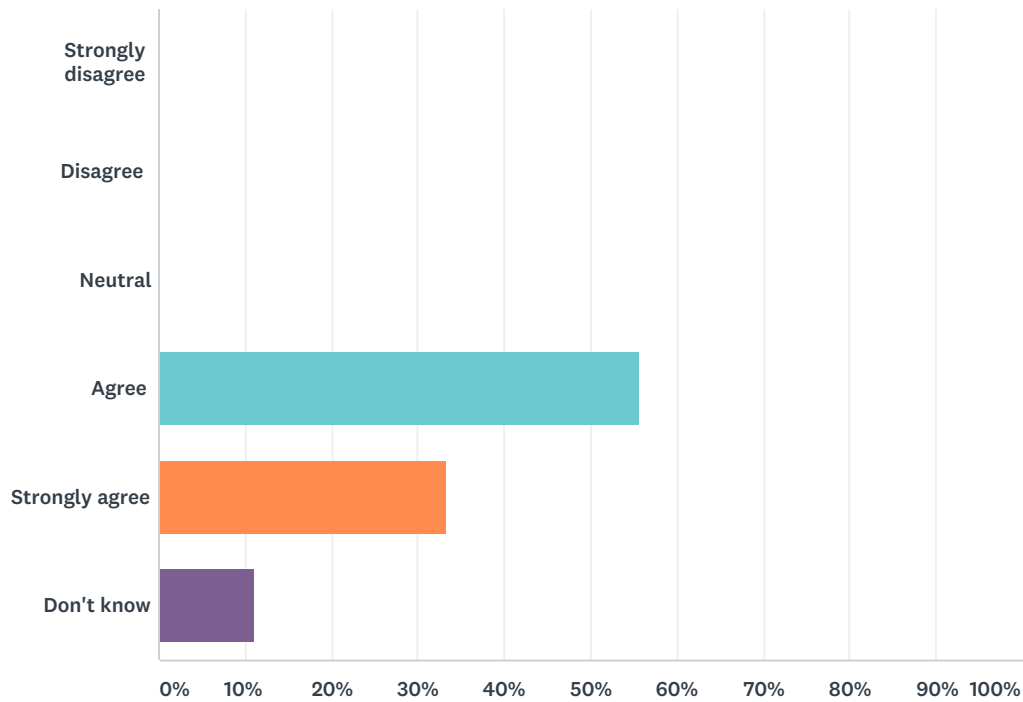


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 0.00% 0 |
| Agree | 55.56% 5 |
| Strongly agree | 22.22% 2 |
| Don't know | 22.22% 2 |
| TOTAL | 9 |

| # | ANY COMMENTS? | DATE |
|---|-------------------------|------|
| | There are no responses. | |

Q5 The Council of Governors has the right number of Governors and the correct balance between public, appointed and staff Governors

Answered: 9 Skipped: 0

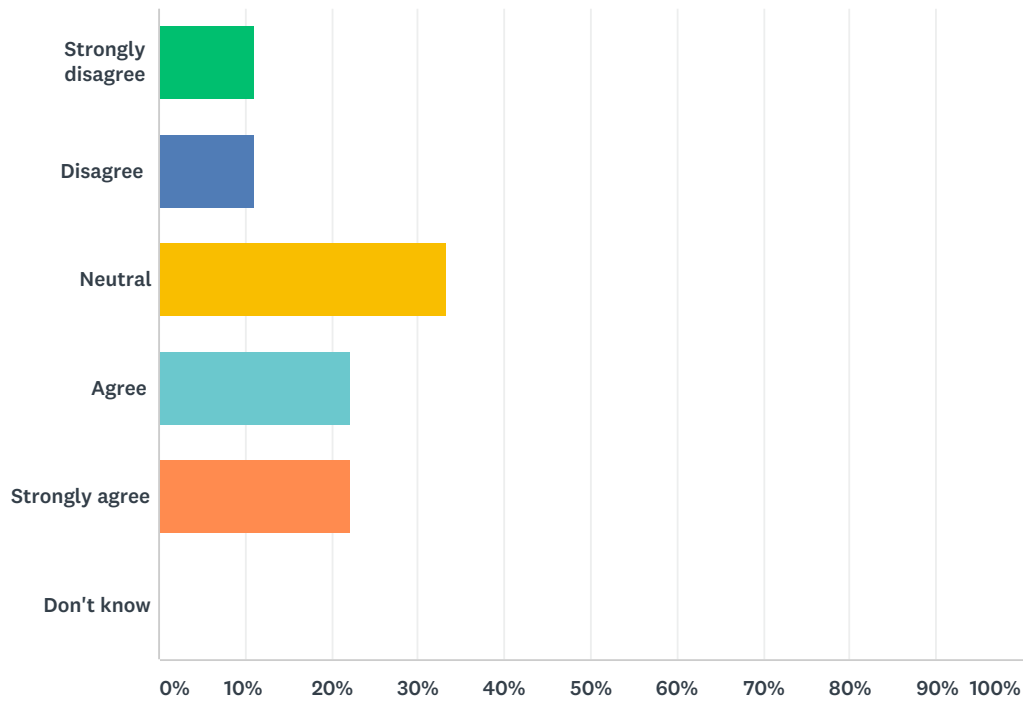


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 0.00% 0 |
| Agree | 55.56% 5 |
| Strongly agree | 33.33% 3 |
| Don't know | 11.11% 1 |
| TOTAL | 9 |

| # | ANY COMMENTS? | DATE |
|---|--------------------------------------|------------------|
| 1 | Agree when all vacancies are filled. | 5/2/2018 1:49 PM |

Q6 Meetings of the Council of Governors focus on relevant issues

Answered: 9 Skipped: 0

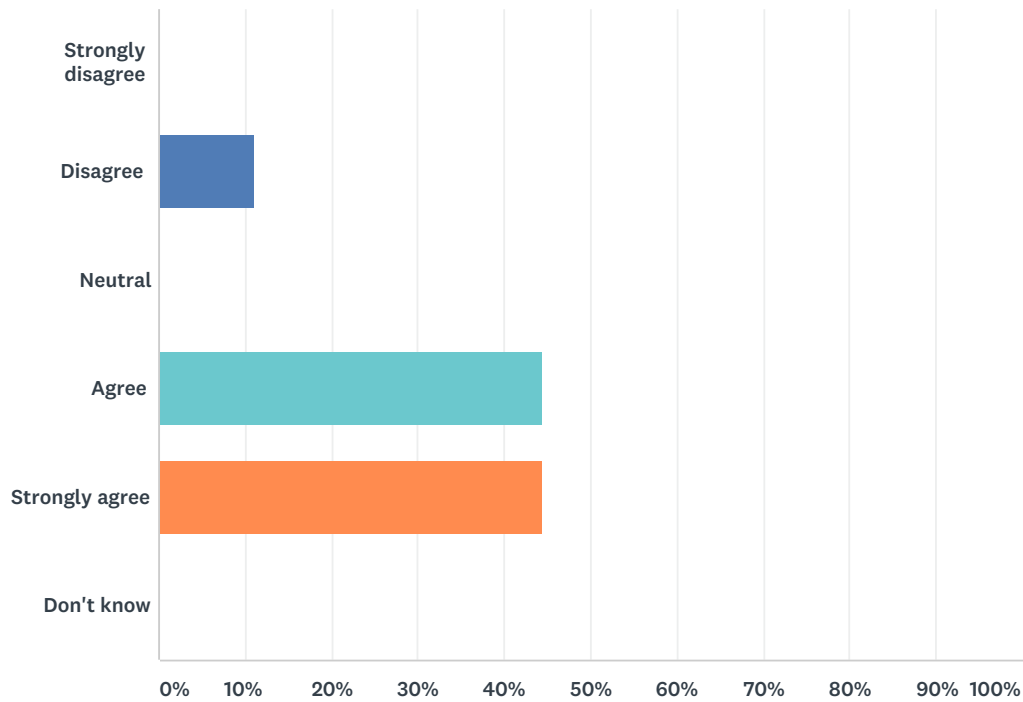


| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|----------|
| Strongly disagree | 11.11% | 1 |
| Disagree | 11.11% | 1 |
| Neutral | 33.33% | 3 |
| Agree | 22.22% | 2 |
| Strongly agree | 22.22% | 2 |
| Don't know | 0.00% | 0 |
| TOTAL | | 9 |

| # | ANY COMMENTS? | DATE |
|---|--|--------------------|
| 1 | Agenda doesn't always reflect priorities | 5/21/2018 10:53 AM |
| 2 | Further work on the agenda items would improve this | 5/11/2018 10:46 AM |
| 3 | I feel the CoG is too focused in operational detail rather than its core function to hold NEDs to account. | 5/5/2018 5:49 PM |

Q7 There is sufficient time at Council meetings for the presentation and full discussion of the issues

Answered: 9 Skipped: 0

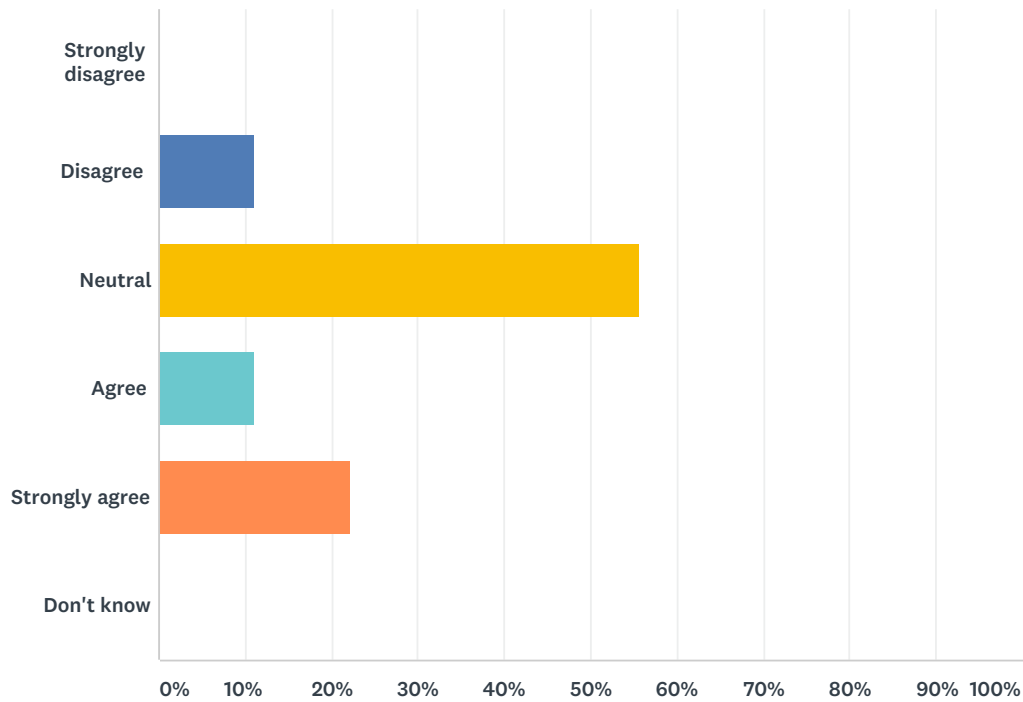


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 11.11% 1 |
| Neutral | 0.00% 0 |
| Agree | 44.44% 4 |
| Strongly agree | 44.44% 4 |
| Don't know | 0.00% 0 |
| TOTAL | 9 |

| # | ANY COMMENTS | DATE |
|---|---|------------------|
| 1 | Because I'm not sure the focus is right at the moment I didn't feel assurance and strategy receive sufficient focus | 5/5/2018 5:49 PM |

Q8 The quality of papers and presentations to the Council of Governors is appropriate

Answered: 9 Skipped: 0

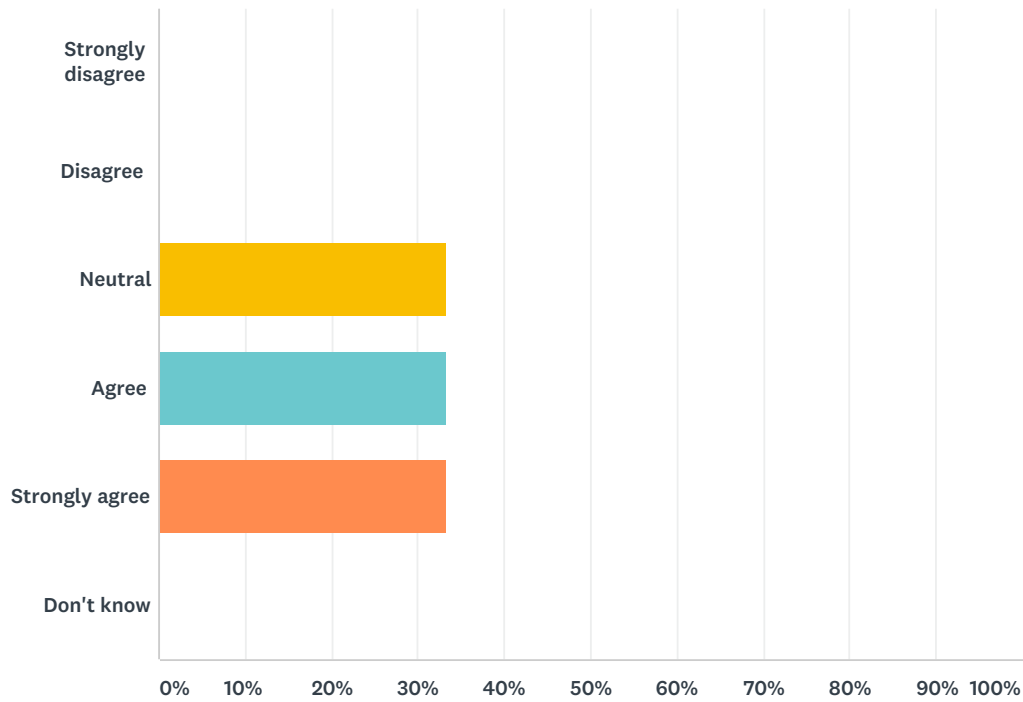


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 11.11% 1 |
| Neutral | 55.56% 5 |
| Agree | 11.11% 1 |
| Strongly agree | 22.22% 2 |
| Don't know | 0.00% 0 |
| TOTAL | 9 |

| # | ANY COMMENTS? | DATE |
|---|--|------------------|
| 1 | See previous comments. CoG is not seeing enough relevant info on assurance and strategy. | 5/5/2018 5:49 PM |

Q9 The Council of Governors is well chaired and led

Answered: 9 Skipped: 0

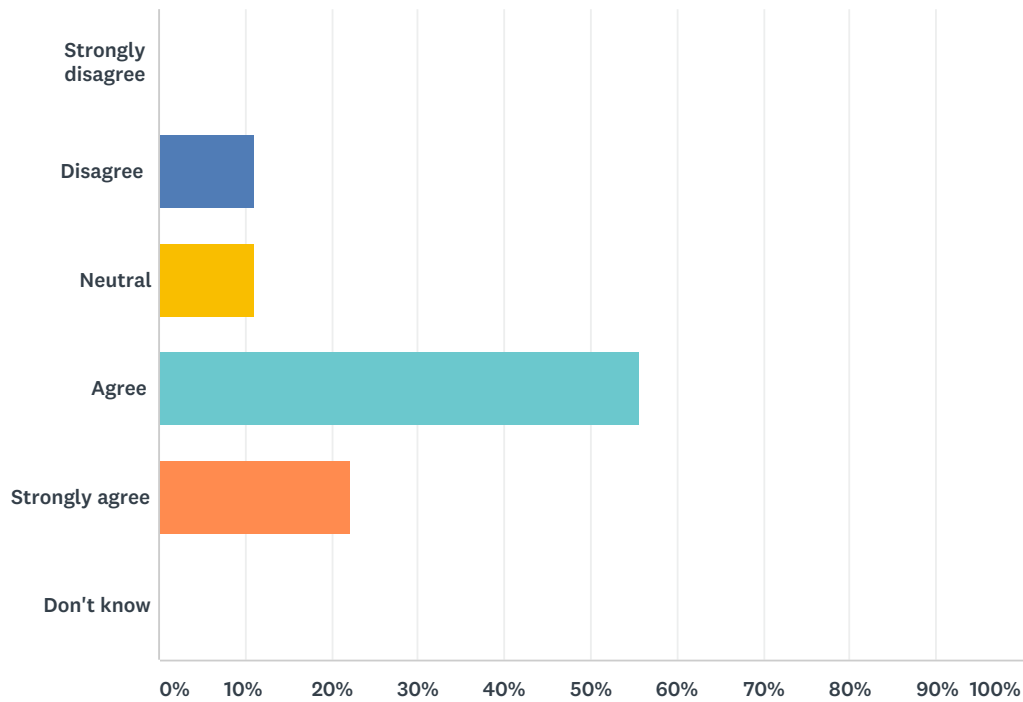


| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|----------|
| Strongly disagree | 0.00% | 0 |
| Disagree | 0.00% | 0 |
| Neutral | 33.33% | 3 |
| Agree | 33.33% | 3 |
| Strongly agree | 33.33% | 3 |
| Don't know | 0.00% | 0 |
| TOTAL | | 9 |

| # | ANY COMMENTS? | DATE |
|---|---|------------------|
| 1 | Agree in part - meetings were well chaired by Richard but lacked time to offer any real leadership to the Council | 5/2/2018 1:49 PM |

Q10 The Council of Governors has open and constructive discussions and deliberations

Answered: 9 Skipped: 0

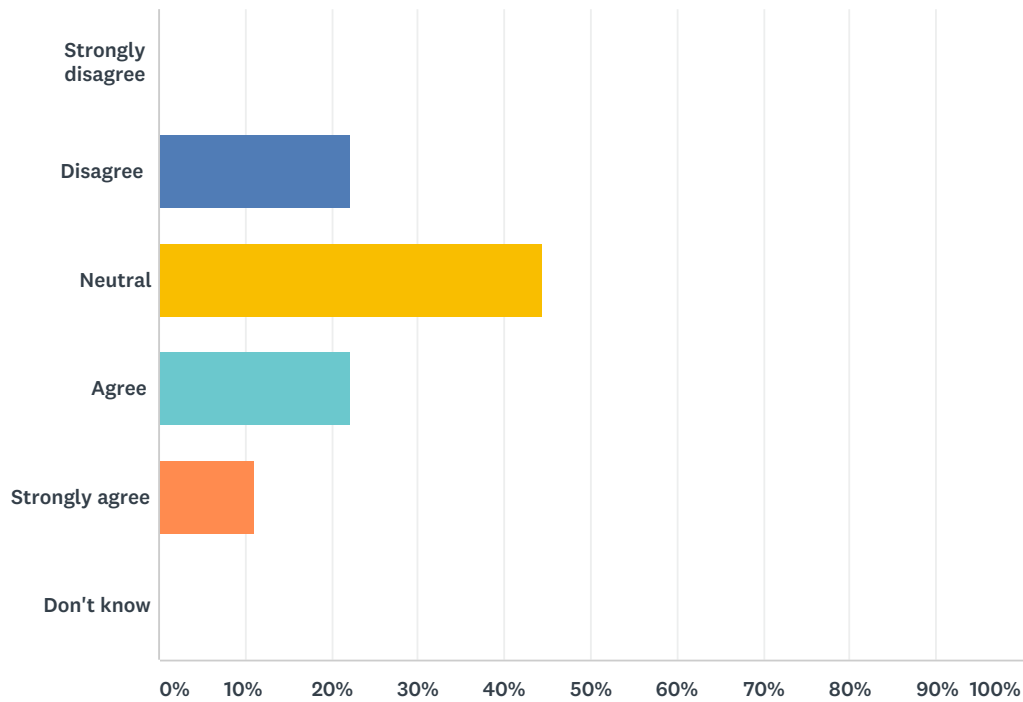


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 11.11% 1 |
| Neutral | 11.11% 1 |
| Agree | 55.56% 5 |
| Strongly agree | 22.22% 2 |
| Don't know | 0.00% 0 |
| TOTAL | 9 |

| # | ANY COMMENTS? | DATE |
|---|---|--------------------|
| 1 | Oftentimes feels like personal bias rather than public view | 5/21/2018 10:57 AM |

Q11 No one person tends to dominate the Council of Governors' meetings

Answered: 9 Skipped: 0

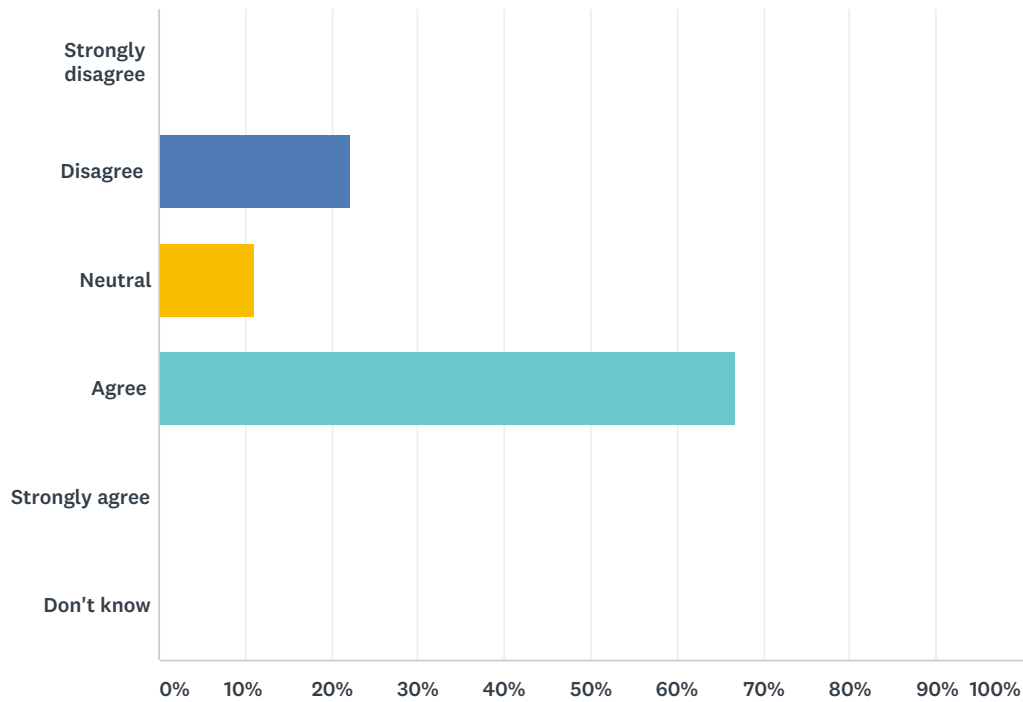


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 22.22% 2 |
| Neutral | 44.44% 4 |
| Agree | 22.22% 2 |
| Strongly agree | 11.11% 1 |
| Don't know | 0.00% 0 |
| TOTAL | 9 |

| # | ANY COMMENTS? | DATE |
|---|---|--------------------|
| 1 | Can be dominated | 5/21/2018 10:57 AM |
| 2 | Occasionally some Governors do dominate | 5/11/2018 10:48 AM |
| 3 | I am hopeful that the pre meetings will encourage more Governors to take part in questioning and supporting each other at the meetings. | 5/2/2018 1:51 PM |

Q12 The level of participation in Council meetings by Trust management is appropriate

Answered: 9 Skipped: 0

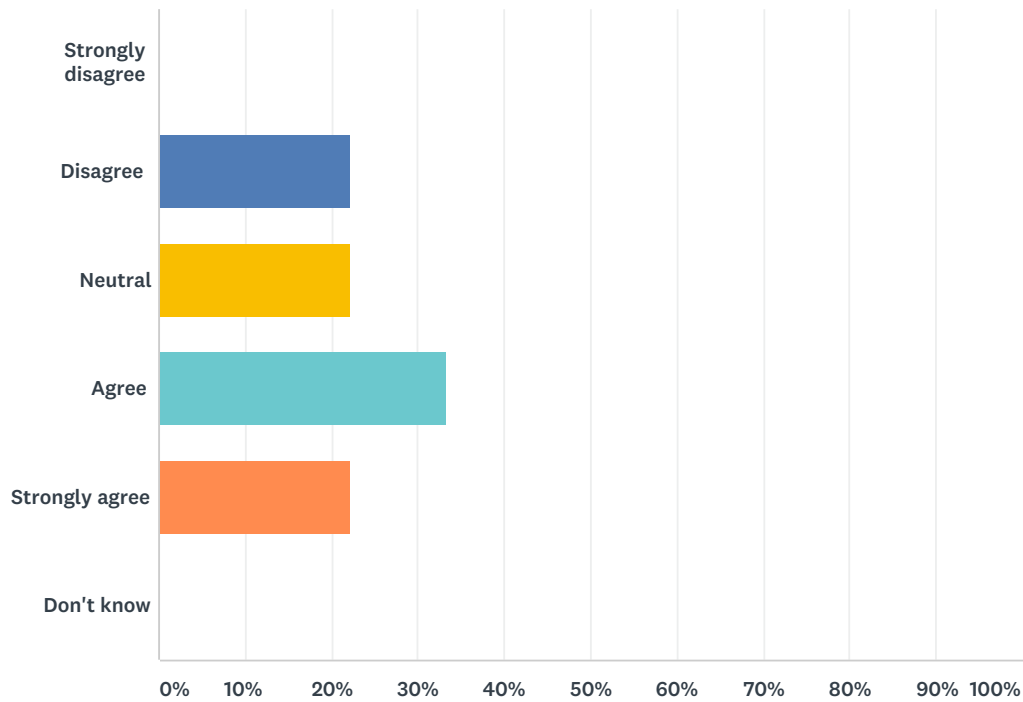


| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|----------|
| Strongly disagree | 0.00% | 0 |
| Disagree | 22.22% | 2 |
| Neutral | 11.11% | 1 |
| Agree | 66.67% | 6 |
| Strongly agree | 0.00% | 0 |
| Don't know | 0.00% | 0 |
| TOTAL | | 9 |

| # | ANY COMMENTS? | DATE |
|---|--|--------------------|
| 1 | Too much time demanded of Exec Directors. But this is being addressed | 5/11/2018 10:48 AM |
| 2 | I wonder if Daren should be the focus if so many questions when CoG should be holding NEDs to account. | 5/5/2018 5:52 PM |
| 3 | Could invite more of the senior leadership to explain initiatives | 5/4/2018 6:51 AM |
| 4 | Council should focus on NED | 5/2/2018 10:41 PM |

Q13 The level of participation in Council meetings by Non- Executive Directors is appropriate

Answered: 9 Skipped: 0

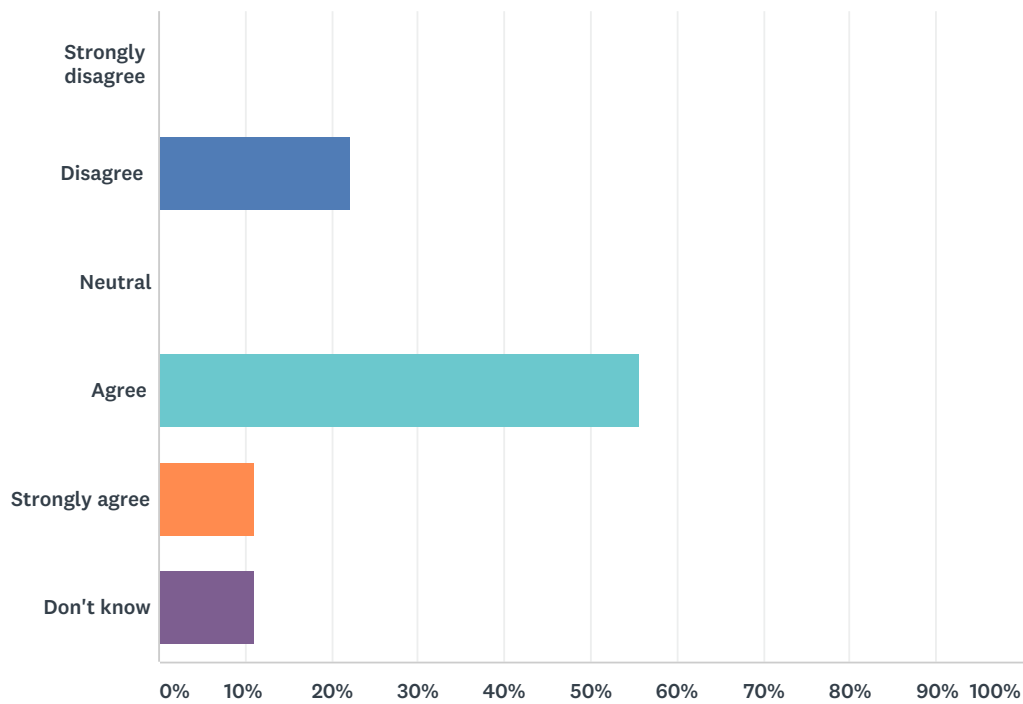


| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|----------|
| Strongly disagree | 0.00% | 0 |
| Disagree | 22.22% | 2 |
| Neutral | 22.22% | 2 |
| Agree | 33.33% | 3 |
| Strongly agree | 22.22% | 2 |
| Don't know | 0.00% | 0 |
| TOTAL | | 9 |

| # | ANY COMMENTS? | DATE |
|---|--|--------------------|
| 1 | Would benefit from having focus on specific areas/committees to provide NEDs opportunity to demonstrate they are doing (or not) their role | 5/21/2018 10:57 AM |
| 2 | Still dont feel that this is quite right. Again it is on the radar | 5/11/2018 10:48 AM |
| 3 | NEDs need to be more prominent and asked more questions. | 5/5/2018 5:52 PM |
| 4 | Council meetings should have more focus on discussion with nEDs, including around risk and assurance | 5/2/2018 1:14 PM |

Q14 The Trust encourages and ensures communication between the Council of Governors and executive management

Answered: 9 Skipped: 0

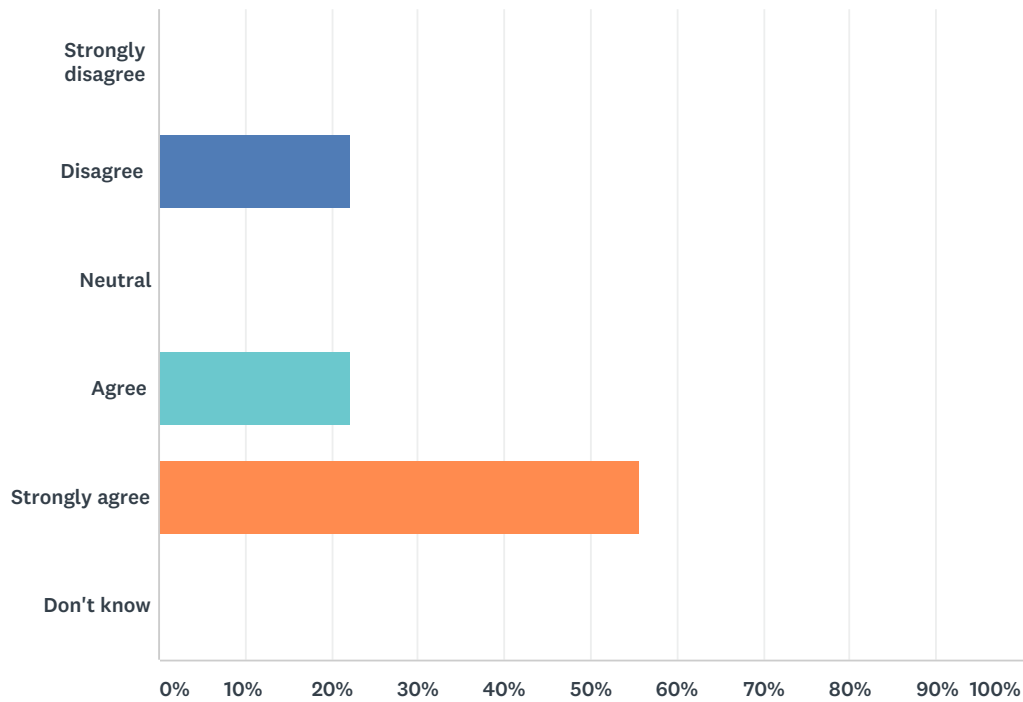


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 22.22% 2 |
| Neutral | 0.00% 0 |
| Agree | 55.56% 5 |
| Strongly agree | 11.11% 1 |
| Don't know | 11.11% 1 |
| TOTAL | 9 |

| # | ANY COMMENTS? | DATE |
|---|--|------------------|
| 1 | CEO and lead/deputy governor meet which is new | 5/4/2018 6:51 AM |

Q15 The Trust encourages and ensures communication between the Council of Governors and Non-Executive Directors

Answered: 9 Skipped: 0

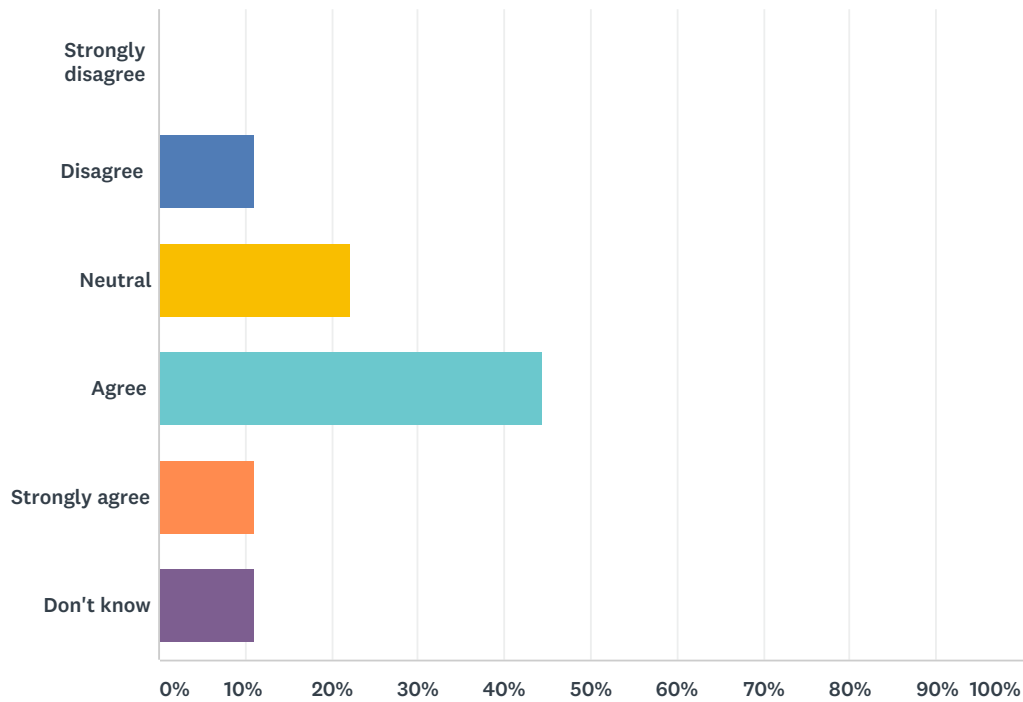


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 22.22% 2 |
| Neutral | 0.00% 0 |
| Agree | 22.22% 2 |
| Strongly agree | 55.56% 5 |
| Don't know | 0.00% 0 |
| TOTAL | 9 |

| # | ANY COMMENTS? | DATE |
|---|---|------------------|
| 1 | I only see this at meetings and not sure if much happens outside meetings | 5/5/2018 5:52 PM |

Q16 There is adequate contact between members of the Board of Directors as a whole and the Council of Governors

Answered: 9 Skipped: 0

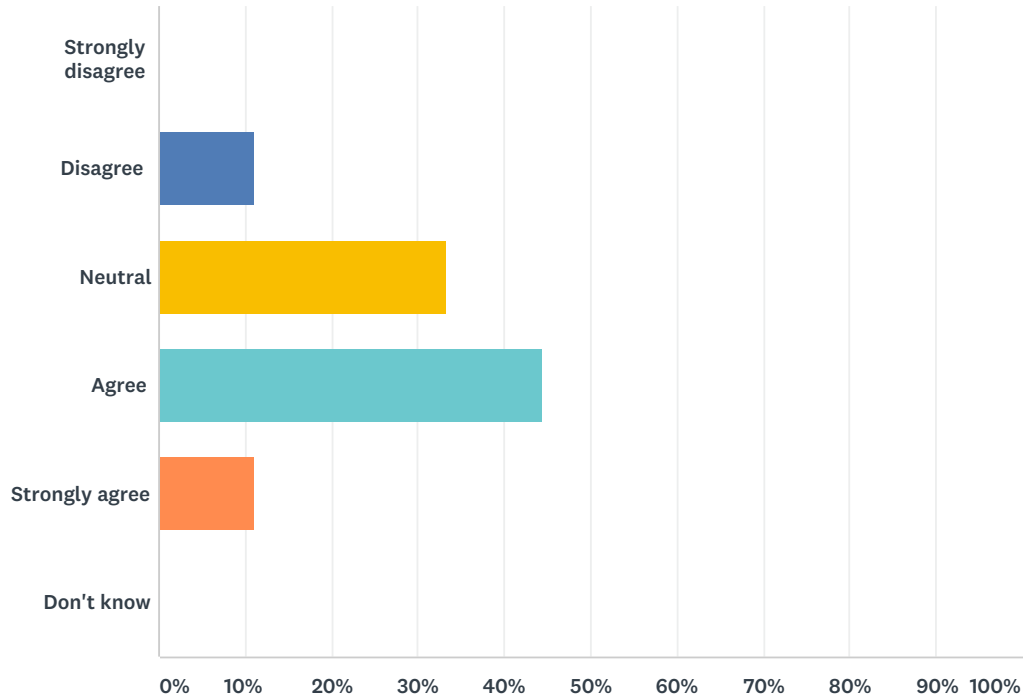


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 11.11% 1 |
| Neutral | 22.22% 2 |
| Agree | 44.44% 4 |
| Strongly agree | 11.11% 1 |
| Don't know | 11.11% 1 |
| TOTAL | 9 |

| # | ANY COMMENTS? | DATE |
|---|--|--------------------|
| 1 | There is no mechanism in place for this | 5/21/2018 10:57 AM |
| 2 | Only through Governors choosing to observe Board meetings, and through NEDs attendance at CoG. | 5/2/2018 1:51 PM |
| 3 | Could be more done together | 5/2/2018 1:14 PM |

Q17 Overall the Council of Governors is effective in discharging its statutory duties:- To hold the NEDs to account for the performance of the Board- To represent the interests of members (including staff) and the wider public

Answered: 9 Skipped: 0

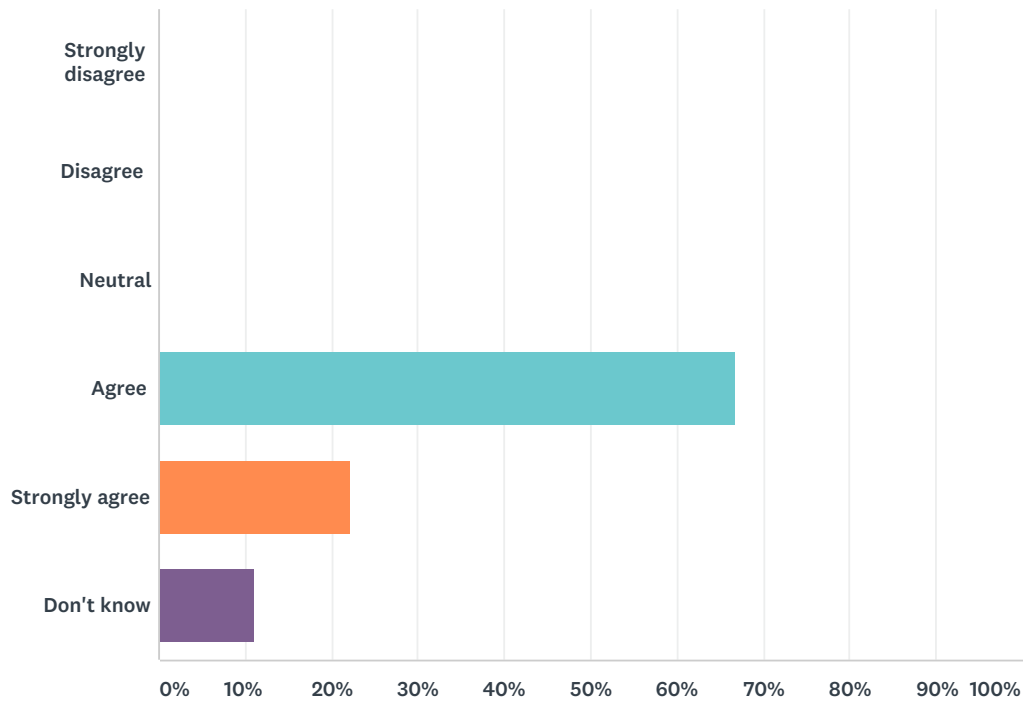


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 11.11% 1 |
| Neutral | 33.33% 3 |
| Agree | 44.44% 4 |
| Strongly agree | 11.11% 1 |
| Don't know | 0.00% 0 |
| TOTAL | 9 |

| # | ANY COMMENTS | DATE |
|---|--|--------------------|
| 1 | Very little holding to Account | 5/21/2018 10:57 AM |
| 2 | On balance yes | 5/11/2018 10:49 AM |
| 3 | Don't feel as a NED that I am being held to account. Could also be a much stronger role for staff voice. | 5/5/2018 5:55 PM |
| 4 | Particularly strong on representing interests but getting better on NEDs | 5/2/2018 1:16 PM |

Q18 Overall the level and scope of the Governors' involvement with the Trust is "about right"

Answered: 9 Skipped: 0

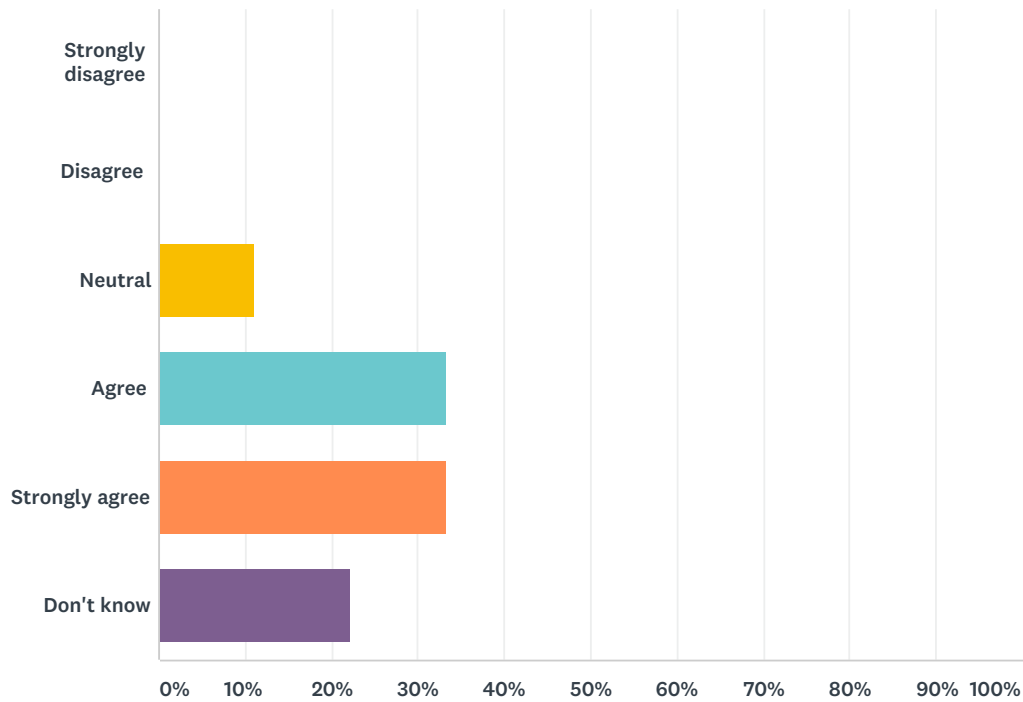


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 0.00% 0 |
| Agree | 66.67% 6 |
| Strongly agree | 22.22% 2 |
| Don't know | 11.11% 1 |
| TOTAL | 9 |

| # | ANY COMMENTS? | DATE |
|---|-------------------------|------|
| | There are no responses. | |

Q19 The Trust Board is supportive of the Council and views it as an asset

Answered: 9 Skipped: 0

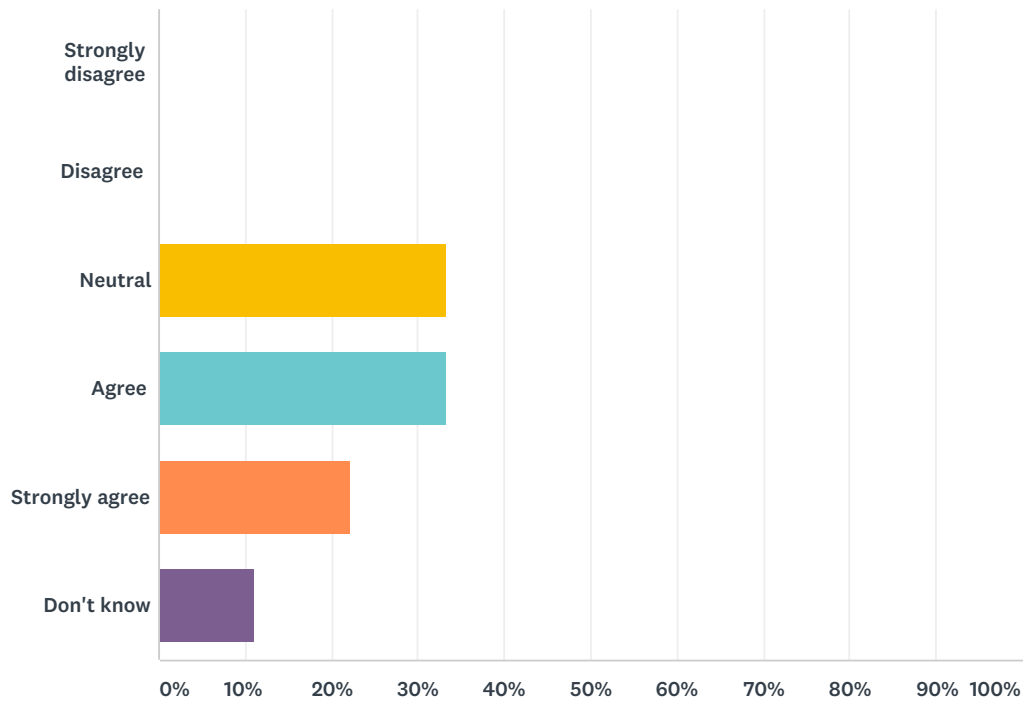


| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 11.11% 1 |
| Agree | 33.33% 3 |
| Strongly agree | 33.33% 3 |
| Don't know | 22.22% 2 |
| TOTAL | 9 |

| # | ANY COMMENTS? | DATE |
|---|--|--------------------|
| 1 | I do - not sure about the Board as a whole. I think opinions are mixed | 5/11/2018 10:49 AM |

Q20 The Governors at my Trust are good at representing the interests of members and the public

Answered: 9 Skipped: 0



| ANSWER CHOICES | RESPONSES |
|-------------------|-----------|
| Strongly disagree | 0.00% 0 |
| Disagree | 0.00% 0 |
| Neutral | 33.33% 3 |
| Agree | 33.33% 3 |
| Strongly agree | 22.22% 2 |
| Don't know | 11.11% 1 |
| TOTAL | 9 |

| # | ANY COMMENTS? | DATE |
|---|---|--------------------|
| 1 | This is an area that needs further work | 5/11/2018 10:49 AM |

Q21 And finally, is there anything else that you would like to tell us?

Answered: 1 Skipped: 8

| # | RESPONSES | DATE |
|---|--|------------------|
| 1 | Thank you to the governors for their time and effort which is much appreciated. There is a real opportunity to develop CoG further and we should grasp this with enthusiasm. | 5/5/2018 5:55 PM |