



Council of Governors Meeting to be held in public

14 September 2018 10:15-13:00

Lingfield Park Resort & Racecourse, Racecourse Road, Lingfield, Surrey, RH7 6PQ

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction and matters arising					
44/18	10:15	Chair's Introduction	-	-	Tim Howe (Deputy Chair)
45/18	-	Apologies for Absence	-	-	TH
46/18	-	Declarations of Interest	-	-	TH
47/18	-	Minutes from the previous meeting, action log and matters arising	A A1	-	TH
Statutory duties: performance and holding to account					
48/18	10:30	Chief Executive's Report: <ul style="list-style-type: none"> - Integrated Performance Report - CQC inspection - Demand and capacity review - Questions from the Council 	B B1	Information and discussion	Daren Mochrie (CEO)
49/18	10:55	Board Assurance Committees' escalation reports to include the key achievements, risks and challenges: Quality and Patient Safety Committee <ul style="list-style-type: none"> - 06 September 	C1	Holding to account, assurance and discussion	All Non-Executive Directors present
50/18	11:05	Quality and Patient Safety Committee observation report	D	Holding to account and assurance	James Crawley, Felicity Dennis, Brian Rockell (Public Governors)
51/18	11:10	Overview of NEDs' activities and areas of interest and involvement	-	Holding to account	All Non-Executive Directors present
11:20 Comfort break					
52/18	11:30	Workforce: <ul style="list-style-type: none"> - Workforce strategy - HR Transformation - Culture workstream (including Bullying and Harassment) 		Information and discussion	Ed Griffin (Executive Director of HR)
Statutory duties: member and public engagement					
53/18	12:15	Membership Development Committee Annual Report: <ul style="list-style-type: none"> - Membership and public/staff engagement 	E	Information	Mike Hill (MDC Chair and Public Governor for Surrey)



Committees and reports					
54/18	12:20	Governor Development Committee Annual Report	F	Information	James Crawley (Lead Governor and Public Governor Kent)
55/18	12:25	Nominations Committee Annual Report	G	Information	TH
56/18	12:30	Governor Activities and Queries Annual Report	H	Information	James Crawley (Lead Governor and Public Governor Kent)
Statutory duties: performance and holding to account					
57/18	12:35	External auditor's reports to the Council	I	Assurance	Fleur Nieboer (Partner, KPMG)
General					
58/18	12:50	Any Other Business (AOB)	-	-	TH
59/18	-	Questions from the public	-	Public accountability	TH
60/18	-	Areas to highlight to Non-Executive Directors	-	Assurance	TH
61/18	-	Review of meeting effectiveness	-	-	TH
		Date of Next Meeting: 15 November, Crawley HQ, Manor Royal	-	-	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.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 27 July 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)
Mike Hill	(MHi)	Public Governor, Surrey & N.E. Hants
Marguerite Beard-Gould	(MBG)	Public Governor, Kent
Marianne Phillips	(MP)	Public Governor, Brighton and Hove
Marian Trendell	(MT)	Appointed Governor, Sussex Partnership NHS FT
Stuart Dane	(SD)	Public Governor, Medway
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

In attendance:

Daren Mochrie	(DM)	Chief Executive
Laurie McMahon	(AS)	Non-Executive Director
Terry Parkin	(TP)	Non-Executive Director

Minutes:

Izzy Allen	(IA)	Assistant Company Secretary
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20. Welcome

- 20.1. TH welcomed Governors to the meeting.
- 20.2. TH advised that there was a new microphone system in place and how to use it.
- 20.3. TH welcomed LM, TP and MP to the meeting.

21. Apologies

- 21.1. Apologies were received from:

Alison Stebbings	(AS)	Staff-Elected Governor (Non-Operational)
Roger Laxton	(RL)	Public Governor, Kent
Nigel Coles	(NC)	Staff-Elected Governor (Operational)
Felicity Dennis	(FD)	Public Governor, Surrey & N.E. Hants
Francis Pole	(FP)	Public Governor, West Sussex
Matt Alsbury-Morris	(MAM)	Public Governor, West Sussex
Peter Gwilliam	(PG)	Public Governor, East Sussex

22. Minutes of the previous meeting

- 22.1. The minutes were taken as an accurate record.
- 22.2. The action log was reviewed and updated.
- 22.3. MT gave an update on 217 regarding mental health conveyances. MT thanked DM for how seriously he had taken this matter. The Chief Operating Officer of Sussex Partnership and others had met with DM and Joe Garcia to try and match the data held by Sussex Partnership and the data that SECAMB held. The data showed very distinct differences. This Monday there was another meeting planned between MT, JG and the Commissioners for SECAMB because there was a question about how SECAMB was funded to provide these conveyances. MT understood that it was an issue for Sussex and Kent but not for Surrey. DM agreed that we needed to understand the variation.
- 22.4. BR asked for clarification regarding the development of a volunteer strategy. IA provided an update regarding meeting with Steve Emerton as the Director of Strategy would lead the strategy development. DM confirmed that it needed to link in with the demand and capacity review and would move forward once we were clearer about the needs of the Trust. BR noted that the Council had heard numerous promises regarding improvements for volunteers and wished to ensure there was some progress.
- 22.5. IA would update the action log to show JG rather than DH against action 210.

23. Questions from the Public

- 23.1. Frank Northcott noted that it was important to continue to address bullying and harassment within the Trust as there were staff who were deeply scarred and who didn't see the issue being addressed.
- 23.2. DM noted that B&H accusations and outcomes were carefully monitored and it was discussed regularly by the Executive Team. The team had reviewed the recommendations in the Lewis Report.
- 23.3. TP noted that he saw this work as fundamental to moving the Trust forward. This was still one of the main priorities with a significant risk attached. TP had undertaken some of the training being provided to senior and middle managers – it was very high quality. The changes wanted at every level would not happen just through training however, it was about how the Trust behaved across the piece as it moved forward.
- 23.4. TH noted that there would be a session on B&H at the Council in September.
- 23.5. The Council viewed a video on frequent callers.
- 23.6. DE asked for assurance that stage 2 home visits were done in collaboration with eg the fire service where relevant, and that the Trust thought about patient safety in a wider sense, for example in relation to smoke alarms and CO2 detectors. DM knew the Trust worked closely with health and social care colleagues but he did not know whether we linked in with other agencies like Fire.

ACTION: DM to check whether the Trust's frequent caller work included liaison with the Fire Service.

23.7. DM noted the amount of work that teams like frequent callers did in the background, and how much emergency ambulance resource was saved by this type of work. BR noted that this was not just about saving money and resource, it's about managing the patient's needs holistically. This was an example which so many other parts of the health service could learn from. It was about good working practices for the benefit of clinicians and patients and he commended this way of working.

24. Chief Executive's Report

- 24.1. DM advised that the performance data showed the Trust was performing very well for patients needing life-saving and emergency care. We could do better for Category 3 and 4 patients, which were lower acuity patients.
- 24.2. The Medical Director was seeking to improve her clinical audit team.
- 24.3. The Trust's finances were on track.
- 24.4. GG noted that the Local Authority Council leaders were concerned about patients with lower acuity. Reports were reaching them of people waiting for a long time for a response: what could be done to address this?
- 24.5. DM advised that this was an area of sustained focus. 135 new ambulances were coming in while we awaited the outcome of the demand and capacity review to assess the funding needed to provide a service that met targets. The Trust had been working with Commissioners and other parts of the social care system to help mitigate the problems. For example, in the Crawley area, there was a 'longest patient waiting' vehicle which targeted Category 3 patients. In Worthing, there was a Paramedic working with an Occupational Therapist.
- 24.6. JC advised that Category 3 callers could be dealt with by Community First Responders (CFRs) – South West ambulance service had done this. The waiting time had reduced drastically. The Trust had seen a further decline in the numbers of CFRs and their attendances to patients. He would expect this to be addressed now that the CQC had been to the Trust.
- 24.7. DM noted that the focus had been on addressing legacy issues, and Joe Garcia (Operations Director) had a clear brief to use CFRs more effectively.
- 24.8. On the demand and capacity review, DM advised that about 18 months ago the Trust had worked with Commissioners to identify a resourcing gap of 37m and since DM started a further piece of work had been undertaken to look at all demand across the Trust in detail. This work was now coming to a conclusion, and the answer was appearing to be the same i.e. there was a shortfall across the Trust. The negotiations on the final outcome were nearing completion and he would update Council once there was more clarity.
- 24.9. NH noted the comments from the CQC about the management structure and inconsistencies. He believed there was little clarity in the structure and lots of secondments, which seems odd given that Joe Garcia has confirmed the structure.
- 24.10. DM advised that the operational structure across the Trust had been changed significantly using assessment centres to revise it. There was a lot of positive feedback from staff about having operational leaders available on stations. This was a positive investment. The ten operating unit structure across the organisation seemed to work really well. The Operations Director was now looking at the other

parts of the operational structure to ensure it was fit for purpose. DM was confident that the next 6 months would see this work concluded.

- 24.11. JC noted that was able to see the surge levels for the Trust. He asked about the visibility of leadership when in surge black, noting there was not representation from silver commanders, and while the gold commander was on the phone they were not visible in person. In JC's experience, leadership was sometimes about visibility and there ought to be that visibility during surge black conditions.
- 24.12. DM advised that there were different levels of command and control within the organisation. There was a Gold Commander on call 24/7, which was not something that every Trust had in place. There was also a major incident suite in place to help us manage things well. There was a Gold Operational Manager on call 24/7 as well, and underneath that a cadre of Bronze and Silver managers available. The team leader structure meant that the Bronzes were available 24/7 too.
- 24.13. There was a clear policy and plan about what happened in different stages of surge. The Gold would be on site if the strategic cell opened, to provide the leadership on the ground. The EOC Managers were Bronze or Silver commanders too and always available.
- 24.14. However, DM would double-check what was happening to ensure we were doing the best we could.

ACTION: DM to follow up regarding staffing and visibility of Gold/Silver etc. during surge black.

- 24.15. GG asked about safeguarding. He had attended the Kent and Medway Safeguarding Board, and there had been a SECamb representative there. Level 3 safeguarding was no longer being reported in the Integrated Performance Report (IPR). How could the NEDs or Council be assured that this level would be maintained? Training levels were now at 98.04%.
- 24.16. DM was pleased to hear that SECamb was represented at the local Safeguarding Board, given the challenge the size of the Trust brought to being represented at every local forum.
- 24.17. SECamb was an exemplar in the ambulance sector. No other Trusts had trained their crews to level 3. On level 2 safeguarding, this was part of key skills for all staff.
- 24.18. TP noted that regulated and registered healthcare professionals were required to be trained to level 3. TP was until recently the NED responsible for safeguarding. The Trust also sent representation to every adult and children safeguarding board, which was a huge investment. TP and Tricia McGregor would continue to ensure that there was embedded level 3 training in the organisation.
- 24.19. DM agreed that there was a focus on safeguarding across the Trust. TP noted that he believed SECamb took this seriously.

25. Board Assurance Committee report

- 25.1. Audit Committee: DE asked a question about staff overpayments: how much money was overpaid and how much written off. TP advised that the Workforce and Wellbeing Committee (WWC) was going to scrutinise this going forward. There was clarity that incorrect payments were the issue and there were three issues which

contributed to this: people filled in their own pay returns, they then had to be signed off by a manager (paper-based) and finally the payroll provider needed to pay the individual. It felt to the NEDs that all three areas needed improvement. Also, managers needed to prioritise making the time to manage.

- 25.2. JC noted that there was an app being launched to overcome some of the manual form filling in – would this help? TP advised that this would be introduced next week as a new system so things may initially get worse but then get better.
- 25.3. MHew asked about information transfer from the Trust to the payroll provider, and whether this was done through an electronic rota system. TP advised that it was, however the investigations done showed errors at each stage. There was a sense that the payroll provider and senior managers were not working as effectively as possible.
- 25.4. A key part of the culture change programme was being an organisation that does the basics well. TH advised that HR were having weekly meetings with the payroll provider, but it seemed there were issues on management side too. Also, there were numerous complexities with the system. TP further noted that someone making a wrong claim was fraud, however the vast majority was not fraud, it was just very complicated to complete claims.
- 25.5. MHew was concerned with late payments.
- 25.6. Workforce and Wellbeing Committee: TP noted that the Committee had met on Monday. The WWC was revisiting issues and ensuring the risk register was robust. Jeremy Hunt had said that the one thing he would have done differently during his time as Health Secretary was workforce planning. The WWC agreed this was the single most important thing for the Trust. The demand and capacity review would have serious implications for our workforce. We then needed a workforce plan. TP believed the HR Director would say we have a workforce plan, however we needed more detail. We had a plan for numbers, recruitment and contingencies and Ed Griffin (HR Director) was bringing welcome change. The WWC felt that the issues faced were now well-understood, so we would hit the ground running when the demand and capacity review was finalised.
- 25.7. The WWC were very confident in the processes and systems in place to lead to a fully staffed and safe Trust.
- 25.8. The culture programme was brought in-house and it was focused on how we related to one-another, including how we dealt with our patients. It was about bringing the level of care we show our patients into the organisation.
- 25.9. The organisational change had been based on staff raising issues. There were also a significant number of health and safety issues in the organisation. Steve Lennox (Associate Director of Quality and Nursing) had done a lot of work, including an external review being commissioned, to identify some things we could do better. We believed that all issues would be fixed by Christmas. On the risk register, the major risks for the organisation were linked to the work of WWC. The WWC was likely to increasingly focus on the key risks and the work of Ed Griffin and his team.
- 25.10. BR noted that he had taken a particular interest in call answering performance over many months. It had been taking 17 minutes to answer a call at one point – and we cannot triage until we answered the phone. We had seen some improvement since that position, however our performance for the 95th percentile

was still above the national mean. In the IPR, under the SECamb operations 999 section, we were told it was intended to meet the 95% performance trajectory by August. Was TP confident we were on course to meet this trajectory?

- 25.11. TP advised this had been discussed at the Board and it was clear that we would not meet it by the end of this month but there were processes in place to continue to make improvements.
- 25.12. TP and TH advised that they were assured that there was a complex series of activities in place to try and improve things. This included recruitment to the right numbers in EOC.
- 25.13. TP noted the key question for Governors was whether patients were being put at risk. He advised that there was no evidence that patients were put at risk, because the audit processes now in EOC met all standards and there were mitigating actions in place. We believed that patients were safe whether waiting on the phone for a response or in ambulances at an Emergency Department.
- 25.14. Joe Garcia was seeking to ensure that EOC was over-staffed to provide contingency.
- 25.15. TH advised that there was a paper on this being produced and maybe Fiona Moore (Medical Director) or Bethan Haskins (Director of Nursing and Quality) could come to the Council to discuss the causes, themes etc. in due course.
- 25.16. BR noted that evidence of harm for something yet to happen was harder to find than of that which had already happened. We know that every second in response time makes a difference between life and death.
- 25.17. LM noted that Category 3 responses and our performance all linked back to our workforce plan. The Board would hold a workshop to interrogate the workforce plan to ensure that it was fit for purpose.
- 25.18. Quality and Patient Safety Committee: MH noted that he had attended a NW Surrey CCG meeting. 111 was out for tender. CA advised that he would cover this in his session later.
- 25.19. JC observed that if the Committee had felt it had partial assurance on CFR governance this was incorrect. TH advised that the report on Investing In Volunteers stated that the Trust would meet the standard based on doing the extra activities it stated in the report. JC felt that responses given by individuals to the IIV assessors in order to obtain the assessment in the report were inaccurate.
- 25.20. TH advised that this should go back to QPS for a response.

ACTION: Extract of the Council minutes to be shared with QPS for consideration when QPS undertake a review of progress on CFRs in November 2018.

25.21. NEDs' activities

- 25.22. LM noted that he was supporting the Trust's work on strategy. The Trust was very adept at moving forward with strategy and as we continued to make improvements, we needed to start looking over the horizon to understand what might be happening to the communities we serve. The future regarding health was unknowable and it would likely be a rough ride. LM had been working with the strategy group inside the Trust to consider with the Board and the wider community how the Trust might handle the future.

- 25.23. We had begun to look at a project on urgent and emergency care inside a system moving to integrated care systems. This had big consequences for us. We would be working with the Academic Health Sciences Centre and potentially the Nuffield Trust to assemble best practice evidence about what worked, so we were able to support the Integrated Care Systems that were emerging and match their aspirations with what SECamb could deliver in terms of integrated care. This was called the 'Emergent' project.
- 25.24. TH noted that this was an example of something NEDs would do that Council may not automatically see.
- 25.25. JC noted that it was good to see a rota for NEDs to attend Council.

26. Integrated Urgent Care

- 26.1. CA advised that he believed this was a very exciting vision and opportunity for the health and social care system, which genuinely sought to attempt to address system-wide gaps.
- 26.2. At present, SECamb ran the KMSS 111 service with Care UK. This contract ended on 31 March 2019. NHS England's aspiration was that all services procure an integrated urgent care service by then.
- 26.3. There was a difference in specification across the country which can be tailored by commissioners. Three contracts were being procured on a county basis in Kent, Surrey and Sussex. One was mid-procurement and we were involved, the other two were delayed.
- 26.4. These are 5 +2 year contracts and are the landscape for the foreseeable future. SECamb needs to be in it to win it and the strategy and business development team are working hard on this.
- 26.5. One way of looking at things was to connect NHS 111 with the out of hours GP service. At present 75% of decision-making at 111 involved moving patients into another part of the NHS (A&E, GP etc.). The aim was that 111 would be able to make more decisions to help patients get the response they needed with a one-point of access service.
- 26.6. Direct booking technology was now working so this could be done to save patients another call.
- 26.7. There was a national workforce plan, and a lot more use would be made of warm transfers (transferring calls directly). Prescribing would also work more effectively with electronic prescribing. Within the existing 111 service we had been pioneering in doing this in any case.
- 26.8. For SECamb, we see bringing together 111 and 999 at scale together gave even greater opportunities to bring in different specialisms. However, we needed to pursue the contracts county by county and if possible, bring the services together.
- 26.9. CA described the Surrey Heartlands Sustainability and Transformation Partnership's (STP) 'Pregnancy Advice Line'. STPs needed to look at population health needs and what's needed and who was best placed to provide it and where. This brought three maternity advice lines together into our 999 call centre to provide support to expectant mothers.
- 26.10. This coordination of care with partners was the future of care. For example, thinking through the opportunities around mental health, end of life care, and

catheter care programmes. 95% of ambulance work was not saving lives, we needed links to the rest of the system.

- 26.11. If we were successful with our 111 bids that was great, however even if we were unsuccessful we had the opportunity to do this with 999 in any case.
- 26.12. DE noted that in relation to the hierarchy of needs, the Coxheath EOC was not as fantastic as the Crawley EOC, so the Trust must be mindful of improving things in Coxheath. CA agreed and noted that as soon as we knew more then the workforce would be advised. No decisions had been taken as to where we worked from in the future.
- 26.13. LM noted that this linked clearly into what he had discussed regarding the Emergent project, which would try to work out which specialist services should be available in different places.
- 26.14. LM warned that economies of scale did not mean that one size fitted all: you needed to meet the circumstances and aspirations of the local communities. He noted that listening to CA was listening to a voice of logic and region, but people should note the other interests involved may make things harder to achieve. It would be important to engage the public in this.
- 26.15. MHew noted that he was concerned about having multiple CCGs contracting for the same things. CA agreed and noted that the 999 contract was negotiated by 1 CCG on behalf of the others. On 111 there were negotiations with 3 CCGs.

27. Hospital Handover Improvement Programme

- 27.1. Gillian Wieck joined the meeting. She was working on a system-wide piece of work looking at ambulance handover delays.
- 27.2. GW noted that handover at hospital should take place within 15 minutes. This was not happening consistently and sometimes there were delays of over an hour.
- 27.3. This was a system-wide issue associated with patient flow.
- 27.4. GW presented slides on the key issues for patients, staff, and the wider system.
- 27.5. There was buy-in across the system, and the programme's steering group was chaired by an acute hospital CEO.
- 27.6. Improvement was beginning in relation to previous years with an 11% decrease in hours lost compared to the same period the previous year.
- 27.7. The target was to eradicate delays of over half an hour by September 2018.
- 27.8. JC asked how SECamb sat in the league table to lost hours. GW noted that we were around the middle. We were part of a national conference call and had six of the main problem acute trusts in the country.
- 27.9. NH noted that road crews didn't know much about this programme and it would be good to engage with crews more. Kent had been highlighted as having more issues with delays – why was this? GW noted that it was hard to communicate with the crews and she would happily accept ideas on improving that communication across the 18 hospital sites.
- 27.10. Within East Kent, some hospitals have not had the time to commit, or have had leadership changes and have not embedded the best practice.

- 27.11. LM asked what the benefit was to an acute Trust of getting this right? GW explained that there were flow benefits, because it helped acutes avoid unwarranted admissions.
- 27.12. MHew asked whether the number of conveyances had increased in East Kent? Was the percentage of delays increasing? GW noted that maintaining focus was difficult. The number of conveyances had actually decreased. MHew noted that numbers of walk-in patients may have increased.
- 27.13. MBG noted that she lived in East Kent and was concerned about East Kent Hospitals. Did we need to take Kent patients to Kent hospitals? CA advised that getting people home from a hospital without the links with social care etc. to get people home was difficult.
- 27.14. In addition, LM noted that if ambulances were drawn away from their operating unit you affected the wider service in the area.

28. Membership Development Committee (MDC)

- 28.1. MH introduced the report.
- 28.2. He noted the membership figures and all Governors were invited to Brighton PRIDE. The Annual Members Meeting would be held on 14 September at Lingfield Racecourse. All were welcome and promotional materials were available from Katie Spendiff (Corporate Governance Coordinator – Membership and Governors).
- 28.3. He provided an update on the Inclusion Hub Advisory Meeting and the Staff Engagement Forum.
- 28.4. MH noted that the Patient Experience Group had met and the governance queries had been resolved.
- 28.5. The next MDC was 20th November and all Governors were entitled to join and were welcome to attend.

29. Governor Development Committee (GDC)

- 29.1. The paper was taken as read.

30. Governor Activities and Queries

- 30.1. JC took this as read.
- 30.2. He noted the detailed responses to queries between meetings.
- 30.3. On Quality Assurance Visits (QAV), JC provided an update on these mini-audit inspections which now involved Governors. The QAV process was being finessed but important items were being picked up. He encouraged all Governors to participate.
- 30.4. TP emphasised the importance of talking to colleagues in stations, in order to understand the way things felt on the ground. It was a great way to take the temperature of the organisation.
- 30.5. LM endorsed this. The QAV process would shift from an audit approach to something much softer and would be better. It was great to speak with frontline colleagues and learn how many improvements there had been.
- 30.6. The QAVs had been using the CQC framework but this would be changing, which was also welcome.

30.7. Self-assessment

30.8. The Council had received the paper setting out the outcomes of the Council's self-assessment and the 360 feedback from the NEDs. There had been significant improvement across the board.

30.9. BR asked why more Governors had not responded? He would like to consider this further at the GDC.

31. Any Other Business

31.1. DE wished to complement and congratulate staff working in these hot conditions.

32. Questions from the public

32.1. Frank Northcott noted that the Trust was missing a trick in relation to volunteers and staff. Frank had specific qualifications and was sure he could help the Trust. He noted that some staff brought skills from previous careers that went unutilised.

33. Areas to highlight to the NEDs

33.1. TP advised that CFRs would be scrutinised at WWC as part of the workforce planning piece.

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	Request an update on the volunteering strategy that had been due to come to the Board in November.	JG	29.01.18	CoG	IP	The Trust has appointed a Head of Volunteering. As of 6.9.18 discussions are underway about his start date. He will be fully involved in the development of the strategy.
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. See action 236.
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	119.2.3	230	Share ePCR plans with the Council after they have been to the Board.	DM		CoG	IP	The Board approved a business case regarding ePCR plans at its August meeting. DM can provide a further update at the Council in September.
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	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	The Trust's workforce strategy is in development and Ed Griffin (Director of HR) will be at the September Council meeting to provide an update.
31.05.18	15.20	237	TH to discuss with NEDs how best to provide an update on NED activities to the Council.	TH	July	CoG	C	A paper setting out general NED activities went to the Council in July and the NEDs present at each Council meeting will then provide more detail about their recent activities and areas of focus.
27.07.18	23.60	238	DM to check whether the Trust's frequent caller work included liaison with the Fire Service.				C	As part of our stage 2 home assessment, we review the both the patients medical and holistic needs including: <ul style="list-style-type: none"> • physical and general health • barriers to primary care • physical environment including any safeguarding concerns • patients understanding and reasoning • social & community elements • family and home environment inc: social isolation • patients aims and goals (working alongside the Trust to reduce their call volume) • whether the patient is at risk of a crime/fire* *If 'yes' to any of these we ask the patients' permission to pass their details on to the Police/Fire authority to conduct a home safety visit.
27.07.18	24.13	239	DM to follow up regarding staffing and visibility of Gold/Silver etc. during surge black.		September	CoG	IP	
27.07.18	22.30	23	Variations in s136 conveyance data between SECamb and Sussex Partnership - further work needed to explore this.	MT/JG/DM	September	CoG	IP	Advised at July CoG there was a follow up meeting planned between MT, JG and the Commissioners for SECamb because there was a question about how SECamb was funded to provide these conveyances and need to understand variances in data on conveyances.
27.07.18	25.19	23	Feedback on CFRs from the Council meeting to be communicated to QPS & WWC committees, so that it can inform its further review in November.		September	QPS and WWC	C	Feedback was shared with the Chairs of both Committees

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

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 July and August 2018.

2. Local issues

2.1 Chair recruitment

2.1.1 On 24 August 2018 we announced that the Council of Governors had formally appointed David Astley as our new, substantive Chair following a rigorous recruitment and selection process.

2.1.2 David, from Kings Hill in Kent, has over 40 years' management and leadership experience in the NHS and abroad and will take up his post in late September. He was awarded an O.B.E in 2006 for services to the NHS and has held a number of very senior roles in the NHS including Chief Executive of East Kent University Hospitals NHS Trust between 1999 and 2006 and Chief Executive of St George's Healthcare NHS Trust between 2006 and 2011.

2.1.3 I am pleased that we have been able to appoint such a highly-experienced person as David as our Chair and look forward to working with him to continue to improve the services we provide.

2.1.3 I would also like to express my thanks to Graham Colbert, who took on the role of Chair on an interim basis in April, for all of his hard work and support.

2.2 Engagement with local stakeholders & staff

2.2.1 On 31 July 2018, I met with Anne Eden, the NHS Improvement Executive Regional Managing Director for the South East, to discuss how we are performing as a Trust and our key areas of focus. In turn, on 24 August 2018, I was pleased to welcome Anne and her team to our Crawley HQ, where she spent time in the EOC, seeing how we work in practice.

2.2.2 On 7 August 2018, I met with Marianne Griffiths, the Chief Executive of Brighton & Sussex University Hospitals NHS Trust and Western Sussex Hospitals NHS Foundation Trust in Brighton. It was an extremely useful meeting, providing an opportunity to discuss key challenges and opportunities facing our region.

2.3 Care Quality Commission (CQC) inspection

2.3.1 Following the CQC's core services inspection of the Trust, which took place between 18 and 20 July 2018, the Well Led aspect of the inspection took place on 22 and 23 August 2018.

2.3.2 This started with our Trust's presentation to the CQC inspectors and was followed by three focus groups and eighteen interviews, with senior managers from across the Trust. Thank you to everyone who took part.

2.3.3 After these two intensive days of inspection, and the previous core services inspection, we will now await the draft report in October. Although we do not anticipate any further CQC visits, related to this year's inspection the CQC, as part of their new model of inspection, will continue to monitor our performance and progress remotely and through ongoing meetings. Part of this new way of working could also involve visits to any of our sites at any point during the year.

2.3.4 We expect our final report to be published in October/November this year.

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 – supporting staff during the Core Services phase of the inspection and preparing for the Well Led inspection
- Continued to monitor the progress of the Demand & Capacity Review, as it moves towards completion
- Closely monitored delivery of the Trust's Recruitment Plan
- Discussed the on-going NHS 111 contract tenders

2.4.3 On 5 September 2018, we held our third 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 session on 5 September featured myself and Ed Griffin, Director of HR & OD and focused on the work underway to change the culture of the Trust. At the time of writing the webcast has received more than 600 views.

2.5 Brighton Pride

2.5.1 I was delighted to see that a huge turnout from staff, volunteers and representatives from other ambulance services nationally, saw record numbers walk for SECamb in the parade at Brighton Pride on 4 June 2018.

2.5.2 I understand that 187 people walked alongside the specially-decorated ambulance, kindly sponsored by the Trust's Unison and GMB unions – a fantastic turn-out! Thank you to the Pride network and everyone involved in supporting our involvement.

2.5.3 I was sorry not to be able to attend myself this year but am pleased that Fionna Moore (Medical Director) and Joe Garcia (Director of Operations) were able to attend. From speaking to them and others involved, it sounds like it was a great weekend and a real opportunity to come together to celebrate the diversity both of SECAMB and of our local communities.

2.5.4 Thank you also to everyone working operationally during the Pride weekend, as I know it was a really busy period.

3. Regional issues

3.1 South East Region System Leaders Event

3.1.1 On 29 August 2018 I attended the above event, which was jointly hosted by NHS England and NHS Improvement. There was a varied agenda covering a number of regional issues including operational performance, STPs and system working nationally going forwards.

3.1.2 As part of the event I was asked to give a joint presentation with Daniel DeRozarieux, the Regional Director for Urgent & Emergency Care, about planning for winter, including learning lessons from last winter.

3.1.3 This was a good opportunity to highlight the key role that SECAMB plays as part of the broader system, especially during periods of high demand.

3.2 Hospital Handover Project

3.2.1 As part of the system-wide approach to tackling hospital handover delays, good progress continues to be made at some hospital sites and despite considerable additional pressure in July, those hospitals sites have managed to maintain their performance.

3.2.2 However, progress is not uniform across all sites and there are some outliers where hours lost at hospital sites have increased from the same period last year and some where the position has continued to deteriorate. This is a real concern as we move into winter.

3.2.3 More focussed work is being undertaken at these sites, working with the Emergency Care Improvement Programme (ECIP) and also by undertaking peer reviews in order to share good practice and provide additional support to the more challenged sites.

3.2.4 In terms of our own performance, there has not been the expected improvement in crew to clear performance, with some significant variance between sites and between individual teams. However, more visibility of crew to clear times is now available which will support operational managers in improving performance.

4. National issues

4.1 NHS Horizons' 'Project A' event

4.1.1 As shared previously, staff from across SECAMB have been working with their colleagues nationally as part of 'Project A' – an initiative led 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 Since the kick-off event in June, NHS Horizons have received more than 400 ideas and suggestions so far from staff, which have been broken down into five key areas. Staff have until 31 August 2018 to either come forward with new ideas or to vote for ideas which have already been put forward.

4.1.3 There has been a tremendous response from staff nationally and I am delighted that our staff have played a part in this. I look forward to seeing the outputs of this work.

5. Recommendation

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

Daren Mochrie QAM, Chief Executive



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

August 2018



Taking
Pride



Striving for
Continuous
Improvement



Acting With
Integrity



Demonstrating
Compassion
and Respect



Assuming
Responsibility










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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.

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:

Medicines Governance – This project was formally closed by Compliance Steering Group on 17th July 2018 with the condition that the Medicines Dashboard continues to report into the Medicines Governance Group

Governance and Health Records - This project was formally closed by Compliance Steering Group on 17th July 2018 and has now transitioned into Business as Usual

Medical Devices - This project was formally closed by Compliance Steering Group on 17th July 2018 and has now transitioned into Business as Usual

Performance and AQI - This project was formally closed by Compliance Steering Group on 17th July 2018 and has now transitioned into Business as Usual

Incident Management – Formal project closure will be enacted shortly once the gaps have been addressed.

SECamb Our Enablers

SECamb Financial Performance

The Trust has achieved its planned deficit of £0.9m for the month of June. 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 Cost Improvements of £0.5m which was £0.7m 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

Patient records: All Patient Clinical Records (PCRs) are validated on arrival at the scanning department. The Health Records team is up to full strength and there is a minimal backlog of records awaiting scanning. The percentage of unreconciled PCRs is now 10.86% (June data) and is now in line with national figures.

Medicines Governance: 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 and selection of an appropriate product is underway. The recent heatwave posed significant challenges; drugs in any location where temperatures were consistently above 25 degrees were withdrawn, and the programme of installing air conditioning units was accelerated. Only two sites (both Fire Brigade site) do not now have temperature control, and crews operating from these collect their drugs from other SECamb sites. We continue to manage incidents where Paramedics inadvertently take their Controlled Drugs home at the end of their shift. These are small numbers and these incidents are being actively managed locally. A clinical bulletin highlighting the legal requirement to return CDs has been issued. OUMs and the Controlled Drugs Accountable Officer (CDAO) will continue to monitor the situation and provide support where this behaviour is repeated.

SECamb Clinical Safety - Caring

No safety escalations within the caring domain

SECamb Clinical Safety - Effective

National performance targets: The clinical indicator data summarises February 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 year's data is evident. The care bundle for Stroke is showing improvement but the STEMI care bundle figures continue to be below the national average. OUMs now have access to their area's data and are in a better position to encourage and support change. 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 (DMP). 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 to Purple and Black permit alternative scripts to be used, clinical review is undertaken to ensure the safety of these decisions. The Trust is actively reviewing the way the stack of outstanding calls is monitored by clinicians in the Control Rooms, to see if there are further improvements that can be made.

Clinical Practice Developments: The Deteriorating Patient Group has been established and recruitment to the ambassador's role will be complete by the end of August 2018. A number of falls and other pathways pilots are in place.

Clinical Audit: the 2018/19 Clinical Audit annual plan is on track and national requirements for the collection and submission of data are being met.

SECamb Clinical Safety - Well Led

Recruitment: The Trust has recruited to Senior Medical and Consultant Paramedic posts to provide additional clinical input and resilience. We have recruited a Consultant Midwife who will be joining the Trust in the autumn.

SECAmb Clinical Safety Scorecard

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

	Dec-17	Jan-18	Feb-18	12 Months
Actual %	27.8%	35.7%	36.4%	
Previous Year %	48.6%	51.5%	43.3%	
National Average %	46.5%	45.1%	51.0%	

Cardiac ROSC - ALL

	Dec-17	Jan-18	Feb-18	12 Months
Actual %	20.7%	23.1%	22.4%	
Previous Year %	28.5%	28.8%	28.3%	
National Average %	28.1%	27.3%	29.6%	

Cardiac Survival - Utstein

	Dec-17	Jan-18	Feb-18	12 Months
Actual %	14.7%	10.7%	25.8%	
Previous Year %	8.8%	10.7%	20.7%	
National Average %	23.2%	22.5%	25.5%	

Cardiac Survival - All

	Dec-17	Jan-18	Feb-18	12 Months
Actual %	6.0%	3.6%	8.0%	
Previous Year %	3.7%	3.4%	4.0%	
National Average %	7.1%	6.5%	8.6%	

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

	Dec-17	Jan-18	Feb-18	12 Months
Actual %	71.8%	61.2%	58.1%	
Previous Year %	62.8%	65.6%	68.4%	
National Average %	77.6%	75.3%	tbc	

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

	Dec-17	Jan-18	Feb-18	12 Months
Mean (hh:mm)	02:19	02:12	02:12	
National Average	02:18	02:12	02:11	
90th Centile (hh:mm)	02:59	03:03	03:12	
National Average	03:07	03:00	03:01	

Stroke - call to hospital arrival

	Dec-17	Jan-18	Feb-18	12 Months
Mean (hh:mm)	01:13	01:08	01:11	
National Average	01:22	01:24	01:19	
50th Centile (hh:mm)	01:04	01:03	01:01	
National Average	01:13	01:10	01:11	
90th Centile (hh:mm)	01:49	01:41	01:45	
National Average	02:09	02:00	01:57	

Stroke - assessed F2F diagnostic bundle

	Dec-17	Jan-18	Feb-18	12 Months
Actual %	95.2%	94.6%	96.4%	
Previous Year %	95.6%	94.9%	97.3%	
National Average %	97.2%	97.2%	96.9%	

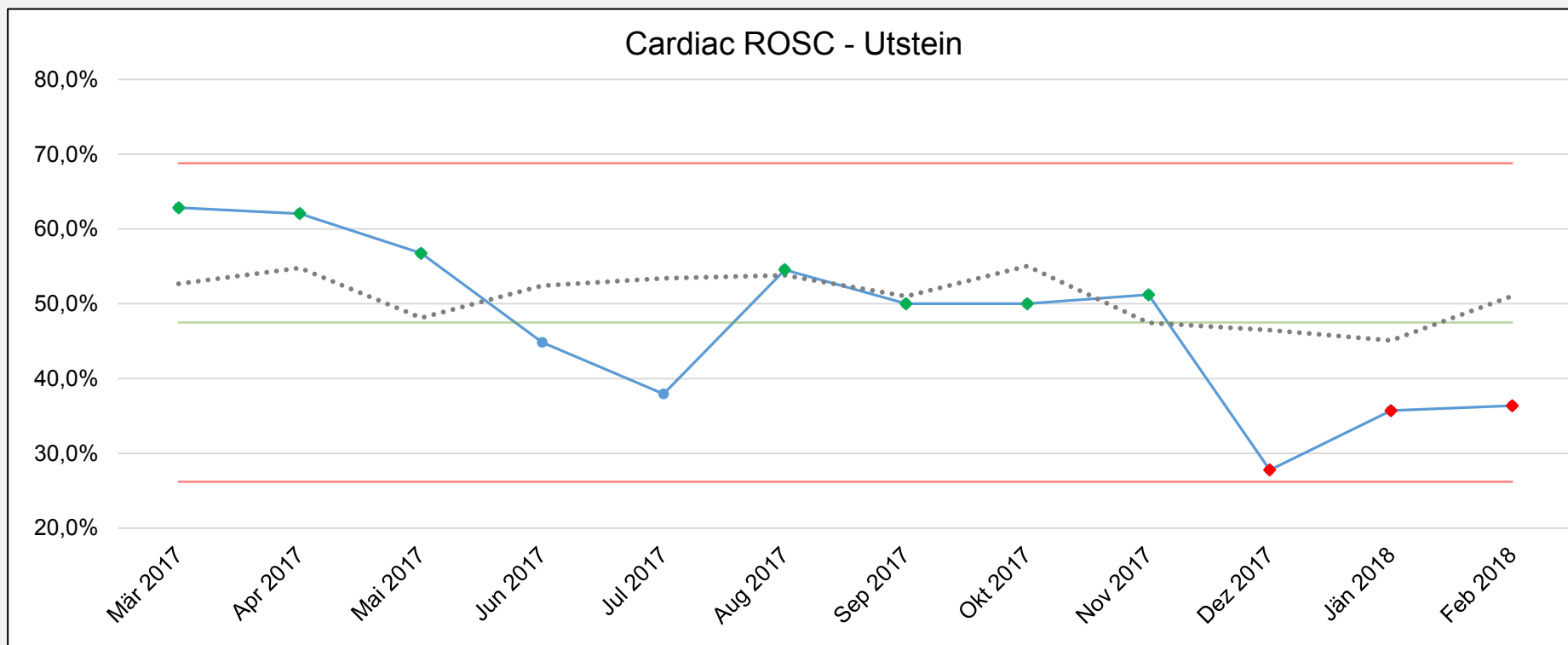
Medicines Governance

	Apr-18	May-18	Jun-18	12 Months
Total Number of Medicines Incidents	83	129	78	
Single Witness Sig/Inapt Barcode Use CDs Omnicell	9	14	10	
Single Witness Sig/Inapt Barcode Use CDs Non-Omnicell	2	6	0	
Total Number of CD Breakages	14	14	15	
PGD Mandatory Training	379	270	136	
Key Skills Medicine Governance	213	527	474	

Medicines Management

	Apr-18	May-18	Jun-18	12 Months
Number of Audits	190	172	200	
Number of audits %	98%	98%	98%	

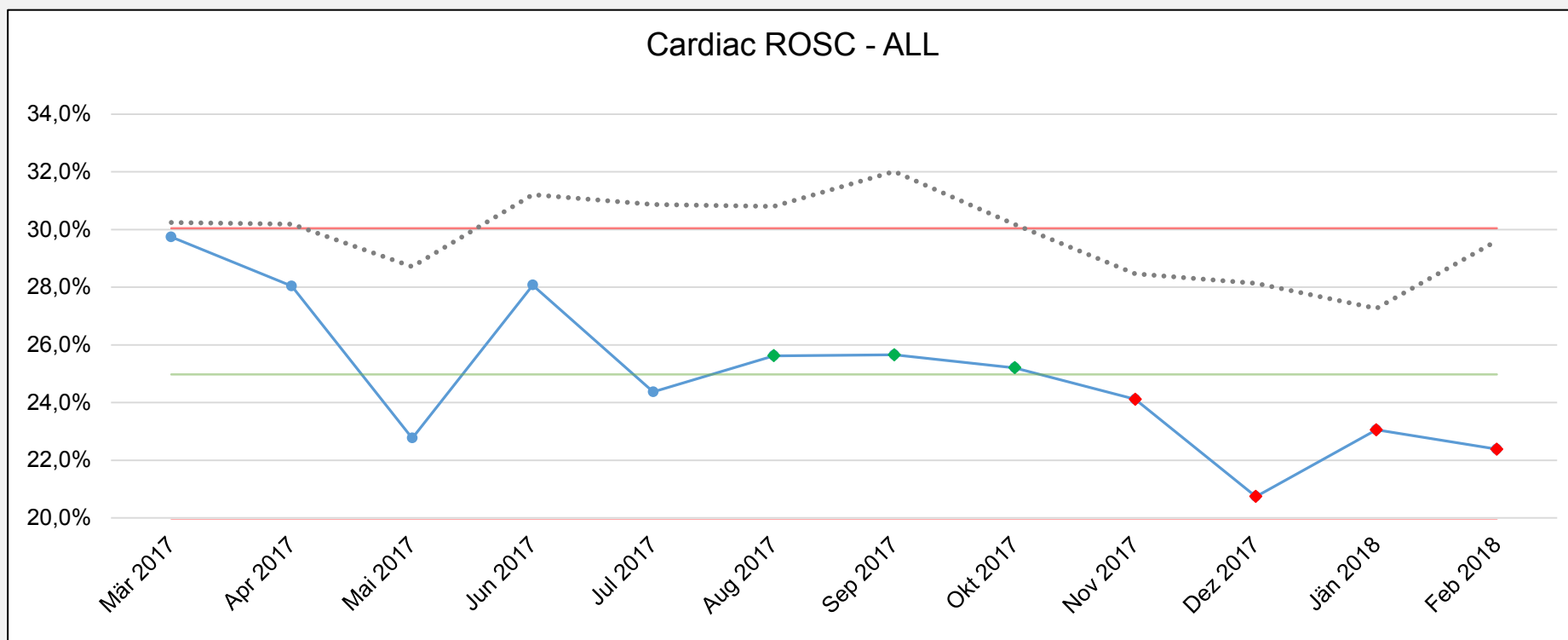
SECamb Clinical Safety Charts



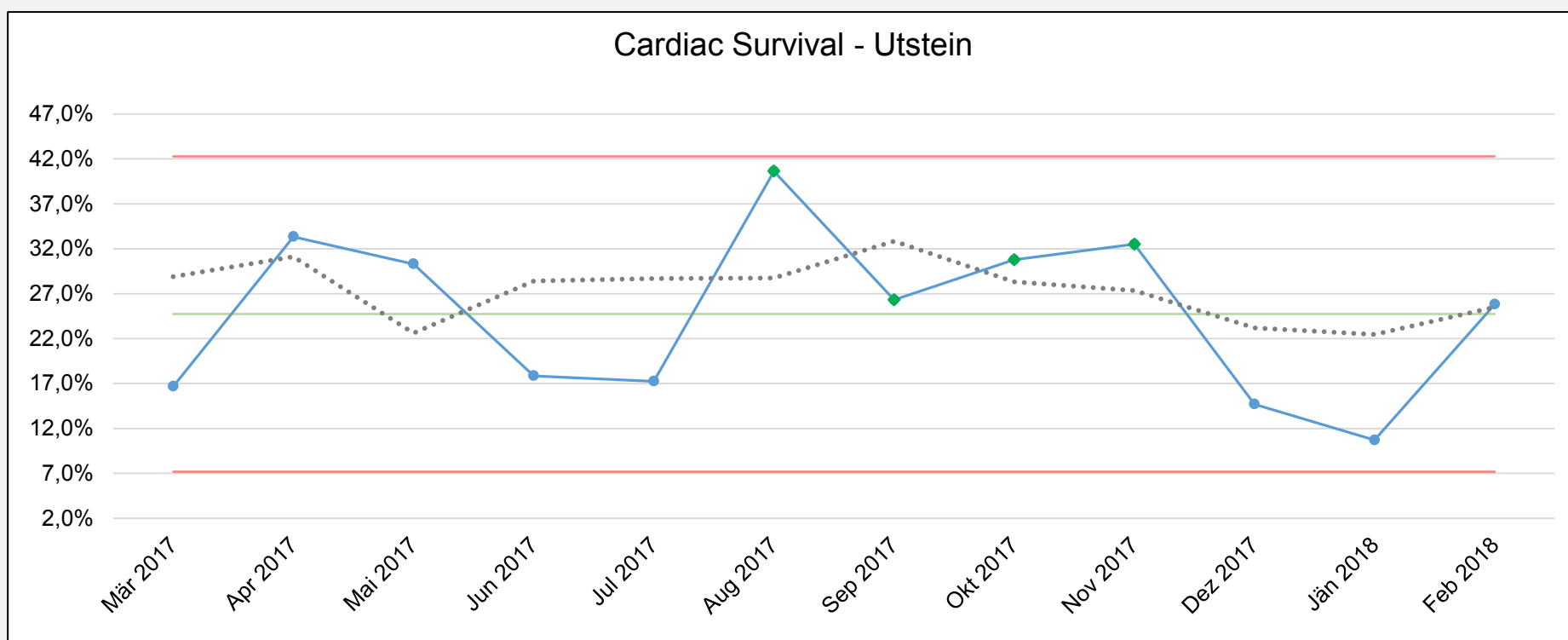
Performance for the cardiac arrest ROSC indicator for the Utstein group for February 2018 is below the SECamb YTD and the National Average. However, there is an improvement on the previous month.

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 have included developing a Cardiac Arrest Registry, Trust guidelines for the Management of Cardiac Arrest, developing our database of Public Access Defibrillators, rolling out LUCAS devices to OTLS and exploring use of the GoodSam App.

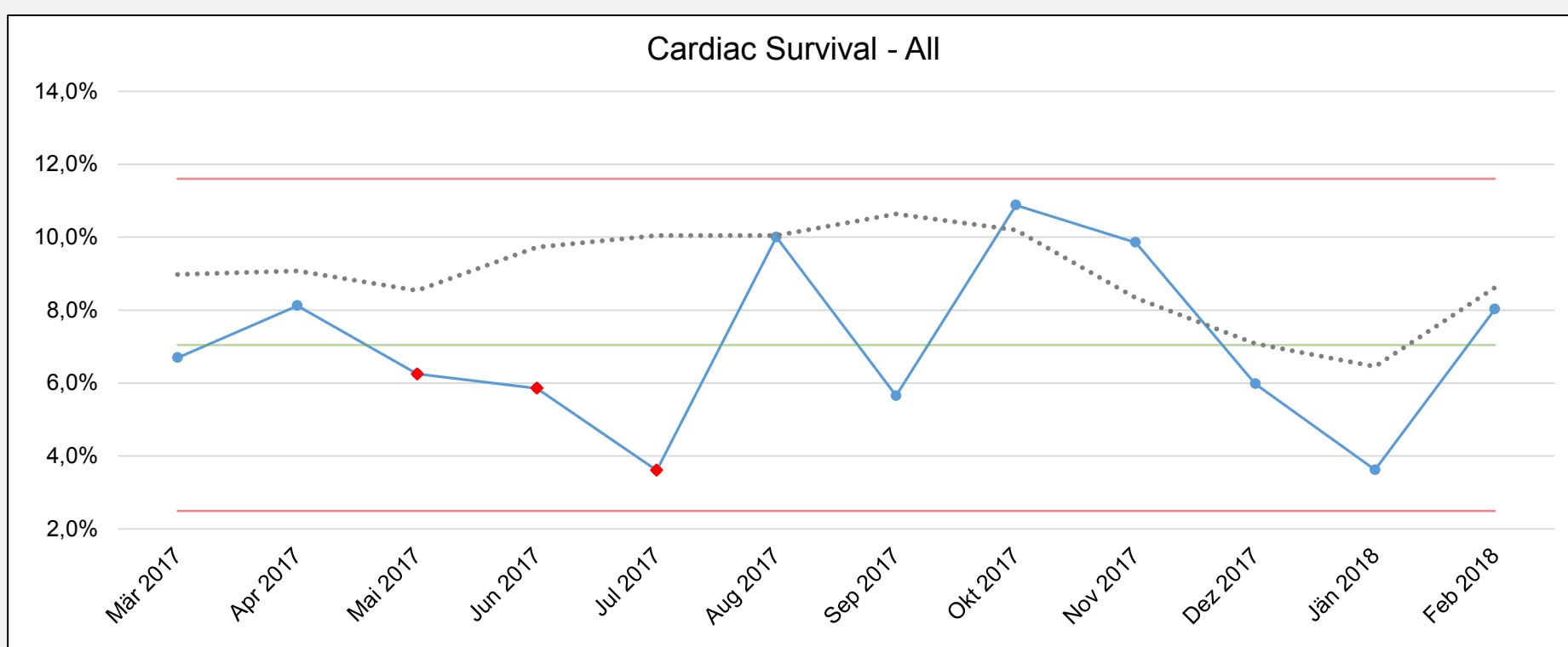
Key skills training for 2018/19 is underway and includes resuscitation training.



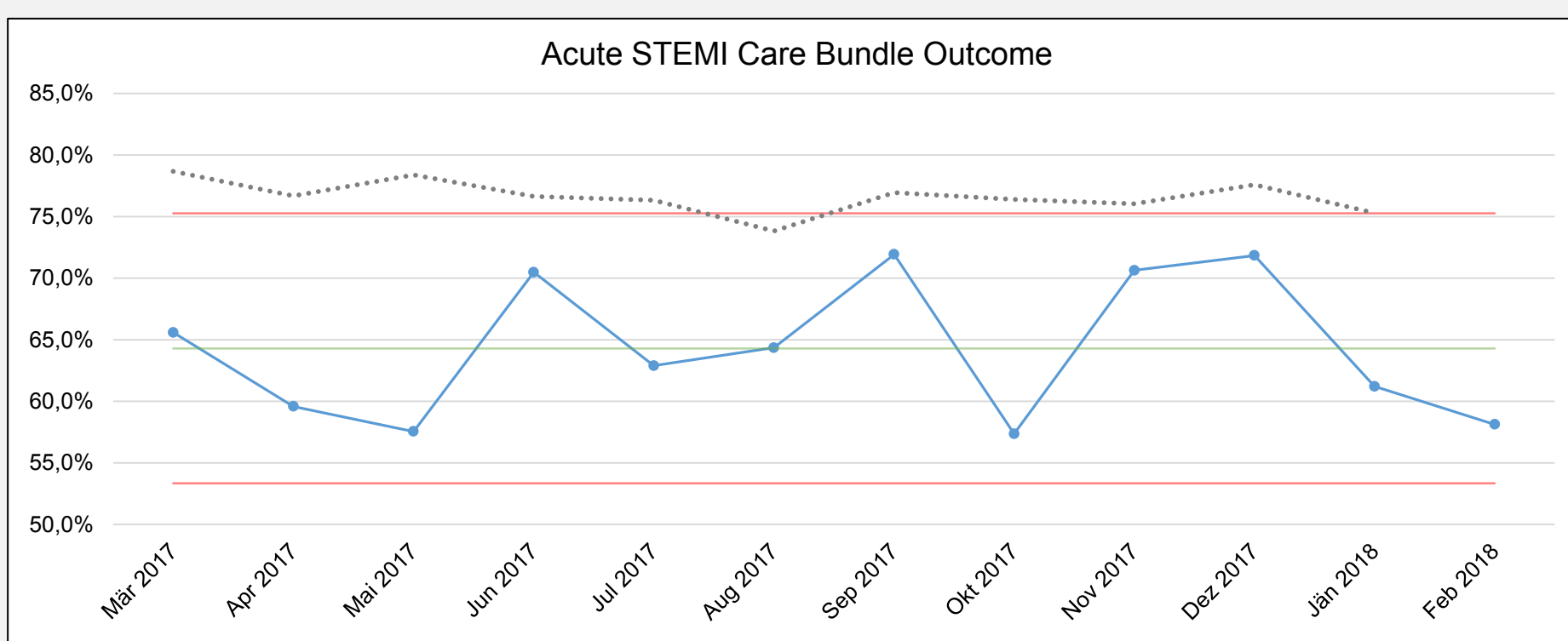
In February 2018 our performance for ROSC in all patient groups remains below the SECamb YTD average.



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



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

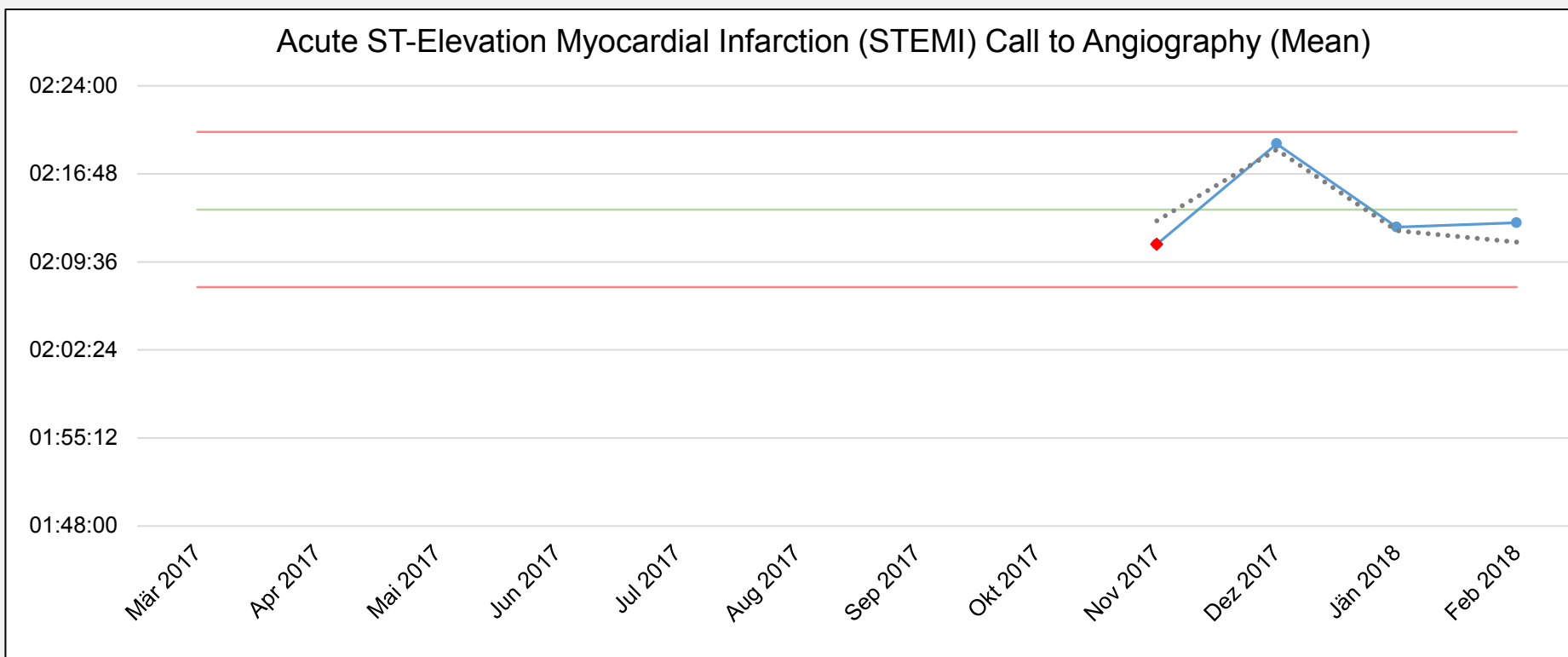


Performance for February 2018 was below the National Average and the SECamb.

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 OUs whose average performance is outside of the expected parameters

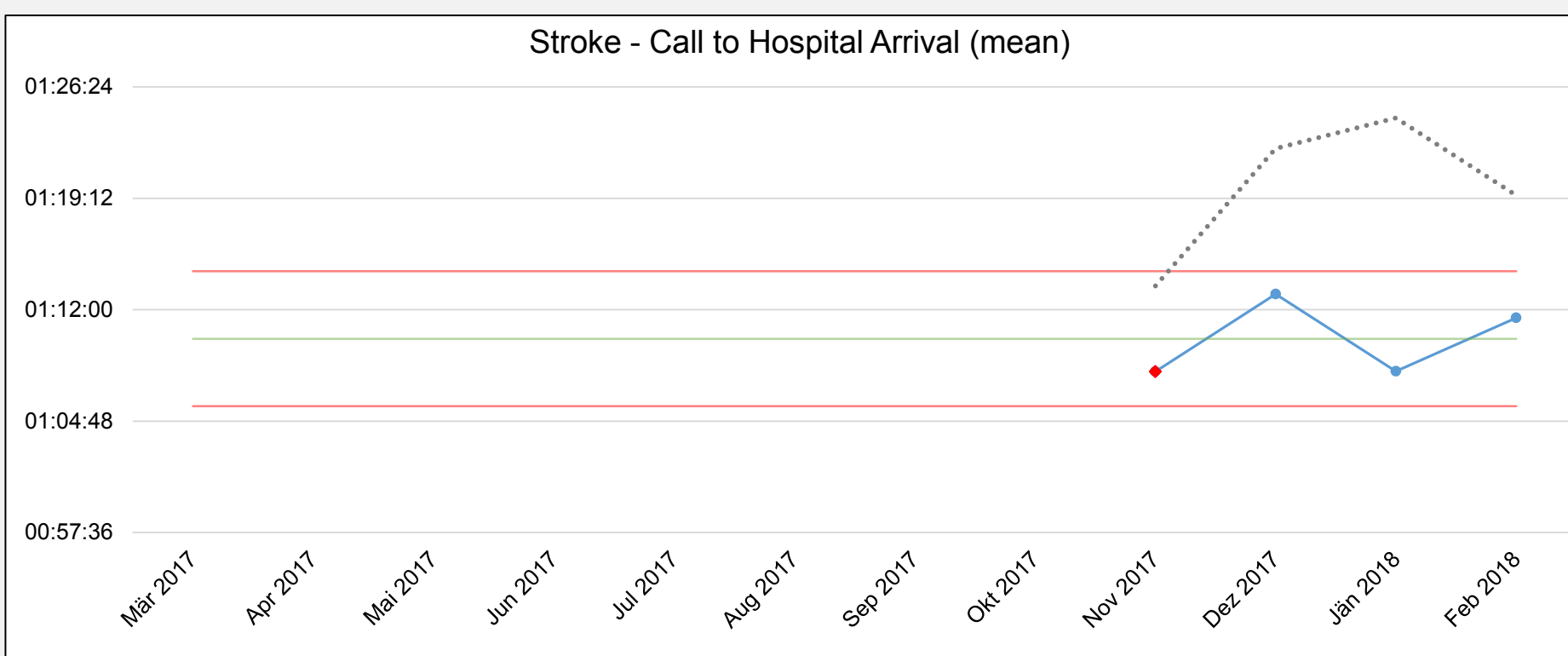
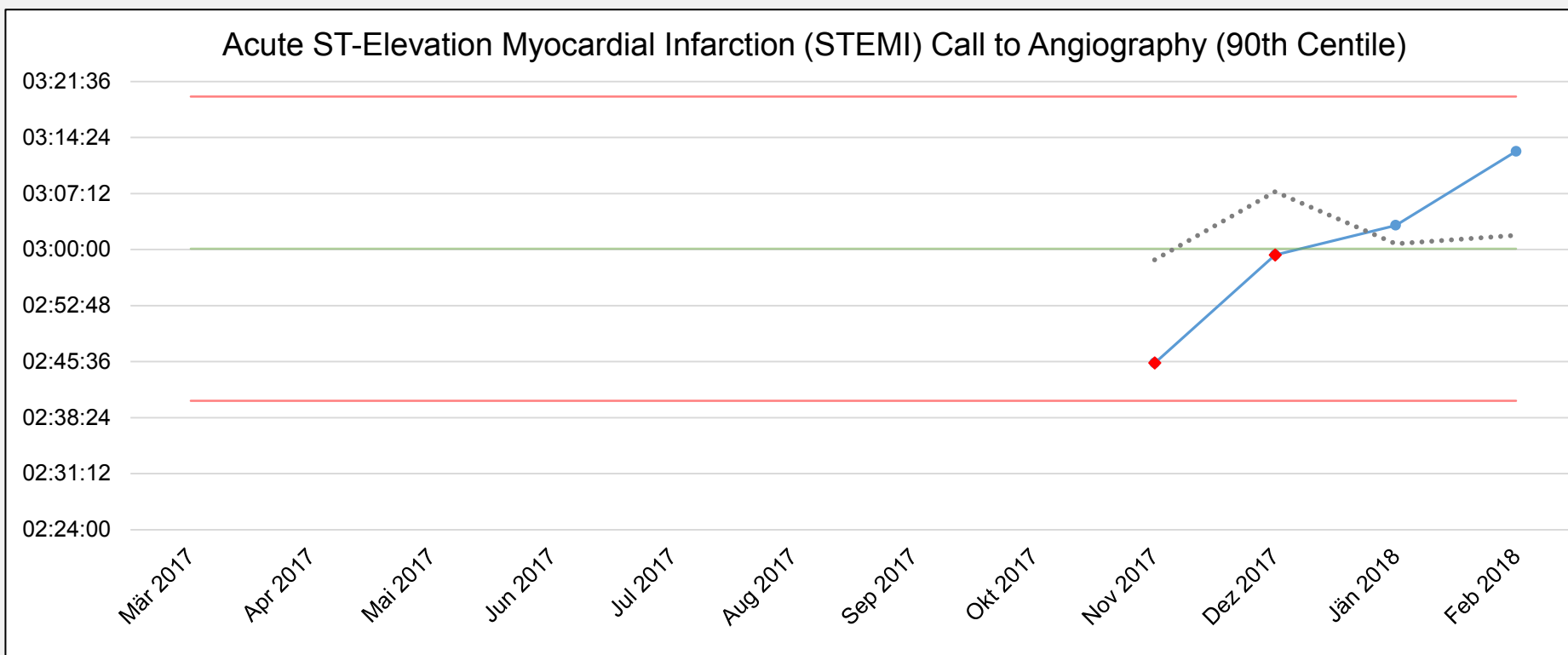
SECamb Clinical Safety Charts



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

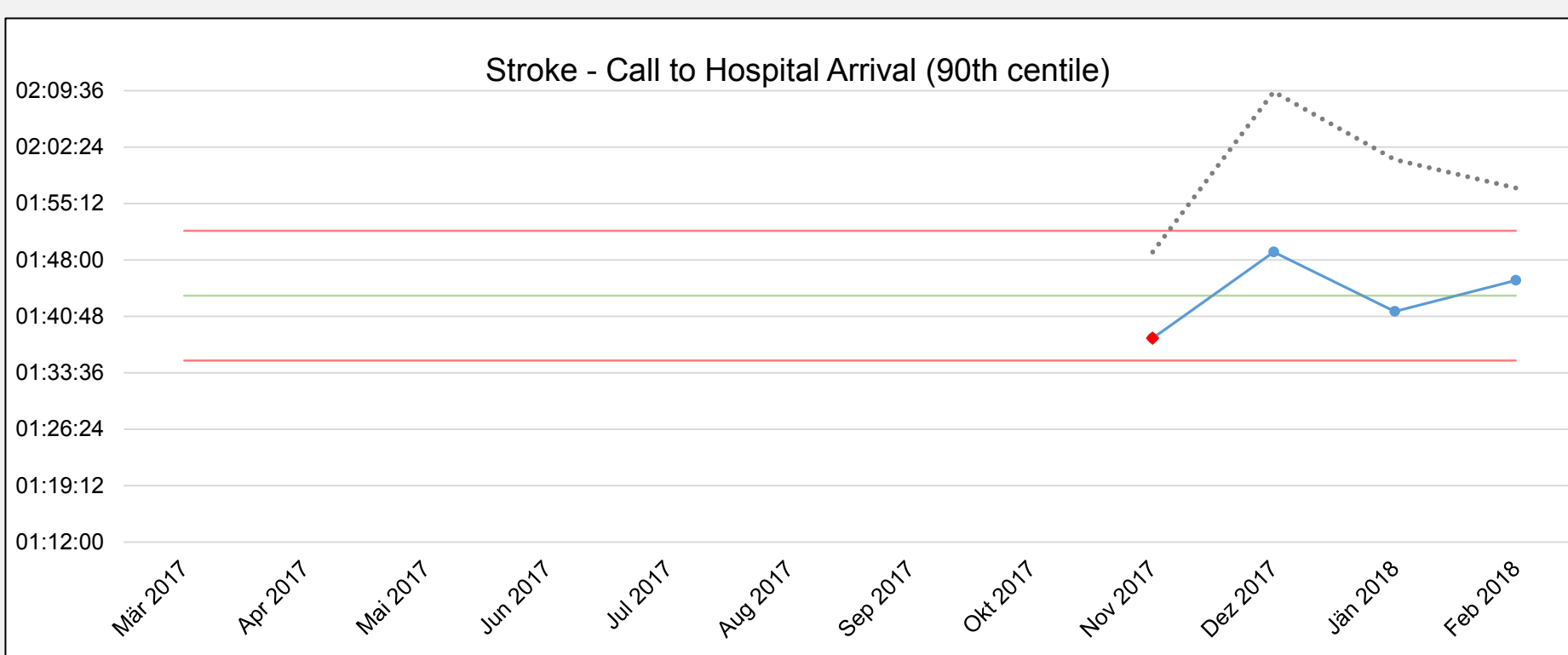
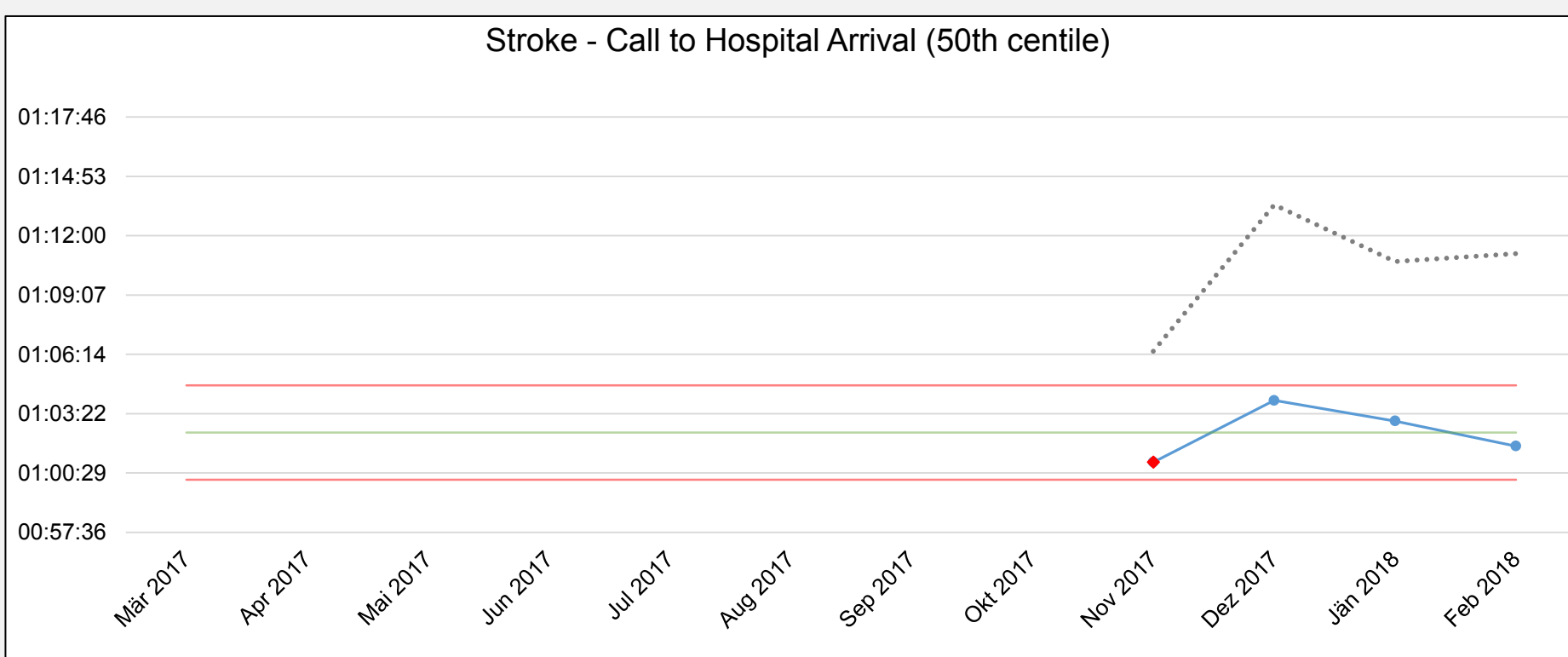
Mean performance is above with the National Average. Our 90th centile performance is above the National Average. Which shows that STEMI patients that SECamb care for tend to receive more timely STEMI care.



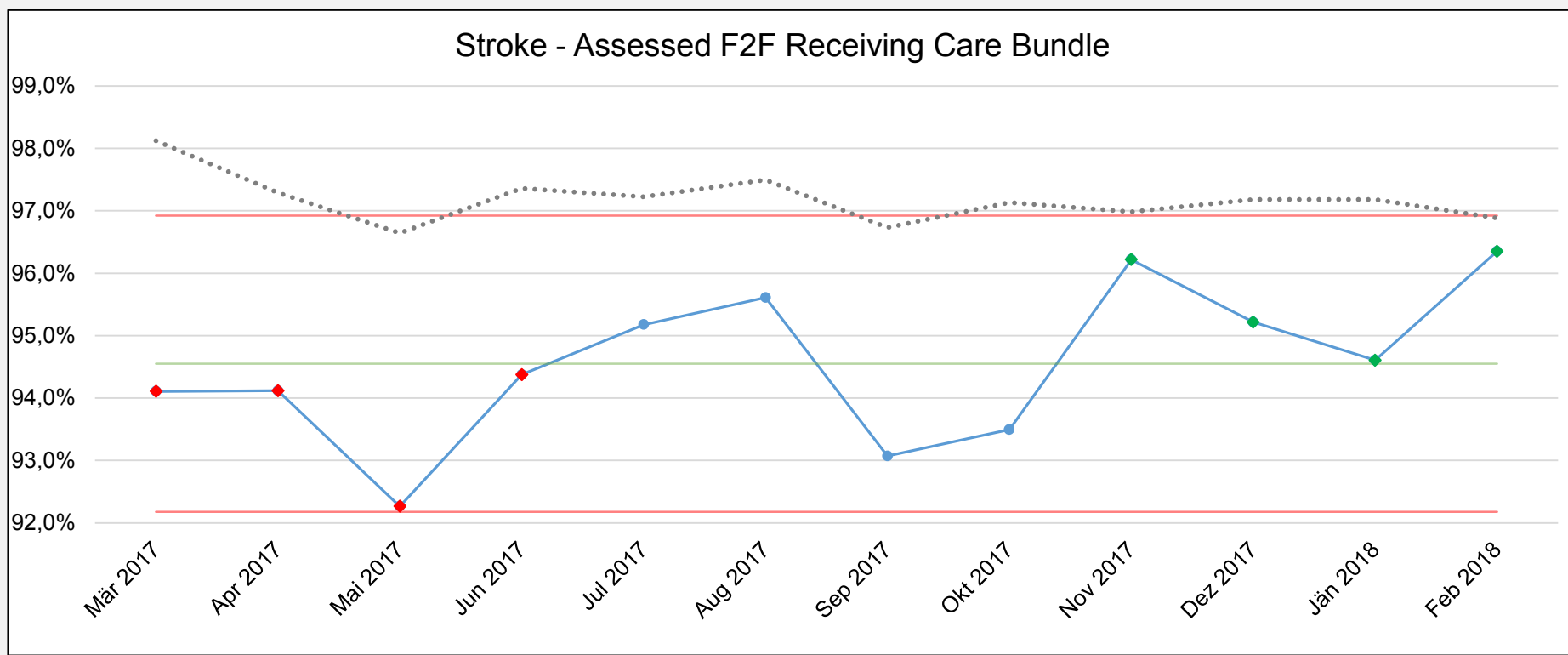
In November 2017 the method for measuring the timeliness of care delivered to stroke patients changed to a measure of mean and 90th centile call to arrival at a hyper-acute stroke centre.

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. Our performance for February 2018 was above the SECamb average.



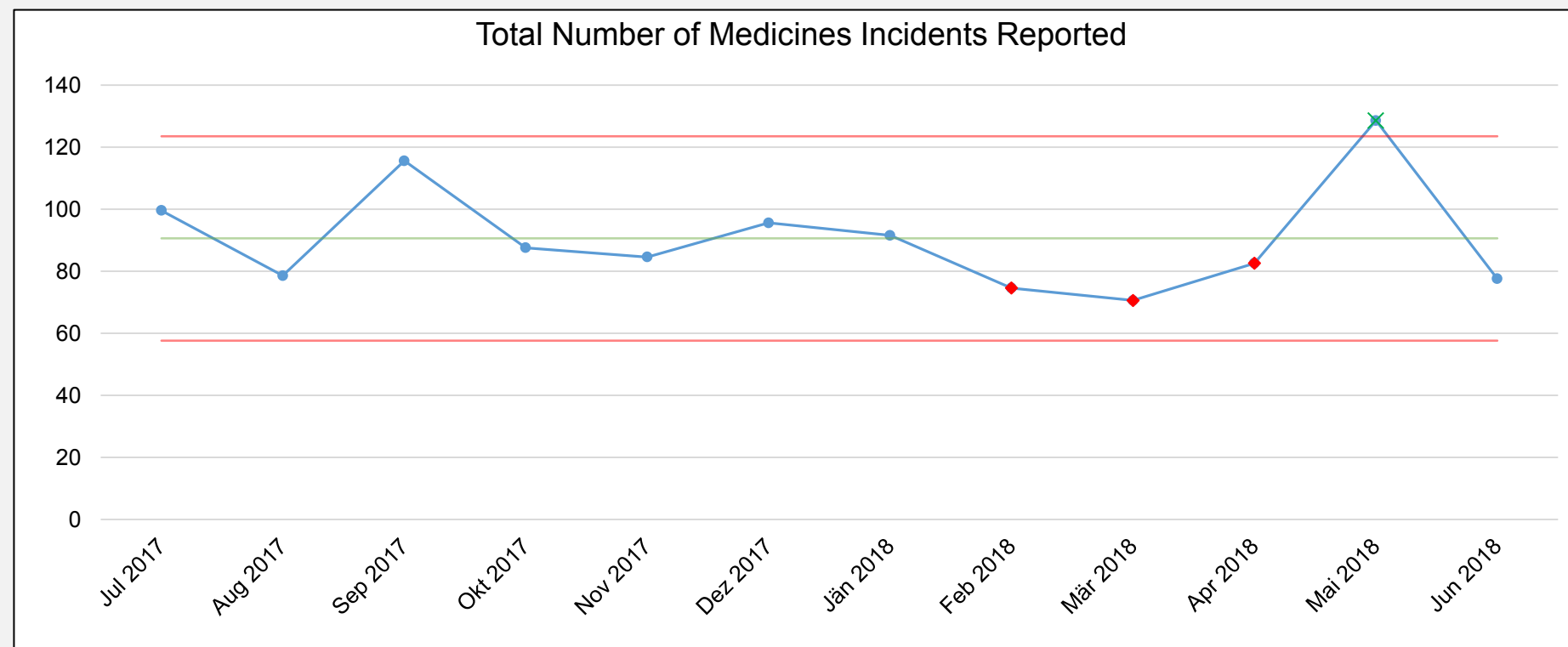
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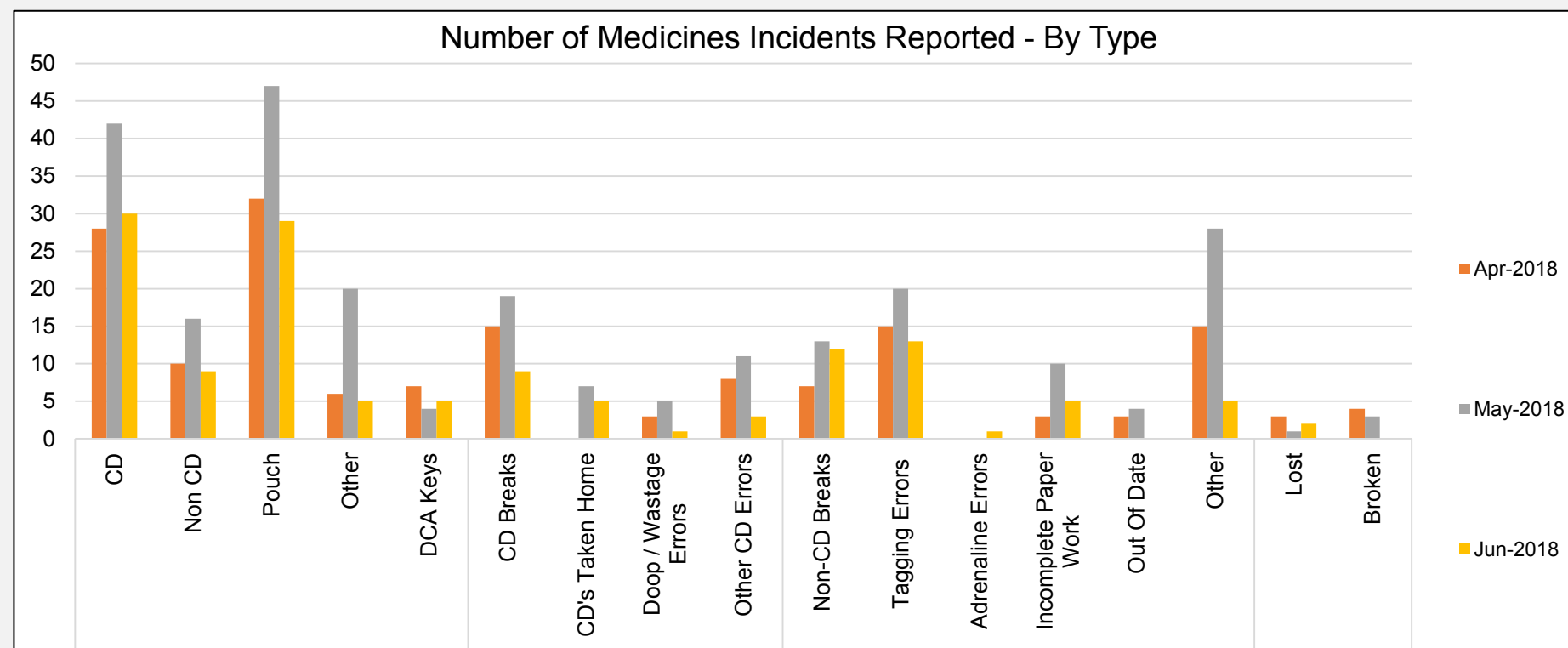
Performance in completing the Stroke Care Bundle is below National Average. However, it has been above the SECamb average for the last four months.

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.

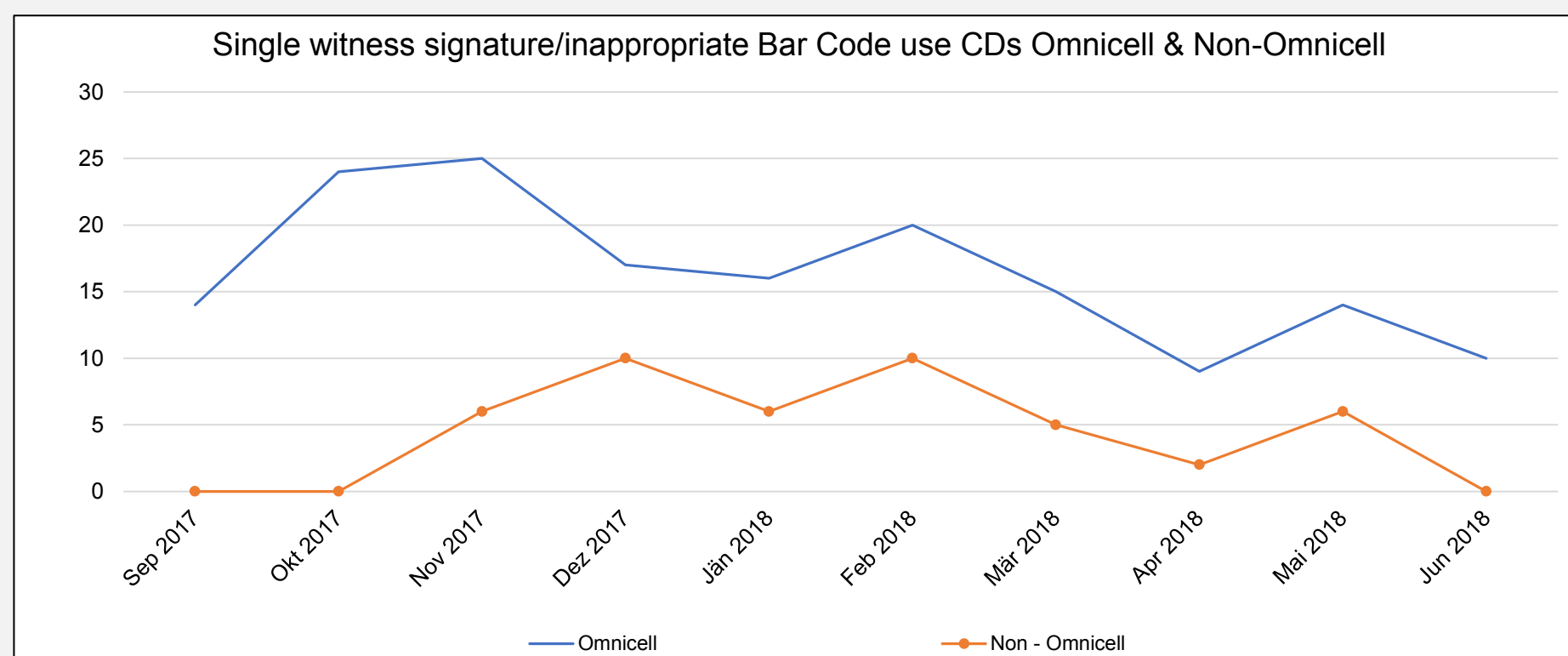
Focussed improvement work is planned for operating units whose average performance is outside of the expected parameters.



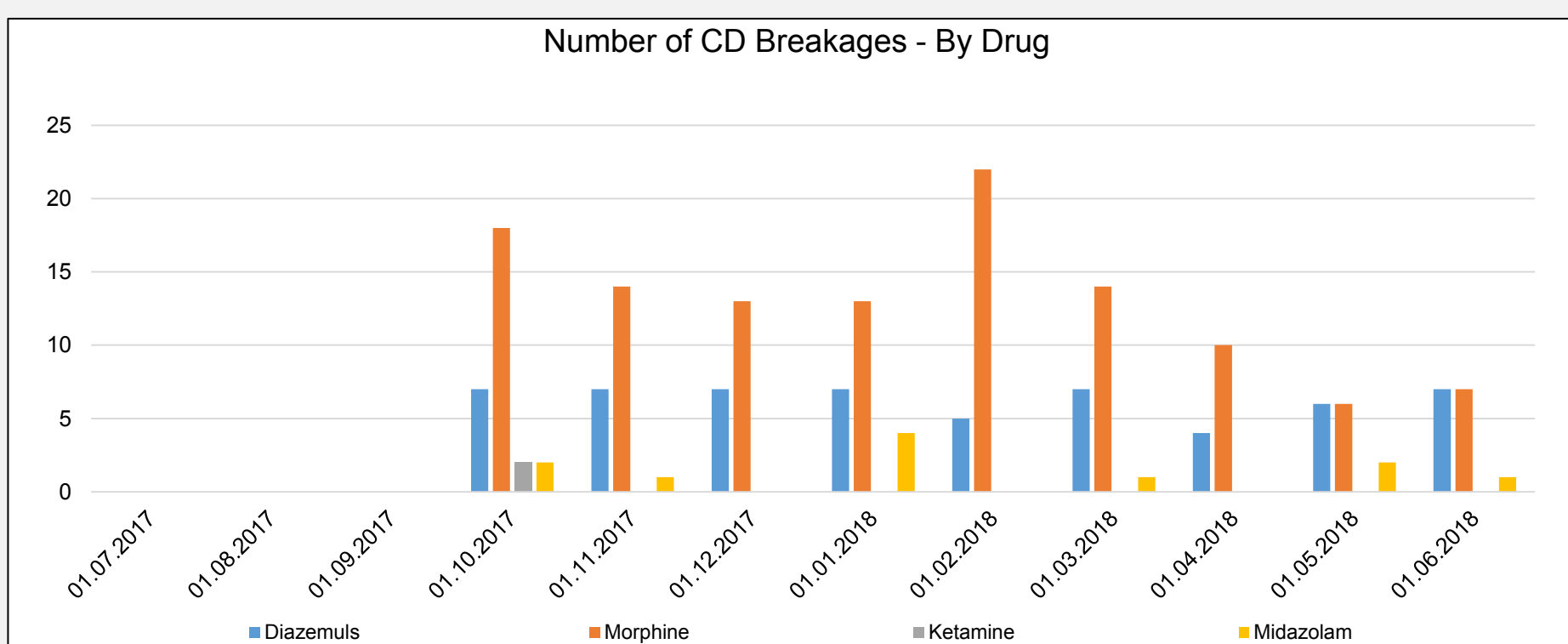
May appears to have been an outlier in terms of incident reporting. June has seen a return to previous levels. There is no obvious cause for the May peak. A small number of drug administration errors are being reported and used as learning exercises. There are still incidents occurring where staff take 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 (above). Of note the number of key losses has remained low. May appears to have been an outlier in terms of incident reporting. In June numbers are more in keeping with previous months. We are continuing to see a reduction in CDs taken home, CD breakages and wastage errors.



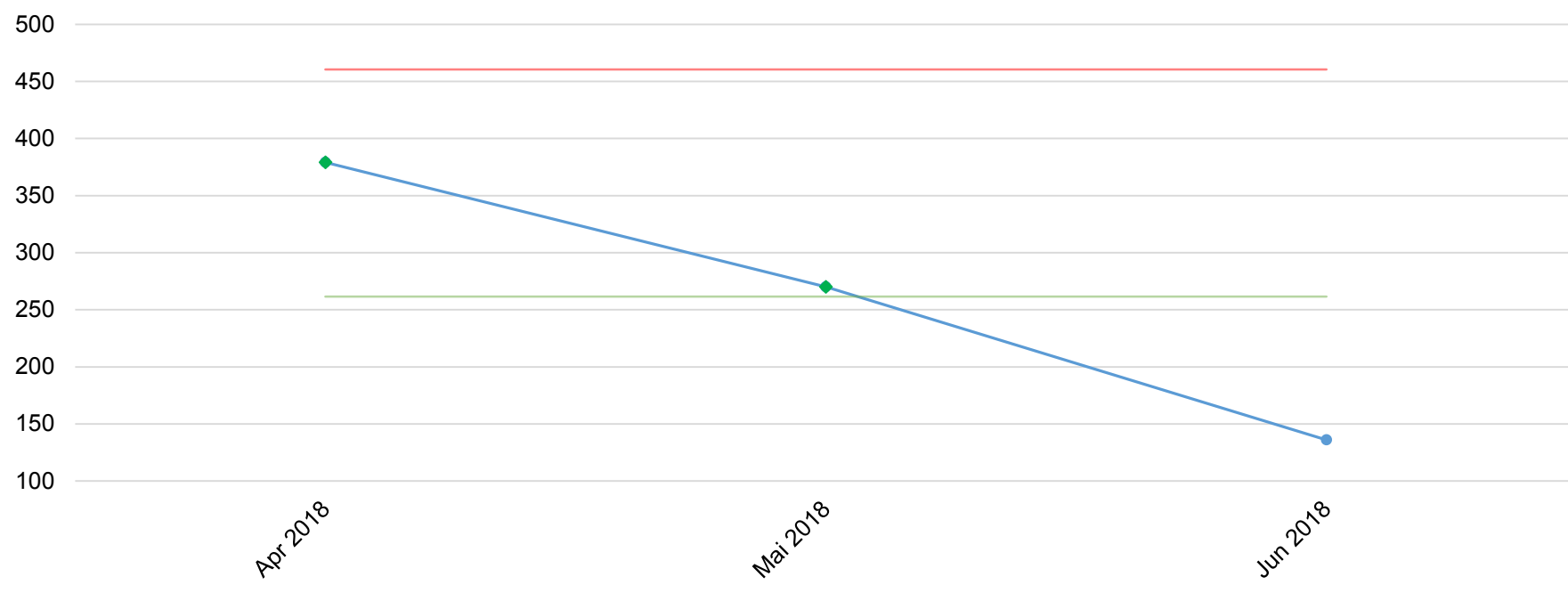
The number of single signatories for Omnicell sites has decreased significantly. Generally it is possible to find another staff member to provide second witness. This is not always as easy in the non Omnicell sites, but the numbers here are small, and generally decreasing.



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 and ketamine are only available to CCPs whereas morphine and diazemuls are used by all Paramedics.

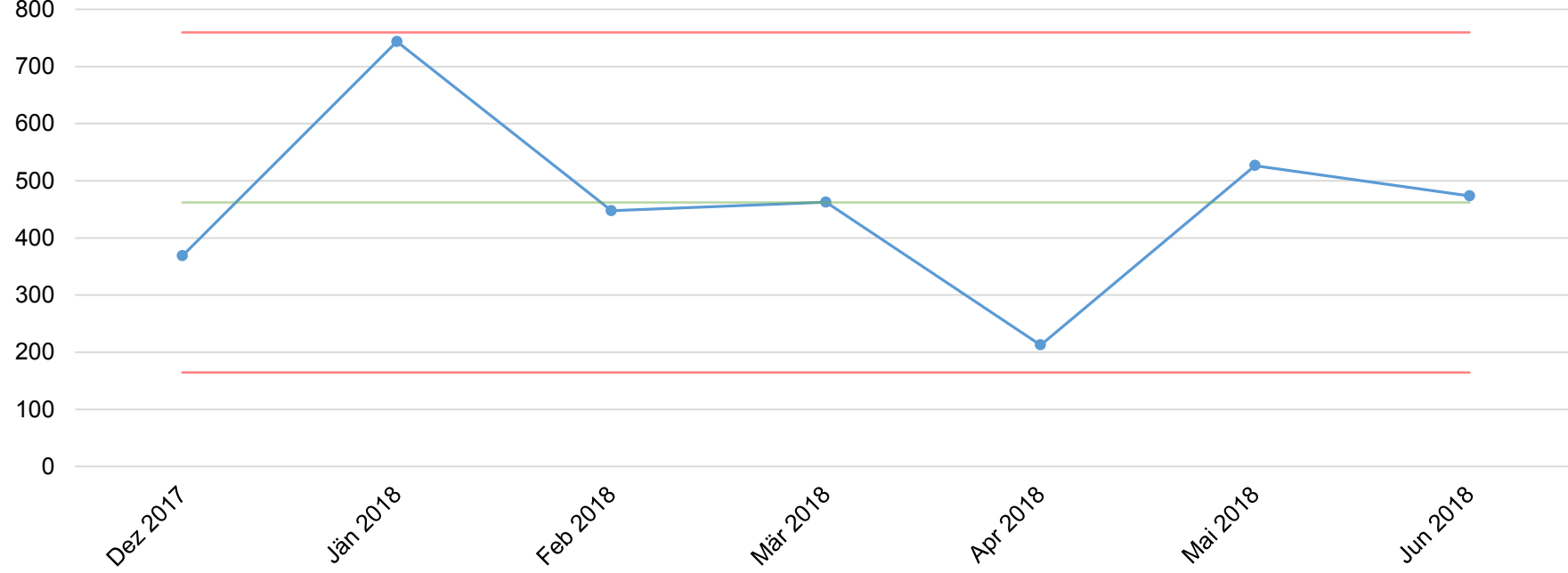
SECamb Clinical Safety Charts

PGD Mandatory Training



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.

Mandatory Key Skills Medicine Governance Training



Consistent levels of statutory and mandatory training

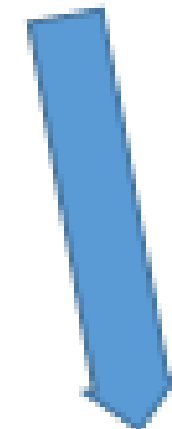
Analysis of Cardiac Arrest Data - February 2018

Total number of cardiac arrests identified = 742



Number of resuscitation attempts = 277
 excluding DNACPR 35, DOA 408, No Resus by SECamb 12,
 Did not convey 1, Post arrest 8, ADRT 1

Utstein definition
 Bystander witnessed
 Presenting rhythm VF
 Cardiac in origin



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

Cardiac Arrests (Utstein incidents) = 33 (12%) Cardiac Arrests (All incidents) = 277 (100%)

ROSC sustained to hospital (Utstein)
 = 12 (36%) 0 non ROSC

ROSC sustained to hospital (All) = 62
 (22%) + 12 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients		
Utstein	Details	Overall
8	Patient survived to discharge	22
2	Patient died in hospital	49
2	Patient still in hospital*	2
0	Outcome unknown* (Patient identifiable data incomplete)	1

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) = 8 (26%)

Survival to Discharge (All) = 22 (8%)

Additional Information - Resuscitation Attempts

Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	132 (48%)	17	5
PEA	65 (23%)	14	3
VF	62 (22%)	21	3
Non-shockable	8 (3%)	3	1
Not recorded	10 (4%)	7	0

CPR Bystander - 148

EMS Witnessed arrest - 33

Cardiac Arrest downloads received for Feb 18	0
Cardiac Arrest download reports sent to crews	0

Analysis of Cardiac Arrest Data by area - February 2018

Number of resuscitation attempts = 275
 this figures excludes 2 incidents as PAS & VAS crew (1 of which attained ROSC at Hospital)

Cardiac Arrests (Utstein) East = 16 (6%)	Cardiac Arrests (All) East = 148 (54%)
Cardiac Arrests (Utstein) West = 17 (6%)	Cardiac Arrests (All) West = 127 (46%)
ROSC sustained to hospital (Utstein) East = 3 (19%)	ROSC sustained to hospital (All) East = 28 (19%) + 7 non ROSC
ROSC sustained to hospital (Utstein) West = 9 (53%)	ROSC sustained to hospital (All) West = 33 (26%) + 5 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients

Area	Utstein	Details	Overall
East	2	Patient survived to discharge	10
West	6		12
East	1	Patient died in hospital	25
West	1		23
East	0	Patient still in hospital*	0
West	2		2
East	0	Outcome unknown* (Patient identifiable data incomplete)	0
West	0		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 = 2 (13%)	Survival to Discharge (All) East = 10 (7%)
Survival to Discharge (Utstein) West = 6 (40%)	Survival to Discharge (All) West = 12 (10%)

Mental Health Care - June 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 changed this month from Green to Amber as the mean response measures are slightly outside of ARP standards. Cat 2 = 00.18.41. 90th Centile=40.17

Mental Health Response Times (Section 136 MHA)

2. During June 2018 there were 136 Section 136 related calls to the service. 119 of these calls received a response (87.5%) resulting in a conveyance to a place of safety by an ambulance on 114 (83.8% of total calls; in May this was 81.9% of total calls) on these occasions.
3. The overall performance mean shows a response time across the service as 00.18.41 (May was 00.17.29). Against the 90th centile measure, the response was 00.40.17 (May was 00.31.48).
4. There were five transports of under 18's during June.
5. There were 17 occasions when SECAmb did not provide a response. This is down from 19 in May, however the activity is slightly lower. 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 5	Total responses 2	Total transports 2
Performance Mean 00.36.46	90th centile 00.55.51	
Cat 4: Total calls 0	Total responses 0	Total transports 0
C60 HCP: Total calls 12	Total responses 7	Total transports 7
Performance Mean 01.02.35	90th centile 02.22.02	
C120 HCP: Total calls 4	Total responses 3	Total transports 3
Performance Mean 01.02.21	90th centile 02.16.06	
C240 HCP Total calls 0	Total responses 0	Total transports 0

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

6. Although the data within this report indicates that the majority of OU's are reaching a good standard, both performance means are slightly outside of ARP standards for the first time since ARP was introduced.

SECamb Quality - Safe

- The Trust must take action to ensure they keep a complete and accurate recording of all 999 calls.
Since the June audit revealed a number of conjoined calls a retrospective audit has been undertaken which has revealed a number of other conjoined calls. Weekly auditing has commenced with oversight at the Compliance Steering Group.
- 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.
This project is now part of BAU and reported elsewhere in the IPR
- 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.
EOC remains compliant with pathways requirements. Plans in place for recruitment of other members of staff.
- The Trust must take action to ensure all staff understand their responsibilities to report incidents.
Incident reporting remains well beyond trajectory.
- The Trust must ensure improvements are made on reporting of low harm and near miss incidents.
Compliance is slightly below the target of 96% of reported incidents being of low harm or near miss.
The Trust must investigate incidents in a timely way and share learning with all relevant staff.
Compliance for timely investigation of incidents is above target.
- 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.
Having achieved the training target this project is now part of BAU.
- The Trust must ensure patient records are completed, accurate and fit for purpose, kept confidential and stored securely.
Data not available at time of writing report. Last data revealed a marked improvement in May.
- The Trust must ensure the CAD system is effectively maintained.
Having replaced the system this project is now closed
- 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.
Hand hygiene has improved over recent months and continues to be over 75%
- The Trust must ensure all medical equipment is adequately serviced and maintained.
Having reached trajectory this project is now closed and moved to BAU.
- The Trust should take action to audit 999 calls at a frequency that meets evidence based guidelines.
This is proving challenging for the team to maintain with each month being used to catch up for the previous month.
Currently compliant up to end of May and June still being undertaken.
- The Trust should review all out of date policies.
89% of identified policies within date. New improvement plan for governance will address the remaining 11% and also focus on supporting procedures.
- The Trust should ensure all first aid bags have a consistent contents list and they are stored securely within the bags.
Compliant and project closed.
- The Trust should ensure all ambulance stations and vehicles are kept secured.
95% compliance for checks undertaken in July.
- The Trust should ensure all vehicle crews have sufficient time to undertake daily vehicle checks within their allocated shifts.
New process being implemented

SECamb Quality - Caring

- The Trust should ensure that patients are always involved in their care and treatment.
Information not collated qualitatively but Quality Assurance Visits continue to monitor and this is regarded as an area of strength.
- The Trust should ensure that patients are always treated with dignity and respect.
Information not collated qualitatively but Quality Assurance Visits continue to monitor and this is regarded as an area of strength

SECamb Quality - Effective

- The Trust must take action to meet national performance targets.
This project is now closed and performance is reported elsewhere in this report.
- The Trust must improve outcomes for patients who receive care and treatment.
This project is now closed and performance is reported elsewhere in this report.
- The Trust must continue to ensure there are adequate resources available to undertake regular audits and robust monitoring of the services provided.
Having achieved the audit plan 2017/18 this project is now closed and part of BAU.
- The Trust should ensure there are systems and resources available to monitor and assess the competency of staff.
This was not part of a formal project in 2017/18 although the changes to the Team Leader role has supported improvements in oversight of staff. However, how the Trust assures itself that staff adherence to policy will be considered in 2018/19 as part of the governance project.

SECamb Quality - 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 achievement in February of over 80% of complaints being closed within 25 days has been sustained.](#)
- 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.
[This is not part of a formal project, is part of BAU and is not routinely reported.](#)
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 number of stage 1 letters has decreased in June but still remains at a higher level than the pre-April months.](#)
- 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.
[This project is closed now that the Surge plan was implemented.](#)
- The Trust should continue to address the handover delays at acute hospitals.
[The last reported figure was 993.51 hours lost \(30/07/18\) which is an improvement.](#)
- 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.
[This is not part of a formal project and is part of BAU and is not routinely reported. No issues reported](#)

SECamb Quality - 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.
[This project was closed and moved to BAU and is reported elsewhere in this report.](#)
- 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 risk register has been used to measure this. Activity on the risk register is at its highest in July.](#)
- The Trust should consider improving communications about any changes are effective and timely, including the methods used.
[Not a specific project but part of a corporate review.](#)
- 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.
[Tracker not reported in July.](#)
- The Trust should continue to sustain the action plan from the findings of staff surveys, including addressing the perceived culture of bullying and harassment.
[Culture improvement plan now in place with KPIs identified and Task & finish group now meeting weekly.](#)

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

- a) A 22% increase in safeguarding referral rates between Q1 2017/18 and Q1 2018/19 has been observed. To date the 2018/19 training for operational staff on harmful behaviours (coercive and controlling) has a 39.69% completion rate; training on Level 2 child safeguarding for all operational staff is at 38.18%; and for Level 2 adult safeguarding (both elearning) is 37.97%
- b) The Trust has seen an increase in incident reporting with a total of 712 reported in June. The allocation of investigators has increased to 87. Timeliness of the investigation (deadline for completion is 20 working days) has increased to 194 in June (from 148 in May). The number of overdue incidents investigated within 20 working days is 80.
- c) Serious Incidents (SIs) and Duty of Candour (DoC): ten SIs were reported in June. 61 SIs were open on STEIS at the end of June (a slight increase from May). An increase to 19 (from 8 in May) were overdue for first submission to the CCG; none were closed this month - 4 were considered but additional information was sought. The Trust achieved 100% compliance with DoC requirements for SI's during June and 100% compliance was achieved for DoC made/attempted within deadline. The Trust achieved 100% compliance with DoC requirements for SI's during June (82% in May). 100% compliance was achieved for DoC made/attempted within deadline.
- d) 89 complaints were received and opened in June against a monthly average for the year of 104. 98% of complaints were due for conclusion, and of those, 49% were upheld and 15% partly upheld. A reduction in complaints for A&E timeliness, triage, and complaints against staff was noted. Falls is the theme with the highest number (16). The significant improvement in complaints response timeliness continues, with 99% (97/98) of complaints responded to within the Trust's 25 working day timescale this month. Circa 130 compliments continue to be received each month across the Trust.
- e) The mental health indicator demonstrates there were 136 Section 136 related calls to the service in June. Of these 87.5% received a response resulting in 114 conveyances to a place of safety by an ambulance. However, the RAG for this indicator has changed from Green to Amber this month, as both performance means are slightly outside of ARP standards for the first time since ARP was introduced.
- f) No progress to report on falls this month.
- g) Quality Account Priorities Q1 Review:
 Priority Area 1 - Improving outcomes from out-of-hospital cardiac arrests: A senior manger is leading a project to reform Out of Hospital Cardiac Arrest survival, based on implementing the 10 steps of the Global Resuscitation Alliance: 'A Call to Action'.
 Priority Area 2 - Learning from incidents, complaints and safeguarding reviews: A number of metrics are already in place, with others being developed for learning. A Shared Learning Discussion Group has been established and to oversee the learning from complaints and incidents.
 Priority Area 3 - Patient-facing staff adequately trained to manage safeguarding concerns and to report them appropriately: Safeguarding training is now a mandatory requirement for 2018/19 and other metrics are under development.
- Security: An increase to 84% compliance with submission of weekly site security checks was achieved in June. Issues of poor submission by Ashford MRC have been addressed. 98% of quarterly site security submissions were received for Q1. Work is underway to quantify quality as well as submission jointly with Medicines Management.

SECAmb Clinical Quality Scorecard

Number of Incidents Reported

	Apr-18	May-18	Jun-18	12 Months
Actual	721	722	712	
Previous Year	545	576	586	

Number of Incidents Reported that were SI's

	Apr-18	May-18	Jun-18	12 Months
Actual	17	6	10	
Previous Year	5	6	7	

Duty of Candour Compliance (SIs)

	Apr-18	May-18	Jun-18	12 Months
Actual %	100%	100%	100%	
Target	100%	100%	100%	

Number of Complaints

	Apr-18	May-18	Jun-18	12 Months
Actual	93	101	88	
Previous Year	71	79	102	
Complaints Timeliness (All)	97.9%	99.1%	99.0%	
Timeliness Target	95%	95%	95%	

Compliments

	Apr-18	May-18	Jun-18	12 Months
Actual	133	131	133	

Hand Hygiene

	Apr-18	May-18	Jun-18	12 Months
Actual %	92%	90%	88%	
Target	90%	90%	90%	

Safeguarding Training Completed (Adult) Level 2

	Apr-18	May-18	Jun-18	12 Months
Actual %	6.33%	26.05%	37.97%	
Previous Year %	0.44%	20.00%	21.07%	
Target	85%	85%	85%	

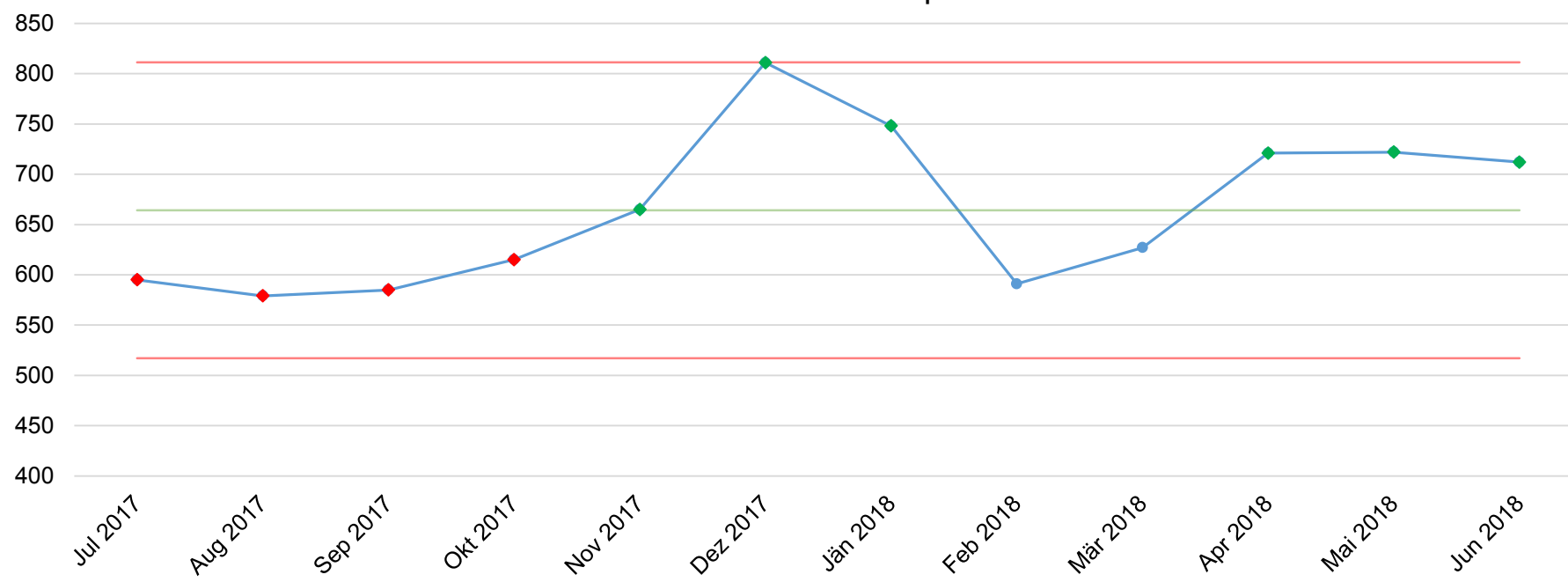
* Safeguarding training is completed each financial year, which explains the significant drop for April 2018

Safeguarding Training Completed (Children) Level 2

	Apr-18	May-18	Jun-18	12 Months
Actual %	6.51%	25.88%	38.18%	
Previous Year %	0.56%	21.00%	21.33%	
Target	85%	85%	85%	

SECAmb Clinical Quality Charts

Number of Incidents Reported



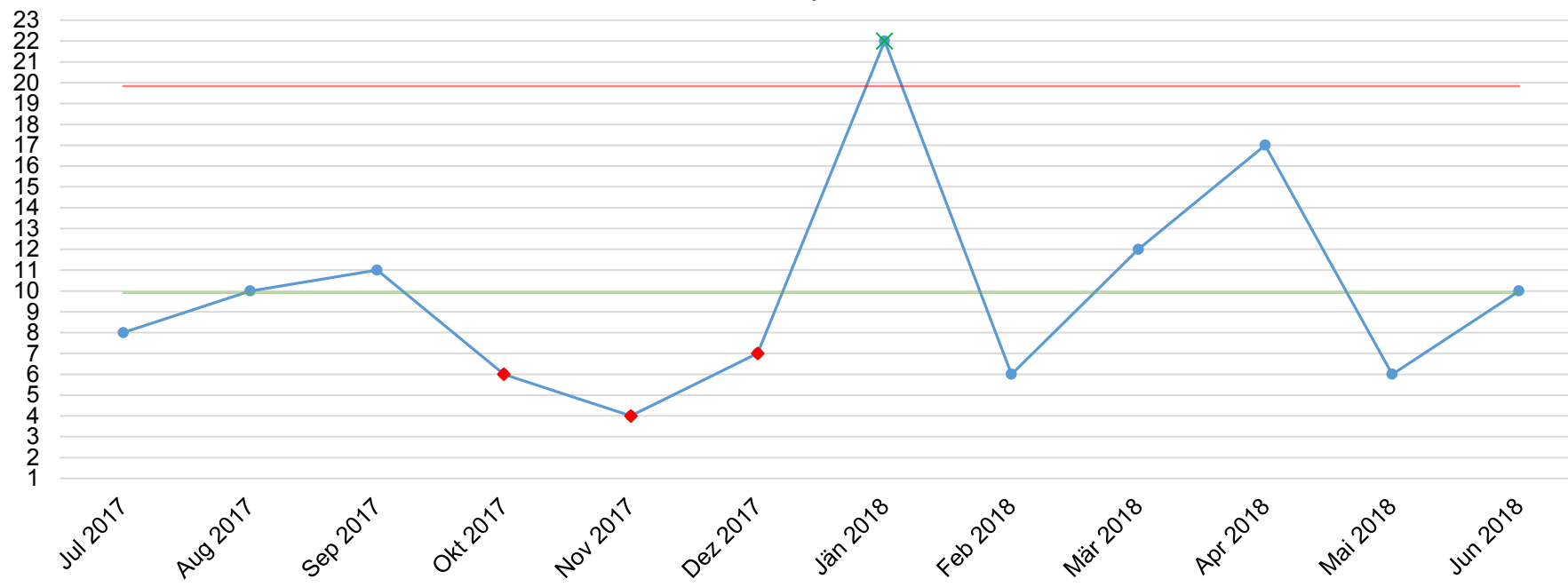
There were 712 incidents reported in June.

June figures remain high due to increased reporting on Medicine Management but also in that the Trust being in multiple levels of surge for the duration of the month.

The most reported incidents were around medicine error in which 39 were reported across the Trust. These were mainly for ampoule breakages/storage of drugs. In terms of Operating Units (OUs) Polegate & Hastings reported the most with 80.

The Trust reported 178 incidents to NRLS in June 2018. Following on from this the Trust closed 665 records in June.

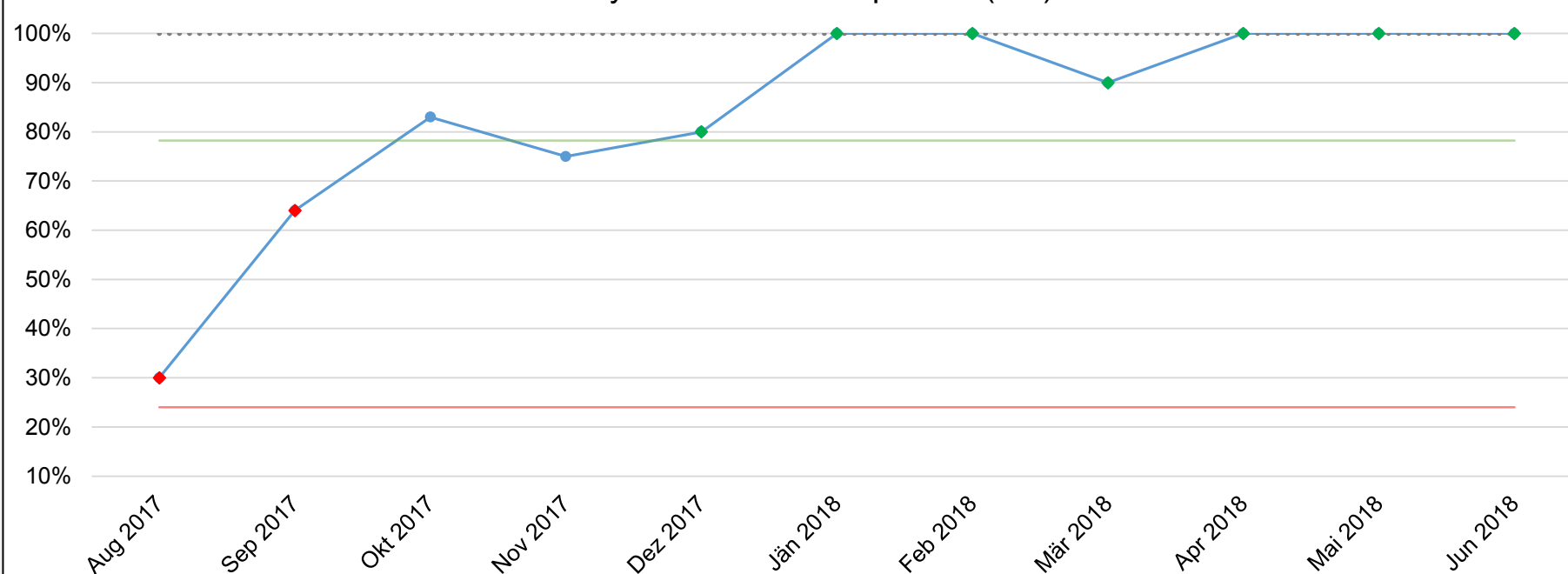
Number of Incidents Reported that were SI's



10 Incidents declared in June

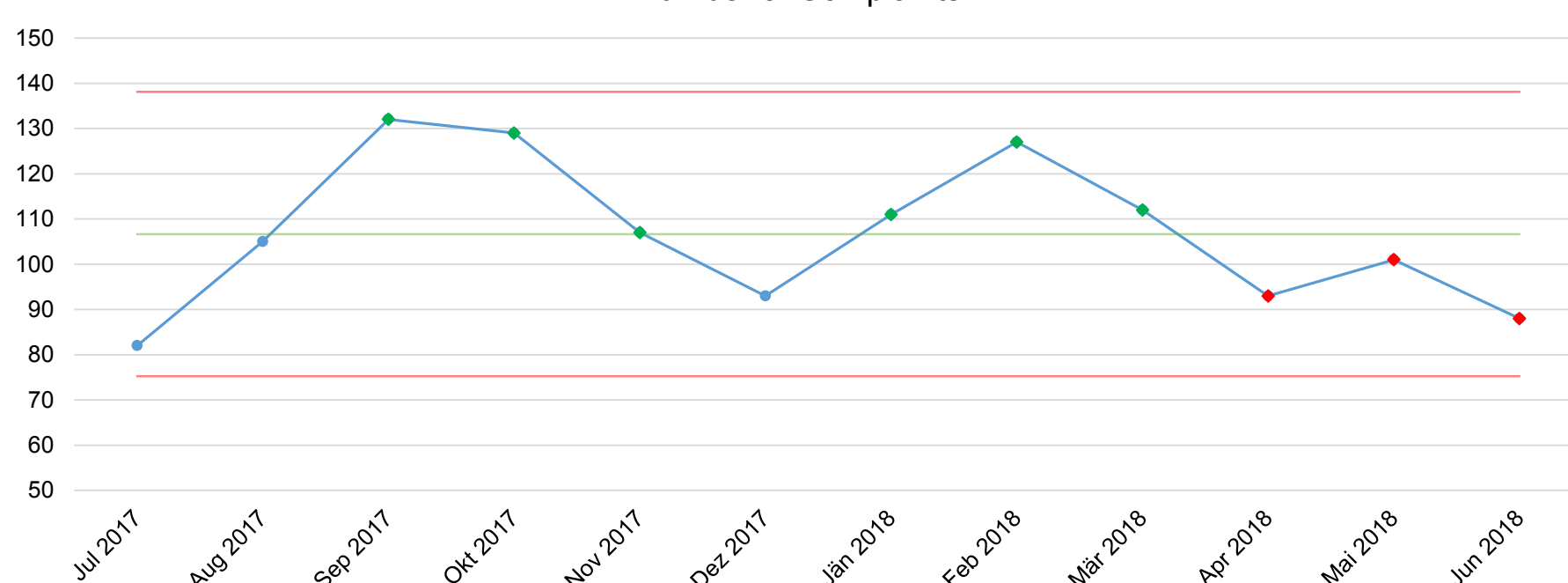
Call Answer Delay	3
Delayed Attendance	5
Staff Conduct	1
Patient Care	1

Duty of Candour Compliance (SIs)



All Duty of Candour (DoC) initial contact within 10 days has been achieved. Datix has been updated to capture SI DoC data and evidence.

Number of Complaints

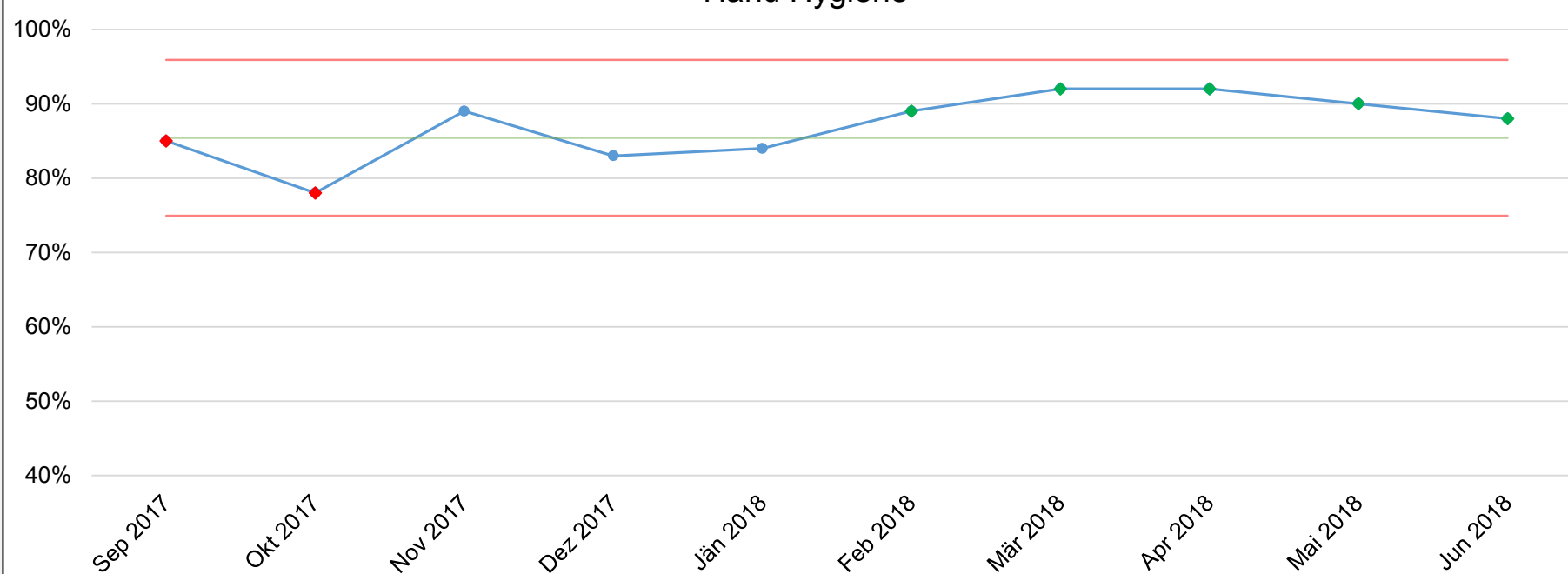


The Trust received and opened 88 complaints in June 2018 compared to 101 in May, and against a monthly average of 104 for the year 17/18. This was the lowest number received since July 2017.

In June the top three complaints sub-subjects were timeliness, staff behaviour, and NHS Pathways (triage). A&E timeliness complaints have reduced by four against last month, with 23, and are much reduced against the 41 in February and 42 in March. Complaints about triage and patient care overall have also reduced against last month, as have complaints about staff.

The significant improvement in complaints response timeliness since the end of January has been maintained, with 99% (97/98) of complaints responded to within the Trust's 25 working day timescale in June.

Hand Hygiene



Hand Hygiene is just below the 90% compliance rate for June at 88%

Bare Below the Elbow compliance (last month of recording it as BBE) was 92% for the month above the 90% target.

Deep Cleans are also just below the 99% target and this was due to the high levels of activity throughout the month.

Environmental cleanliness compliance this month has improved to 85% from 75% this month, due to the recent improvements in standards being maintained. June is showing an 82% compliance rate.

The new Infection Prevention Ready Procedure is now in place and the IPC Team are undertaking a programme of engagement / communications with staff to help with embedding this into practice.

Introduction

The mandate for the Health & Safety (H&S) Improvement Plan was presented to Workforce and Wellbeing Committee (WWC) and there will now be a full Improvement Action Plan developed with the Programme Management Office (PMO) and Non Executive Directors (NED) support, set to begin in September 2018. This will be driven by the new Head of Health and Safety and will go to the weekly compliance steering group for scrutiny. The Central Health and Safety Working Group (CHSWG) on the 20th June 2018 agreed to set up a Task and Finish Group which will inform the Improvement Action Plan (IAP).

The third Institution of Occupational Safety and Health (IOSH) for Directors course took place on 16th August 2018 and was attended by 7 Senior managers, one Director and One Non Executive.

Patient and Staff Safety Leadership walk rounds began in July and are enabling further access for staff to board members and direct contact and assurance to the board regarding staff concerns, welfare, and estate and environmental issues.

A new H&S manager was successfully recruited and will start in early September 2018. Unfortunately one of our substantive H&S managers has resigned and will be leaving in September so we advertising for their replacement.

Violence and Aggression Incidents - See Figure 1 below

This data relates to all reported incidents of violence and aggression including verbal abuse. This has fallen again in June but the trend remains steady.

Manual handling Incidents - See Figure 2 below

Reported manual handling incidents remain below the trend line.

Health & Safety Incidents - See Figure 3 below

We continue to report an increasing trend for low/no harm H&S incidents, 25% increase over this time last year, in line with our overall aim to increase reporting rates.

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

RIDDOR incidents reported in June remain high with 60% reported within the statutory 14 day period. Two of the incidents occurred in February and March and were not reported until June. RIDDOR is on the agenda for the Central Health & Safety Working Group (CHSWG) and will form part of the proposed Improvement Plan, which will include reporting time compliance.

Figure 1

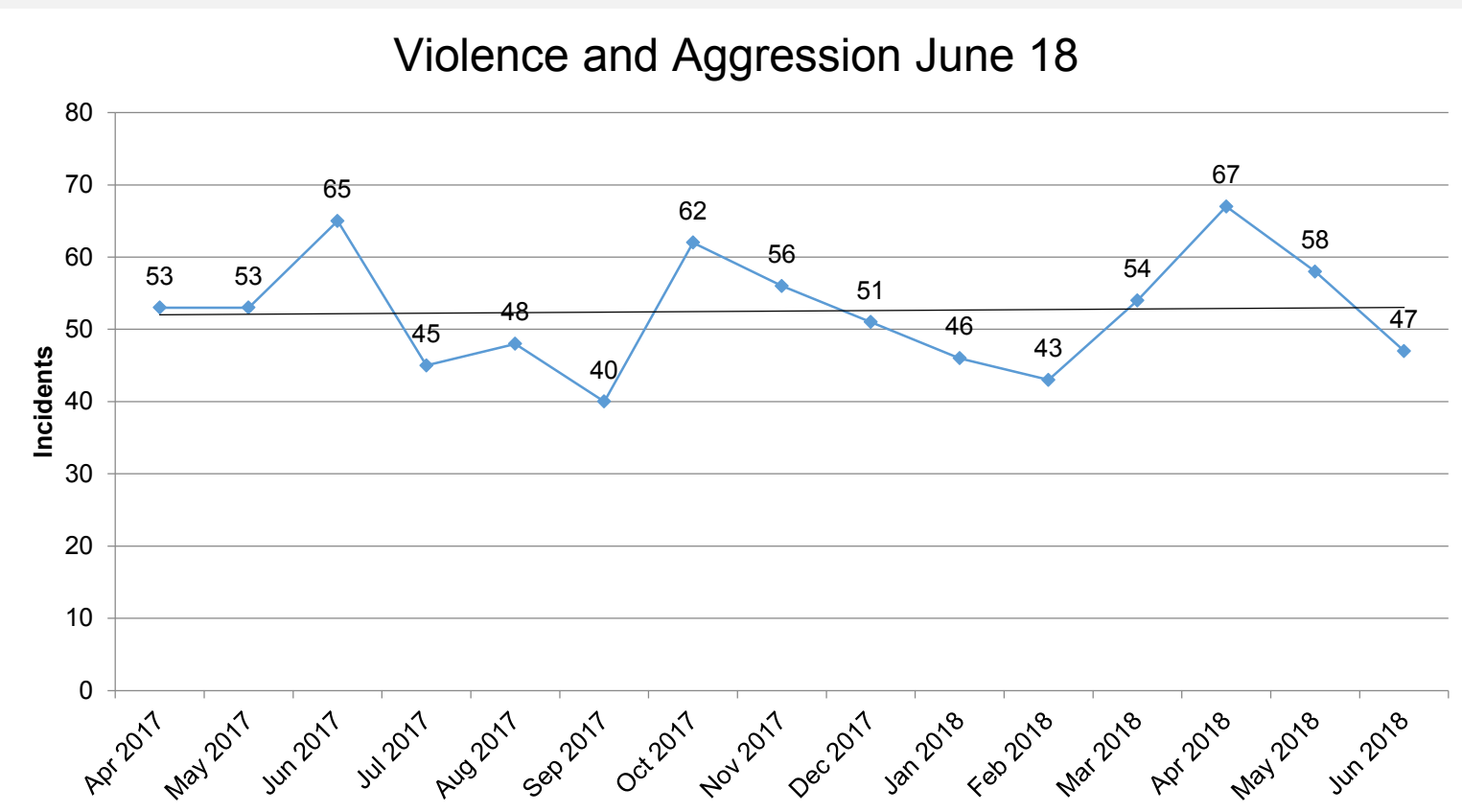


Figure 2

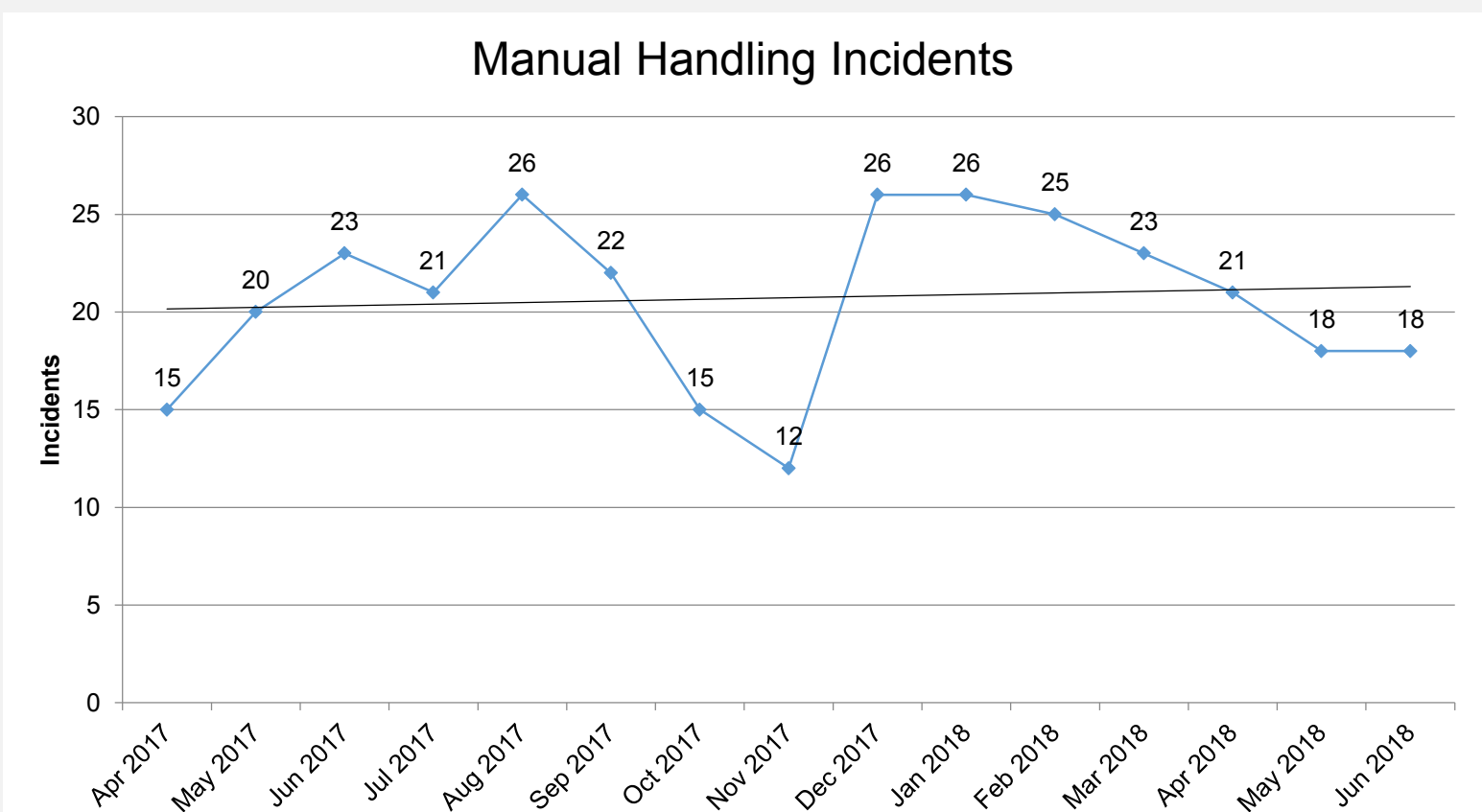


Figure 3

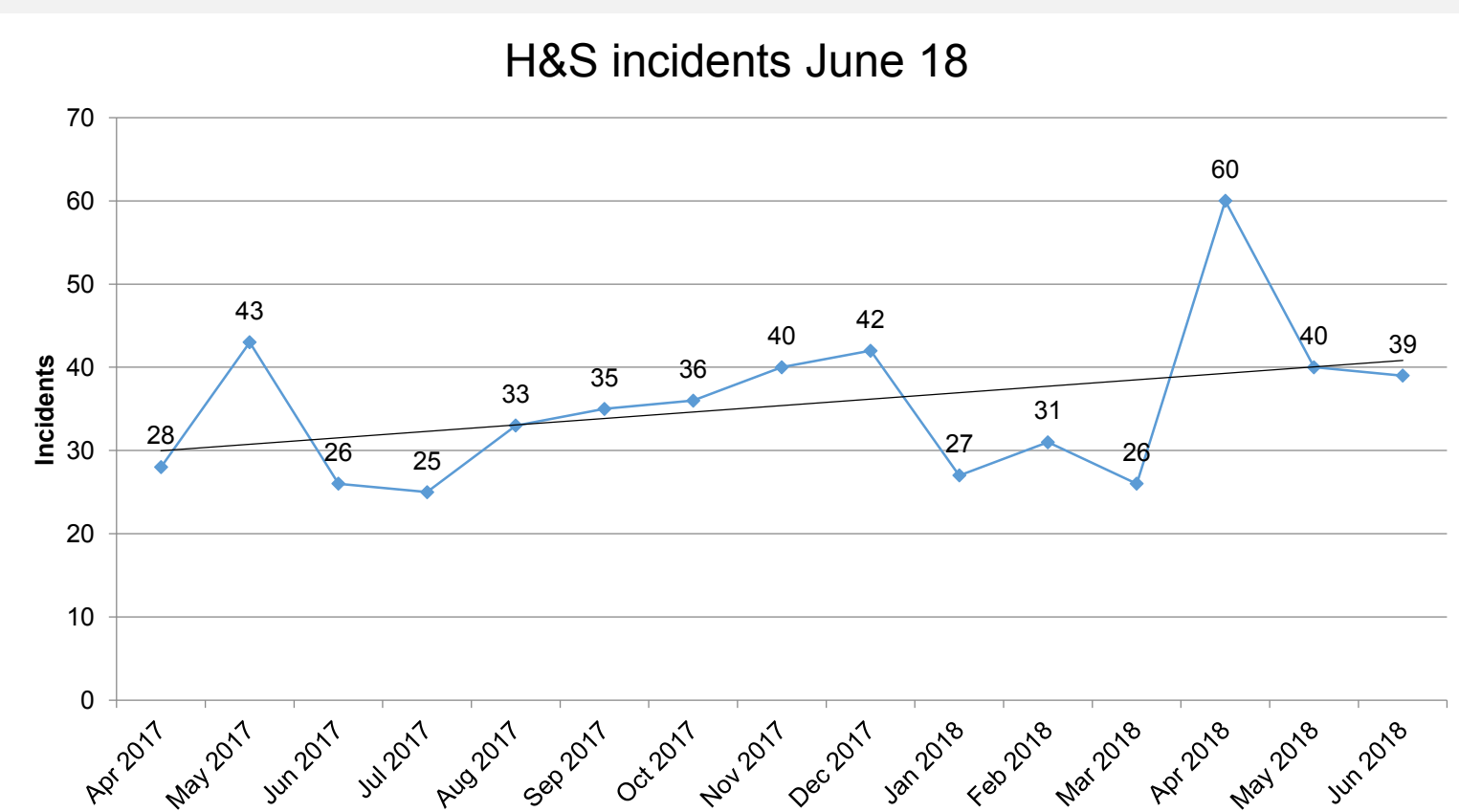
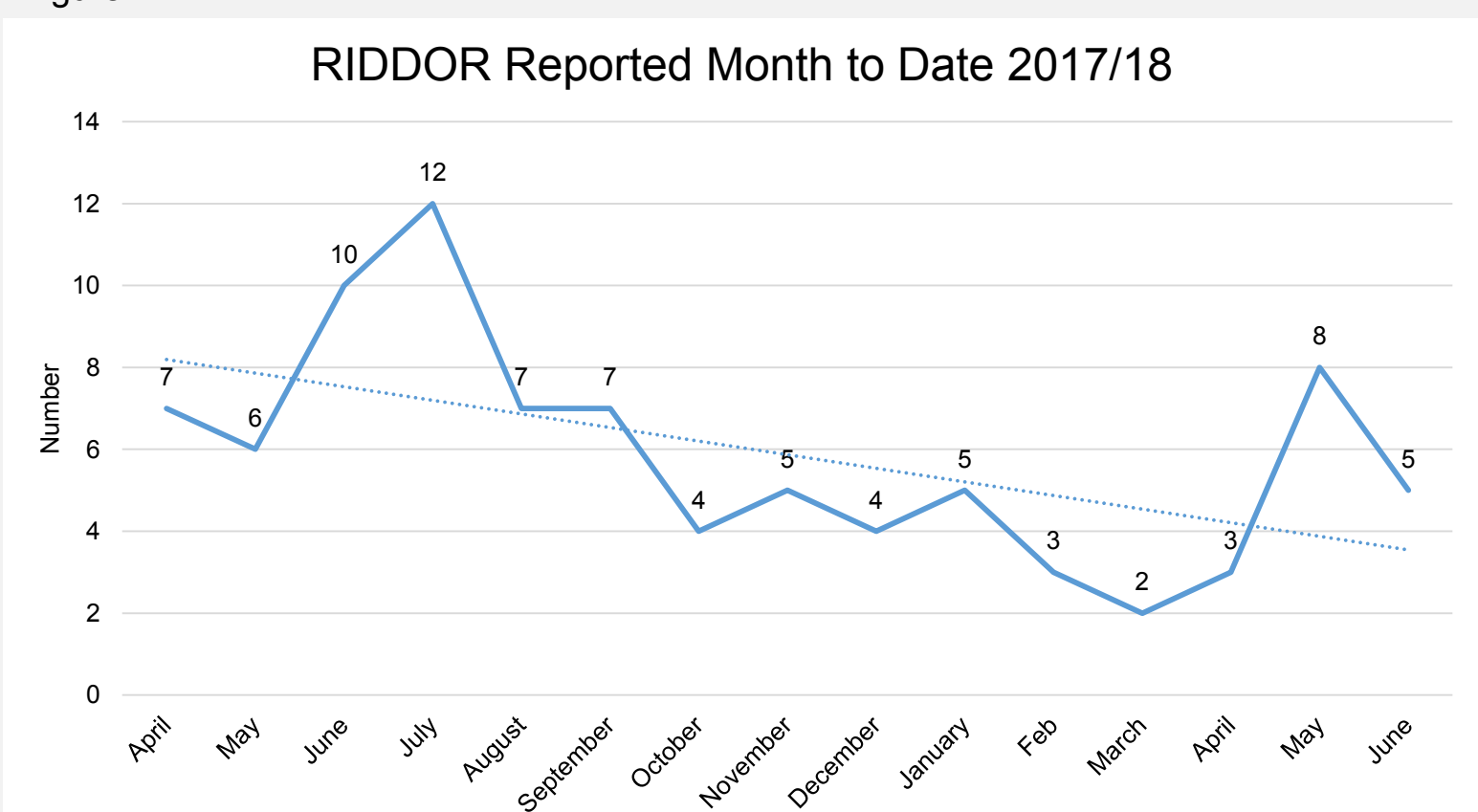


Figure 4



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. The intended objective was that the Trust will meet the 95% performance trajectory by August 2018, this is proving to be a very challenging objective under the current increased call demand, the EOC Leadership team are now exploring every element of the call handling process to improve the efficiency of the Emergency Medical Advisors (EMAs).

Duplicate Calls: The surge in duplicate Estimated Time of Arrival (ETA) calls is continuing to cause 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% since the introduction of the Ambulance Response Programme. Analysis of data is continuing to understand the reasons for this increase (i.e. time of day etc). The revised position of a hard deck (Minimum number of vehicles) of 100 Double Crewed Ambulances (DCAs) at night, together with the recruitment of 300 new Operational staff by the end of November 2018 continue to be the key objectives that the operations teams are striving to achieve.

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 reduced slightly 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 has been in active use since its introduction and subsequent reviews, with a further review of the plan and its associated triggers scheduled for early August. The Business Information tools that have been developed to provide a very structured understanding of the levels of surge being experienced by SECamb have matured into a Surge Escalation Warning Trigger (SEWT) which is able to consistently indicate where a surge point is being experienced within the Region. This has been further developed to be able to provide a historic view of the surge situation to support retrospective analysis.

Handover Improvement Project: Handover delays continue to improve and remain stable in a portion of acute sites, however the pressures created by the extremely hot weather have exposed areas of weakness in some of the hospitals with the lost hours having now reached a plateau and starting to show an upward trend in patients waiting greater than 30 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. Progress is however on track to deliver over 80% of key skills training before the end of September to avoid the added abstraction through the winter months.

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

	Apr-18	May-18	Jun-18	12 Months
5 Sec Performance (95% Target)	84.0%	78.3%	73.2%	
Mean Call Answer Time (secs)	15	18	24	
95th Centile Call Answer (Secs)	97	108	4	
National Mean Call Answer	6	8	11	
National 95th Centile Call Answer	31	45	59	

Cat 1 Performance

	Apr-18	May-18	Jun-18	12 Months
Mean (00:07:00)	00:07:24	00:07:37	00:07:41	
90th Percentile (00:15:00)	00:13:45	00:14:06	00:14:22	
Mean Resources Arriving	1.77	1.79	1.78	
Count of Incidents	3201	3290	3298	
National Mean	00:07:38	00:07:46	00:07:37	

Cat 1T Performance

	Apr-18	May-18	Jun-18	12 Months
Mean (00:19:00)	00:10:21	00:10:20	00:10:47	
90th Percentile (00:30:00)	00:19:36	00:19:37	00:19:45	
Mean Resources Arriving	2.85	2.90	2.77	
Count of Incidents	1988	2033	2114	
National Mean	00:12:09	00:12:28	00:12:18	

Cat 2 Performance

	Apr-18	May-18	Jun-18	12 Months
Mean (00:18:00)	00:16:08	00:17:07	00:17:39	
90th Percentile (00:40:00)	00:30:17	00:32:29	00:33:14	
Mean Resources Arriving	1.13	1.14	1.13	
Count of Incidents	26663	27678	26791	
National Mean	00:20:15	00:21:17	00:21:38	

Cat 3 Performance

	Apr-18	May-18	Jun-18	12 Months
Mean (01:00:00)	01:04:25	01:14:35	01:16:37	
90th Percentile (02:00:00)	02:32:34	02:53:19	02:55:30	
Mean Resources Arriving	1.06	1.07	1.06	
Count of Incidents	21571	22133	20931	
National Mean	00:49:37	00:58:13	01:00:15	

Cat 4 Performance

	Apr-18	May-18	Jun-18	12 Months
Mean	01:41:15	02:02:13	02:01:01	
90th Percentile (03:00:00)	04:10:57	04:38:21	04:58:23	
Mean Resources Arriving	1.06	1.06	1.06	
Count of Incidents	1148	1202	1069	
National Mean	01:13:42	01:25:32	01:28:44	

HCP

	Apr-18	May-18	Jun-18	12 Months
HCP 60 Mean	01:36:21	02:07:24	02:08:41	
HCP 60 90th Percentile	03:42:35	05:36:32	05:05:37	
HCP 120 Mean	02:07:37	02:15:20	02:20:03	
HCP 120 90th Percentile	05:12:08	05:17:52	05:07:17	
HCP 240 Mean	02:14:38	02:50:17	02:46:48	
HCP 240 90th Percentile	05:03:46	06:49:53	07:01:15	

Call Cycle Time

	Apr-18	May-18	Jun-18	12 Months
Avg Allocation to Clear at Scene	01:14:01	01:13:50	01:13:43	
Avg Allocation to Clear at Hospital	01:46:02	01:45:42	01:45:53	
Handover Hrs Lost at Hospital (over 30 mins)	4804	4404	4263	
Number of Handovers >60mins	516	307	250	

Incident Outcome AQI

	Apr-18	May-18	Jun-18	12 Months
Hear & Treat	5.5%	6.1%	5.8%	
See & Treat	33.4%	33.1%	33.1%	
See & Convey	61.1%	60.8%	61.1%	

Community First Responders

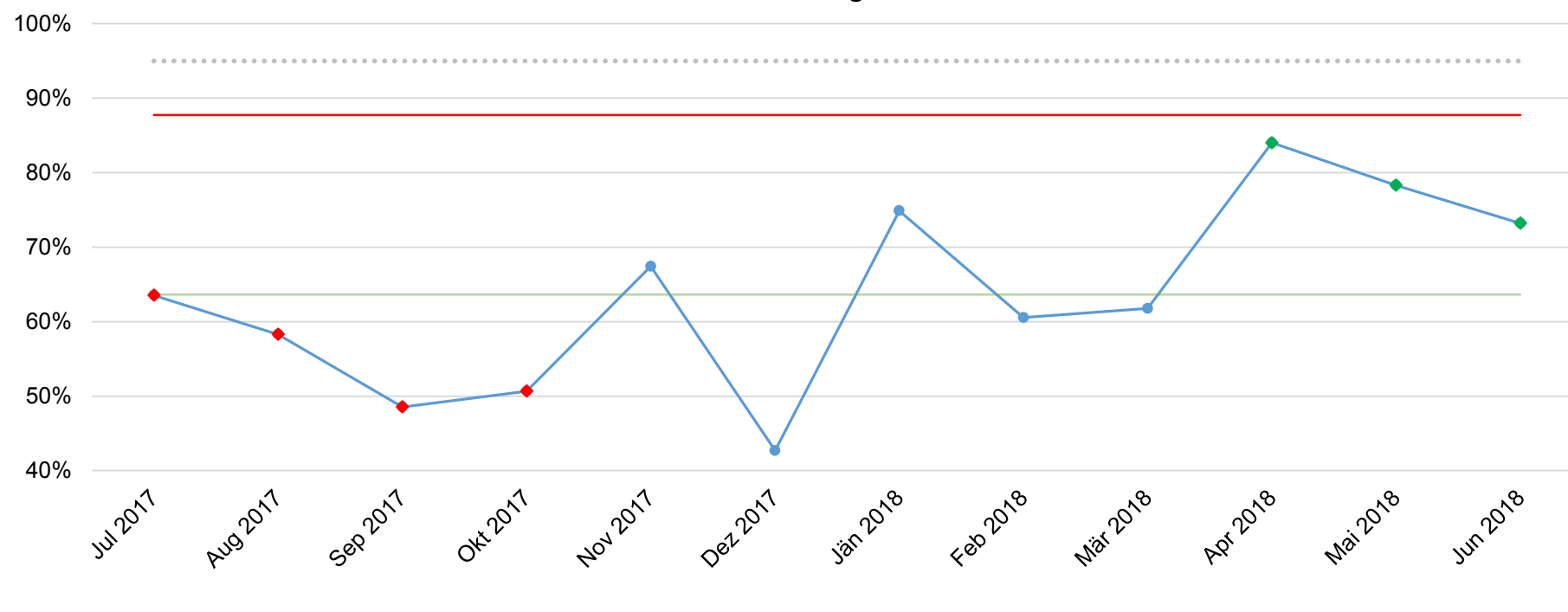
	Apr-18	May-18	Jun-18	12 Months
Volume of Incidents Attended	1608	1556	1664	

Demand/Supply AQI

	Apr-18	May-18	Jun-18	12 Months
Calls Answered	58773	64186	62205	
Incidents	57890	60189	57556	
Transports	35368	36587	35168	

SECamb 999 Operations Performance Charts

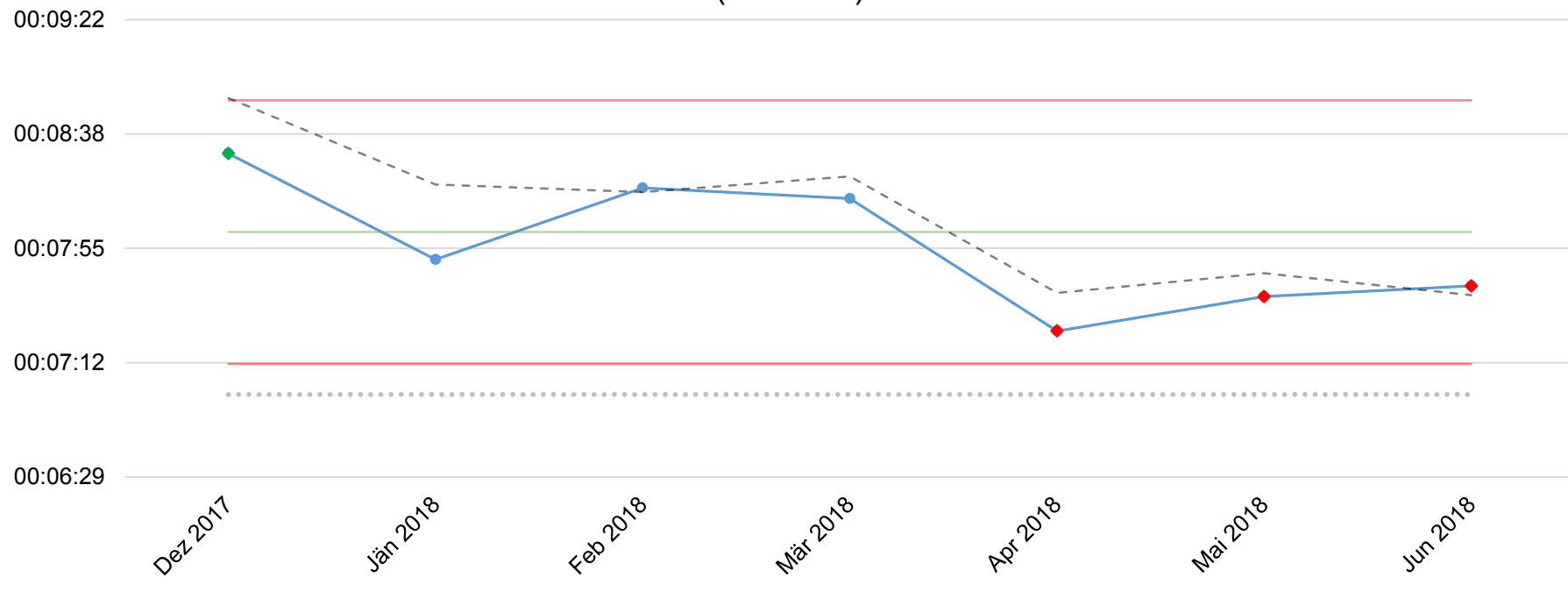
5 Sec ECO Call Handling Performance



Call answering performance for June has continued to fall below an average of 80%. The volume of duplicate calls regarding ETA of responses is a major contributor to increase call volumes. In the short term, scrutiny on all forms of abstraction is being analysed to maximise resourcing with sickness absence being tightly managed and is consistently below 5% for the YTD within Operations.

Call answer performance is covered in 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.

Cat 1 Mean (00:07:00) Performance

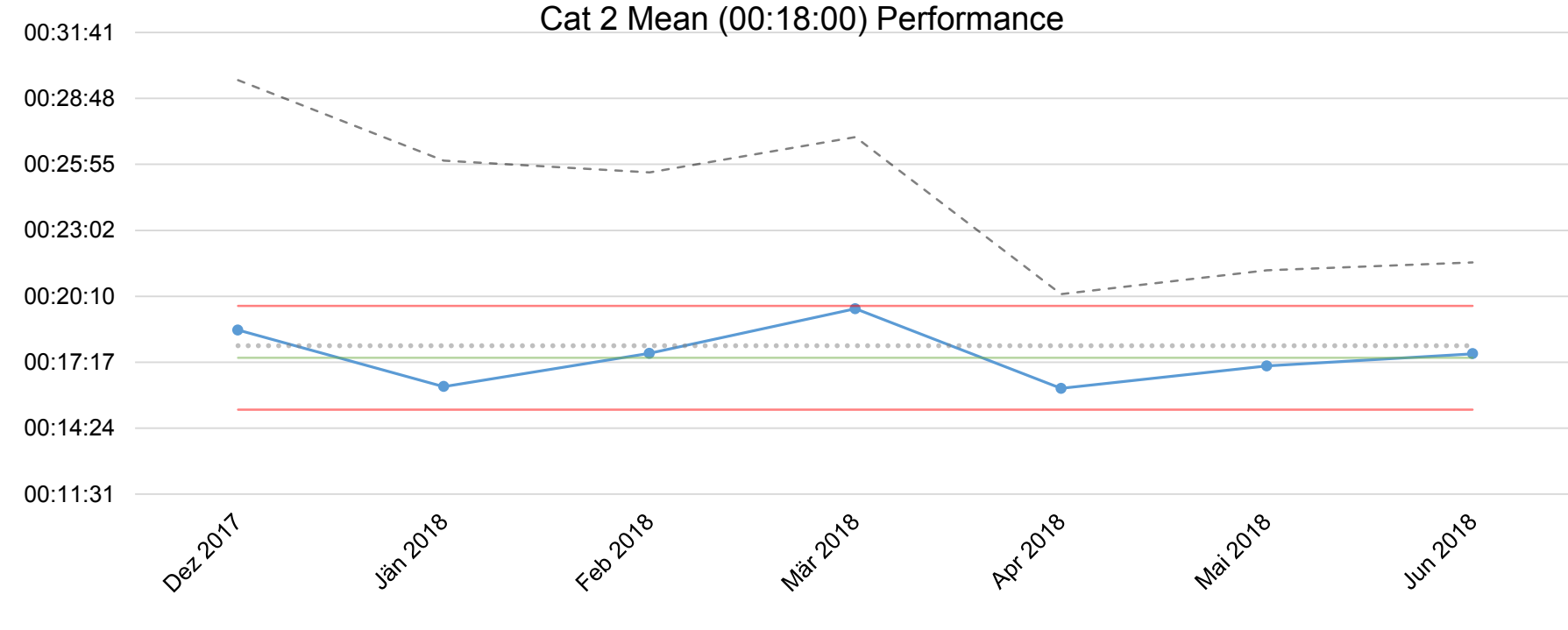


As shown in the graph the Cat 1 mean response performance has increased by 4 seconds on the previous month. Whilst we are not yet delivering the ambulance response program (ARP) target of seven minutes, both our mean performance and 90th percentile performance are tracking consistently within the middle 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 / respiratory arrest is significantly higher than the generic mean response for this category by almost 1 minute.

----- National Mean

Cat 2 Mean (00:18:00) Performance

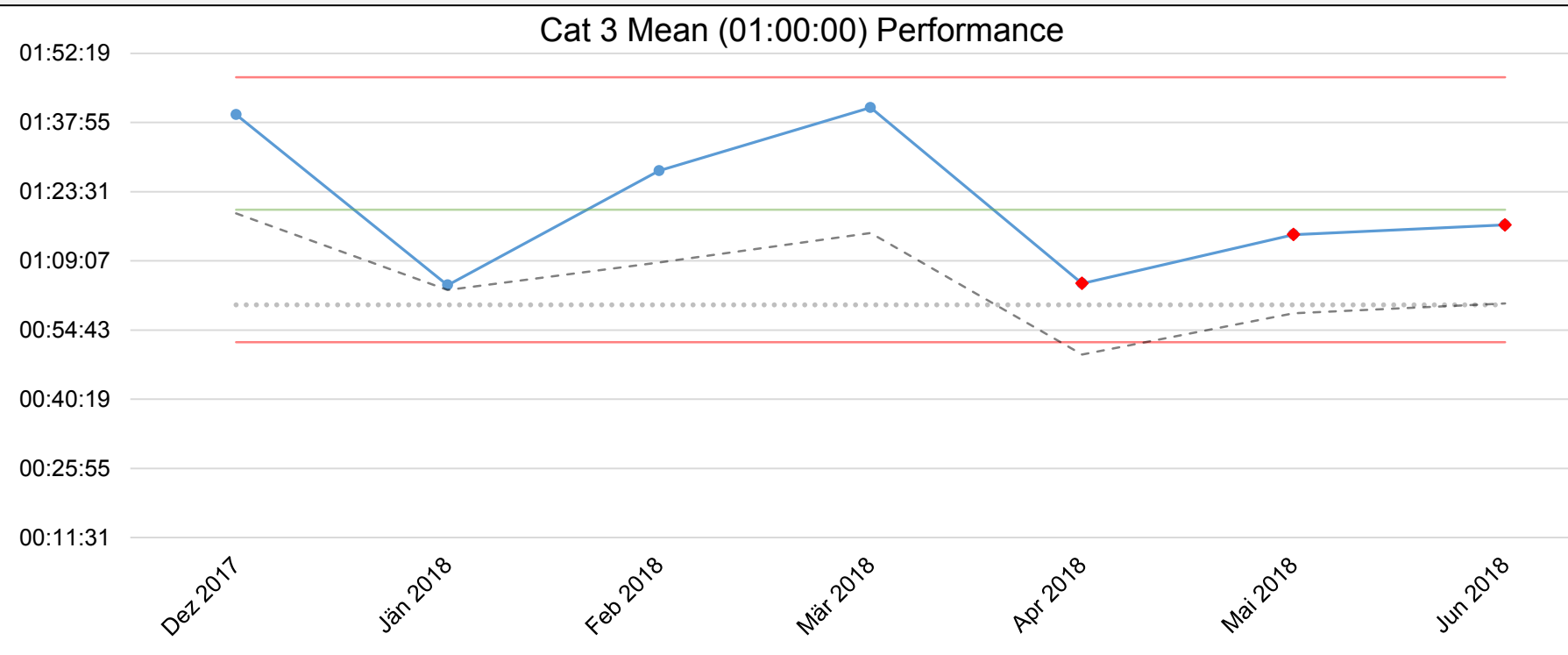


Cat 2 mean and 90th centile performance has been and remains a particularly successful delivery for SECamb with both remaining within target requirements and when measured against our peers we continue to track in the upper quartile of performance when measured against all other English Trusts. This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

This improvement alongside the other metrics recorded for June 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 (01:00:00) Performance



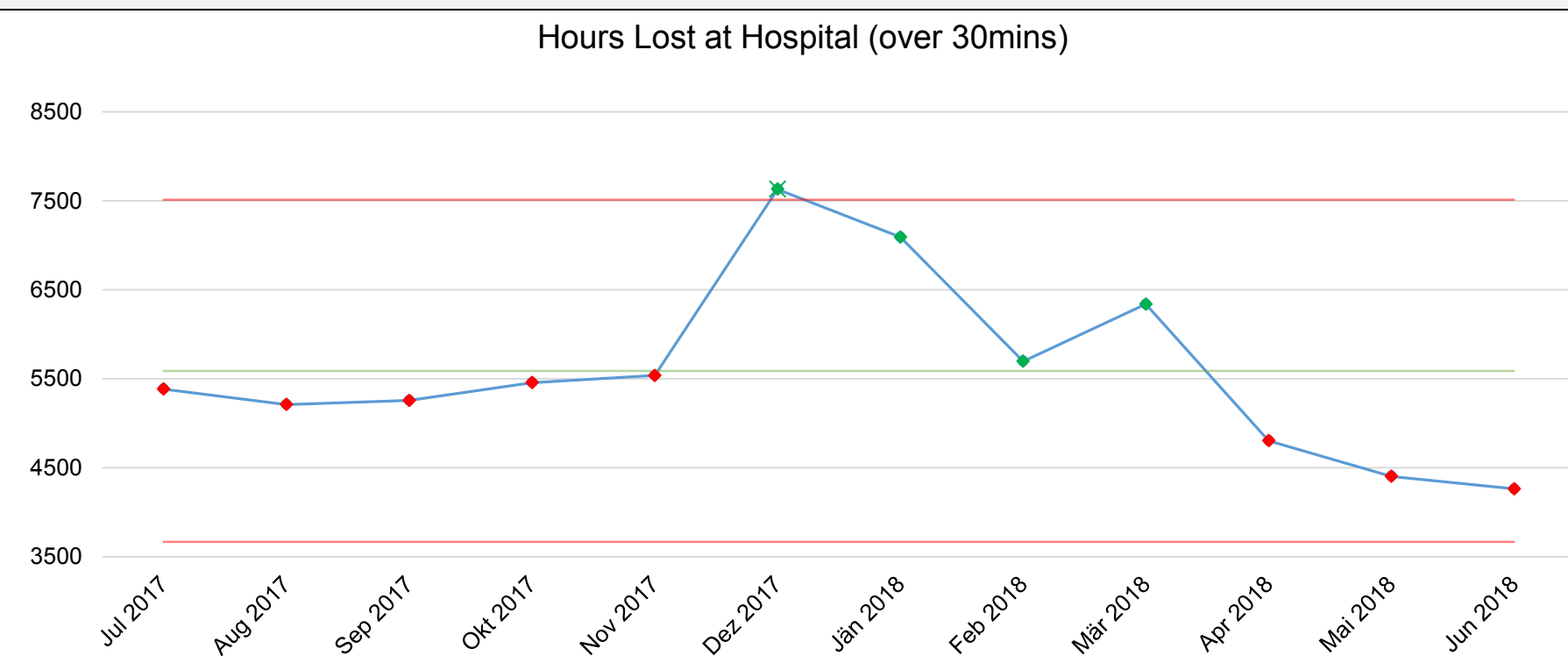
Cat 3 mean has been included to provide the Board with oversight on the significant pressure against the performance requirements for this patient group.

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 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

Hours Lost at Hospital (over 30mins)



The hours lost to operational response capability through hospital delays for June continues to improve at 4263 compared to 4400 in May.

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 June it is still accounted for an average of 1050 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 4 (Q4) 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 the erratic call profiles and fluctuating demand which we have continued to experience in the first half of 18/19, often weather-related. The service has also managed to continue to deliver a stable level of service despite significant changes in terms of the operating configuration undertaken by our service provider partner.

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. The introduction of a designated staff room (the Little Well-Being Room) with an ambient atmosphere designed to "de-stress" colleagues has been incredibly popular and beneficial. There has also been a number of other initiatives which 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. The service has also fully embraced the re-launch of the Trust Values with the associated livery mounted across the contact centre to raise staff awareness and to ensure that this remains alive

SECamb Operations 111 - Effective

Daily, weekly and monthly monitoring and analysis is undertaken to benchmark the service against its contractual Key Performance Indicators (KPI's) and against National NHS E 111 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. Although the service has not yet returned to achieving its full operational KPI's, its performance in 2018/19 is significantly better than the second half of 2017/18 and is moving in the right direction.

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 our 111 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. Issues such as recruitment, retention and shrinkage are also monitored and included within the service's 111 ORP. Complaints and incidents in relation to the 111 service are managed effectively and the learning and improvements which are subsequently identified, are shared and embedded within the service and across the Trust 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 our colleagues.


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 and this includes the service's Quality and Patient Safety Group which meets every six weeks. KMSS 111 remains clinically-led and the service continues to be fully compliant with its NHS Pathways license requirements (including with respect to NHS Pathways 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

	Apr-18	May-18	Jun-18	12 Months
Actual	93916	92737	84042	
Previous Year	99575	91789	78212	


Calls answered in 60 Seconds

	Apr-18	May-18	Jun-18	12 Months
Actual %	73.6%	74.0%	71.7%	
Previous Year %	95.5%	91.1%	88.4%	
Target %	95%	95%	95%	

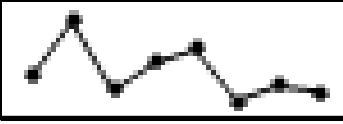

Calls abandoned - (Offered) after 30secs

	Apr-18	May-18	Jun-18	12 Months
Actual %	4.8%	4.7%	4.8%	
Previous Year %	0.5%	1.0%	1.2%	
Target %	2%	2%	2%	

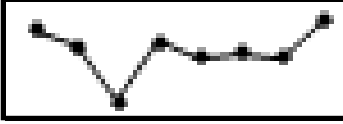

Combined Clinical KPI

	Apr-18	May-18	Jun-18	12 Months
Actual %	68.9%	68.6%	64.5%	
Previous Year %	80.4%	74.0%	73.0%	
Target %	90%	90%	90%	

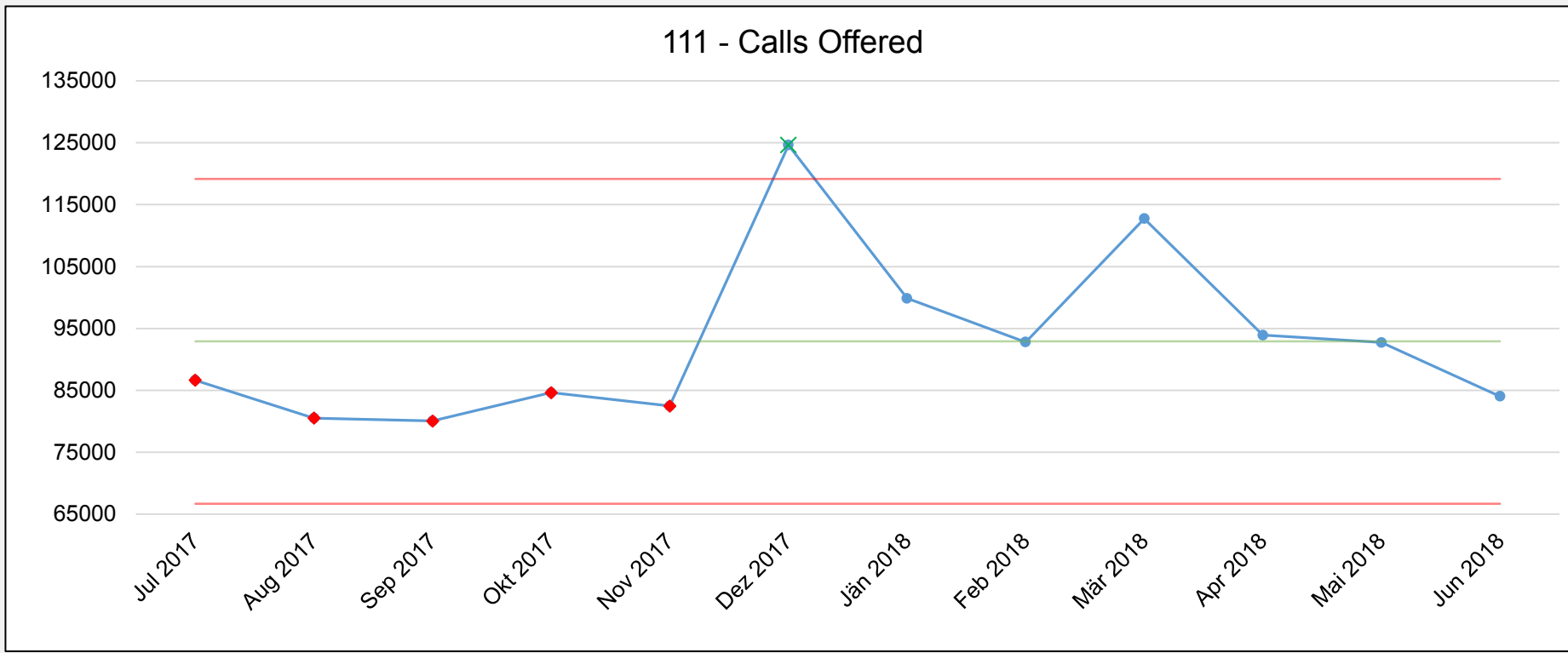
999 Referrals

	Apr-18	May-18	Jun-18	12 Months
999 Referrals % (Answered Calls)	10.9%	10.7%	11.2%	
999 Referrals (Actual)	9578	9311	8828	
National	10.7%	10.7%		

A&E Dispositions

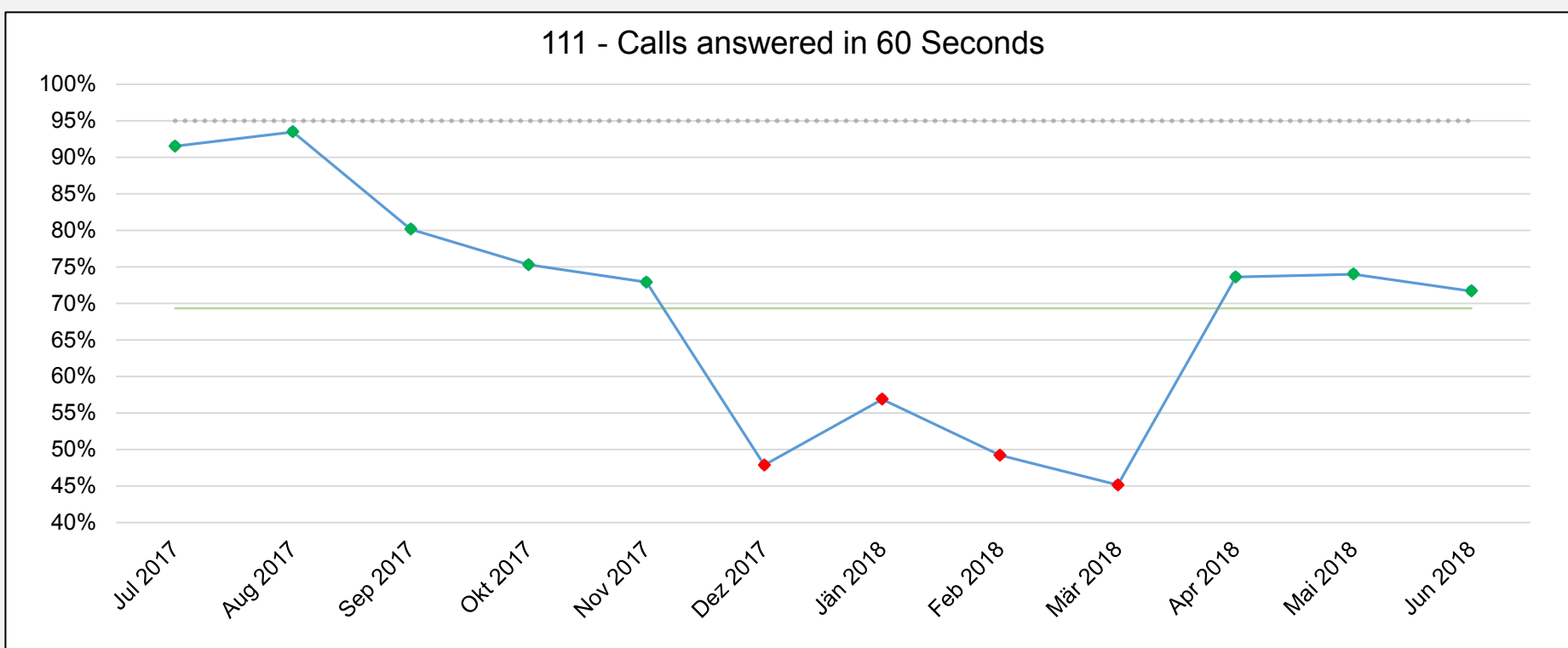
	Apr-18	May-18	Jun-18	12 Months
A&E Dispositions % (Answered Calls)	7.2%	7.9%	8.4%	
A&E Dispositions (Actual)	6337	6890	6582	
National	7.7%	8.1%		

SECamb 111 Operations Performance Charts



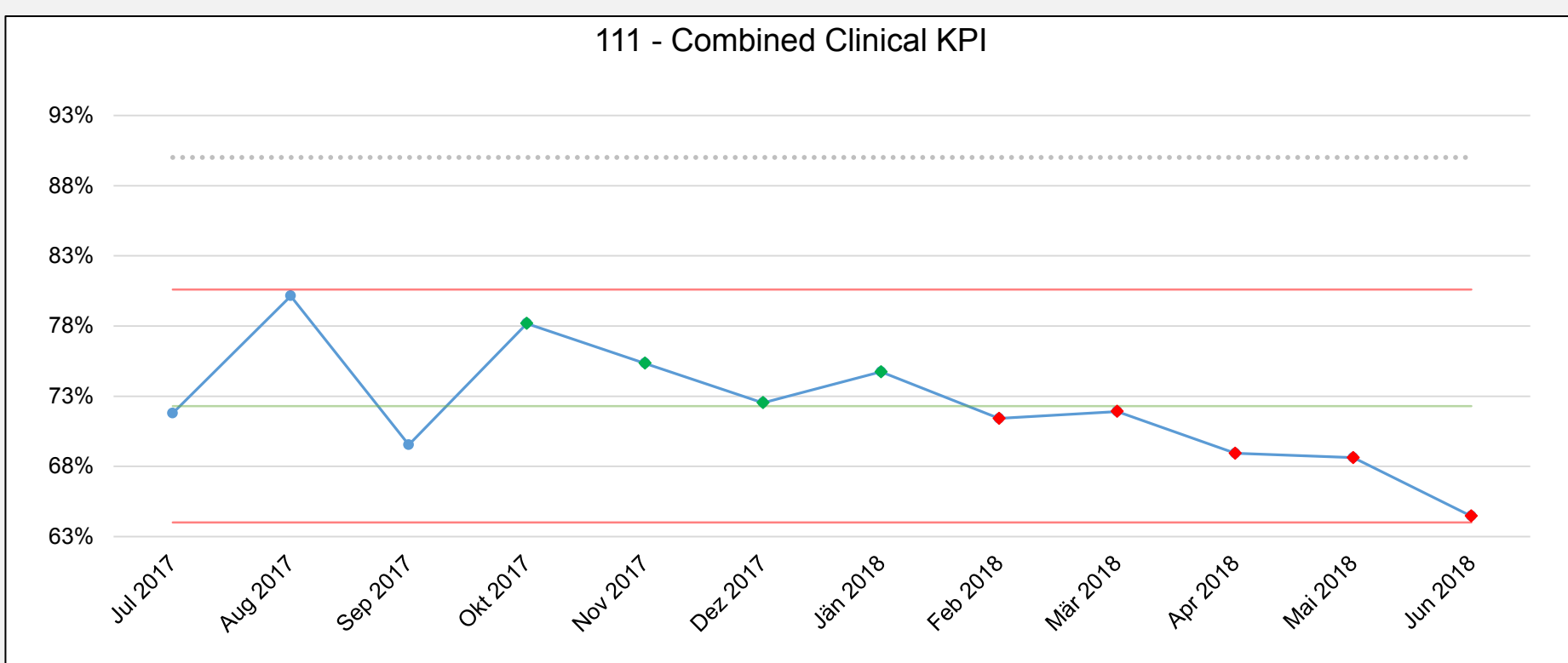
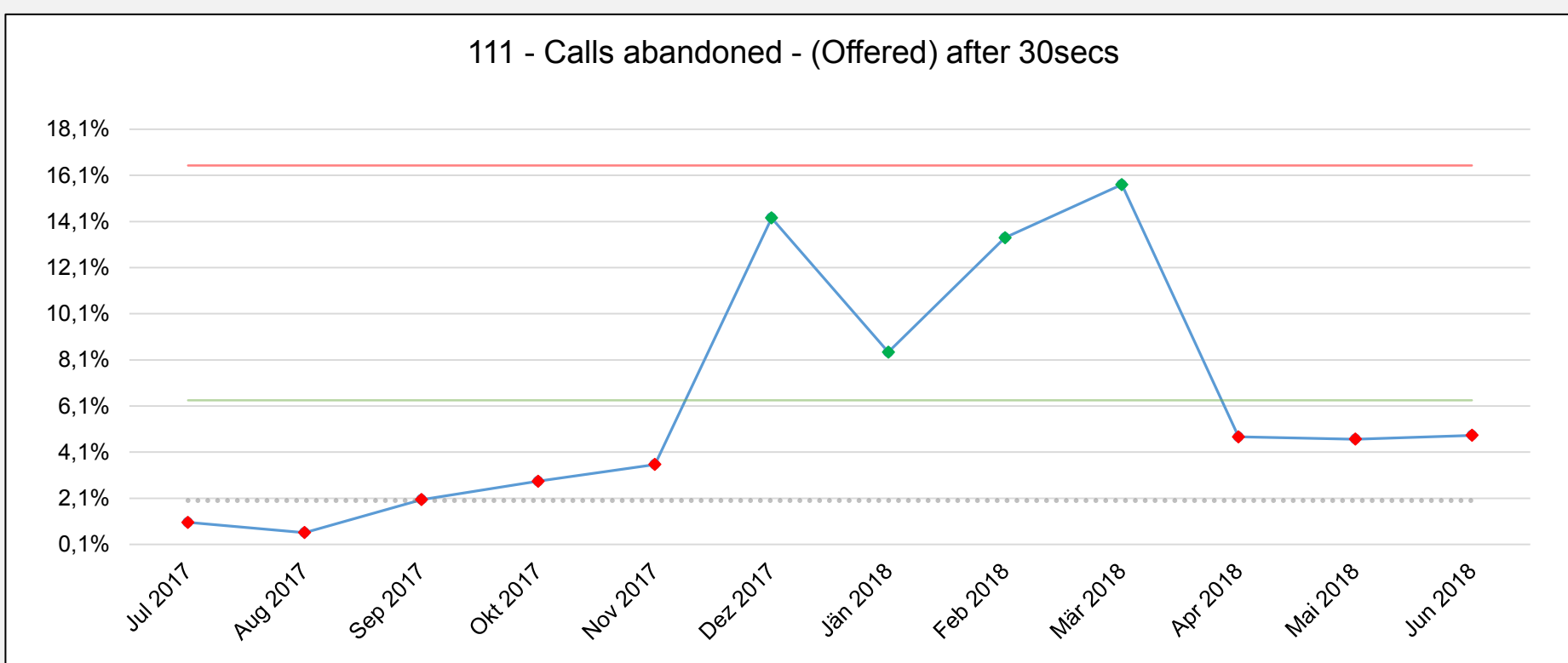
The monthly Call Volume of 84042 for June 2018 represented a like-for-like increase of 5% against June 2017. This increase was mostly concentrated into the final week of the month as heatwave volumes and differential call profiles commenced during w/c Monday 25th June.

The service succeeded in avoiding a significant increase in Speed to Answer, coming in at 65 seconds for the month.



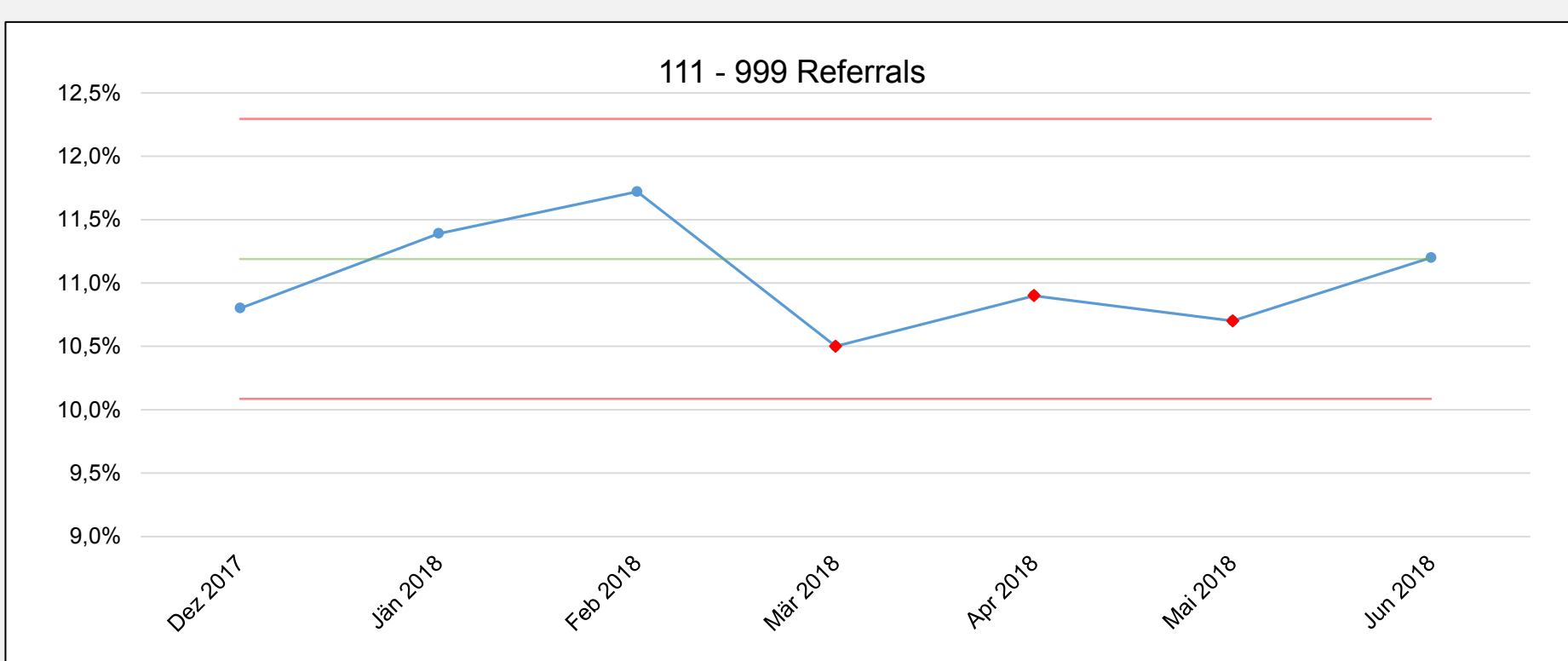
KMSS 111's service level fell by circa 2% due predominantly to the exceptional volumes in the final week of the month. This small decline in service level was replicated at a national level.

In addition to higher than expected call volumes and unusual call profiles, the service also focused on significant training commitments (e.g. Pathways v15) which had an impact on the Operational Performance. Additionally the service regularly allocated Health Advisors to act as Patient Safety callers during SECamb escalation, compromising our Operational Performance but maximising support for the wider system.



Clinical performance fell slightly compared to the previous month, but again this was replicated nationally, and KMSS continues to outperform other National 111 / IUC providers in a clinical context.

Our Clinical Inline Support faced very high activity due to the twelve days in which Surge Management Plan (SMP) escalation was invoked. We activated the "No Send" policy for Category 3 and Category 4 ambulance dispositions and ensured that these dispositions were ratified or downgraded, via the CIS or via the clinical queue.



The KMSS 111 Ambulance referral rate was slightly higher than the National Average in June, despite the significant amount of mitigation as described above.

Conversely our referral rate to A&E services was lower than the National Average. These two metrics are directly linked, and the combined referral rate compares favourably with other providers.

SECamb Workforce - Safe

Recruitment in the Emergency Operation Centre (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 Ambulance Response Programme (ARP).

Resourcing have formulated a Resourcing Task and Finish Group, focusing on delivery of 200 Emergency Care Support Workers (ECSW) and 100 Associate Ambulance Practitioners (AAPs). This uplift in Operational staffing will assist us with the delivery of operational hours across winter pressures, particularly focusing on Category 3 calls. We are also increasing capacity within EOC to manage duplicate calls. These additional staff will move forward into our workforce trajectory up until 2021.

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 Physiotherapists 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 Executive Management Board (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. The Process Improvement project has recently recruited a Process Improvement Analyst that will be mapping and designing the recruitment process.

SECamb Workforce - Responsive

We are working with Commissioners and Health Education England (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

The Culture Change Programme mandate and improvement details the 4 key objectives that the Plan will deliver by 30 April 19. These are built around the 4 main work streams which are Communication, Engagement, Behaviours and Infrastructure. The key activities have focused to date on the delivery of Behaviour Management Leadership Training which has now been completed by the Executive Team, Senior Leadership Team (SLT), Operating Unit Managers (OUMs) and is now being rolled out to the remainder of the Trust starting with the Operational Team Leaders (OTLs) and Operating Managers (Oms) at the end of August. The Executive Team and SLT have also completed 5 1:1 coaching sessions and 360 degree feedback. The Executive Team have completed team development days.

In conjunction with the HR team delivery of a Bullying & Harassment Workshop to support both Managers and Staff will commence in Sept 18.

The Pulse Survey Quater 1 results are now out and this shows an increase from 47% in 2017 to 63% in 2018 of staff that completed the survey stating that The Executive Team leads the Organisation effectively. There is also an increase in My Local Leadership is Effective which an increase from 2017 of 65% to 70% in 2018.

SECAmb Workforce Scorecard

Workforce Capacity

	Apr-18	May-18	Jun-18	12 Months
Number of Staff WTE (Excl bank & agency)	3118.3	3114.1	3107.7	
Number of Staff Headcount (Excl bank and agency)	3381	3377	3375	
Finance Establishment (WTE)	3552.29	3563.29	3576.89	
Vacancy Rate	12.23%	12.63%	13.08%	
Vacancy Rate Previous Year	10.75%	11.85%	12.37%	
Adjusted Vacancy Rate + Pipeline recruitment %	8.09%	7.78%	7.16%	

Workforce Compliance

	Apr-18	May-18	Jun-18	12 Months
Objectives & Career Conversations %	23.65%	17.42%	18.11%	
Target (Objectives & Career Conversations)	80.00%	80.00%	80.00%	
Statutory & Mandatory Training Compliance %	6.54%	85.68%	18.11%	
Target (Stat & M and Training)	95.00%	95.00%	95.00%	
Previous Year (Stat & M and Training) %	8.26%	23.49%	38.55%	

* 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

	Apr-18	May-18	Jun-18	12 Months
Annual Rolling Turnover Rate %	16.50%	17.42%	15.17%	
Previous Year %	16.65%	16.34%	17.85%	
Annual Rolling Sickness Absence	5.26%	5.12%	5.21%	
Target (Annual Rolling Sickness)	5.00%	5.00%	5.00%	

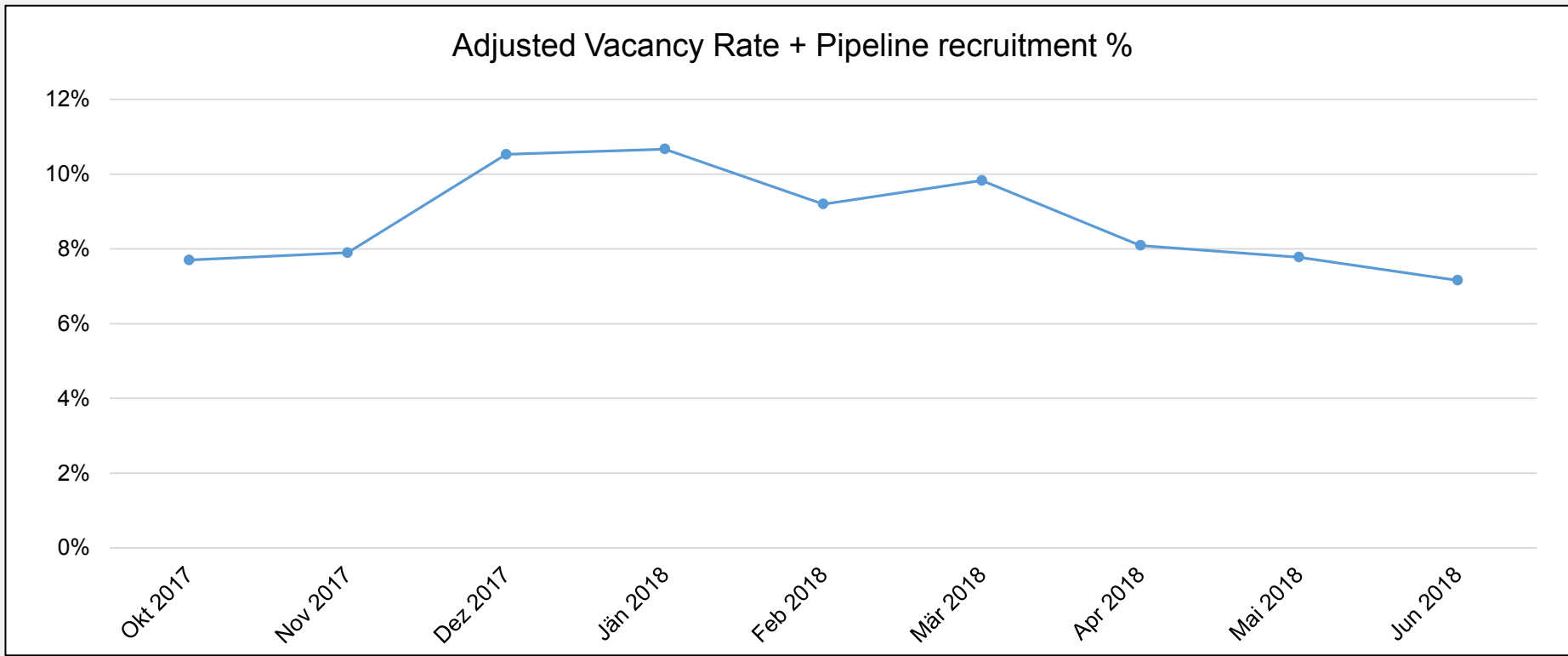
Employee Relations Cases

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

Physical Assaults (Number of victims)

	Apr-18	May-18	Jun-18	12 Months
Actual	22	13	14	
Previous Year	19	14	16	
Sanctions	5	4	6	

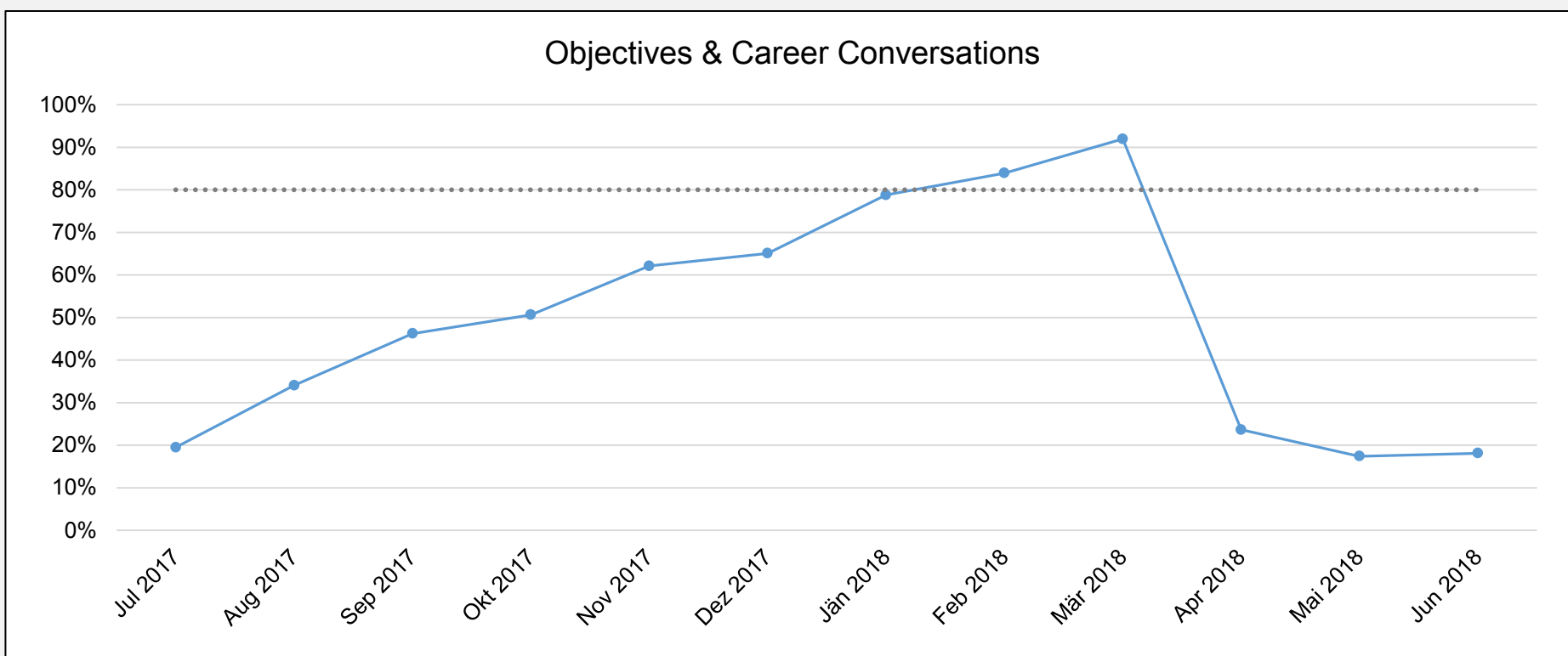
SECamb Workforce Charts



The assessment process has been reviewed to ensure more candidates can be invited to recruitment assessment centres (from 20 to 60). The on-going and increased numbers being invited to assessment centres have resulted in a continued increase in the pipeline (offers of employment) which supports the sustained decrease in vacancies for May and June.

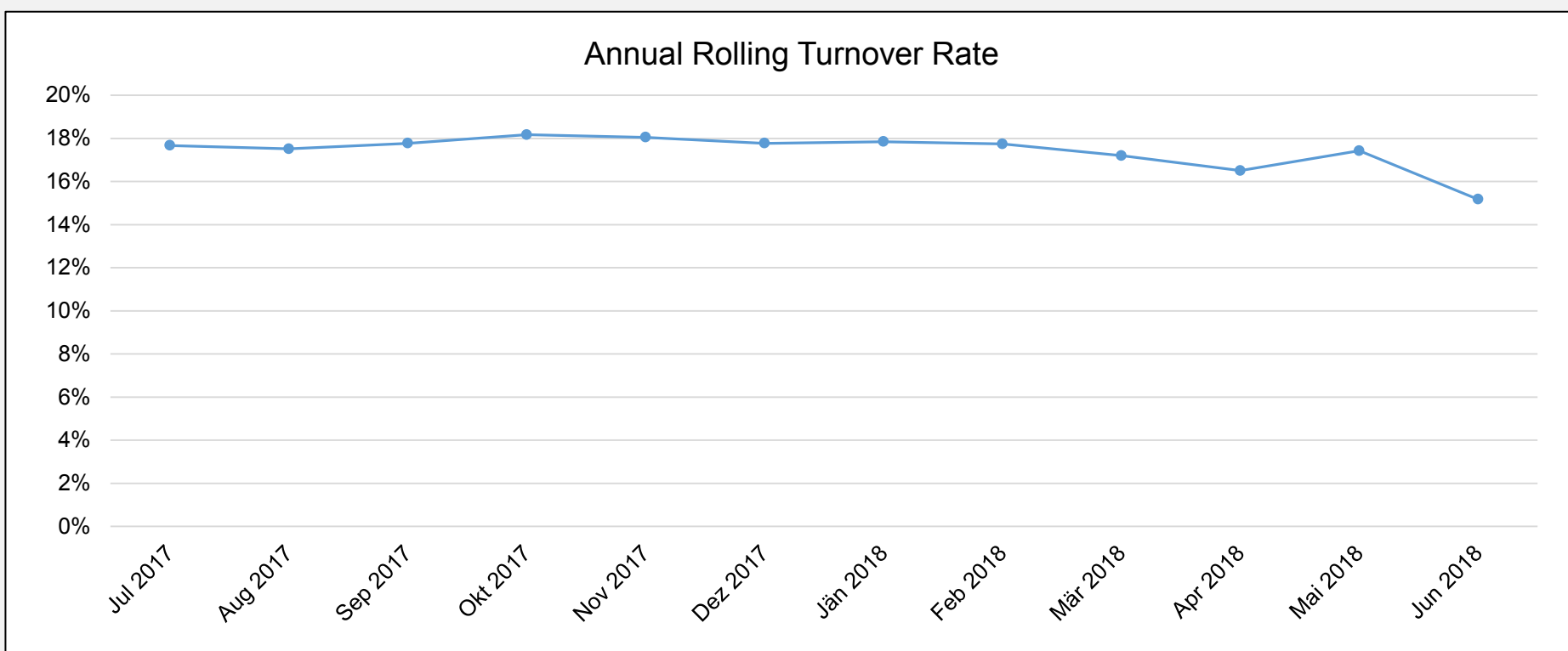
The C1 business case has been signed off. This will help to attract the additional 300 external ECSWs and AAPs.

A set of resourcing principles have been agreed and are in the process of being updated *into an action plan for roll out and sharing across the Trust.*

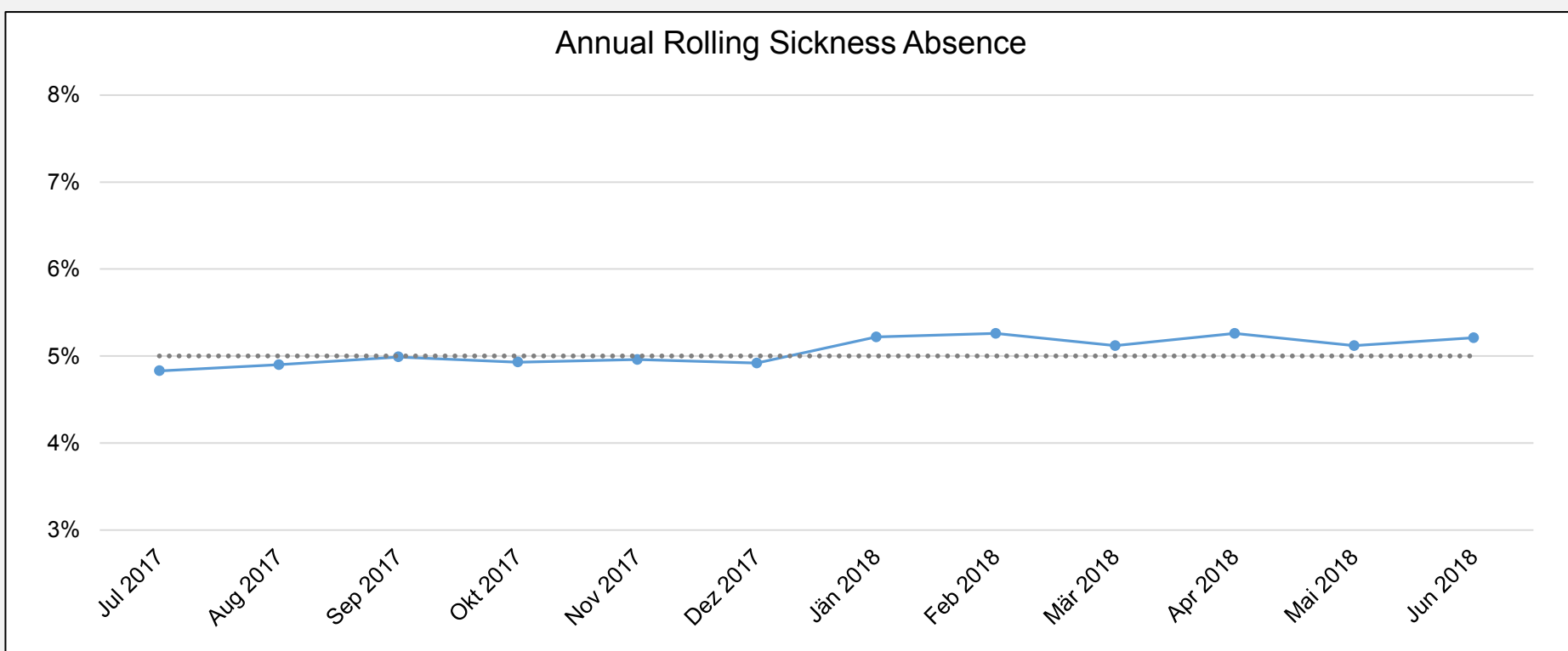


the appraisal cycle runs from April on an annual basis. Early figures started positively recording 23.65% in month one. A negligible drop to 23.43%, is recorded in May and June. This variance was due to a realignment of data collection and a change in the data collection parameters. Only published appraisals were totalled; agreed completed objectives removed.

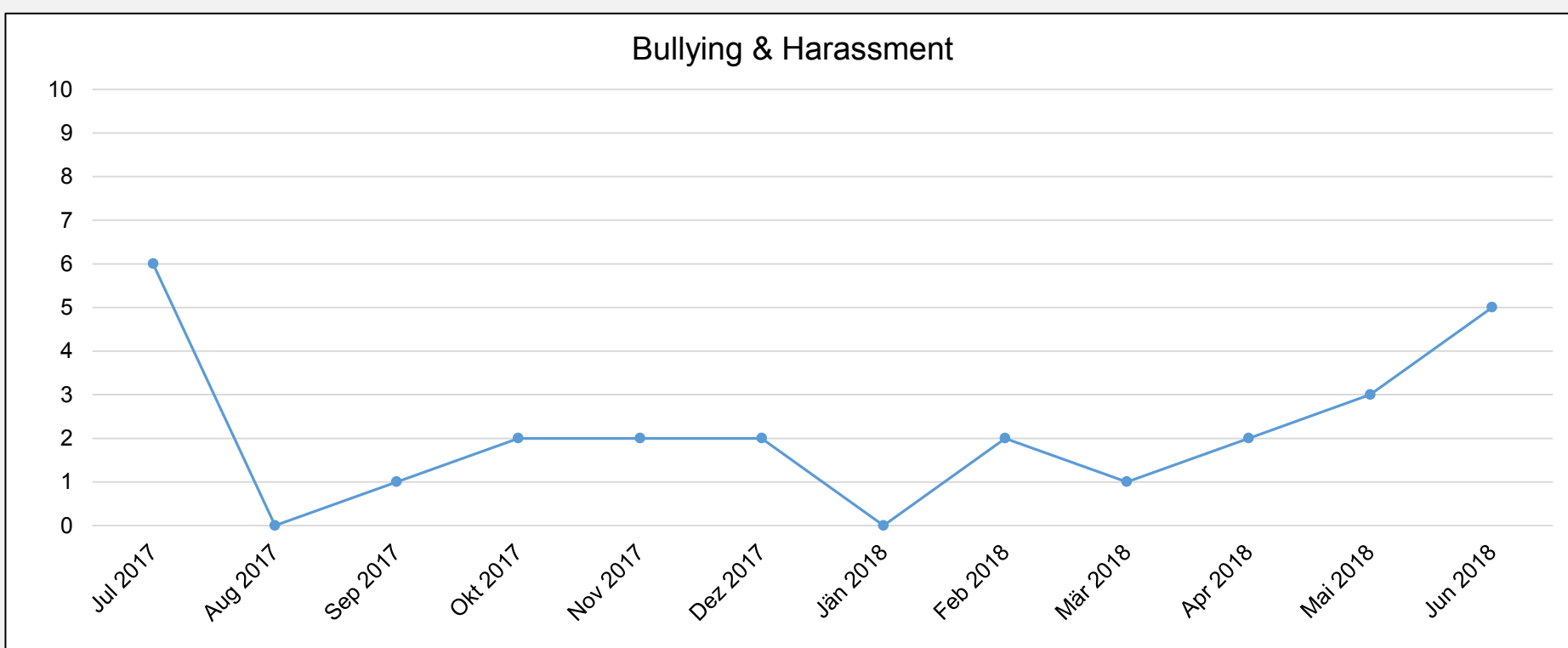
We aim to achieve an increase of 10% compliance each month. Regular progress reporting to managers will enable them to maintain focus on this target.



Whilst there has been a reduction in turnover, this is an indicator that is key in building our workforce in line with the Demand and Capacity Review. We will be tracking the impact of the Culture Programme on turnover and how that is contributing to workforce growth.



Monitoring sickness levels will become a measure tracked within the Culture Programme. There are a number of actions that we are taking to improve the effectiveness of the management of sickness, grievances, and disciplinary cases. This includes a review of our approach to Employee relations and how we support managers when we implement or amend our policies



There was an increase in Bullying and Harassment (B&H) cases reported in June. We believe that staff are becoming more willing to discuss and report issues in relation to B&H. We are now piloting a new approach to rolling out the leadership training related to our refreshed values. This includes specific components on B&H. We have run an initial workshop with the senior operational leadership team, and then focused on development for the team of Operational Team Leaders (OTLs).

SECamb Finance Performance Scorecard

Income

	Apr-18	May-18	Jun-18	12 Months
Actual £	£16,830	£17,205	£17,208	
Previous Year £	£15,229	£16,174	£16,132	
Plan £	£16,983	£17,566	£17,258	

Expenditure

	Apr-18	May-18	Jun-18	12 Months
Actual £	£17,794	£17,756	£18,069	
Previous Year £	£16,126	£16,673	£16,704	
Plan £	£18,001	£18,131	£18,138	

Capital Expenditure

	Apr-18	May-18	Jun-18	12 Months
Actual £	£299	£142	£1,589	
Previous Year £	£268	£670	£582	
Plan £	£391	£401	£1,180	
Actual Cumulative £	£299	£441	£2,030	
Plan Cumulative £	£391	£792	£1,972	

Cost Improvement Programme (CIP)

	Apr-18	May-18	Jun-18	12 Months
Actual £	£392	£308	£519	
Previous Year £	£899	£910	£1,302	
Plan £	£402	£402	£1,190	
Actual Cumulative £	£392	£700	£1,219	
Plan Cumulative £	£402	£804	£1,994	

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)

	Apr-18	May-18	Jun-18	12 Months
Actual £	-£964	-£551	-£861	
Actual YTD £	-£964	-£1,515	-£2,376	
Plan £	-£1,018	-£565	-£880	
Plan YTD £	-£1,018	-£1,583	-£2,463	

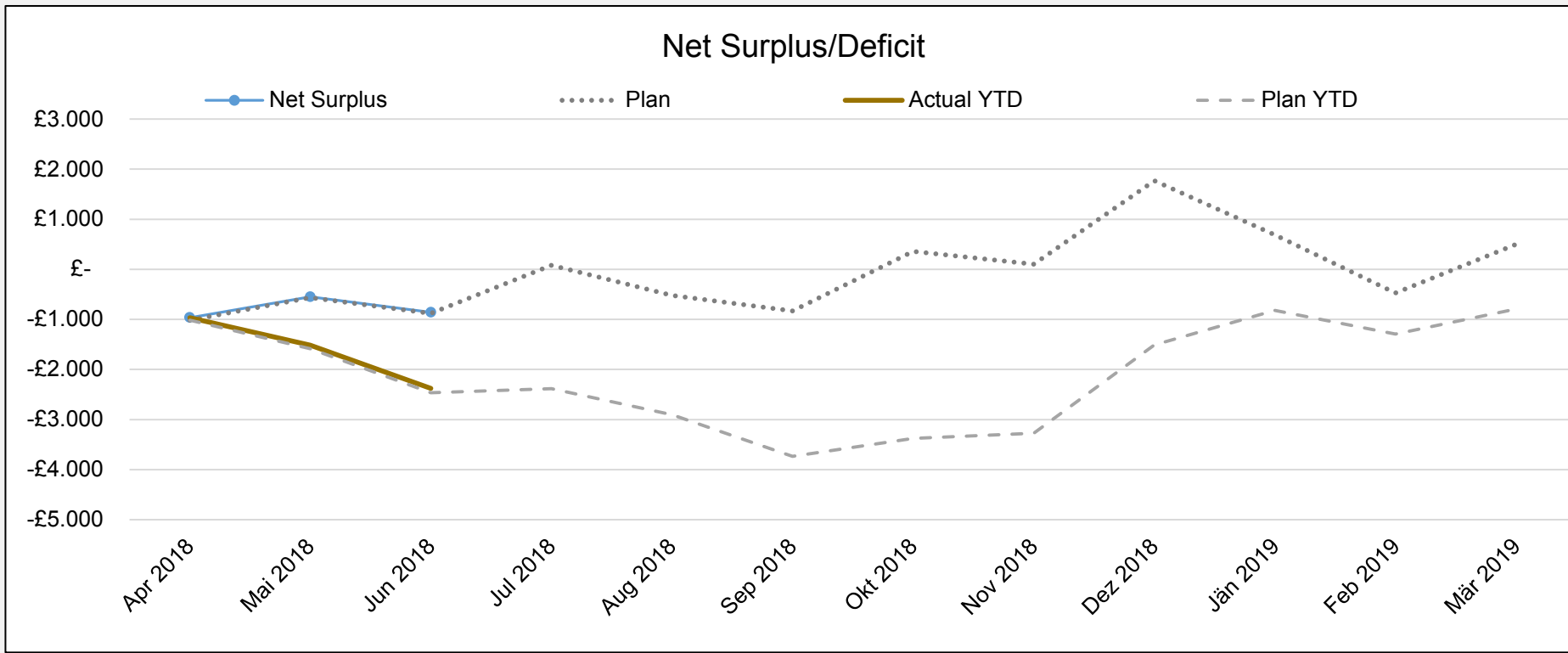
Cash Position

	Apr-18	May-18	Jun-18	12 Months
Actual £	£19,244	£21,762	£22,527	
Minimum £	£10,000	£10,000	£10,000	
Plan £	£16,152	£16,428	£16,694	

Agency Spend

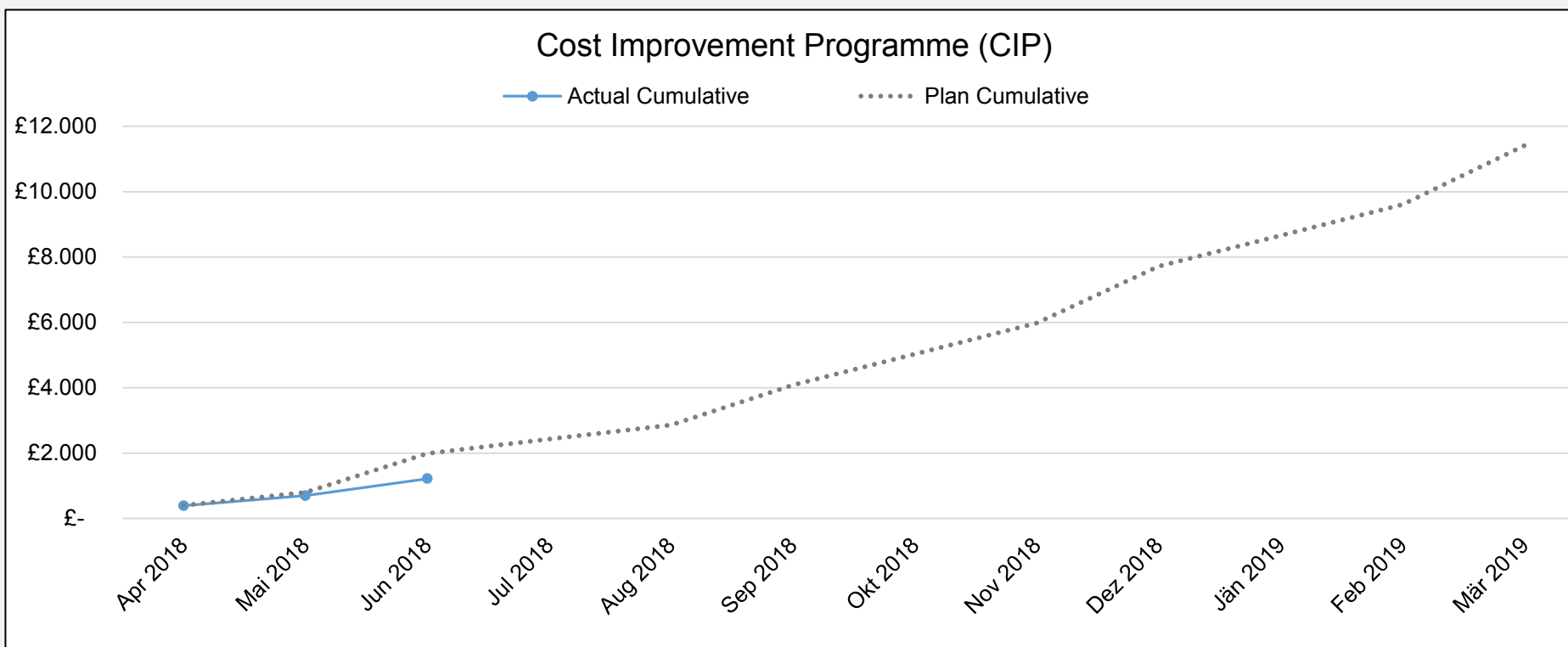
	Apr-18	May-18	Jun-18	12 Months
Actual £	£119	£329	£229	
Plan £	£240	£236	£233	

SECamb Finance Performance Charts



The Trust's I&E position in Month 3 was a deficit of £0.9m, which was as planned.

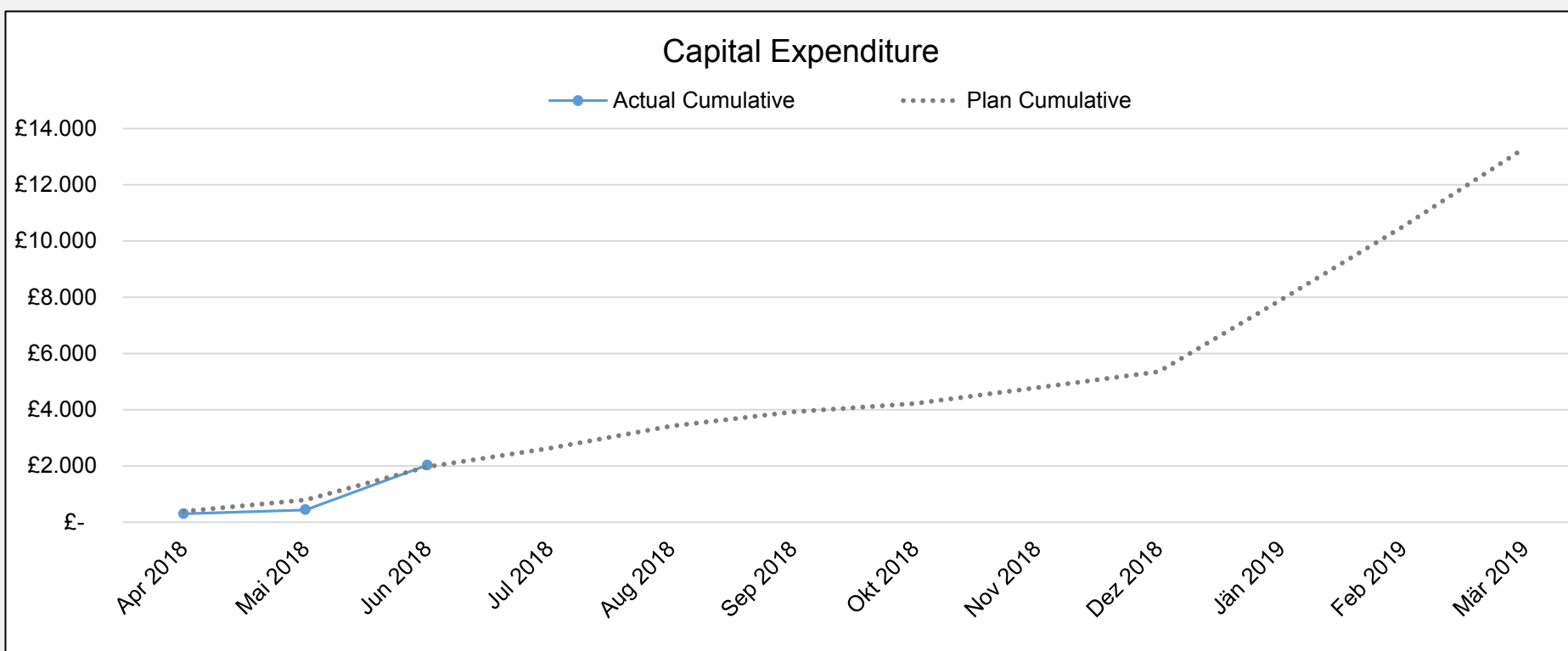
This increased the cumulative deficit to £2.4m, which is £0.1m better than plan.



CIP schemes delivered a benefit of £0.5m in the month compared to the planned level of £1.2m.

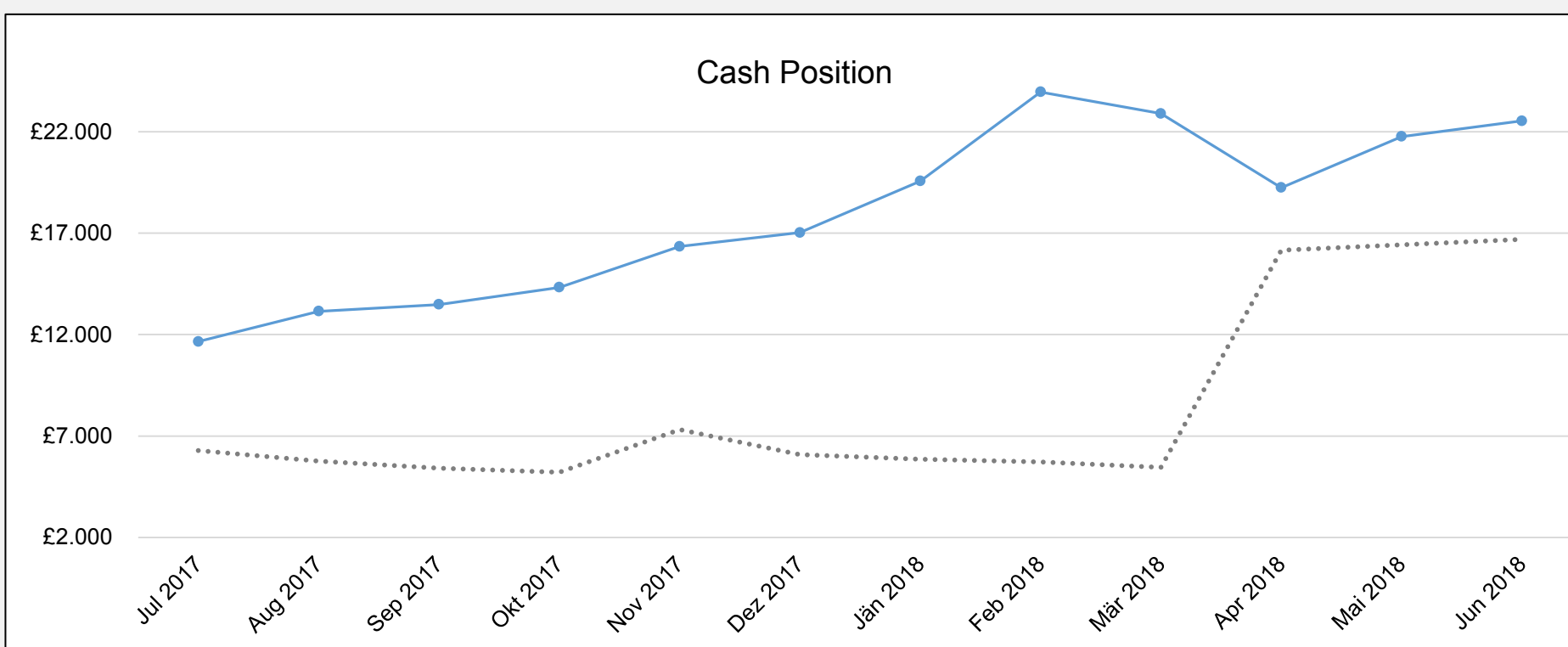
Cumulative CIPs of £1.2m are £0.8m behind plan.

The target for the full year is £11.4m. A number of schemes are being imminently evaluated, following which there is a likelihood that this shortfall will be reduced to £0.2m.



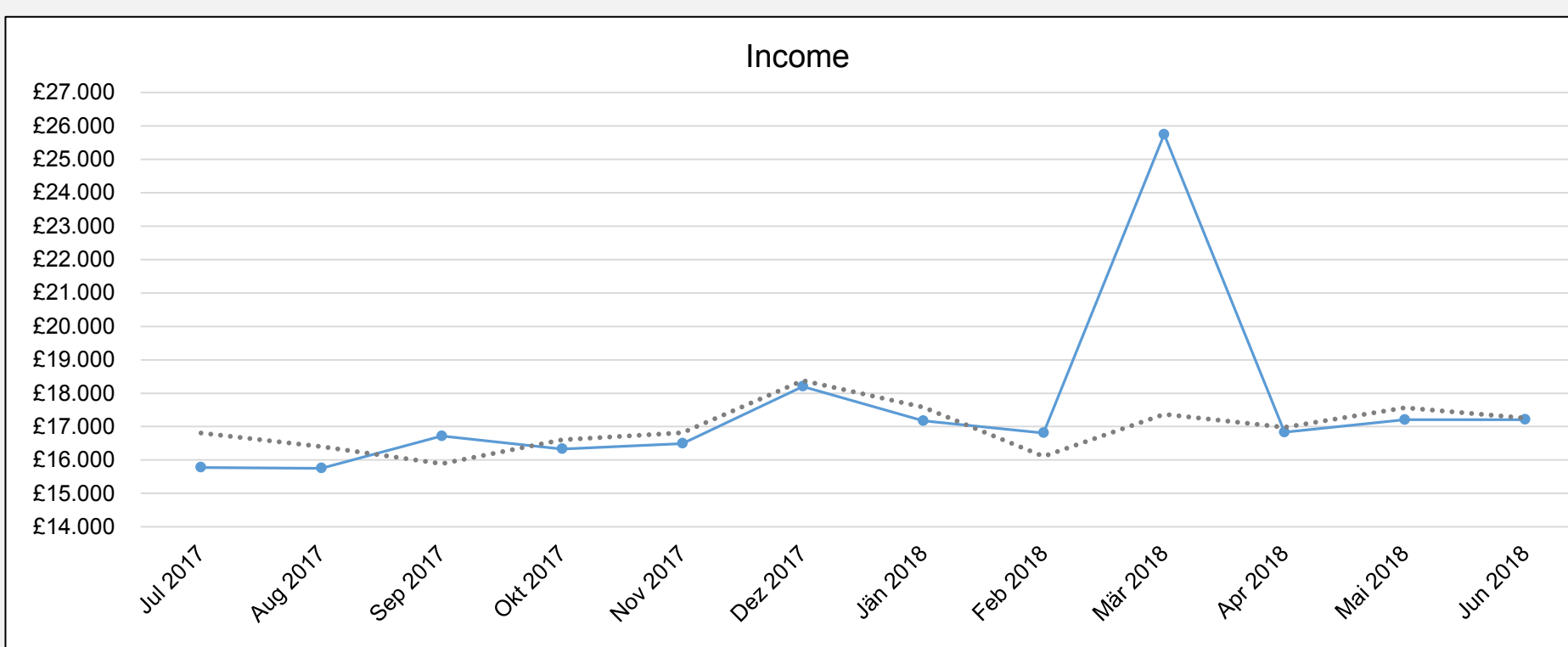
Capital spend in the quarter was £2.0m, marginally above plan.

The Trust has submitted capital bids worth nearly £39m via NHS Improvement as part of the 'Wave 4' capital bidding process managed through and supported by Sustainability and Transformation Partnerships. The invitation to bid is for schemes that will improve performance against ARP targets, both in the current year and longer-term, while also improving efficiency. The main areas being targeted for investment are new and replacement ambulances, expansion of 'Make Ready' facilities and resilience in EOC.



The cash position at 30 June increased further to £22.5m, which was £5.8m better than plan. The year-end balance was £22.9m. Cash is better than plan due to success in collection of trade debt, receipt of 'Commissioning for Quality and Innovation' (CQUIN) reserve funding in respect of 2017/18 and lower than planned payroll costs. The last item is largely one of timing, as catch up in private ambulance invoices will partly offset this benefit in due course.

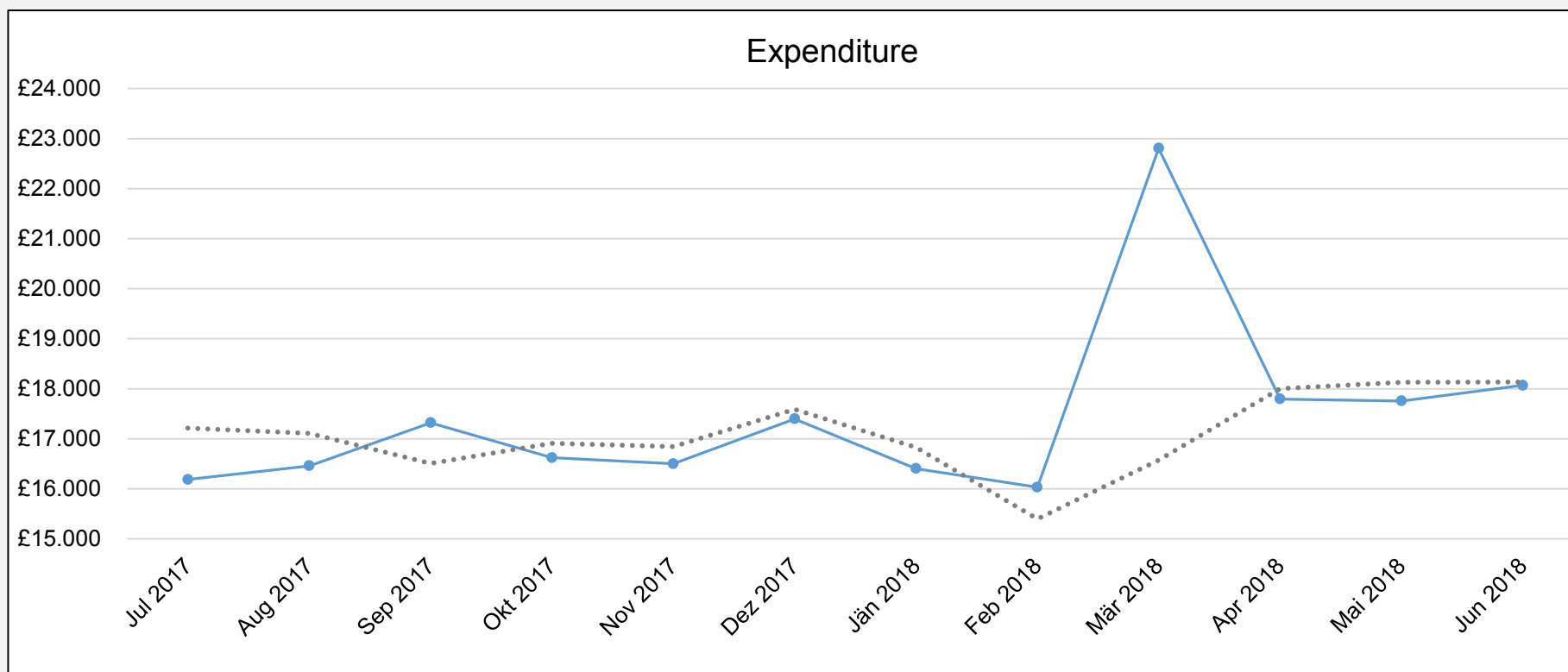
There have been further improvements in performance against public sector payment to suppliers, with 94.7% compliance by value. The target is 95%.



Total Income in the month of £17.2m was very slightly below plan. The cumulative shortfall against plan is £0.6m. The main reason for the shortfall was a £0.3m reduction in income for the East Kent Hospitals (KCH) ambulance divert resulting from a reduced level of resource being applied. A further £0.2m was against Placement Support and Apprenticeship Levy pending confirmation of the Trust's entitlement.

The Trust has assumed full achievement of planned Sustainability and Transformation Funding (STF) in the first quarter, at £0.3m.

SECamb Finance Performance Charts



Total Expenditure was underspent by £0.1m in month and cumulatively £0.7m better than plan.

Pay costs in the month were underspent by £0.2m. Cumulatively pay costs are underspent by £0.1m, mainly from the reduced availability of resources to support East Kent Hospitals (KCH).

Non-pay costs were close to plan in the month, but are underspent by £0.8m in the three months to date. The two main causes were efficiencies in drugs and consumables £0.2m and the delay in deployment of new leased ambulances £0.4m.

Non-operating costs, were overspent by £0.2m. This was attributable to the delayed timing of planned ambulance station disposals.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

D - Governor's Report on the Quality and Patient Safety Committee

Date of meeting: 23/07/2018

Governors present: James Crawley / Felicity Dennis/ Brian Rockell

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

1. Prior to the meeting:

The chair invited us to a 30-minute pre-meeting briefing session which was most welcome. She explained the role and scope of the committee and discussion the context of the agenda items in some detail.

Papers were circulated prior to the meeting via 2 emails. The action log circulated was out of date but a paper copy of the correct version was provided for us promptly.

2. Introductions:

We and the members of the committee had the opportunity to introduce ourselves

3. Attendance:

There was good attendance from members of the executive team (x4) including the Executive Director of Operations and Executive Director of Nursing and Quality, and papers were also presented by members of the management team eg Head of Clinical Audit.

There were 2 additional NEDS in attendance

4. Agenda:

The agenda covered a wide range of topics and included management responses to specific questions arising from the QPS plus specific scrutiny items including NHS 111 , DBS improvement plan, Clinical audit programme 2018/19 update.

5. Discussion during meeting:

There was good quality open and honest discussion amongst the committee members.

There was robust and appropriate challenge on a range of issues by the NEDS present

6. Chair:

The meeting was very well chaired and completed on time. The chair actively encouraged discussion and full participation by those present, summed up the key points and agreed next steps after each item was concluded ,

7. De-brief: COG members were asked to feedback their views of the meeting to the group as a whole and asked if we required any clarification.

8. Conclusion:

This appeared to be a highly effective meeting which focuses on seeking robust assurance on a range of key quality and patient safety issues across the trust

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

E - Annual Report of the Membership Development Committee

31 March 2017- 1st April 2018

1. Introduction

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

1.2. The duties of the MDC are to:

- Advise on and develop strategies for recruiting and retaining members to ensure Trust membership is made up of a good cross-section of the population;
- Plan and deliver the Council's Annual Members Meeting;
- Advise on and develop strategies for effective membership involvement and communications;
- To contribute to the realisation of the Trust's vision 'Aspiring to be better today and even better tomorrow for our people and our patients'.

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

Mike Hill – Public Governor for Surrey & NE Hants, Chair of the MDC
Marguerite Beard-Gould – Public Governor for Kent
Brian Rockell – Public Governor for East Sussex
James Crawley – Public Governor for Kent and Lead Governor
Felicity Dennis - Public Governor for Surrey & NE Hants
Nigel Coles – Staff Elected Governor (Operational)
Francis Pole - Public Governor, West Sussex

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

1.5. Sincere thanks to former Governors Jean Gaston Parry, Alison Stebbings and Gary Lavan who were also on the committee during 2017/18.

2. Annual report of the Membership Development Committee

2.1. One of the core duties of the Council is to represent the interests of members and the wider public. The MDC focuses on ensuring that the Trust supports Governors to undertake this part of their statutory role. The MDC regularly reviews the composition of our public Foundation Trust (FT) membership and

endeavours to ensure it is representative of the population the Trust serves.

2.2. This report includes a summary of our current public membership numbers and geographical representation and reports on the work of the MDC throughout 31 March 2017- 1st April 2018. It also includes reports on membership engagement at the Inclusion Hub Advisory Group (public FT members), Staff Engagement Forum (staff FT members) and Patient Experience Group (patient FT members) and the outcomes of our annual membership survey.

2.3. During 2017-18, the MDC worked on behalf of the Council to:

- Plan a local membership/Governor engagement 'Your Call' event in Surrey and West Sussex.
- Review a member email validation exercise and advise on next steps to ensure our membership database is working effectively.
- Re-design the membership form and consult with our FT members on accessibility of the form.
- Contributed to a communication plan for raising the profile of the Council with our members – staff & public. This was in line with the Trust's Investing in Volunteers audit that it was undertaking. The Trust is in the process of hoping to attain the Investing In Volunteers (IIV) quality standard and an audit is part of this. IIV is the UK quality standard for all organisations involving volunteers.
- Discuss preparations for Governor Elections and made suggestions for an effective induction programme.
- Learn about membership engagement in other Trusts - Carol Coleman Kent Community Health Foundation Trust Elected Governor for Dover and Deal presented to the MDC on her approach to engagement.
- Discussed and agreed a planned year's break from formal membership recruitment in 2017. This was in respect of the timing of the move to the new Crawley HQ, which clashed, with the usual timing for these events. The Membership Office needed to focus on maintaining business as usual for the Council and its committees during this period, and lead on the arrangements for the Corporate Services Team moving to the HQ. A future focus on quality engagement, over quantity, in respect to membership was agreed.
- Build relationships to encourage local staff and CFRs to attend membership and public events alongside the membership office.
- Ensure appropriate representation of local organisation and staff stands at the Annual Members Meeting.
- Suggest content and contributed Council of Governor blogs for the member newsletter.

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

- Design and review the outcomes of the Trust's Annual Members Satisfaction Survey.
- Plan and participate in many public events to meet members and the public and recruit new members.

- Appoint public members to join the Trust's Inclusion Hub Advisory Group, which advises on Trust policies and plans.
- Review input from the Trust's Inclusion Hub Advisory Group of public members and the Staff Engagement Forum, to ensure members' views are shared with the rest of the Council.
- Seek assurance that the Trust is effectively communicating and engaging with members and the public about key developments.

3. Membership overview

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

3.2. The following table shows the Trust's public members at the year-end of 2016/17 and 2017/18 according to their constituency and the proportion of people who are members in relation to the eligible people in that area.

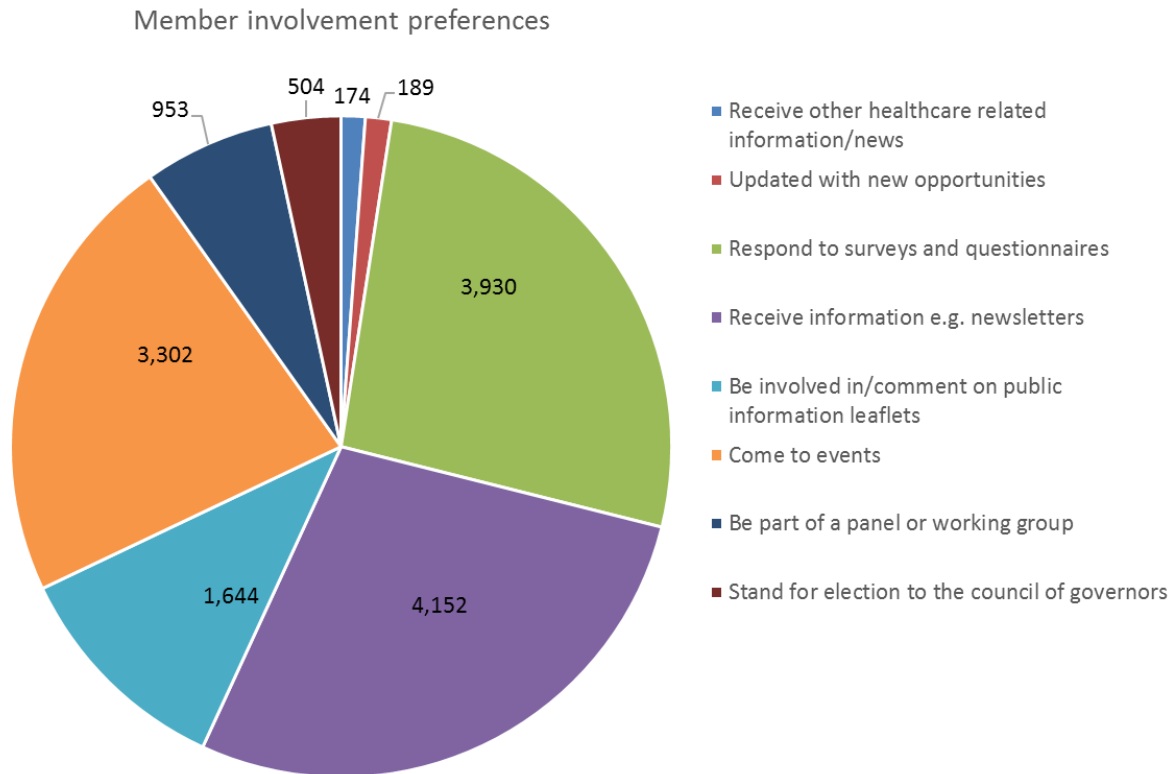
Constituency	2016/17 Members	2017/18 Members	Population	Percentage of eligible population 17/18
Brighton & Hove	558	496	269,923	0.19
East Sussex	1,839	1,636	522,155	0.34
Kent	3,189	2,941	1,385,521	0.23
Medway	675	625	260,376	0.25
Surrey	2,435	2,195	1,291,937	0.18
West Sussex	1,655	1,530	797,357	0.20
Total	10,351	9,423	4,527,269	0.22%

3.3. Public membership decreased from 10,351 at 31 March 2017 to 9,423 at 31 March 2018. As of March 2018, the Trust had 3,350 staff members. The reduction in public members is due to the agreed pause on large-scale member recruitment in 2017, for the reasons detailed earlier in this paper. A data cleaning exercise was undertaken with our membership register system provider Membership Engagement Services with the support of the MDC and quarterly updates removing deceased members from the register also contributes to the reduction.

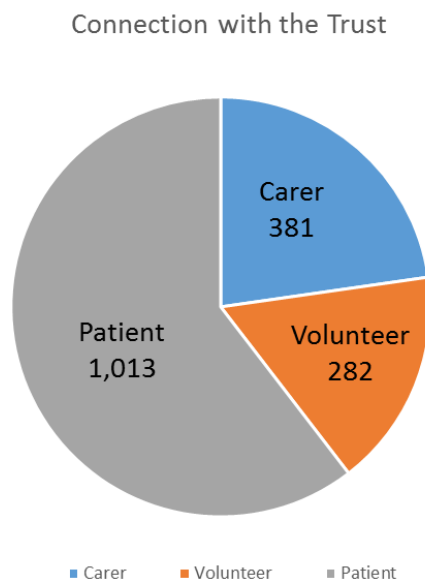
- 3.4. As of August 2018, the Trust has a healthy membership of just over 10,000 public members as member recruitment started back up again this summer. The MDC has previously agreed that it is more important to support an engaged, representative membership than to seek to increase membership numbers greatly.
- 3.5. Engagement opportunities provided by the Trust centred on existing agreed internal events such as the Your Call member events and the Annual Members Meeting. Member engagement and recruitment continued to take place but with Governors acting on opportunities in their local area.
- 3.6. We monitor a number of attributes of our members (from those who are willing to share the personal information with us) in order to try to build a membership representative of the diversity of our communities. The table below shows this diversity for our public members at year end:

Attribute	No. of members
Male	3,271
Female	4,702
Other/gender not recorded	2,203
Not identifying with the gender assigned at birth	28
Heterosexual	2,658
Lesbian	75
Gay man	78
Bisexual	76
Identifies as disabled	1,160
White	8,680
Asian	225
Black	102
Mixed	81

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



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



3.9. All our members were invited to our Annual Members Meeting Members in Kent in 2017. Members in Surrey & West Sussex were invited to two Your Call events that took place in May 2017. We are grateful that so many of our members are happy to be involved.

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

4. Member Survey outcomes

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

4.2. 84% of public members felt they had received relevant information on the Trust’s plans to improve. This was covered under a set of articles in each edition from summer 2016 to date called ‘Improving your ambulance service’ and you can read them online here:
http://www.secamb.nhs.uk/get_involved/membership_zone/newsletters.aspx

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

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

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

4.6. We will also provide information on what being a member actually means and the role of the Council. In addition, how members can become more involved with the Trust.

5. Public involvement and engagement

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

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

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

- Took part in a Q&A session on the Ambulance Response Programme with members of SECamb's operational team where Governors and IHAG sought assurance around the implementation within SECamb and the impact on patients and staff.
- Contributed to the development of the Trust's five-year strategy.
- Participation at the Trust's 2017 Quality Account meeting to assist in objective setting for the upcoming year.
- Participated in processes to recruit new staff, including new Chair.
- Reviewed and recommended an Equality Objective for the Trust; "The Trust will improve the diversity of the workforce to make it more representative of the population we serve".
- Took part in the Trust's audit as part of the Investing in Volunteers (IIV) quality standard process. IIV is the UK quality standard for all organisations involving volunteers.
- Provided feedback on new branding for the Trust.
- Took part in a piece of work on the 999 'holding message' that is played in times of high demand and provided feedback to the Head of Emergency Operations Centre Systems on this around content, prioritising the message content and tone.
- Participated in a number of SECamb working groups, sub groups, and reported on the outcomes.

5.4. On behalf of my Governor colleagues, I would like to thank the members of the IHAG for their passion and effort during 2017-18.

6. Patient involvement and engagement

6.1. The Patient Experience Group (PEG) is a newly formed group, which oversees the development and implementation of a patient experience strategy and associated work plan. The group focuses on the review of complaints and patient experience data, identifying core themes, areas of learning and ensuring changes to practice are shared and embedded. The also ensure that the findings from patient surveys, the NHS Friends and

Family Test, and Healthwatch are shared and changes to practice made where appropriate. This group reviews existing mechanisms and considers new mechanisms for eliciting patient experience.

6.2. Outcomes from these meetings are fed back to the Council via the MDC report and our Governor Representative on this group.

6.3. The membership of the PEG comprises of:

Head of Effectiveness and Experience (Chair)
Head of Patient Experience (Deputy Chair)
FT member carer voice
Patient Experience Manager
Head of Learning and Organisation Development
Head of Clinical Audit
Healthwatch member (with nominated deputy)
Inclusion Hub Advisory Group (IHAG) member (with nominated deputy)
NHS111 Senior Manager for Clinical Governance & Quality
Operational Unit Manager (OUM) with 999 centre specialist knowledge
Operational Unit Manager (OUM) with operations specialist knowledge
FT member patient voice x 2
Public FT Governor
Safeguarding Lead
FT member staff voice x 2

7. Staff involvement and engagement

7.1. Our Staff Engagement Forum (SEF) is made up of Trust Staff Engagement Champions from across the Trust. The Chief Executive, a Non-Executive Director with oversight of workforce and wellbeing, staff side (union) representative(s), and Staff Governors are permanent members of the SEF, which allows them to hear the views of a wide range of staff members, as well as sharing information about what is happening at Board and Council level.

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

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

- Reviewed its membership and aims. It also welcomed the Trust's network of Staff Engagement Champions to its membership.
- Worked with the Trust's Staff Engagement Advisors to see how the SEF could contribute to their plans for wider engagement.
- Participated in processes to recruit new staff, including new Chair.
- Gave staff views contributing to the new health and well-being strategy.
- Made recommendations to the Trust on the importance of clear actions from the Trust in the follow-up to Professor Lewis' report on Bullying and Harassment.
- Debated effective and timely delivery of a culture/behaviour programme in the Trust and the SEF offered their support in being part of a planned

group, which would meet to check the effectiveness of the work that was taking place.

- Received an update on the work of the Wellbeing Hub and statistics on its first month in place. The SEF agreed that there was an absolute need for this service in the Trust and thanked all involved.
- Took part in interactive sessions where participants could share in groups what was working well in their areas engagement wise and what could be better and fed back to the whole group. The views were collated and shared more widely.
- Provided feedback on risk management in the Trust and views were sought on a poster advertising everyone's responsibility to report risk.
- Suggested questions for the next staff pulse survey were agreed by the SEF.
- The SEF also fed back on staff perceptions and awareness of the Trust's five-year strategy and how we could support Jayne Phoenix and her team to spread the word.

7.4. Thanks to all members of the SEF for their work over the past year.

8. Get involved

8.1. I would like to end this report by asking anyone who is not a member of the Trust already to join us (forms will be available on the Get Involved stall at the Annual Members Meeting or you can join online (it's free) at:

<https://secure.membra.co.uk/SECAMBAApplicationForm/>

8.2. Members receive our newsletter, 'Your Call', three times a year to keep them up to date with the Trust's activities. Your Call also provides health advice and local news, as well as opportunities to get more involved.

8.3. Crucially, members are able to vote or even stand in public & staff Governor Elections to the Council. If you want to be more involved with your local ambulance service and representing our public members, why not consider standing for election.

8.4. We will be holding 2019 elections for:

- 3 Surrey & North East Hampshire Governors
- 1 Kent Governor
- 1 East Sussex Governor
- 2 West Sussex Governors
- 2 Operational Staff Governors
- 1 Non Operational Staff Governor

Mike Hill

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

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

F - Annual Report of the Governor Development Committee 2017-18

1. Introduction

1.1. The Governor Development Committee (GDC) is a Committee of the Council that advises the Trust on its interaction with the Council of Governors, and Governors' information, training and development needs.

1.2. The duties of the GDC are to:

- Advise on and develop strategies for ensuring Governors have the information and expertise needed to fulfil their role;
- Advise on the content of development sessions of the Council;
- Advise on and develop strategies for effective interaction between Governors and Trust staff;
- Propose agenda items for Council meetings.

1.3. The Lead Governor chairs the Committee. The Chair of the Trust attends meetings from time to time and members of the Corporate Governance Team attend and support the GDC.

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

James Crawley	(JC)	Lead Governor & Public Governor for Kent
Brian Rockell	(BR)	Public Governor for East Sussex
Mike Hill	(MH)	Public Governor for Surrey & N.E Hampshire
Coordinator		
Felicity Dennis	(FD)	Public Governor for Surrey & N.E Hampshire
Mike Hill	(MH)	Public Governor for Surrey & N.E Hampshire
Marguerite Beard-Gould	(MBG)	Public Governor for Kent
Jean Gaston Parry	(JGP)	Public Governor for Brighton & Hove
Alison Stebbings	(AS)	Staff Elected Governor – Non Ops
Marian Trendell	(MT)	Appointed Governor, Sussex Partnerships NHS
Foundation Trust		
Charlie Adler	(CA)	Staff Elected Governor – Operational
Gary Lavan	(GL)	Public Governor for Surrey & N.E Hampshire
Roger Laxton	(RL)	Public Governor for Kent
Nigel Coles	(NC)	Staff Elected Governor – Operational
Francis Pole	(FP)	Public Governor for West Sussex

2. Annual report of the Governor Development Committee

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

2.2. During 2017-18 the GDC met six times and worked on behalf of the Council to:

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

2.3. Achievements of the GDC include:

2.3.1. Reviewing and developing Council meeting agendas for ensure more focus on the Non-Executive Directors and holding them to account for the performance of the Board, one of the two statutory duties of the Council. This resulted in:

2.3.2. Developing an in-house training session for Governors focused on effective questioning to gain assurance.

2.3.3. Advising on the process for the appointment of the Trust's external auditor to ensure a fair and transparent procurement exercise.

2.3.4. Recommending improved signage and security throughout the new HQ which has since been adopted.

2.3.5. Continually escalated issues around the support, utilisation and management of CFRs through GDC reports and minutes to the Council.

2.3.6. Reviewed the recommendations in the Duncan Lewis report into bullying and harassment in the Trust and discussed how Governors might contribute to improved oversight of this moving forwards.

2.3.7. Invited the Trust's external auditors to discuss ways of working with the Council.

2.3.8. Focused on call answering to improve the service for patients, including reporting on 'the tail' (those waiting longest for their calls to be answered).

2.3.9. Reviewed and shared outcomes from Governors' constituency meetings with the then-Chair.

2.3.10. Focused on improvements needed in staff engagement and engaged with Staff Engagement Advisors on this.

2.3.11. Planned Council input to the Trust's strategy development.

2.4. The GDC was observed by KPMG as part of their review of governance in the Trust in September 2017. No recommendations for improvements were made in relation to the GDC.

2.5. I would like to thank all members of the GDC for all their hard work over the year. I would also like to thank those Governors who left us this year after being part of the GDC: Alison Stebbings, Jean Gaston-Parry, and Gary Lavan.

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

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

G - Annual Report of the Nominations Committee 2017-18

1. Introduction

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

1.2. The duties of the NomCom are to:

- Ensure that there is a formal, rigorous and transparent procedure for the appointment of the Chair and Non-Executive Directors to the Trust Board of Directors in line with the terms of the NHS Foundation Trust's Constitution and the NHS Foundation Trust Code of Governance.
- Consider whether the Chair and Non-Executive Directors reaching the end of their tenure in office should be put forward for re-appointment at a general meeting of the Council of Governors without the need for a formal competitive recruitment process.
- Make recommendations to the Council of Governors in relation to the remuneration and terms and conditions of the Chair and Non-Executive Directors.

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

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

1.5. The Governor membership of the NomCom during 2017-18 was as follows:

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

2. Annual report of the Nominations Committee

2.1. The NomCom met six times during the year to undertake its duties.

2.2. During 2017-18 the NomCom made recommendations to the Council regarding appointments as follows.

3. Appointment of three new Non-Executive Directors

3.1. The Nominations Committee led a process to appoint a new Non-Executive Director to the Trust with a clinical background. An extensive search and selection process, aided by Hunter Healthcare recruitment agency, culminated in the appointment of Tricia McGregor by the Council on 30 November 2017 for a three-year term of office which commenced on 1 January 2018.

3.2. The NomCom also sought to appoint a NED with an organisational development background and followed a similar recruitment process. At its meeting of 29 January 2018, the Council appointed two NEDs with different types of organisational development experience, Adrian Twyning and Laurie McMahon, to three year terms of office commencing 7 February 2018.

4. Reappointment of Non-Executive Directors

4.1. Tim Howe's second term of office came to an end on 28 September 2017 and, with advice from the Chair, the Council asked Tim to stay for an additional year as it was judged that he made an important contribution and maintained his independence. The Council met on 27 July 2017 to extend Tim's term of office for an additional year commencing 29 September 2017.

4.2. Al Rymer's first term of office ended on 31 August 2016. The Nominations Committee reviewed an appraisal of Al's performance from the Chair and considered that he maintained his independence, and recommended to the Council that Al be reappointed for a further three-year term of office. The Council met on 30 November 2017 and reappointed Al for a second term of office commencing 1 February 2018.

5. Notable activity since year end

5.1. Following market research to test our remuneration rates against other NHS Foundation Trusts and NHS Trusts, the NomCom recommended that the Council increase NED remuneration from £13,000 per annum (with an uplift of £2500 for the Audit Committee Chair and Senior Independent Director, reflecting their additional responsibilities) to £14,000 per annum (with the same uplift). The Council approved the increase.

5.2. At the same time, the NomCom reviewed the Chair's remuneration and recommended an uplift from £42,950 per annum to £49,000 per annum. The Council approved the increase.

5.3. NED remuneration had been static since 2012 prior to this.

- 5.4. The NomCom also led the process to recruit a new Chair following the resignation of Sir Richard Foster due to ill health.
- 5.5. David Astley O.B.E. was appointed and is due to start with the Trust on 25 September 2018.
- 5.6. In the interim, to maintain continuity, the Council appointed existing NEDs Graham Colbert and Tim Howe as Interim Chair and Deputy Chair respectively.
- 5.7. It has been a busy year and I would like to thank all members of the NomCom for all their hard work.

Tim Howe
Deputy Chair of the Trust and Chair of the NomCom
On behalf of the Nominations Committee

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

H - Review of Governor Activities and Queries 2017-18

1. Introduction

- 1.1. This report captures membership engagement and recruitment activities undertaken by Governors (in some cases with support from the Trust – noted by initials in brackets), and any training or learning about the Trust Governors have participated in, or any extraordinary activity with the Trust.
- 1.2. It is compiled from Governors' updating of an online form and other activities the Membership and Governor Engagement Manager has been made aware of.
- 1.3. For this meeting, all activities over the financial year 2017-18 are documented for the benefit of members who may wish to understand what Governors have been doing. As can clearly be seen, Governors were involved in numerous events and activities during the financial year.
- 1.4. **Governors are asked to please remember to update the online form after participating in any such activity:**
www.surveymonkey.com/s/governorfeedback

20.04.17	Observation in Coxheath Operational Dispatch Area at the Emergency Operations Centre – learned more about SECamb, Stuart says: I was welcomed and shown around. Then I was allowed to listen to 999 calls for about an hour. We had a rollover RTC, where the call takers work very well together.	Stuart Dane
25.04.17	Healthwatch Surrey, Staines - spoke to people informally about SECamb, fed back to the Trust on issues raised	Mike Hill
26.04.17	Surrey Heartlands Sustainability and Transformation Plan (STP) Reference Group meeting – Contributed views to a discussion, Information about the STP was provided, the workstreams and the Clinical Academy. Felicity says: These meetings are useful to understand about the STPs being set up across Kent, Surrey and Sussex. They all have urgent care and emergency workstreams which will impact directly on Secamb and attending is a useful triangulation of information on further development. They have a requirement to engage their citizens and it would be a useful link up between the Secamb Patient experience Group and the co-design planned for the urgent care and emergency workstream	Felicity Dennis
11.05.17	Health and Social Care STP meeting Surrey Heath	Felicity Dennis

	<p>CCG – Talked to people about SECAMB informally, contributed views. Felicity says: It was good to have very positive feedback from the District Nurse team (Virgin Care) about working with SECAMB regarding shared care plans via the IBIS system for managing people at home with long term conditions. Hopefully this should be an ongoing improvement with the roll out of ePCRs across the patch. Also positive feedback from Oakleaf Enterprises who are a mental health charity who are listed on the SECAMB Directory of Services as a place to contact and support patients with mental crisis plus an Out of Hours service. It would be good to have patient feedback on that link so the person suggested I speak to Healthwatch who have just completed a piece of work on that. Surrey Heath are working with others to re fresh the NHS 111 service which is a national piece of work with pilots currently being tested country wide. They will have a different / better operating procedures with increased access to a clinician.</p> <p>Patient engagement and feedback from SECAMB service users: it will be useful to engagement with the urgent care work stream for this STP to access patients' feedback and views on urgent care services via the CCG engagement leads and any patient meetings they run.</p>	
16.05.17	Your Call membership event, West Sussex – gave a talk about SECAMB and the role of governors, answered questions, recruited members	Gary Lavan (KS,IA)
17.05.17	Your Call Membership event, Surrey – gave a talk about SECAMB and the role of governors, answered questions, recruited members	Mike Hill, Felicity Dennis (KS,IA)
26.05.17	Surrey Downs CCG Public Meeting, Leatherhead - spoke to people informally about SECAMB, fed back to the Trust on issues raised	Mike Hill
Various	Lobbying MPs around ambulance handover delays – more detail to follow	Various Governors
05.05.17	NHS Providers Governor Focus Conference – learned about the NHS, spoke to people informally about SECAMB	Mike Hill, Felicity Dennis
15.05.17	East Surrey CCG Public Meeting – spoke to people informally about SECAMB, fed back to the Trust on issues raised	Mike Hill
26.05.17	Surrey Downs CCG Public Meeting – spoke to people informally about SECAMB, fed back to the trust on issues raised	Mike Hill
15.06.17	Member and Public Engagement training, NHS Providers – learned more about the role, learned about the importance of increasing our Membership, especially amongst under-represented groups	David Escudier

15.06.17	NHS stakeholder event on 111 and Out of Hours provision, Reigate - spoke to people informally about SECamb, fed back to the trust on issues raised	Mike Hill
15.06.17	East Surrey CCG Patient Reference Group, Nutfield - spoke to people informally about SECamb, fed back to the trust on issues raised	Mike Hill
04.07.17	G&W CCG Patient and Public engagement meeting – I attended the CCG PPEG meeting to raise awareness about my role as a newly appointed governor and to update them on SECamb as a whole. Also recruited new FT members, gave a talk about SECamb and becoming a Governor/member, contributed views to a discussion. Raised a number of queries following the meeting.	Felicity Dennis
10.07.17	Healthwatch Surrey – Meeting with the Chair of the group to discuss SECamb informally	Mike Hill, Felicity Dennis
24.07.17	North West Surrey CCG, public meeting, Weybridge - spoke to people informally about SECamb, fed back to the trust on issues raised	Mike Hill
24.07.17	Participation in recruitment process for Director of Quality. Member of the SECamb staff group to whom the candidates presented their view of Quality implementation at SECamb - the participation of Governors in the recruitment process for substantive members of the Trust Executive team is an extremely welcome opportunity, given the impact and influence the post holders have on the whole organisation for patients and staff alike. I would encourage the Trust to continue to offer this opportunity to members of the COG and highly recommend that all Governors participate if the opportunity arises .	Felicity Dennis
28.07.17	Surrey Downs CCG, public meeting, Leatherhead - spoke to people informally about SECamb, fed back to the Trust on issues raised	Mike Hill
14.09.17	North Westt Surrey CCG Annual General Meeting, Weybridge - spoke to people informally about SECamb, fed back to the trust on issues raised	Mike Hill
21.09.17	Surrey and Borders Mental Health Foundation Trust COG meeting - This was useful for me to explore how to be effective in my role & how to capture service users' experiences with fellow governors working within a different organisation but one similar to SECamb i.e. a large geographical area and staff working in small isolated teams. Proactive networking with colleagues, patient groups and health organisations across the health economy was useful advice in terms of issue awareness. I found it useful to observe their COG meetings & to discuss the COG operational issues e.g. NED relationship development etc. with the Lead Governor.	Felicity Dennis

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

	learn of District Council priorities	
21.11.17	Governmentwell NHS Providers national governor training session on core skills – learned more about the Governor role. Felicity says: All governors should attend a early on in their tenure as possible	Felicity Dennis
November 17	Investing in Volunteers follow up meeting – Contributed to a discussion. James says: As part of the Trust’s attempts to gain Investing in Volunteers status, stakeholder groups from all parts of the Trust’s volunteers are being consulted on current volunteering. I attended along with Katie to represent the Governors.	James Crawley (Katie Spendiff)
23.11.17	NED recruitment process participation: Focus group member for applicants prior to interview. Contributed views. Felicity notes that she highly recommends Governor participation in the NED recruitment process. NB Nominations Committee members are automatically involved but Felicity volunteered in addition.	Felicity Dennis
24.11.17	Interview presentations for applicants for the post of Director of HR. Felicity says: I really welcomed the opportunity to be a member of this staff focus group as part of the recruitment selection process for the HR Director. Meeting the candidates and hearing the staff discussion was most enlightening	Felicity Dennis
27.11.17	Quality Account Forum - developing the Trust quality account measures for 2018-19. Felicity notes: Very useful to be involved in the decision making process for the Trust quality measures for 2018/19. These will be given additional focus for delivery during the coming year and should contribute to improved care for patients and improved working environment for staff. I welcomed the opportunity to speak to staff members on a range of issues and to understand the key focus areas for quality improvement going forward. Highly recommend future COG engagement at every opportunity .	Felicity Dennis
26.01.18	Ashford Community Safety Partnership – contributed views to a discussion. David says he attended in his Fire Service role, but was able to ensure the planned Safety in Action events run this year include a 'restart a heart' workstation, so all children in the District who attend that week learn CPR and use of an AED	David Escudier
31.01.18	NPCC East of England Mental Health Workshop – Contributed views and learned new skills. David says it was useful to understand the changes to the MH Act and the potential impacts it may have on transportation to places of safety by Ambulance crews	David Escudier
01.02.18	Surrey Armed Forces Covenant Conference – talked to people about SECamb informally	Charlie Adler

Feb 18	ICU Epsom & St Helier NHS Trust – shadowed doctors, talked to people about SECamb informally. James says he observed a 12 hour shift in ICU to gain a better understanding of the challenges faced by receiving hospitals,	James Crawley
05.02.18	NHS Providers Governor Training – Learned more about the Governor role. James says: extremely useful training on the role of governors and how they can effectively hold the NEDs and the Trust to account. David says: useful skills around effective questioning and challenging.	James Crawley, David Escudier, and a number of other Governors
06.03.18	Dover District Youth Conference – talked about SECamb and the role of a Governor, recruited new members. David says: very useful to engage with 16 - 19 year olds who were unaware of the opportunities to become a member with SECamb and learn more about the Trust.	David Escudier
20.03.18	Lightwater GP Surgery Patient Participation Group – Charlie says: This was an overview talk about SECamb for a mixed GP and patient audience. Katie Spendiff and I spoke for 90 minutes about the Trust, our history since amalgamation in 2006, our operating model, the make ready system, when to call 999 or 111, IBIS, recording advanced care planning and DNACPR decisions, the Trust's governance structure, the role of governors, volunteering and how to become a member. There was an audience of 180, and the talk ended with a very positive 45 minute Q&A session. Only 35 feedback sheets were made available to the audience but all were returned with positive feedback. Some requested more practical input around learning CPR and have subsequently been directed to recognised training providers. A theme of surprise at just how much SECamb does and how it interacts with so many system partners was apparent. As was the fact that many still thought of us as Surrey Ambulance Service. A SECamb paramedic who attended the talk as a member of the public later gave feedback saying she was 'proud to be part of SECamb again' after hearing the Trust's work represented in this way. I thoroughly enjoyed delivering the talk and I hope to repeat the event soon at over PPGs in Surrey. This is a fantastic mechanism for increasing public membership, as well as being a barometer of concerns about the provision of emergency care in local areas.	Charlie Adler (Katie Spendiff)

2. Governor Enquiries and Information Requests

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

<p>Number of queries regarding overweight ambulances, and specifically assurance from our NEDs that</p> <ul style="list-style-type: none"> a) They are aware of the issue b) understand how the situation came about in the first place c) they are assured that there is rapid implementation of a permanent rectification programme 	<p>Update from the CEO circulated 10.04.17.</p>
<p>Request for the following for Surrey and NE Hants , rather than data which is an amalgamation of all SEC:</p> <ul style="list-style-type: none"> • Operational Performance scorecard data (page 12) • Clinical Effectiveness KPI score card (page 21) • Quality and Safety KPI scorecard: page 28 - specifically the number of complaints /number of reported incidents <p>I would find it most helpful to see this for the last year and compared with the SECAMB data as a whole.</p>	<p>Variety of 999 operational performance data provided by CCG, but not available by county. Query re clinical effectiveness KPIs sent to Joe Emery 08.05.17</p>

<p>I also have a query about sub optimal performance related to the STEMI care bundle (only 63% in Feb 2017 against a national average of 79%). The requirements do not seem hard to clinically deliver so I wondered if it is an area of focus and if there is an improvement plan in place. It really improved in Aug and Sept according to the run chart so there must have been an initiative of some sort but it is now back to around the 65% .</p>	<p>Response received 13.04.17: Firstly, we have started on an improvement plan via the PMO and our A&E contract for the coming two years, which will help focus resource on the improvement needed. At the recent meeting where we discussed all of the AQIs and other improvement topics, we discussed the STEMI care bundle specifically. We know from the audit data that we are weak when it comes to recording pain scores, and have scope for improvement with regards to providing pain relief for patients with low pain scores. The quality measure requires all patients complaining of any level of pain to receive analgesia, and we will be focusing some education to staff in this regard.</p> <p>Andy Collen (DipHE MSc FCPara Consultant Paramedic Head of Clinical Development). A follow up query was received after this response was sent and a conversation was arranged with our Head of Clinical development.</p>
<p>Queries regarding staff and IHAG/Governor feedback on the new HQ and whether the feedback had been taken into account.</p>	<ul style="list-style-type: none"> • There is no quiet, restful reflective space for EOC staff to escape, unwind and have their breaks. The only communal area being the main canteen. Staff reported that they had been advised that a quiet dedicated seating area would be included.- The original design has had some changes for the EOC since new Management. It was advised on the tour for staff to raise this to their line management as something they feel needs to be included and that I would raise this to the project team. I raised this to the project team and it was passed to the EOC Lead for the project. • Staff remain unconvinced that parking is sufficient to meet needs, and that advice to park on nearby streets is unhelpful given the unsociable hours that this work entails. – The parking that we have at the new building is a higher percentage than what most new builds, Council owned, in the area. The EOC will have designated spaces during the busiest morning change over and then after a certain time in the morning these will be released to all staff. It was raised to the project team and the EOC Lead that they need to communicate to staff there isn't one parking space per EOC employee. • Cycle storage is provided and the Trust has championed alternatives to car travel, however there are no lockers or changing rooms for staff. – This has been raised to the project team. It was advised during planning that the EOC area didn't require lockers. This is now being looked into where we

	could put lockers and if this is something the Trust wants to include in the layout.
Advised that the AEDs in Paddock Wood and Ashford MRC Receptions are not working	Passed to Joe Garcia and David Hammond for them to ask the right managers to check and undertake any repairs/replacement necessary.
Query regarding medicines management failings and specifics around failures and NED oversight	Following a number of email discussions, Dr Fiona Moore contacted the Governor and provided assurance that changes in practice had taken place and the issues highlighted had good NED scrutiny.
Query re the location of PAD sites within the Farnham Town Council area	All Public Access Defibrillator sites registered with the Trust are listed on the Trust's website: http://www.secamb.nhs.uk/our_services/public_access_defibrillators.aspx
I was very surprised to see in the attached letter from the CEO of East Kent Hospitals Trust that acute providers are fined £1000k for each ambulance patient who waits long that an hour in A&E . I have always been under the impression acute trust had no penalty at all but this appears not be the case.	Acute providers can be fined £1000 per 60min delay but most are currently exempt under the Sustainability and Transformation Funding initiative. Afraid I don't know the specific contractual arrangement between EKHUFT and the CCG but it's unlikely these fines are levied and if they are EKHUFT would be one of a very few acute trusts nationally where this happens.
I have had reports from CFRs that crews turning up on scene with the new iPads not being able to add a CFRs PP number. I can only imagine this is a training issue rather than a functionality issue as we are legally required to record the details of anyone who treated a patient and I can't believe this would have been overlooked but can we just check?	There will be a function to add staff not showing in the staff drop down list in the 1.3 App update coming later this year.
Query about the membership strategy and public events	Katie provided info about the membership strategy being incorporated into our Inclusion Strategy, and the detail of the strategy being worked through the Membership Development Committee annually, regarding target under-represented groups and whether we actively seek to increase the number of members of improve their participation. At present, the lack of funding means that we are not attending large events this year, however we have run two further 'Your Call' events and all members are also invited to the Annual Members Meeting. Governors are encouraged to use the membership toolkit for smaller local events and to speak to Katie if they want any support with recruiting or engaging with members.

<p>Query re the Trust's insurance position in regard to thefts</p>	<p>Technically the items stolen (Lifepaks) are covered under the Property Expenses Scheme provided by NHS Resolution (formerly the NHSLA) who are effectively the Trust's insurers but there is a single item excess of £20,000. We can't make a claim for these, therefore, as the cost per item of the Lifepaks, including the NHS Discount we received when purchasing them, is below this level. This is not unique to SECAMB and I understand is standard practice in NHS Trusts.</p> <p>In addition, anything that is not attached (so can be removed) to the vehicle is not covered under the vehicle insurance.</p>
<p>Several queries from attendance at a CCG Patient Participation Group in Surrey: 1) Am I right in thinking that the commissioners decision not to fund SECAMB to meet the national standards is not that well known? 2) They were questioning me on SECAMBs response times saying that there were differences in approach to urban and rural Calls . Crews were sent to urban ones first because the target could be met easier. I did say i was not aware of that approach Being followed ? Have you heard the urban / rural issue be discussed at all before. 3) They were concerned that there were very few public meetings which we as governors could attend to meet members of the public and Get feedback on SECAMB. I.e. At Cranleigh and Haslemere I did talk about the Your Call event held in May</p>	<p>Responses provided from our Account Manager for Surrey, Rory Collinge: 1) This is very well known, by the commissioners and I have made no secret of this fact. However I am not sure who this group are so the ccgs may not have thought it in their best interest to publicise that SECAMB are not being fully funded. 2) There is no difference in the way we prioritise calls it is all based on clinical need (of the caller and of all the other callers, who is the priority clinically). There is however a difference in response times for urban and rural centres, this is simply due to the fact that it is harder for us to get a response to someone in a rural area. If we have X number of resources that must be placed as close as possible to the largest grouping of likely activity this means that the resources are usually closer to urban areas (impact the most people with the resources we have). Urban areas also draw in additional resources through the fact that there is often a hospital in the urban centres (where we will be conveying patients to) and these resources often get stuck awaiting handover which detrimentally impacts the rural areas (there resources are stuck in urban areas awaiting handover) which is delayed for the most part by the hospital due to busy departments. 3) I have personally attended a number of meetings in the haslemere and waverley area with input from the local councillors and the general public, I would however advise caution when it comes to attending too many meetings in the area if you are intending to rep for SECAMB, the area is going through a number of changes and the public may have very detailed questions and could be very challenging situations. I am however happy to support.</p>
<p>Query re Knaphill station closure and figures provided to an enquirer at the Surrey 'Your Call' membership event</p>	<p>Figures provided to the Governors concerned along with assurance that the members' query had been responded to.</p>

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

<p>police or other public agency? Or do they just note it, "keep their noses out", and advise their immediate manager?</p>	<p>safeguarding.</p>
<p>I have been listening to the Board meeting recording of 29th Sept 2017 and would like to ask Graham as chair of the Finance and Investment Committee , a couple of questions about issues discussed in the 999 call recording board paper.</p> <p>The issues and action section lists several areas of contract poor management and governance by SECAMB and I should like to ask Graham if he is assured that the executive team have improved their grip and governance framework in this area.</p> <p>The list included the following :</p> <ul style="list-style-type: none"> • There is no robust contracts management framework holding suppliers to account embedded within IT function - is this now in place? • Those making procurement decisions did not have the appropriate level of knowledge - • Silo working between IT and the EOC without clear service level agreements in place etc • Resources required by IT and the EOC to deliver projects were not included in business cases -will be included in future business cases? • Out- sourced providers were not managed in a professional manner with good oversight and robust compliance monitoring in place - are they now? 	<p>Thank you for your questions. I am increasingly assured that the Executive Team are working effectively together and in particular that they have improved their grip and governance of the wider aspects of IT project and supplier management. All outsourced IT contracts are being reviewed by the interim AD of IT and we are now embedding a specialist contract management function within the Trust to ensure that we are managing both suppliers and internal procedures and requests in line with the agreed processes. Some additional work is required to provide assurance that all business critical systems have been reviewed.</p> <p>David Hammond (exec responsible for IT and Procurement) and Joe Garcia (exec responsible for EOC) have given FIC their assurance that their respective departments are working effectively together. Some good evidence to support this is the delivery of the new Computer Aided Dispatch (CAD) project that has recently been delivered (as discussed at the Board). It's now important that the new ways of working that the project has engendered continue.</p> <p>The CAD project was also an example of getting the appropriate knowledge into the organisation to make the right decision. Before developing the Business Case, we employed a project manager who had the experience of implementing similar systems elsewhere.</p> <p>Please let me know if you have any follow up questions.</p>

<p>Query for Angela as Chair of the Audit Committee - from her Audit Committee summary report (4th Sept meeting) to the Board it is apparent that Angela does not feel the BAF and RR are good enough and I wondered if her offer of a training workshop in both these key aspects of corporate governance have been take up by the executive team?</p>	<p>Whilst I do not think that of themselves the BAF papers and RR represent a sufficient board assurance framework, I hope it was clear that I appreciated the work that had gone into the papers and further that the papers would form part of a sufficient assurance framework.</p> <p>For personal reasons my time has been constrained in September and October. Thus, I asked the executive if we could look at planning from the second week in November. Once the executive has finished planning for the busy winter period I am sure we will be able to get a workshop in the diary. Of course I am entirely comfortable if the executive would prefer a commercial provider to give a second opinion</p> <p>Thank you for your question. I hope you will feel that the NED and the executive are working together ever more effectively under the leadership of Daren and Richard.</p>
<p>Please can I ask you about the Surrey Heartlands Winter Resilience Plan and how that support the SECamb one which Joe presented to the recent Board meeting.</p>	<p>There is not an overall Surrey Heartlands Winter plan however there is work going on to align each organisations plans to each other via the STP programme board and this has been a key item on the agenda at the last two meetings. This includes investment from transformation funding to support the system which is being finalised at present. There is work also taking place in each sub system cross agency to ensure we have plans that align with each and support the whole system. As an example tomorrow a cross agency group of us are meeting in the system in the Chertsey area to work on optimising winter flow in and out of the hospital system. Surrey Heartlands have now developed a monthly update that will be sent out for all from later this week on all aspects of the STPs work including winter.</p> <p>As soon as this is available I will send it to you</p>
<p>Query regarding use of clamping signage at Paddock Wood MRC</p>	<p>Reported to Estates who say: as I understand the signage has been put up by someone from Ops here at the MRC, not an Estates action. We do not have a Clamp, nor as correctly stated is it legal to clamp anyone, I assume it has therefore been displayed only to deter unauthorised users - we have seen people parking and using the local station and van hire.</p> <p>We are working on possible solutions with the landlords for the Ind. Estate, however there is a Travel Plan, which identifies car parking in the town and station which can/should be used, also any</p>

	<p>training events staff should park at the Hop Farm and shuttle/ car share.</p>
<p>When using the website 'What Do They Know' which collates information about Freedom of Information requests, I noted that SECamb has at least 11 FOI requests that are showing as unresolved & overdue. The oldest of which is from 2015. Well beyond the time period allowed for providing a response to the questions asked, or a legal reason why this isn't supplied. I'd therefore like to ask what assurances the board has that all Freedom of Information Act requests are being handled in compliance with the legal duties placed on the authority. I'd also like to understand what the risk of financial penalty from the ICO is for outstanding requests which are overdue. I'm concerned about what I've discovered in a public forum. It is a bit of a reputation issue.</p>	<p>The Trust previously had an experienced longstanding FOI coordinator in situ who resigned at the end of April 2017. Whilst this position was temporarily filled until the middle of May 2017 there was then a period where the process was completely unattended due to lack of resource. This was then recorded as a risk on the Corporate Risk register.</p> <p>However, following a successful recruitment campaign the Information Governance Lead successfully appointed a substantive member of staff who joined the Trust on the 12 June 2017. The new FOI coordinator 'inherited' a significant backlog and has worked hard alongside the Information Governance Lead to manage the backlog, review and address breaches and streamline the process.</p> <p>There have been two complaints received by the Information Commissioner's Office (ICO) in relation to the Trust breaching the 20-day statutory timeframe. In each instance, the Information Governance Lead has provided a full letter of explanation and apology to the requestor.</p> <p>Open dialog has also taken place with the ICO and in the spirit of remaining 'open and transparent' a formal letter has been sent on behalf of the Trust by the FOI Lead. This notification confirmed the Trust's current position (at this time) regarding the historic backlog whilst providing assurance that it has recently invested in additional resource to support this process. The ICO have confirmed that they have noted the Trust's position and no further action has been taken.</p> <p>The Trust is fully aware of its responsibilities to comply with this statutory process and to date there are approximately 46 requests outstanding with 18 breaches. An internal review of requests is undertaken on a regular basis and a weekly report is forwarded to the Trust SIRO – this process has been in place since September 2017.</p> <p>The Trust now has a fully operational IG Working Group which meets bi-monthly, is chaired by the SIRO and attended by the Caldicott Guardian.</p>

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

	a vacant post)
<p>I am interested in how the clinical audit results are fed back to the crews? (Leading on from query above) Will the care home flow chart developed in East Surrey be rolled out across the SECAMB patch if it proves to be effective in helping care homes manage their patients rather than call 999?</p>	<p>Asked Dean Rigg re first part and Tom Pullen re second part. (KS) Dean Rigg: We don't currently have a system that is consistent and reliable. However, I do have a vision for where we will get to and this will inform the planned development of the clinical audit team.</p> <p>We are awaiting a report into a review of SECAMB's clinical audit function that was conducted by the Clinical Audit Support Centre. An action plan will be developed in light of this report. My vision includes greater communication through the trust's established communication channels. I hope that we will be able to produce localised data reports and as we move onto our new business information system we might get to a place where staff are able to view their individual performance statistics. This could help to inform personal development reviews undertaken by the individual's line manager.</p> <p>These plans will appear in the 18/19 clinical audit plan when it is released at the beginning of the new financial year. Dean has noted he is open to coming to present to the CoG on this for assurance and info. Tom Pullen: This has been shared with all CCGs within our patch. It's down to the Urgent Care Leads within each CCG as to if they wish to share with their care homes and promote adoption. As care homes are their own businesses, if they contact us directly to enquire about the guidance they can choose themselves to adopt. No one can 'instruct' a care home to use it. We advocate its use as a support tool. FD committed to raise it if I can at any CCG SDP meetings I attend</p>
<p>Can you confirm the level of confidence there is in the data about CFR and fire co-responder activity and contribution to performance, as reported in the Integrated Performance Report to the Board?</p>	<p>In respect of the below Governor query, unfortunately I am not at all confident about the CFR and fire co-responder activity and contribution to performance data and will not be so until such time as the business information platform has been re-procured and rebuilt.</p>
<p>Given the recent public revelations about the Trust's formal driving standards manager's lack of qualifications, what remedial action has been taken by the Trust to ensure those individuals he was in contact with in a professional capacity received either correct training or treatment?</p>	<p>Head of Clinical Education: Simon wasn't responsible for blue light emergency driver training, however he did conduct some 4x4 teaching and was also an "expert witness" for some disciplinarys and grievances. All Driving instructors and contractors now have their qualifications ratified against the national database as part of FutureQual compliance requirements.</p>

<p>I am very surprised that we were not given any heads up at all given it's in the press. Makes us look side-lined and it's hard to feel a valued member of the Trust when this behaviour takes place. The key assurance required is actions that have been taken to reduce risk for staff and patients as soon as it came to light.</p>	<p>Head of Clinical Education: I can't really comment on this as it was before my time but I am assured by the compliance requirements we now need to meet, the diligence of the manager Mark Harrison, the IQA and EQA procedures regularly undertaken as well as feedback from students who complete the accredited course</p>
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2.4. On behalf of myself and the Deputy Lead Governor I would like to sincerely thank all Governors for the amount of work they undertake in their role.

James Crawley
Lead Governor
Public Governor for Kent



Governors' presentation

**South East Coast Ambulance Service NHS FT
2017-18 Annual General Meeting**

14 September 2018



Agenda

- **A brief introduction on:**
 - Your external audit team
 - Our responsibilities
- **Headlines from our work 2017/18**
- **Quality Report**



Introduction and your audit team



Fleur Nieboer, Partner

"I am responsible for delivery of all of our services to the Trust. I lead all of our key meetings and presentations to management, as well as attending the Audit Committee"



Beatriz Mendoza, Manager

"I oversee the audit team and work with Fleur to ensure the quality of our audit work. Along with Fleur, I meet the Audit Committee Chair and Director of Finance on a regular basis"

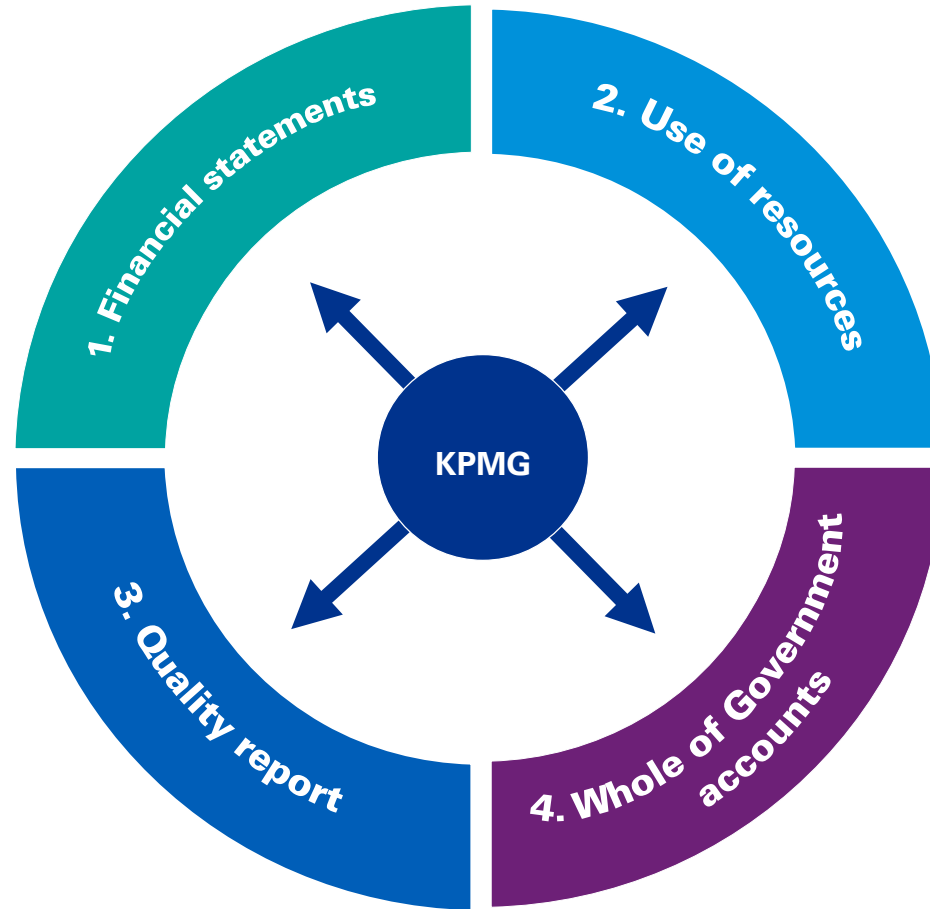


Philip Kent, Assistant Manager

"I am the on-site lead during our audit and work closely with your finance team to ensure that we deliver an efficient audit"

Supporting team from the Public Sector Audit Department

Responsibilities



1. Financial Statements

Requirements

- *the accounts are properly prepared in accordance with legal and accounting standards*
- *proper practices have been observed in the compilation of the accounts*

KPMG responsibility

- ✓ Audit of your financial statements
- ✓ Review your Annual Report
- ✓ Review your Remuneration Report

For 2017/18, we issued an unqualified opinion ✓

We issued an unqualified opinion related to the Trust's ability to operate as a going concern.

2. Use of Resources

Requirements

- *that the FT has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources*

KPMG responsibility

- ✓ Review annual governance statement
- ✓ Consideration of the work of other regulatory bodies
- ✓ Performing any other work judged necessary
- **For 2017/18, we issued an adverse use of resources opinion. This was driven by the Trust remaining in 'special measures' during the year and on the Trust's ongoing work to meet performance targets as part of its Delivery Plan and improvement work**

3. Quality Report

Requirements

- *properly prepared in accordance with guidance*
- *not inconsistent with other information*
- *that certain performance indicators are fairly stated*

KPMG responsibility

- ✓ Review of your Quality Report
- ✓ Audit of mandated and local indicators

Quality Accounts Content

Content of the Quality Report

We consider two criteria:

1. Review of content to ensure it addresses the requirements set out in the Detailed Requirements for Quality Reports for Foundation Trusts in 2017/18 issued by NHSI; and
2. Review of content in the Quality Report for consistency with other information specified by NHSI.

Results:

- ✓ You have achieved a clean limited assurance opinion on the content of your Quality Report
- ✓ We concluded that the content of the Quality Report was accurately reported in line with the Quality Report regulations
- ✓ We agreed the content of the Quality Report to supporting information where specified by NHSI.

Quality Accounts Indicator Testing

Methodology for quality accounts indicator testing

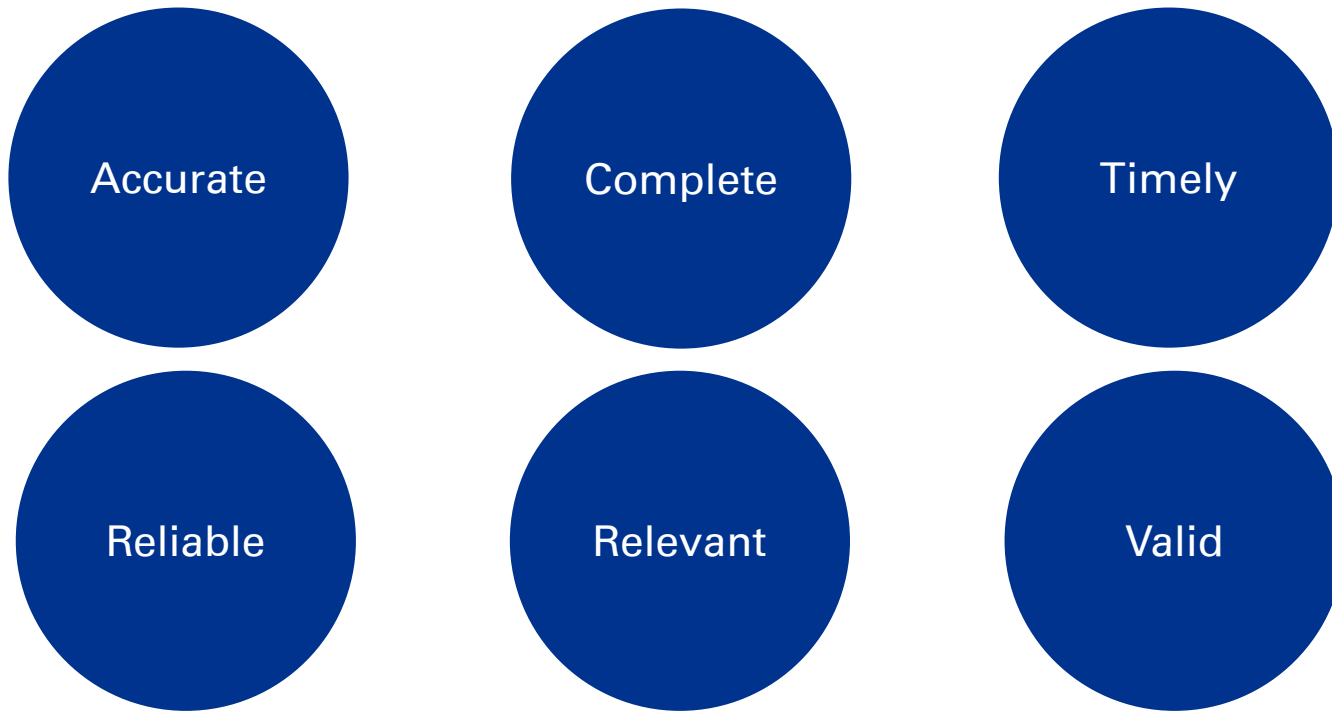
Below we have set out the work we are required to undertake in regards to the Trust's Quality Account indicator testing. Note the box highlighted blue, where Governors are required to select a local indicator for us to test.

Requirement	Approach	Output
<p>Testing of two mandated indicators as per national guidance:</p> <p>Category 1: Life threatening calls –The mean average response time across all incidents coded as C1 that received a response on scene (mean response time of 7 minutes or less); and</p> <p>Category 2: Emergency calls – The mean average response time across all incidents coded as C2 that received a response on scene (mean response time of 18 minutes or less).</p>	<p>We confirm the definition and guidance used by the Trust to calculate the indicator. We then:</p> <ul style="list-style-type: none"> — Document and walk through the Trust's systems used to produce the indicator; and — Undertake testing on the underlying data against six specified data quality dimensions (these cover: accuracy, completeness, timeliness, relevance, reliability and validity). 	<p>Publicly stated limited assurance opinion over the two indicators in the Quality Report</p>
<p>Testing of locally selected indicator:</p> <p>Learning from incidents and improve patient safety - Performance target: 10% increase in Low Harm and Near Miss incident reports compared to 2016/17, and compliance with the CQC Fundamental Standards .Performance recorded in Quality Report: 7%,22%, and improvements required.</p>	<ul style="list-style-type: none"> — Our approach is consistent with our approach for the mandated indicators, however if the national definition of the indicator is not available we seek to confirm the Trust's local definition. 	<p>Report to the Trust</p>

Quality Accounts Indicator Testing

Indicator testing

It's important to remember we are looking at data quality (rather than service quality). We consider whether the data presented complies with the National Audit Office definition of good data, that is:



Quality Accounts Indicator Testing

Mandated Indicator Testing

This year we tested the following two mandated indicators:

- 1. Category 1: Life threatening calls; and**
- 2. Category 2: Emergency calls.**

From our detailed testing on the indicators we have concluded that:

- ✓ We were able to give a clean limited assurance opinion on the presentation and recording of both indicators.
- ✓ **Accuracy, Completeness, Relevance, Reliability, Timeliness and Validity** - from our testing, we have no concerns about call response time, however along with many FTs audited we noted improvements in the controls related to data maintenance for submission to regulator.

Quality Accounts Indicator Testing

Local Indicator Testing

Our work on the local indicator:

- 3. Learning from incidents and improve patient safety** as selected by Governors has indicated that we would be able to issue a clean limited assurance opinion on the presentation and recording of this.

From our detailed testing on the indicator we have concluded that:

- ✓ We were able to give a clean limited assurance opinion on the presentation and recording of the indicator.
- ✓ **Accuracy, Completeness, Relevance, Reliability, Timeliness and Validity** - from our testing, we have no concerns about learning from incidents and improve patient safety, however we noted a need for improvements in the maintenance of data in the DATIX system.

4. Whole of Government Accounts

Requirements

- *co-operate with other relevant regulatory bodies and the auditor of the consolidated accounts of NHS foundation trusts*

KPMG responsibility

- ✓ Audit of your WGA return

For 2017/18, we issued a unqualified audit certificate ✓



Q&A



The information contained herein is of a general nature and is not intended to address the circumstances of any particular individual or entity. Although we endeavor to provide accurate and timely information, there can be no guarantee that such information is accurate as of the date it is received or that it will continue to be accurate in the future. No one should act on such information without appropriate professional advice after a thorough examination of the particular situation.

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