



Meeting of the Council of Governors (Public) 15 November 2018

South East Coast Ambulance Service NHS Foundation Trust Headquarters, Nexus House,
4 Gatwick Road, Crawley, RH10 9BG.



Council of Governors Meeting to be held in public

15 November 2018 10:15-13:00

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

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction and matters arising					
70/18	10:15	Chair's Introduction	-	-	David Astley (Chair)
71/18	-	Apologies for Absence	-	-	DA
72/18	-	Declarations of Interest	-	-	DA
73/18	-	Minutes from the previous meeting, action log and matters arising Annual Members Meeting Minutes	A A1 A2	-	DA
Statutory duties: performance and holding to account					
74/18	10:30	Chief Executive's Report (October): - CQC inspection feedback (if available) - Questions from the Council	B	Information and discussion	Daren Mochrie (CEO)
75/18	10:50	Assurance from the NEDs: - Integrated Performance Report (October data)	C	Holding to account, assurance and discussion	All Non-Executive Directors present
76/18	11:00	Board Assurance Committees' escalation reports to include the key achievements, risks and challenges: Quality and Patient Safety Committee - 06 September - 19 October Finance and Investment Committee - 18 October Workforce and Wellbeing Committee - 19 October	D1 D2 D3 D4	Holding to account, assurance and discussion	All Non-Executive Directors present
77/18	11:15	Finance and Investment Committee observation report	E	Holding to account and assurance	Nigel Willmont-Coles (Staff Governor – Operational)
78/18	11:20	Overview of NEDs' activities and areas of interest and involvement	-	Holding to account	All Non-Executive Directors present
11:25 Comfort break					
79/18	11:35	Clinical outcomes: - Our performance	-	Information and	Fionna Moore (Medical Director)



		<ul style="list-style-type: none"> - Work done so far - Priorities for continued improvement 		discussion	
80/18	12:05	Quality indicators: <ul style="list-style-type: none"> - Overview of progress against current objectives - How the indicators proposed to stakeholders for quality improvement are chosen (what are our priorities?) - How the area(s) for audit are selected for presentation to the Council 	-	Information and discussion	Judith Ward – Deputy Director of Nursing
Statutory duties: member and public engagement					
81/18	12:35	Membership Development Committee Report: <ul style="list-style-type: none"> - Membership and public/staff engagement 	F	Information	Mike Hill (MDC Chair and Public Governor for Surrey)
Committees and reports					
82/18	12:40	Governor Development Committee Report	G	Information	James Crawley (Lead Governor and Public Governor Kent)
83/18	12:45	Governor Activities and Queries Report	H	Information	James Crawley (Lead Governor and Public Governor Kent)
General					
84/18	12:50	Any Other Business (AOB)	-	-	DA
85/18	-	Questions from the public	-	Public accountability	DA
86/18	-	Areas to highlight to Non-Executive Directors	-	Assurance	DA
87/18	-	Review of meeting effectiveness	-	-	DA
		Date of Next Meeting: 31 January, Crawley HQ, Manor Royal	-	-	DA

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

13:45-15:30 Afternoon workshop – closed session

The Council will have a discussion with the Director of Nursing and Quality, Bethan Haskins, to understand more about:

- How our Emergency Operations Centre manages any queue in our 999 call stack
- How clinical and patient safety is safeguarded

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 14 September 2018

Present:

Tim Howe Director	(TH)	Non-Executive Director and Senior Independent
James Crawley	(JC)	Public Governor, Kent – Lead Governor
Charlie Adler Lead Governor	(CA)	Staff-Elected Governor (Operational) – Deputy
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
Graham Gibbens	(GG)	Appointed Governor, Kent County Council
Brian Rockell	(BR)	Public Governor, East Sussex
Peter Gwilliam	(PG)	Public Governor, East Sussex
Nigel Coles	(NC)	Staff-Elected Governor (Operational)
Felicity Dennis	(FD)	Public Governor, Surrey & N.E. Hants
Francis Pole	(FP)	Public Governor, West Sussex

In attendance:

Daren Mochrie	(DM)	Chief Executive
Laurie McMahon	(AS)	Non-Executive Director
Terry Parkin	(TP)	Non-Executive Director
Ed Griffin	(EG)	Director of HR and OD
Al Rymer	(AR)	Non-Executive Director
Angela Smith	(AS)	Non-Executive Director
Graham Colbert	(GC)	Non-Executive Director
Adrian Twyning	(AT)	Non-Executive Director

Minutes:

Izzy Allen	(IA)	Assistant Company Secretary
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44. Welcome

- 44.1. TH welcomed Governors to the meeting and welcomed those in the audience.

45. Apologies

- 45.1. Apologies were received from:

Roger Laxton	(RL)	Public Governor, Kent
Matt Alsbury-Morris	(MAM)	Public Governor, West Sussex
David Escudier	(DE)	Public Governor, Kent

Mike Hewgill (MHe) Appointed Governor, East Kent Hospitals
Lucy Bloem (LB) Non-Executive Director
Tricia MacGregor (TM) Non-Executive Director

46. Declarations of Interest

46.1. There were no new declarations.

47. Minutes of the previous meeting and action log

47.1. CA noted there was an error at 26.14 which should read 'reason' not region'

47.2. In section 28 we should distinguish MH and MHe, and it should read MH.

47.3. Subject to these changes the minutes were approved as an accurate record.

47.4. In matters arising regarding section 26.15, TH noted that a paper had been produced by Bethan Haskins (Nursing and Quality Director) on call stacking which could come to the next Council meeting.

ACTION: Bethan Haskins to bring her paper on call-stacking and clinical safety to the next Council meeting.

47.5. DM noted that a huge amount of work had been done on managing clinical safety – Bethan had a very good presentation to articulate that.

47.6. IA noted that JC had received a detailed response regarding action 239 around senior officers present during surges. JC advised that he would be asking for more clarification.

47.7. MT noted that on action 23 (22.3 in the minutes) regarding Section 136 mental health transfers, meetings with SECamb continued. MT was afraid the situation had not improved, as in Sussex of 103 section 136 transfer SECamb had only conveyed 9 and the police conveyed 85. In this case SECamb's figures matched those of MT's Trust. There was another meeting to be held on 29 October to address how calls were going through the Sussex police call centre.

47.8. DM noted that SECamb were looking at this, however we needed to triangulate the data and he had asked Joe Garcia (Director of Operations) to discuss this with the Police in Sussex. The calls should be coming in as Category 2 so he could not understand why patients were not getting a fast response.

47.9. GG asked that as he represented the leaders of local authorities on the Council of Governors should he be following this up on behalf of Kent and Surrey. TH replied that he did not believe that it was GG's responsibility to follow this up via the local authority route as it was being handled by the mental health authorities which were represented by MT.

47.10. MT advised that there was no problem with transfers in Surrey but there was a problem in Kent as well as Sussex, however she was in touch with the Director of Social Care in Kent already.

- 47.11. DM agreed that the main issues were in Sussex and more needed to be done. The Trust did not understand why we were not being asked to transport patients in Sussex. MT noted that from Sussex police's perspective they were calling SECamb but the response was not forthcoming.
- 47.12. On action 223 regarding meal breaks, TH noted this would come to WWC in six weeks' time.
- 47.13. BR raised an item that was not on the action log. Under minute 25.10 at the July meeting, BR had raised the question of call answering performance, and had been told that we would not meet the target of being on trajectory by August but at 25.13 TP had assured him that we knew of no harm being caused to patients because of delays. BR was concerned that it was only days later that there appeared to have been a Freedom of Information response regarding call answering performance and potential harm to patients. There had been ten Serious Incidents (SIs) relating to potential harm to patients directly arising from call answering during 2017-18.
- 47.14. DM advised that on call answer the improvements continued towards the trajectory. We had also been working with Commissioners on the demand and capacity review, which found additional investment was needed to achieve the trajectory. A revised trajectory would come to the next Board.
- 47.15. There had been a number of SIs over the year, and DM would be happy to discuss more in private. TH noted that declaring something an SI did not automatically mean harm had been caused.
- 47.16. BR advised that he had been assured there was no harm and now heard there was harm, and he would like to understand what was actually the case. DM advised that he would be happy to circulate more information to Governors outside the meeting.

ACTION: DM to circulate more information to Governors regarding potential harm from delays due to call answering performance being off-trajectory.

- 47.17. TP agreed and noted that when he had responded to BR's initial question, that had been what he believed. SIs meant a whole range of things and it was also important to be clear about cause and effect.

48. Chief Executive's Report

- 48.1. DM was looking forward to David Astley starting as Chair at the end of September. He thanked Graham Colbert for all his work.
- 48.2. DM had continued to engage with Anne Eden at NHSI and had been pleased to welcome her and her team to a meeting at Crawley. He had also met with CEO of Brighton and Sussex University Hospitals and had a useful discussion.
- 48.3. The core services and well-led Care Quality Commission (CQC) inspections had finished. A draft report was expected around the 8 October. High level feedback was that they had been received by the Trust openly, honestly, and transparently. They had noted that operations and finance were working well together.

- 48.4. Areas for further focus included embedding risk management and learning across the organisation.
- 48.5. The Trust had not been issued with any improvement or warning notices as we had by this stage following the previous inspection.
- 48.6. The focus of the EMB continued on the following: the CQC inspection; the Demand and Capacity review (a final draft report was available and DM hoped to be able to share some good news on that in the next few weeks); recruitment, selection, and training; the workforce plan; and the new 111 contracts which come to an end at the end of the financial year.
- 48.7. On 5 September there was a third live CEO webcast - 600 staff members had watched this. The next webcast was November and would cover Operations and planning for Winter.
- 48.8. DM had spoken at the South East System Leaders Event on helping the system over winter. This was very positive, and one output was NHS Improvement (NHSI) would spend time in the EOC over Winter in Crawley to see how SECamb could support the wider health system with real time intelligence.
- 48.9. Handover delay work continued.
- 48.10. Nationally, the team continued to engage with NHS Horizons on how we could do things differently, using ideas for improvement from staff.
- 48.11. TH noted that on CQC, the Council should expect to hear more once the final report was available. The report could likely be shared by the November Council meeting.
- 48.12. FD wanted to understand the key processes in place to ensure patient safety when calls were stacking in the Emergency Operations Centre (EOC).
- 48.13. DM advised that all ambulance services needed to stack patients at times. SECamb had introduced the following:
- 48.13.1. Additional clinicians in control rooms to do welfare checks on people waiting longer than we would like;
- 48.13.2. The surge management plan was a trigger tool to enable escalation and bringing in additional clinicians;
- 48.13.3. An interactive live app which enabled staff to see what was going on in the stack;
- 48.13.4. We were due to introduce the Manchester Triage tool to help clinicians in the EOC make more-informed decisions; and
- 48.13.5. More recently we had introduced a way to better identify those waiting longer and the chief condition patients had and this should go live next week on the command and control system.
- 48.14. MBG asked about EOC resilience. She had been at the previous Board where there had been discussion about utilising Make Ready Centres (MRCs) to provide extra call-taking capacity at times to ensure we were always at full strength answering calls. Was this part of the plan? DM advised that this was at the concept stage and would be a very different way of working: it would not happen any time soon because there would be a lot to do around governance and infrastructure to implement this. New telephony

was coming in and once embedded we would look at ways of using it in the future.

- 48.15. MBG noted her concern with recruitment issues within the Crawley area, and she felt the telephony/MRC idea was a good one. DM agreed and noted that at present the team were working on more recruitment in Coxheath for example, as there were more people interested in that location. An update would be provided in future.
- 48.16. FP noted that he spent time in Crawley EOC: one of the frustrations from staff was to do with the Pathways system and its protracted questionnaire to the patient. Was it true this was being reviewed and revised?
- 48.17. DM advised that Pathways was an NHS England product that was continually refreshed and updated, so maybe the rumour was around a new version coming out. There was an alternative triage system in use by some trusts but DM felt both systems had strengths and weaknesses. Pathways allowed integration between 999 and 111 which was key for SECAMB. FP felt that a lot of the triage questions were irrelevant, extending the call. All phone triage was likely to be this way so as to be risk-averse, DM noted.
- 48.18. BR advised that the Council were delighted in 2014 that SECAMB was showing leadership in drawing attention to sepsis. Sadly, in the country the issue persisted and had got worse. Over 250,000 people were diagnosed each year and up to 44,000 a year died.
- 48.19. He asked whether SECAMB was still maintaining a focus on sepsis. DM noted that it was indeed a big killer globally. Fionna Moore (Medical Director) and the team continued to ensure our staff had this on their radar. There was regular training and education on this at key skills, and there may be a refresher this year. Clinicians had a NEWS score to check for sepsis which was very helpful. More information could be provided outside the meeting if required.
- 48.20. SD had noticed on page 6 of the Integrated Performance Report that the Trust's Return of Spontaneous Circulation (ROSC) figures had deteriorated and were below national average. Was this due to reducing the number of Single Response Vehicles (SRVs) on the road? DM noted this was complex. He had looked at national data around speed of response and ROSC rates nationally and it seemed not to correlate directly. There were other factors involved: demography, availability of defibrillators, the quality of CPR in the community, and also the phone response and potential Community First Responder (CFR) response. Fionna Moore had this on her radar and was working to ensure the quality and speed of defibrillation and CPR were the best possible.
- 48.21. GG noted the leaders of the six LAs were concerned about safeguarding. There had been a 22% increase in safeguarding referral rates year on year in Q1. Did we understand why? GG was delighted the Trust was attending safeguarding board meetings: these boards would receive the data and have discussions to provide assurance. Finally, he noted that on p.32 there was reference to the Sustainability and Transformation Partnerships

(STPs) and how the Trust had put in capital bids of £39m. Were we successful?

48.22. DM advised that on STP capital bids, we had been unsuccessful in securing capital funding. There was an opportunity to bid again and the Trust would take it.

48.23. On safeguarding, the Trust had come a long way internally and externally. Bethan Haskins could provide a better answer regarding the reasons for the increase in referrals outside the meeting.

ACTION: Bethan Haskins to provide an update to GG on why safeguarding referrals had increased.

48.24. JC asked whether the roll-out of MRCs or estates work would be delayed by failure to secure the capital funding. DM advised it would not as the Trust had continued to invest in additional vehicles and in estates. The additional money would just help us do things more quickly.

49. Board Assurance Committee reports

49.1. TH explained that the Quality and Patient Safety Committee had met on 6 September but needed to provide its escalation report to the Board prior to being presented to the next Council.

50. Quality and Patient Safety (QPS) Committee observation report

50.1. JC advised that JC, FD and BR had attended the Committee and the Council were provided with their report of the meeting.

50.2. The feedback was very positive. The meeting was well-chaired, productive, and discussion was in depth and relevant.

50.3. Governors saw continued improvement in Committee meetings.

51. Overview of NEDs' activities

51.1. TH advised that LB would take over from him as Senior Independent Director when he left the Trust at the end of September and she would then step down as Chair of QPS. TM would take over as Chair of QPS, and she was also the safeguarding lead for the NEDs.

51.2. FD noted that at the Board in August there had been a discussion about meeting Ambulance Response Programme (ARP) targets in Part Two of the Board. Was Angela Smith assured that the Trust had a handle on achieving these?

51.3. AS advised that the focus of the FIC had been on a roadmap to achieve our ARP targets. She expected to see a plan combining achievement of ARP targets and delivering the scale-up likely due to the Demand and Capacity Review outcomes, at the next Board. DM noted that there were final hurdles to sign off the D&C Review but the Board had been able to discuss the implications if this was signed off and started to assess what the necessary governance and programme management would look like to move this forward quickly.

51.4. FD asked when the meeting would be to discuss this? DM noted that the Lead Commissioner would be meeting with their governing bodies to discuss it during this month.

51.5. Workforce Update

51.6. TH handed over to Ed Griffin, Director of HR and Organisational Development. EG presented to the Council regarding the workforce requirements in the future and his team's work on culture and HR transformation.

51.7. AS noted that, regarding building a work environment that was inclusive, attractive, effective and safe, concerns about bullying and harassment in the Trust had been mentioned many times at Council. Could EG comment on this. EG advised that he planned to pick up later on in his presentation, but in this context, in terms of the outcome sought we should see the right combination of support and challenge from line management and the rest of the organisation. There were more specifics around B&H that he would cover. In terms of leadership, being part of the health system was a striking environment, as it was his first time in the NHS. There were times where the CEO was given a hard time outside the organisation, and in an organisation with the wrong culture, he might come back into the organisation and pass this down the line: but here the challenges were shared and the Executive looked at what to do reflectively. This was important in setting the tone of the organisation. EG continued his presentation, pausing to take questions from time to time.

51.8. CA noted that it would be helpful not to use acronyms. Given the members of the public observing.

51.9. SD noted that Associated Ambulance Practitioners (AAPs) were not on the workforce recruitment trajectory. EG advised that the Trust was keen to help staff develop and qualify into new roles. We also needed to consider the Emergency Medical Advisers in call centres, who were not covered on EG's chart either – it was a high level chart. There was a quota in place to see EMAs move on to other roles. All frontline roles were a vital part of delivery, including AAPs in feeding this pipeline for the future. EG noted that he would provide further detail outside the meeting if required.

51.10. NH asked about funding for career development. Health Education England (HEE) used to sponsor parts of this but did not do so any longer. EG advised the Trust was working closely with HEE so there was a clearer planning cycle for the year ahead and a plan to use funding in year. Funding opportunities had changed and we needed to identify other pots of funding available, via projects or trials. The closer we could work with HEE the more we might access a greater variety of funds to develop the workforce, for example at present around apprenticeships.

51.11. NH noted that having this trajectory and strategy was very useful: enabling planning over five years was positive. Staff retention was greatly aided by having clear professional progression opportunities.

- 51.12. EG agreed and noted that it was also useful to help people see other career paths, for example moving between clinical and management roles.
- 51.13. JC advised that in the past it had only been Paramedics who could become team leaders. Other levels of clinician might make excellent managers or team leaders. EG agreed and noted that the quality of assessment for people moving into management positions was right. He had however asked the clinical education team to review the standards for clinical education programmes to ensure they were appropriate.
- 51.14. AT noted there were c330 Full Time Equivalent workforce extra planned. This would be a challenge to meet. How would the Trust ensure we get good on-boarding and retention for these new recruits?
- 51.15. EG advised that a transformation of our recruitment processes was underway, which would include tracking on a week by week basis, considering different ways of offering training, moving towards local clinical education, improving corporate and local inductions so they were fit for purpose, and making changes to ensure things worked efficiently so as to avoid little mistakes that made people feel less good about the Trust.
- 51.16. CA noted that the real frontline of the organisation were the 999 and 111 call centres. Road crews may make 5-6 clinical decisions in a shift while in EOC they might make 50. Does this affect what we mean when we talk about the frontline of the organisation? EG agreed and noted that when he used the term he meant all staff who interacted with patients either face-to-face, over the phone or in writing.
- 51.17. FD asked whether EG's team had the capacity to support team leaders in robust performance management. EG noted that a leadership programme was currently being rolled out to team leaders. Work was also underway to design team behaviour modules around appropriate behaviours. FD asked if there was a metric in mind related to this. EG noted that leading measures would include training delivery, lagging measures might include staff survey/pulse survey results, and the number of cases of grievances/B&H for example.
- 51.18. NH asked what EG felt the current state of play was with regard to internal recruitment – were internal vacancies clearly advertised and transparent for everyone? He also noted that for recent Consultant Paramedic vacancies, Governors had been involved in recruitment. Should this happen more with senior manager posts?
- 51.19. EG said that on internal vacancies, at present not all posts were advertised as they should be. This was caused by inconsistently applied processes and people being moved into posts without transparency. It was important to improve consistency and he was committed to change this.
- 51.20. On NH's second point, the use of stakeholder groups was valuable, but there would be a limit regarding people's availability. There should be a discussion and decision about this during the recruitment planning phase for each job.
- 51.21. BR wished to commend the new legislation around assaults on emergency workers. He noted that it would be important to encourage staff to

make complaints and support them throughout any legal process, because without that the legislation would not be effective. EG agreed and noted he would be working with both Legal and Communications on this, so individuals knew what to expect.

51.22. EG completed his presentation and thanked Council for their questions.

52. Membership Development Committee (MDC) Annual Report

52.1. MH introduced the report. He gave an overview of the activities over the year.

52.2. MH thanked Katie Spendiff for her hard work planning today's meetings.

52.3. He also thanked all members of the Inclusion Hub Advisory Group, Staff Engagement Forum and Patient Experience Group as well as former Governors who had worked on the MDC during the year. Finally, he thanked all public and staff Foundation Trust members.

52.4. He encouraged everyone not already a member to join the Trust.

52.5. He noted that there would be big Governor elections in March and encouraged everyone to get involved.

52.6. TH suggested that it might be useful to hear more about the PEG at a future Council meeting.

53. Governor Development Committee (GDC) Annual Report

53.1. JC introduced the report.

53.2. He thanked Governors who had left the Trust this year.

54. Nominations Committee (NomCom) Annual Report

54.1. TH introduced the report.

54.2. He highlighted that Alison Stebbings had stepped down, and thanked her for her contribution. CA was now the staff member on the Committee.

55. Governor Activities and Queries Annual Report

55.1. JC took this as read. He noted the volume of work Governors had done during the year. He thanked everyone for this.

55.2. He also noted the catalogue of questions asked by Governors between Council meetings. The answers were becoming more focused.

55.3. BR noted that the event showing on 4 July was also attended by BR.

56. External audit's report to the Council

56.1. Fleur Nieboer (a partner at KPMG and external auditor to the Trust) joined the Council. She presented the audit findings on the accounts, quality report and other areas of audit.

56.2. She noted that KPMG had been pleased to issue an unqualified (positive) opinion on the Trust's financial statements, Annual Accounts and remuneration report.

56.3. On use of resources, KPMG had issued an adverse opinion, because the Trust was in special measures. This opinion was unavoidable due to the

reflection of the governance of the organisation at that time (the full financial year 2017-18). KPMG had seen positive improvements in the last quarter however the opinion took in the whole of the financial year just gone.

- 56.4. On the quality report, KPMG had checked this was presented in accordance with the guidance and a clean opinion was given on that too.
- 56.5. On quality indicators, KPMG had checked that the data reported was accurately presented and this was the case across the board.
- 56.6. AT wanted to know about the definition of unqualified assurance. FN noted that inconsistencies were relative to the size of the turnover unless they were material. On the quality accounts, the limited assurance means that the scope of what the audit covers is limited, not that the assurance is in any way poor.

57. Any Other Business

- 57.1. JC noted that it was TH and GC's last Council meeting before leaving the Trust. He thanked them for their work and particularly for stepping into the Chair and Deputy roles recently. He asked for their reflections on the Council and for improvements.
- 57.2. TH advised that it had been a privilege to be part of the Trust. He was glad to leave now at a point where it felt the Trust was on the way up. He thanked IA for helping to run the Council.
- 57.3. TH felt that the Council should work with the new Chair to develop.
- 57.4. GC agreed that it had been a privilege to serve on the Board, he had always found the Governors' insights really useful and advised them to keep their eyes on the big picture.

58. Questions from the public

- 58.1. Julian Weekes CFR: there was a lot of new information coming to CFRs but this had dropped off in the last few months. There had been an issue about salbutamol, there had not been good communication. Paediatric calls had stopped and the first he heard was while working. The CFRs deserved better communication.
- 58.2. DM apologised for the experience of CFRs and noted that we valued the contribution. Governors had frequently challenged the team to do better and we had appointed a new leader into the team who should help with this.
- 58.3. Peter Clark (Chaplain): how many Governors had done an 8, 10 or 12 hour shift to see what happens on the road?
- 58.4. JC noted that around the table sat people who did frontline shifts on a daily basis, plus a number of CFRs and other Governors give a lot of time to the Trust. Most Governors had done observing shifts and spent time in EOC and head office to understand every cog in the machine.
- 58.5. TH noted that staff members were on the Council to ensure that the staff perspective was brought to it.
- 58.6. Frank Northcott shared a human interest story. In Eastbourne, he reported that all staff not on operational duty at Polegate MRC attended the helicopter pad to take part in commemorating a Charge Nurse at Eastbourne

A&E who had sadly died of cancer. This Nurse had been fantastic as a supportive manager and he had treated ambulance staff within A&E as he treated his own staff, and had made a real contribution to their welfare. Many of the best ideas came from the bottom up and not necessarily from the top down. Mr Northcott noted that the Trust should learn lessons from this great working relationship between PMRC and Eastbourne A&E.

59. Areas to highlight to the NEDs

59.1. No additional areas were noted.

60. Review of meeting effectiveness

60.1. The meeting was deemed to have been effective.

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 Community Engagement, Parmjit Singh. He started with the Trust in October. The GDC have discussed this with the Chair and January is believed a good time to invite him to the Council to give an update.
29.01.18	99.40	217	DM to pick up re Section 136 transfers with MT.	DM/MT	29.03.18	CoG	IP	MT can provide an update.
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.
27.07.18	22.30	240	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.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Minutes of the Annual Members Meeting

14 September 2018 at 14:30 – 16:30

Lingfield Racecourse, Racecourse Road, Lingfield, Surrey, RH7 6PQ

Presenting/panel:

Graham Colbert	(GC)	Interim Chair
Daren Mochrie	(DM)	Chief Executive Officer
Dr Fionna Moore	(FM)	Medical Director
Sue Barlow	(SB)	Associate Director of Operations
Ed Griffin	(EG)	Director of HR & Organisational Development
Andy Cashman	(AC)	Regional Operations Manager for the West
James Crawley	(JC)	Public Governor for Kent and Lead Governor and
Nathan Daxner	(ND)	Frequent Caller Lead
Giles Adams	(GA)	Head of Compliance
David Hammond	(DH)	Director of Finance & Corporate Services

In attendance: Danny Sparkes, Tim Gorringe, Jeffrey Overton, Russell Kempton, Delia Doran, Diana Parisi, Pearl Netley, Peter Matthews, David Steele, Jeremy Kean, John Kempton, Annette Pritchard, Benjamin D'Montigny, Gillian Stevenson, Alison Bright, Francesca Jones, Andrea Frost, David Neeves, Richard Orme, Joe Bartlett, Rebecca Scuffham, Sophie Tribe, Christopher Le Gallez, Greg Fox, Tessa Taylor, Kirsty Booth, Andrew Rowe, Chris Stamp, John Kempton, Alex Ferguson, Amjad Nazir, Jo Crerar, Roger Leonard, Terry Steeples, Philip Watts, Asmina Islam Chowdhury, Joe Tinkler, Sumona Chatterjee, Louise Clubley, David Clubley, Jane Donaldson, Christine Wicker, George Wicker, Clive Boswell, Barry Hills, Christine Kenworthy, Robin Kenworthy, Edmund Cohen, Elizabeth Chovil, Elizabeth Reilly, Howard Quinnell, Michael Adler, Mary Adler, Revd Peter Clark, Robert Evans, Carole Evans, John Kirby, Ben Hill, Claire Skeet, Jane Sellers, Jane Donaldson, Benjamin Marlow, Nathan Daxner, Fay Rockell, Angela Rayner, John Stewart, Paula Dooley, John Keller, Graham Williams, David Borer, David Romaine, Karen Mann, Peter Radoux, Pam Williams, Michele Smale, Sam Cory, John Railton, Lynda Railton, Nigel Sweet, Frank Northcott, Geoffrey Kempster, Steve Rose, Pamela Axford, Robin Whitwell, Karen Ramnauth, Julian Weekes, Judy Kean, Jeremy Kean, Cameron Cornish, Matt England, Katie Spendiff, Isobel Allen, Leigh Herbasz, Peter Lee, Shelley Bridgwater, Lisa James, Lorraine Tomassi, Bridget Bengtson, Daren Mochrie, Graham Colbert, Tim Howe, Terry Parkin, Adrian Twynning, Al Rymer, Laurie McMahon, Ed Griffin, Angela Smith, Fionna Moore, Giles Adams, David Hammond, Jane Donaldson, Andy Cashman, Steve Emerton, Sue Barlow, Rich Airey, Adam Finch, Brian Cumming, Isla McDonald, Martin Whitehead, Hugh Terry, Rebecca Lestlilley-Garcia, Robert Mills, Nicky Seevaraj, Jasmine Griffin, Ellie Smith, Emma Stewart-Rigby, Roxanne Dobson, Debbie Maynard, Michelle Thompson, Ann Osler, John O'Sullivan, Tammy Haines, Victoria

Brunger, Sally Wentworth-James, Claire Skeet, Mark Wheeler, Pete Eaton Williams, Vicky Malden, Julia Williams, Andy Collen, Julie Ormrod, Tom Pullen, Daryl Devlia, Vicky Kypta, Paul Moorhouse, Jayne Phoenix, Imogen Banks, Tamsin James, Aide Hogan, Gavin Thompson, Anita Louise Hutchinson, Nicola Brooks, Jay Sanders, Charlie Adler, Nick Harrison, Nigel Willmont-Coles, Cllr Graham Gibbons, Marian Trendell, Marianne Phillips, Brian Rockell, Peter Gwilliam, Rev Francis Pole, Mike Hill, Felicity Dennis, Marguerite Beard-Gould, James Crawley, Stuart Dane, Liz Lockwood, Adam Streater, Niamh Howatson, Andrea Howatson, Amanda Jagger, Suzanne Akram, Fatima Waheed, John Laver, Mike Morley, Chantal Huty, Gwen Tring, John Wye, Darren Whitworth, Tom Stringer, Greg Smith, Lizzy Adam, Jane Donaldson, Mark Bailey, Miranda Smith, John Battersby, Fleur Nieboer, Diana Smith, Anita Campbell, Simon Goldwin, Delsoue Timney, Kristina Devi, Andy Ball, Ellie Whalker, Pamela Cooley, David Curcooley, Denise Turner Stewart

1. Welcome

- 1.1. Graham Colbert (GC) welcomed everyone to the meeting, in particular, public foundation trust members, staff, volunteers, patients, commissioners and Councillor David Cooling and his wife Pam. GC thanked staff and volunteers for their efforts in the exhibition stands including public stands from the Alzheimer's Society, British Heart Foundation, Surrey Blood Bikes, Surrey Minority Ethnic Forum and Retirement Associations. He then explained the various housekeeping arrangements.
- 1.2. GC also advised attendees that the meeting was being live streamed on YouTube and there was a photographer present. If anybody had concerns about this they were asked to let a member of staff know.
- 1.3. GC invited anyone who was not a member of the Trust to sign up at the 'get involved' stand after the presentations were completed. GC noted members had the opportunity to stand in Governor elections.
- 1.4. A number of questions had been submitted earlier for the Q&A session at the end of the meeting, the panel would seek to answer all of these along with questions from the floor if time allowed. See appendix 1.

2. Introduction & SECamb film

- 2.1. GC advised he had been interim Chair of the Trust since April 2018, having taken over from Richard Foster. GC extended thanks to Richard for all the work he did during the period of the annual report.
- 2.2. GC advised he had been a Non-Executive Director with the Trust since 2012, and would be standing down at the end of September after two terms with the Trust. GC thanked the Council of Governors and Board of Directors with whom he had worked. GC noted his personal view that the Trust was a fantastic organisation doing great work; he further noted it had been a privilege to be on the Board of Directors.
- 2.3. GC advised he was delighted with the appointment of David Astley as the Trust's substantive Chair, who would start in post on 25th September 2018. GC noted he brought a wealth of experience from 37 years in the NHS, including roles as Chief Executive of George's

Healthcare Trust in South-West London and East Kent University Hospitals NHS Trust.

- 2.4. GC introduced a patient story video and noted that it was a fantastic example of the skills and care, our staff and volunteers deliver 24 hours a day, 7 days a week, 365 days of the year.

3. Chief Executive's Review of the Year – 2017/18

- 3.1. Daren Mochrie (DM) welcomed members to the meeting. He advised that people often asked why he joined the ambulance service 27 years ago. Whether colleagues worked as a call handler, a volunteer, in support services, or as a clinician on the frontline; it took a team to save a life. One individual could not do it on their own. DM noted that the video absolutely demonstrated that. He congratulated all staff involved in the treatment of the patient in the video and wished the patient all the best in his recovery.
- 3.2. DM gave a brief overview of the Trust's services as follows:
South East Coast Ambulance Service (SECAmb) formed back in 2006 with the merger of three ambulance services in Kent, Surrey and Sussex. In 2011, the organisation became a Foundation Trust. The Trust covered a geographical area of 3,600 square miles (Brighton & Hove, East Sussex, West Sussex, Kent, Surrey, and North East Hampshire) serving a population of about 5 million.
- 3.3. SECAmb respond to 999 calls from the public, urgent calls from healthcare professionals and provide NHS 111 services across the region.
- 3.4. DM then gave a presentation looking back over the last 12 months. Key points to note were as follows.
- 3.5. A full and substantive Executive Team had been recruited, for the first time in a number of years within the Trust.
- 3.6. DM had focussed on building stakeholder relationships with the 22 Clinical Commissioning Groups, the large number of acute and mental health trusts, the charity air ambulances, and all blue light partners across the patch.
- 3.7. DM was keen for SECAmb to be seen as a system player, as a whole system solution was required for many of the challenges that the NHS and social care faced across the region.
- 3.8. DM praised staff and volunteers' vast contribution to the organisation. DM noted employee demographic was changing with 32% of Trust staff under 30 years of age, and a high proportion of staff, 54%, with less than 5 years of service. DM noted there was lots of work in progress on attracting, recruiting, retaining and looking after staff, led by the Director of HR. DM was determined to build the numbers and develop volunteers going forward as well. He recognised that the Trust needed to do more to support volunteers in certain areas.
- 3.9. DM touched on the launch of the ambulance response programme in November 2017, which improved ambulance trusts' ability to triage patients and send the right resource first time. This had involved a huge amount of training for control room staff. In terms of category 1 and 2 calls and responses (our most urgent), the Trust was regularly meeting its response targets. DM noted that the Trust needed to

improve its response to category 3 and 4 patients because some of those patients were waiting too long for an ambulance.

- 3.10. The Trust has been working to put additional resources in place by recruiting new staff and purchasing vehicles. Additional funding had been secured to put additional resources in over the winter period. The Trust also hoped to publish the outcomes of the demand and capacity review, which had taken place with commissioners and would detail agreed additional investment in the Trust over the next 3 years, enabling the Trust to achieve the response time standard and improve patient care.
 - 3.11. Areas of focus and improvement in clinical performance include stroke, out of hospital cardiac arrest, and major trauma outcomes. The Trust had invested in new consultant paramedics recently to continue to drive forward improvement in clinical outcomes.
 - 3.12. The CQC had visited the Trust over the last few months and early indications were that they had seen significant improvements over the last year but there was still more to do and the Trust very much recognised that. The formal report was due out in October.
 - 3.13. The Countess of Wessex had come to open the Trust's new HQ and Emergency Operations Centre in Crawley. She had spent a lot of time listening to calls, talking to staff and engaging with the organisation, and Daren had been proud to host her.
 - 3.14. All front line staff now had I-pads for easy access to clinical guidelines and training. Development of a new electronic patient clinical record was underway.
 - 3.15. The Trust had well over 13,000 Foundation Trust members. DM thanked members for their continued support.
 - 3.16. DM thanked all staff and volunteers across the Trust for everything they did, day in, day out, for patients across the southeast region.
- 4. Presentation of the Annual Report and Accounts 2017/18**
- 4.1. David Hammond (DH), Director of Finance & Corporate Services, gave a short presentation on last year's financial performance.
 - 4.2. The Trust had been £7.1 million in deficit at the end of 2016/17 and close to being in financial special measures. At the end of 2017/18, the Trust had a £1.3 million surplus. This had been achieved through a two-pronged approach. Firstly, working with our Commissioners to review the money the Trust received to provide our services. Commissioners made some very difficult decisions in terms of increasing the Trust's revenue in 2017/18. Secondly, the Trust had collectively identified areas of waste, duplication and inefficiency and taken quite severe measures to eradicate them. The key underlying principle of doing that was to make sure that the Trust could put every pound possible into front line patient care. It was not easy, but by engaging with staff and acting on their suggestions for cost savings, the Trust had been able to achieve this.
 - 4.3. For the future, DH noted the need to continue to invest in three key areas: our people, our technology and our infrastructure. In 2017, the Trust had started this journey by purchasing 100 vehicles. The Trust

went on to replace the computer aided dispatch system. The Trust had started a project to replace our telephony system to enable more effective triage and management of calls, and we had also improved and invested in our estates.

- 4.4. The Trust was developing Make Ready infrastructure across the entirety of SECamb, but also investing in older sites to make them as nice as possible for staff to work from.
- 4.5. DH noted the demand and capacity review, which considered the amount of resource (whether that be people, vehicles etc.) required to deliver a safe and effective service for the patients in the patch.
- 4.6. DH asked the Council of Governors and Members to formally receive the Annual Report and Accounts 2017/18. They were received.
- 4.7. DH thanked the audience for listening. He noted there had been a huge amount of collective effort, and thanked all involved.

5. Council of Governors' Report

- 5.1. James Crawley (JC) presented the Lead Governor's report on behalf of the Council of Governors.
- 5.2. The Council of Governors' primary role was to be a critical friend to the Trust. The Council appointed the Chair and the Non-Executive Directors, and hold them to account for the performance of the Board.
- 5.3. Governors noted significant progress in nearly all the areas of the Trust highlighted by the CQC over the past 12 months.
- 5.4. Governors were increasingly heartened at the calibre and ethos of current Executive Directors. Governors led the recruitment process for the new Chair, and were keen to welcome David Astley to the Trust in September.
- 5.5. Governors thanked Graham Colbert and Tim Howe for their work as interim chair and deputy over the past few months.
- 5.6. JC noted the Trust remained challenged in a number of areas, not least operational performance, and whilst this was an issue nationally, Governors would not stop seeking improvements for their localities.
- 5.7. One area of the Trust that was not providing effective leadership and so was losing productivity was our volunteers. Governors had highlighted the issues for Community First Responder volunteers on numerous occasions over the years. Governors felt this must be rectified as a priority by the Executive.
- 5.8. Governors have noted increasing recognition around their ability to raise important issues and for those issues to be listened to and acted upon which was important for our people and our patients in ensuring we get things right.
- 5.9. JC noted there were a large number of Council seats up for election in the New Year and encouraged members to consider standing for election.
- 5.10. JC thanked fellow governors for their hard work and recognised the efforts of Daren and his team, the rest of the Board, and SECamb's 999, 111, and non-operational staff and all volunteers.

6. Improving your Ambulance Service

- 6.1. Giles Adams (GA) Head of Compliance presented an overview of the improvements that had been made to the service over the last 12 months.
- 6.2. A new appraisal system had been introduced. 92% of staff had received an appraisal in the past year, which was a huge increase from 35% the previous year.
- 6.3. A new set of values had been launched, designed by staff for staff: taking pride, striving for continuous improvement, acting with integrity, demonstrating compassion, and assuming responsibility. The values were the standards which everyone at our Trust were expected to live up to. GC thanked Louis Parsons (operational staff member) for designing the logos and touched on some of the work that had taken place around launching and living the values, including reward and recognition.
- 6.4. Joint system working led by SECamb to reduce hand over delays at hospitals had seen delays reduce by 17%.
- 6.5. The Trust's Wellbeing Hub had been launched. The Wellbeing Hub provided quick and easy access for staff to an array of support in just one email or phone call. This support included mental and emotional wellbeing, Trauma Risk Management (TRiM), and physiotherapy referrals.
- 6.6. Huge improvements in the way the Trust managed medicines had been made, including the appointment of a Chief Pharmacist who had driven the agenda around safety, legality and management of medicines.
- 6.7. Improvements in the processing of complaints and ability to learn from them had taken place. Almost 100% of complaints now received a response, having been fully investigated, within 25 working days.
- 6.8. Improvements to estates across the patch had taken place. The work environment had a positive effect on staff and their ability to provide care.
- 6.9. Development of a Quality Improvement Hub had provided more grip and a coordinated focus on the improvements as they were taking place.
- 6.10. GC noted that when it came to quality, complacency was the enemy. When we challenged ourselves, we asked difficult questions, faced up to our mistakes, learned from others, and learned from ourselves. The learning would be shared to improve quality.
- 6.11. GC noted the Trust's vision: aspiring to be better today and even better tomorrow for our people and our patients. If the Trust took better care of its people, they in turn would take great care of patients.
- 6.12. Nathan Daxner (ND) Frequent Caller Lead for the Trust gave an overview of frequent callers and the work the team did in supporting them.
- 6.13. The term 'frequent caller' often led people to imagine patients calling 999 inappropriately; on the contrary, very few were vexatious callers. The vast majority of frequent callers had complex health and social care needs which were often unmet, and so they used the 999 service because they felt that they needed help fast.

- 6.14. The team looked after some of the most complex and vulnerable patients so it was important that action taken to support them was right first time.
- 6.15. Frequent callers made five or more 999 calls in one month or twelve calls in 3 months. These were the national criteria for every ambulance service in the UK.
- 6.16. On average, the Trust had 420 patients that met the frequent caller criteria on a monthly basis.
- 6.17. The Trust's frequent callers made on average 3,140 calls to 999 a month. This accounted for 4% of our overall 999 activity. In the year 2016/17 we safely managed 21% of our frequent callers over the phone and in 2017/18 that went up to 24%. This meant nearly 5000 calls were dealt with over the telephone which resulted in 806 fewer ambulances being dispatched to frequent callers.
- 6.18. The frequent callers team followed a framework based on national practice guidelines. It involved speaking to the patient's GP, primary care provider, and conducting a home assessment to look at any unmet health and holistic care needs. They work with external stakeholders such as A&E, mental health services, Social Services, Age UK and lots of voluntary community services to assist patients.
- 6.19. ND presented a case study that showed a 3-month call volume for a female frequent caller: she had made 144 calls to 999 during that period and 140 of those were managed over the telephone by our clinicians and operations centre. Only three ambulances were dispatched to this caller over that period.
- 6.20. The frequent caller team worked with her GP, the older adults mental health team, a dementia specialist, the police and her son and held a professionals meeting (this happened with all of our frequent callers), to implement a strategy.
- 6.21. It was found that a care agency had blocked the patient's number, both in and out of hours, because she frequently called them. It was agreed to give the patient a dedicated number so she could call to get through to the care agency. The Trust worked with the agency to support her dementia and her confusion. The dementia team changed her medications and doses, and she had a life line installed. They agreed to do daily welfare calls to check on her.
- 6.22. The team worked with the police to create a joint consistent message when the patient called 999, with call takers reading the same script to her. The following 3 months' call data showed the Trust only received 12 calls resulting in one ambulance being dispatched, so importantly the patient was now receiving the right help, being sign posted to the right service, and was less confused and disorientated when she calls.

Close

GC thanked all those that had attended and taken part in making the event a success.

Appendix 1

Questions from the Public at the Annual Members Meeting

The panel who responded to questions from the public were: Ed Griffin (EG) - Executive Director of HR and Organisational Development, Fiona Moore (FM) - Medical Director, Andy Cashman (AC) - Regional Operations Manager for the West, Sue Barlow (SB), Associate Director of Operations, James Crawley (JC)- Public Governor for Kent and Lead Governor and Daren Mochrie (DM) - Chief Executive.

The following questions were asked:

Q: Is the Make Ready programme going to see any new sites added or extensions to places such as Medway? Where sites are surplus, have you considered developing the site to maximise financial returns?

A: AC noted the Trust was moving forward with the Make Ready programme, learning from the existing sites. Medway was one of the first sites that the Trust sought to develop. The Trust needed to identify the right location for and work with the relevant developers and planning committees. As part of that process, we would be looking at the existing estate to derive the best value from them.

Q: What could hospitals do to avoid long hand over times, especially relating to Chertsey?

A: SB advised that both DM and GA's presentations had noted the improvement in our hospital hand overs, which had been achieved by the collaborative work we had led on with our system partners. More work was needed, but we were confident we had built a framework that was working and would continue to see improvement in this area, even over winter.

DM noted that the collaborative approach was more effective than blaming acute hospitals as had been done in the past. SECamb had employed a senior manager/director from a community trust to work within SECamb but more importantly to work across the whole of the region in terms of making sure that we could unblock some of the challenges in the system. Work would need to be sustained, particularly through winter.

Q: SECamb staff and volunteers are incredibly caring towards our patients. How can we make sure staff receive the same quality of care and support from their colleagues?

A: EG advised that there were a couple of critical factors to that. One was about the quality of day-to-day management and leadership in the organisation at all levels. It was important that everyone in a management role recognised the impact that managers had on the people around us, and in turn, that impact on the way that they treat others. The Trust had been doing a large amount of leadership training over the last four months, including rolling out a programme of leadership training to our operational unit managers and

our operational team leaders. Work has been done to positively reinforce and recognise the positive behaviours that we want to encourage.

FM noted that the Trust had a young and quite inexperienced work force so supporting new individuals who join the Trust was important. Within the 999 service there was quite a high turnover - it could be a very stressful environment in which to work. Many of our call handlers were young and inexperienced and were receiving complex calls. By giving these call handlers the opportunity to work in a supervised environment when they have first qualified, we help them bed into their role. The Trust was investigating employing part-time call takers, because that seemed to be quite popular for people who work in a call centre environment. For our staff on the front line we had a well-developed system of preceptorship for new paramedics, and a good educational package both in terms of key skills for all our staff and the education for our specialists and advanced paramedics.

Q: The Trust is being asked to reduce the burden on acute hospitals and manage more patients closer to home. Is this different from what SECamb is contracted to deliver? If so, how can we reconcile the two?

A: DM noted that in some ways it was different because previously the Trust had been contracted to just deliver patients to hospital. Clearly, that was not the right model going forward, because our staff in a number of cases are more than capable of safely keeping patients out of hospital through the advancement of the paramedic profession. As part of our strategy, we want to be a key system leader in the whole health and social care agenda and provide the best possible care to our patients who often do not want to go to hospital, despite the contract being constructed in the way it is. The Trust had been working with commissioners to secure additional investment to be able to do things differently.

Q: How can the service better support staff who are single parents? Especially when it comes to shift working?

A: EG advised that flexible shift patterns can be attractive to staff, and particularly in call centres. When seeking to attract candidates to the Trust, we needed to be open to different working patterns, and to be clear about what people's expectations are. Where we have offered jobs to people we need to be flexible about how we provide appropriate training. So, for example, we are seeking to provide some evening training courses, because for some people day-long courses were not possible. Managers and team leaders need to be trained to be able to pay attention to the needs of team members, to set reasonable expectations, and to pick up on when there are potential issues. Access to our Wellbeing Hub can help ensure staff were getting appropriate early support in the right way.

Q: I have heard rumours of closing commercial training; is it true? If yes, is this a lost opportunity to generate funds, and a missed opportunity for recruitment of staff and community first responders?

A: EG clarified that commercial training was the Trust's provision of training to external individuals and organisations. There was the potential for income generation, but this needed to be balanced with the requirement not to divert resources from other activities, and to at least break even.

Technology provided other means of helping people to learn. The Trust had developed successful computer based training for our own staff, which we have then been able to sell to other ambulance trusts, and any income made from that has been a bonus. Therefore, I think it is something that we need to keep an open mind about being conscious of the consequences and costs versus the benefits of doing it.

Q: Has history marking improved with the new Computer Aided Dispatch (CAD) system?

A: SB advised that the introduction of the new CAD had enabled a review of history marking. The Trust was confident that crews were notified if there was a history marker on a call and crews were able to mark premises where appropriate. This was important from a clinical perspective and also from a safety perspective. Emergency markers can also be put on the system for immediate review.

Q: Can I query the green credentials of the Trust's fleet i.e. vehicle emissions, and also the use of plastics in SECAMB.

A: AC explained that the current vehicle replacement programme was based on existing emissions, but over the last few years the Trust had been trialling dual fuel vehicles. The Trust needed to ensure its vehicles had the range, performance and reliability required to be operationally feasible
GC noted that a response would be provided to the plastics part of the question in due course.

Q: Have the question of the arrears of health and safety workplace inspections been resolved?

A: DM noted that the trust had identified the need for more investment in the infrastructure. When DM joined the Trust there were only two middle managers dealing with health and safety across the organisation. A Head of Health and Safety had been recruited with a team underneath in relation to the middle management structure. There was a comprehensive action plan that would be taken forward over the next few months to make sure we were doing everything we needed to.

Q: With regard to the community first responders, in London they have trialled a smart phone application called GoodSAM. Is that something SECAMB would consider?

A: FM said yes. London had worked very closely with GoodSAM and SECAMB was working with them as well. We had the capacity to introduce it into our frontline system, and that would go live next month. GoodSAM had

got enormous possibilities. SECAMB was also working with the Kent Surrey and Sussex Air Ambulance Trust with a pilot research project looking at streaming information from a mobile phone to the control room. Going forward, that could be very useful both in triaging the right resources to a patient, and also potentially in the event of a multi casualty situation.

Q: The equality objective of the Trust for this year/last year has been to make the work force more representative of the communities that we serve, and of course, we acknowledge that is a very difficult thing to do. I wonder if you could update us on progress to meeting that equality objective please.

A: EG advised that there were several different components to this. There was an incredible amount of work that Asmina Chowdhury, Inclusion Lead, drives for us as a Trust in terms of staff networks and the equality and diversity agenda. From a staffing perspective, we needed to consider how well we understand the communities from which we recruit, and across the southeast region, there was quite significant diversity.

We needed to start right at the beginning by targeting our attraction approaches to finding candidates for roles in a much more focused way, and as part of this we sought to have more localised recruitment campaigns. We also needed to ensure that the selection processes used were fair and gave everybody an equal opportunity of demonstrating their suitability for a role, and that new recruits were given the appropriate support upon commencing the role.

One area where there was probably significant under representation was at senior management level. One of our priorities was to create a culture that is inclusive and ensured that at all levels of the organisation and in all environments, we provided the opportunity for people to contribute, regardless of who they are, and to respect differences of all kinds.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

B - CHIEF EXECUTIVE'S REPORT

1. Introduction

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

2. Local issues

2.1 Engagement with local stakeholders & staff

2.1.1 On 20 September 2018, I attended the Association of Ambulance Chief Executive's (AACE) meeting for Chief Executives. As always, there was a varied agenda, with key national items discussed including paramedic prescribing and the recent Project A initiative, developed with NHS Horizons. We also met Steve Barclay MP, the Minister of State for Health to discuss ambulance performance and winter preparations.

2.1.2 On 24 September 2018, I was pleased to welcome Adam Doyle, Accountable Officer of the eight CCGs in Sussex and East Surrey to our Crawley HQ. During his visit, Adam was able to see some of our new vehicles, spend time in EOC listening in to 999 calls and meet with representatives of our Staff Networks, Unions and Public Representatives.

2.1.3 On 25 September 2018, I continued my programme of station visits with visits to Dorking, Leatherhead, Guildford and Redhill Ambulance Stations. As always, I thoroughly enjoyed chatting with staff, answering their questions and hearing about their issues and concerns.

2.2 Annual NHS Staff Survey

2.2.1 This year's national NHS Staff Survey launched in SECamb on 24 September 2018 and will run for eight weeks, closing at the end of the week commencing 12 November 2018. All substantive SECamb staff have been invited, by email, to take part in the online survey.

2.2.2 We have used a dedicated communications campaign, both in the run-up to and during the survey, to increase staff awareness and engagement. The communications have focused on illustrating some key improvements, delivered across the Trust over the past year, and the staff feedback that has helped to shape them.

2.2.3 At the end of the third week, the response rate to the survey was 20%, which is higher than at the same point last year. Recognising the importance of hearing from as many of our staff as possible, we are working hard to exceed last year's overall response rate of 44%.

2.3 Executive Management Board (EMB)

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

2.3.2 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:

- Focussed closely on 999 performance, including response to lower categories of calls, provision of staff hours and call answer times
- Discussed the on-going NHS 111 contract tenders & future impact on the Trust
- Considered progress on the on-going Demand & Capacity Review & the related Service Transformation project

2.3.3 On 17 October 2019, as part of supporting national Freedom to Speak Up month within SECamb, we held a live Exec 'web cast', featuring Ed Griffin, Executive Director of HR & OD, Bethan Haskins, Executive Director of Nursing & Quality and Kim Blakeburn, the Trust's Freedom to Speak Up Guardian.

2.3.4 The session allowed staff to join the session 'live' if they were able to or watch it afterwards, learn more about Freedom to Speak Up and ask questions of Ed and Bethan directly.

2.4 New electronic Patient Care Record (ePCR) solution

2.4.1 Following the pause of the previous project, we have now selected a new ePCR solution that will help to improve the quality, safety and efficiency of patient care and provide a useful tool for staff.

2.4.2 Cleric, who also provide the Trust's CAD, have been selected to provide a new ePCR solution to the Trust and to work with us on the development and customisation of their ePCR product to meet our needs. Importantly, it will also integrate fully with our CAD. This decision was made following a number of workshop sessions with potential suppliers, where staff were able to go through a selection of real life scenarios and frequently asked questions.

2.4.3 Following the selection of Cleric as the new supplier, a working group has been established including staff from across the Trust, which is meeting regularly and will work on the development of the new ePCR as well as new content for the iPads. A pre-go live site has been selected where operational colleagues and others can test some of the detail and make amendments, which will allow us to incorporate lessons learned prior to wider roll out.

2.4.4 We will start rolling out the new ePCR solution from February next year and this should be complete by Summer 2019; I am excited about the benefits I am sure this will bring both for staff and patients.

3. Regional issues

3.1 Preparing for winter

3.1.1 Preparations are well underway for this coming winter, including working closely with NHS Improvement and NHS England at a national level and our regional partners locally.

3.1.2 One key element is ensuring as many NHS staff as possible receive the flu vaccination to protect themselves, colleagues and patients. The Trust's annual flu vaccination campaign got underway at the beginning of October and we have seen a good take up of the vaccination this year so far. For example, at our Crawley HQ, the Quality improvement (QI) Hub team, who have been delivering the vaccine to staff, vaccinated more than 100 staff within the first 24 hours –a great achievement.

3.1.3 This year, the Trust has opted to provide a course of medication or a vaccine (for a range of relevant diseases) to people in less developed countries when our staff have the flu vaccination. Staff are able to choose from one of five options and feedback so far suggests that this has gone down well with staff.

3.1.4 Along with other members of the Executive Team and our Chair, I have had my flu vaccination and see this has an important requirement for all staff, especially those who are patient-facing. I would encourage all staff to ensure they protect themselves, colleagues, patients and families from the spread of this virus.

4. National issues

4.1 Carter Review published

4.1.1 On 27 September 2018, NHS Improvement published 'Lord Carter's review into unwarranted variation in NHS ambulance trusts'. The report sets out a number of recommendations on how ambulance services can work more efficiently and collaboratively, moving forward, with technology and innovation highlighted as a key driver for improved performance.

4.1.2 Along with all ambulance services nationally, we have already been working closely with our NHS partners and commissioners locally, as well as NHS Improvement, to establish where we can make improvements that will make a greater impact on patient care. Examples include investing in a new CAD and EOC West, improvements in our fleet and working with our partners locally on initiatives including the new Pregnancy Advice Line with Surrey Heartlands Health and Care Partnership and a pilot service across Coastal West Sussex to help people who have suffered a fall at home.

4.1.3 Although the report highlights a number of ways in which we and other ambulance services can work more efficiently, I am pleased that it also highlights the significant contribution made by ambulance staff every day to provide excellent patient care, despite rising demand.

Daren Mochrie QAM, Chief Executive

17 October 2018



Integrated Performance Report

Performance
Data for our
999 and 111
Services



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

Board Meeting

October 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 sets out data and supporting narrative to provide the trust Board with assurance that the Executive Directors review historic information and data reflecting performance and service delivery across a number of domains. This is then interpreted and within the body of this report individual Directorates highlight the management response to data where this is applicable. In this way the Board is asked to note the Trust's oversight of performance and management data together with how this data supports decision making and action within the Trust.

With the completion of a CQC inspection the content of page 4 of this integrated report will be reviewed and updated to show feedback from CQC on our progress within year and also where further or new work maybe required based on CQC findings. Actions undertaken or newly formed projects will be reported within the Trust's Delivery Plan until such time as they transfer to Business as Usual and as such are captured within the scope of this report.

It is intended to conduct and review of the format and content of this report to continually improve the content and detail to provide greater utility to the Trust Board and clearly communicate the status and actions undertaken by the Trust over time. This will be supported through the transparent 'flow' of project closure to this report and importantly the sharing of prevailing and contemporary performance information and actions where required.

SECamb Our Enablers

Enabling strategies continue to be reported within the supporting Trust Delivery Plan and narrative.

SECamb Financial Performance

The Trust achieved its planned deficit of £0.5m for the month of August. The cumulative deficit of £2.8m is marginally better than plan, maintaining operational hours and performance.

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

The Trust achieved cost improvements of £0.5m in the month, which was slightly ahead of plan. The target for the full year is £11.4m.

The Trust's Use of Resources Risk Rating (UoRR) at this point in the year is 3, in line with plan.

Risks to this plan include the delivery of CIP targets, the outcome of the Demand and Capacity review, delivery of performance targets, any financial impact of unfunded cost pressures and recruitment difficulties.

Engagement with the Trust's stakeholders 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 Scorecard

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

	Feb-18	Mar-18	Apr-18	12 Months
Actual %	36.4%	56.4%	40.9%	
Previous Year %	43.3%	62.9%	62.1%	
National Average %	51.0%	55.3%	54.4%	

Cardiac ROSC - ALL

	Feb-18	Mar-18	Apr-18	12 Months
Actual %	22.4%	22.9%	29.7%	
Previous Year %	28.3%	29.7%	28.0%	
National Average %	29.6%	28.3%	31.6%	

Cardiac Survival - Utstein

	Feb-18	Mar-18	Apr-18	12 Months
Actual %	25.8%	22.2%	21.4%	
Previous Year %	20.7%	16.7%	33.3%	
National Average %	25.5%	27.6%	28.5%	

Cardiac Survival - All

	Feb-18	Mar-18	Apr-18	12 Months
Actual %	8.0%	5.5%	8.6%	
Previous Year %	4.0%	6.7%	8.1%	
National Average %	8.6%	9.0%	9.8%	

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

	Feb-18	Mar-18	Apr-18	12 Months
Actual %	58.1%	67.8%	69.1%	
Previous Year %	68.4%	65.6%	59.6%	
National Average %	tbc	tbc	79.5%	

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

	Feb-18	Mar-18	Apr-18	12 Months
Mean (hh:mm)	02:12	02:22	02:11	
National Average	02:11	02:16	02:11	
90th Centile (hh:mm)	03:12	03:01	02:52	
National Average	03:01	03:01	02:59	

Stroke - call to hospital arrival

	Feb-18	Mar-18	Apr-18	12 Months
Mean (hh:mm)	01:11	01:14	01:05	
National Average	01:19	01:18	01:12	
50th Centile (hh:mm)	01:01	01:06	01:00	
National Average	01:11	01:12	01:05	
90th Centile (hh:mm)	01:45	01:49	01:38	
National Average	01:57	02:00	01:43	

Stroke - assessed F2F diagnostic bundle

	Feb-18	Mar-18	Apr-18	12 Months
Actual %	96.4%	96.5%	97.4%	
Previous Year %	97.3%	94.1%	94.1%	
National Average %	96.9%	tbc	tbc	

Medicines Governance

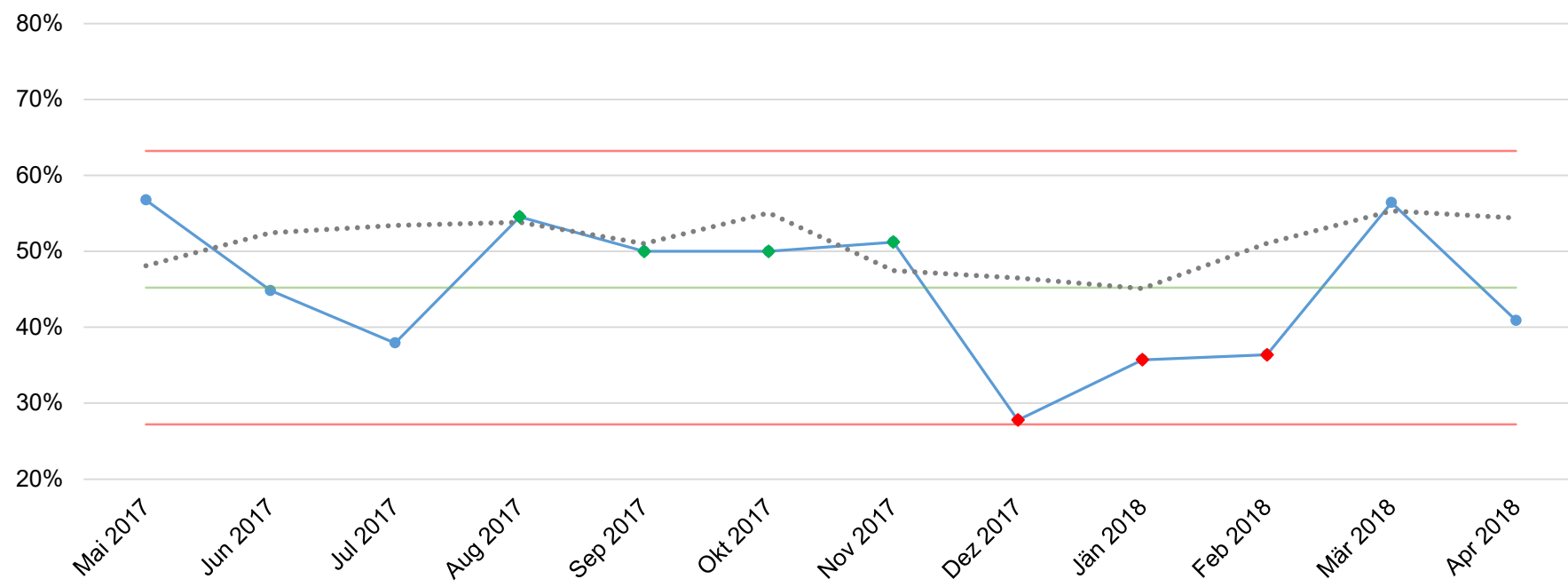
	Jun-18	Jul-18	Aug-18	12 Months
Total Number of Medicines Incidents	153	114	93	
Single Witness Sig/Inapt Barcode Use CDs Omnicell	17	12	9	
Single Witness Sig/Inapt Barcode Use CDs Non-Omnicell	0	1	10	
Total Number of CD Breakages	15	13	10	
PGD Mandatory Training	179	118	24	
Key Skills Medicine Governance	546	430	105	

Medicines Management

	Jun-18	Jul-18	Aug-18	12 Months
Number of Audits	200	184	191	
Number of audits %	98%	97%	98%	

SECamb Clinical Safety Charts

Cardiac ROSC - Utstein

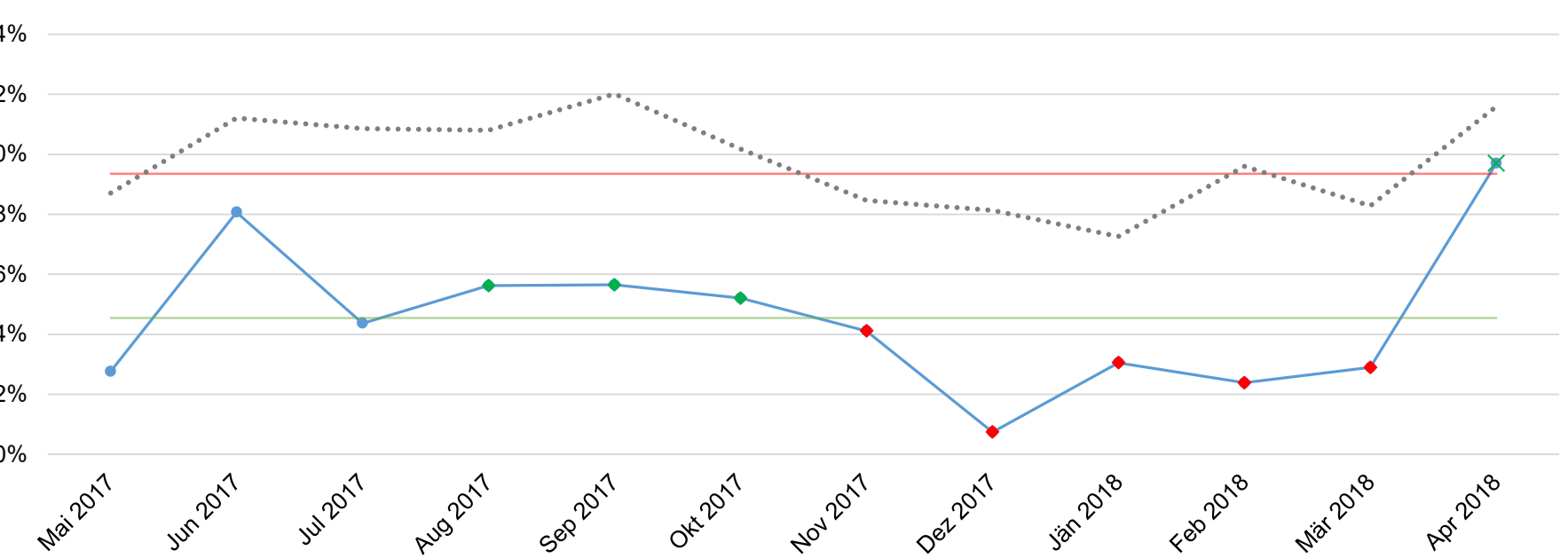


Performance for the cardiac arrest ROSC indicator for the Utstein group for April 2018 is in line with normal patterns of variation.

The Medical Directorate has allocated a Senior Clinician to lead on the Trust's Cardiac Arrest Survival Improvement Programme. 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.

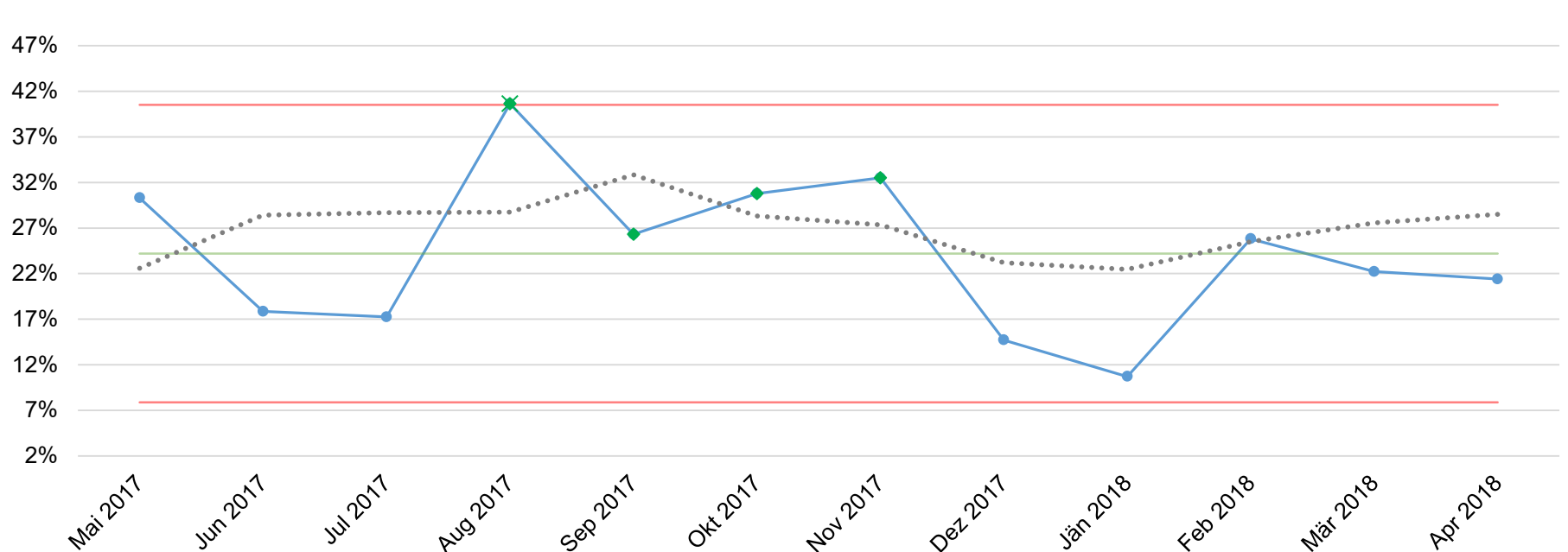
Key skills training for 2018/19 is at 50% completion and includes resuscitation training.

Cardiac ROSC - ALL



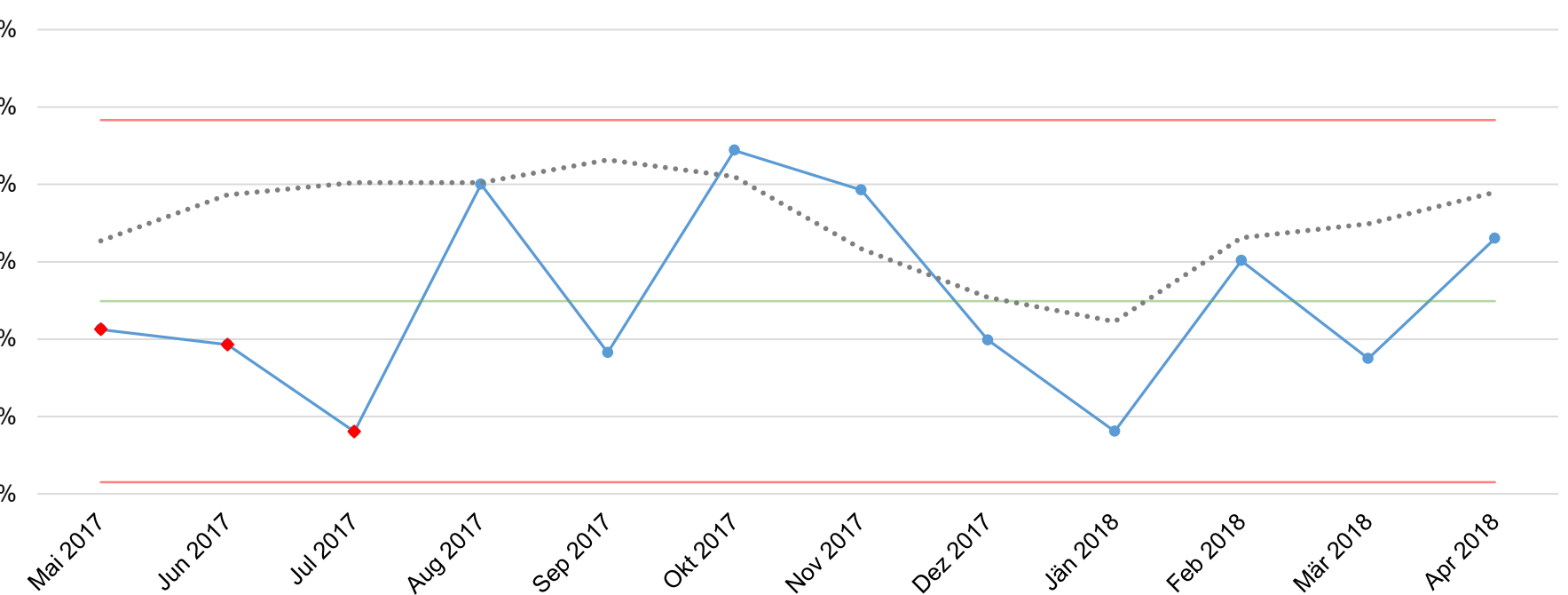
In April 2018 our performance for ROSC in all patient groups is above the SECamb YTD average and below the national average.

Cardiac Survival - Utstein



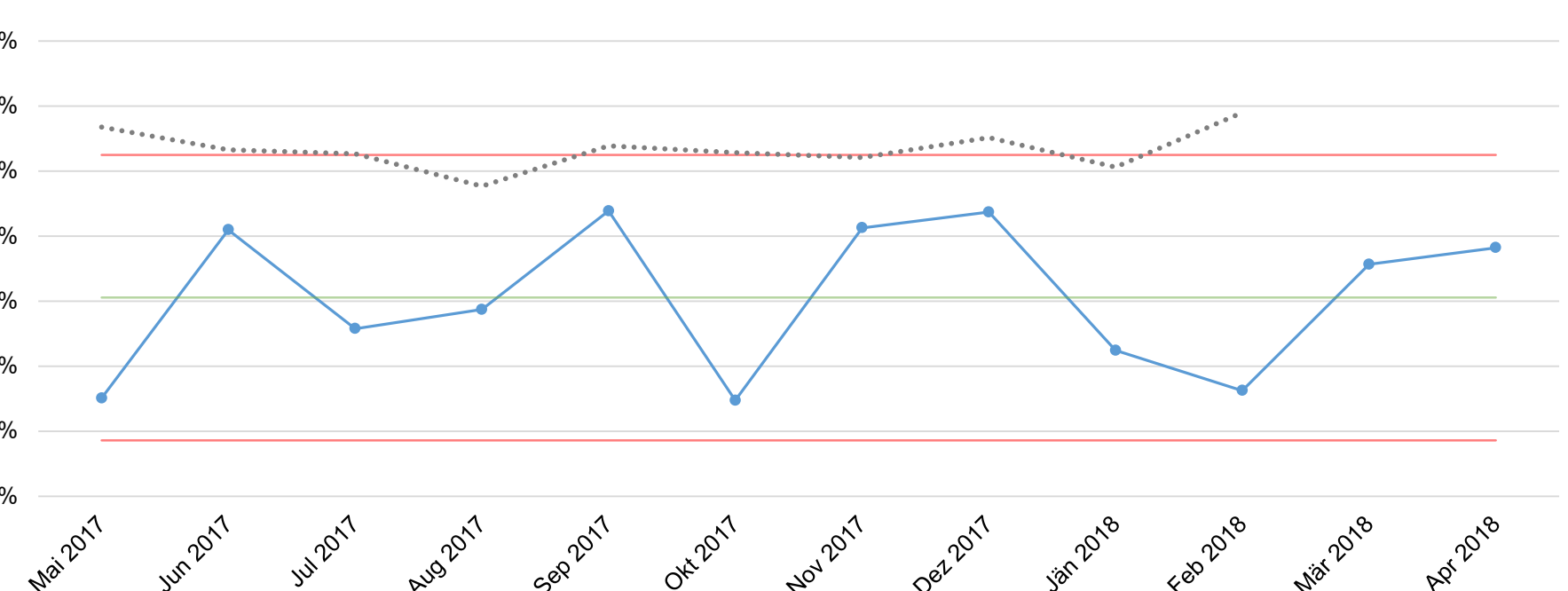
In April 2018, survival to discharge for the Utstein group was below the SECamb average and the National Average. The data continues to show normal patterns of variation.

Cardiac Survival - All



In April 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.

Acute STEMI Care Bundle Outcome

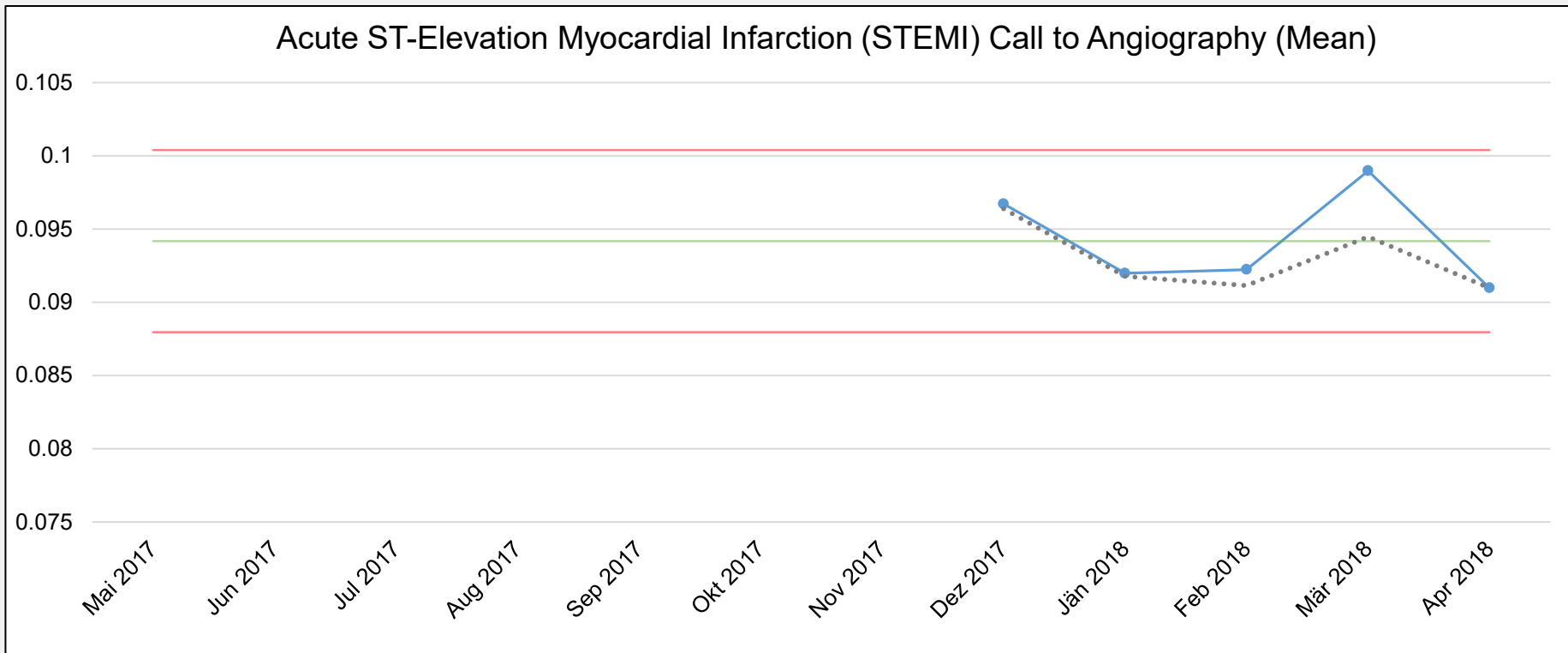


Performance for April 2018 was above the SECamb average.

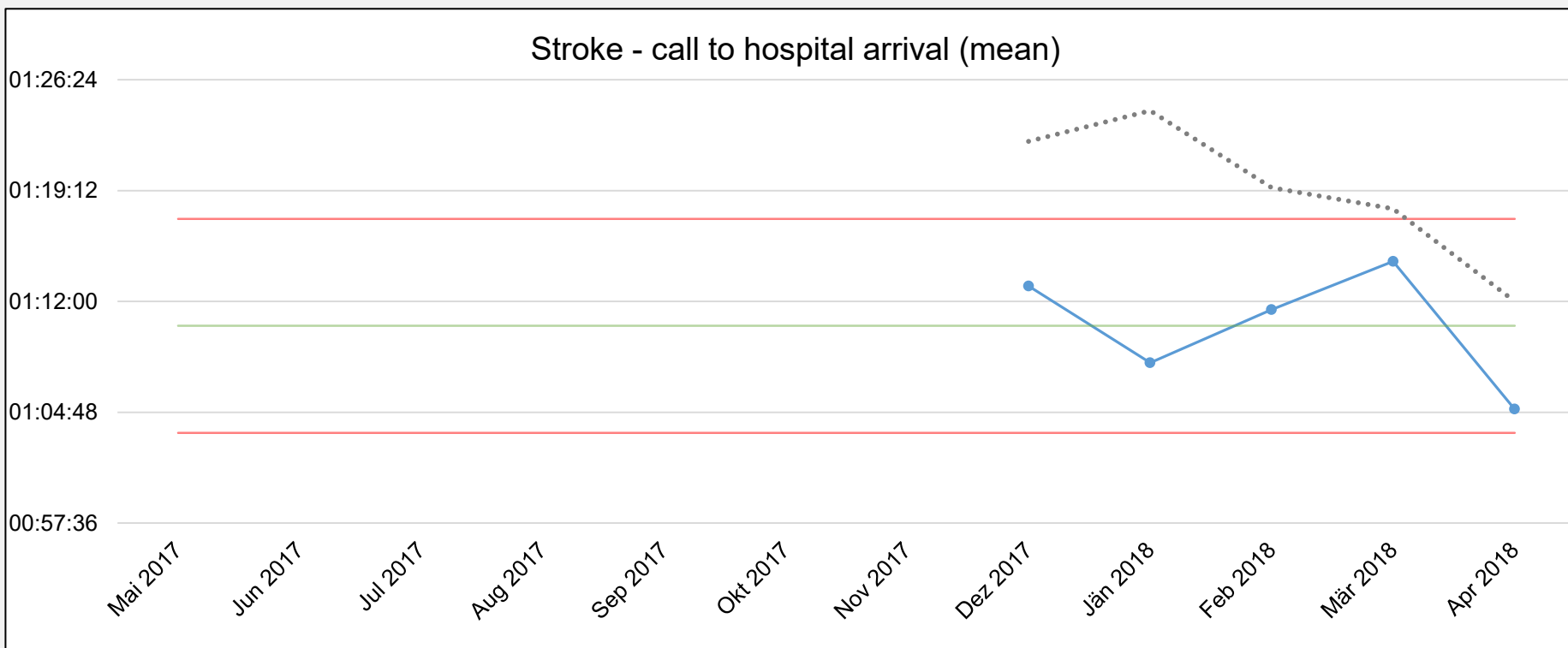
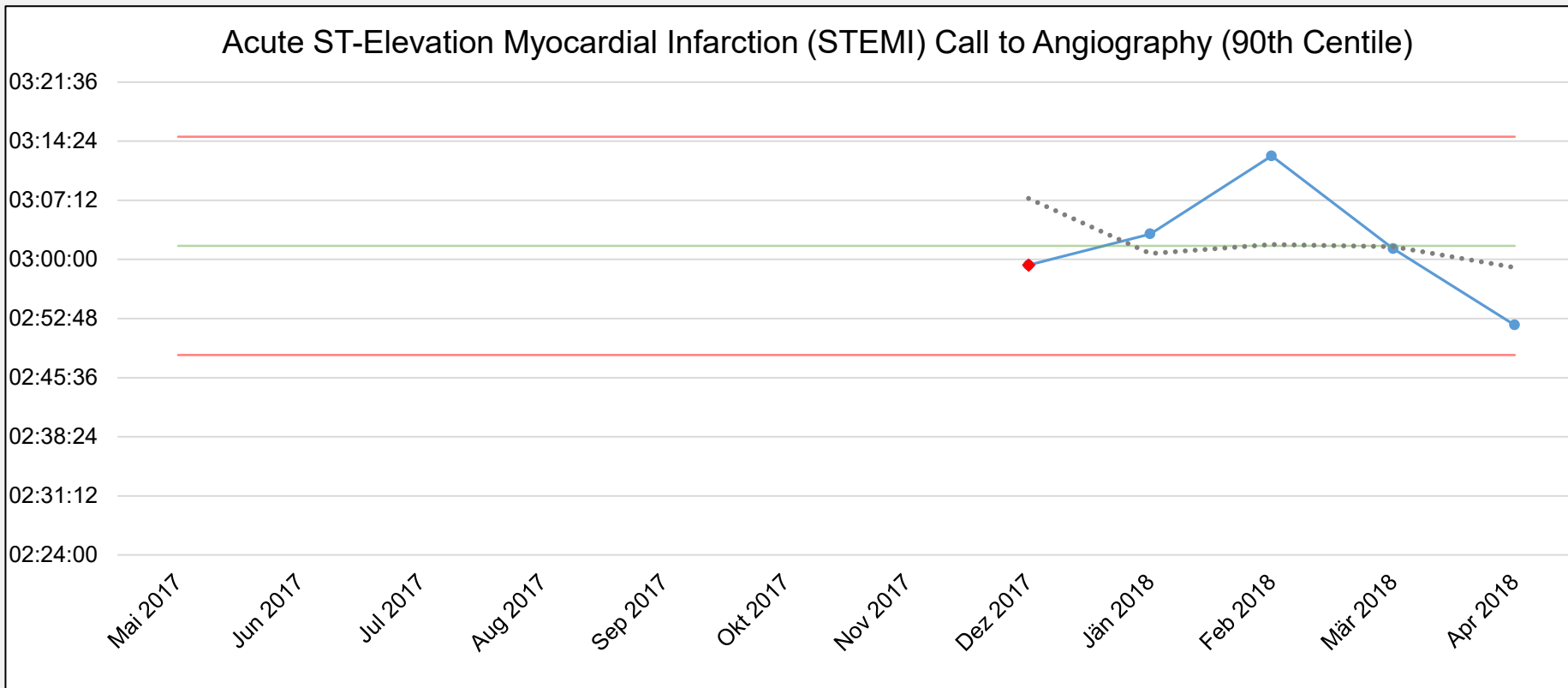
Dashboards and Quality Scorecards showing local performance levels are now routinely being shared with Operating Units (OUs) to facilitate focussed quality improvement. A suite of feedback tools and information sheets has also been developed.

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

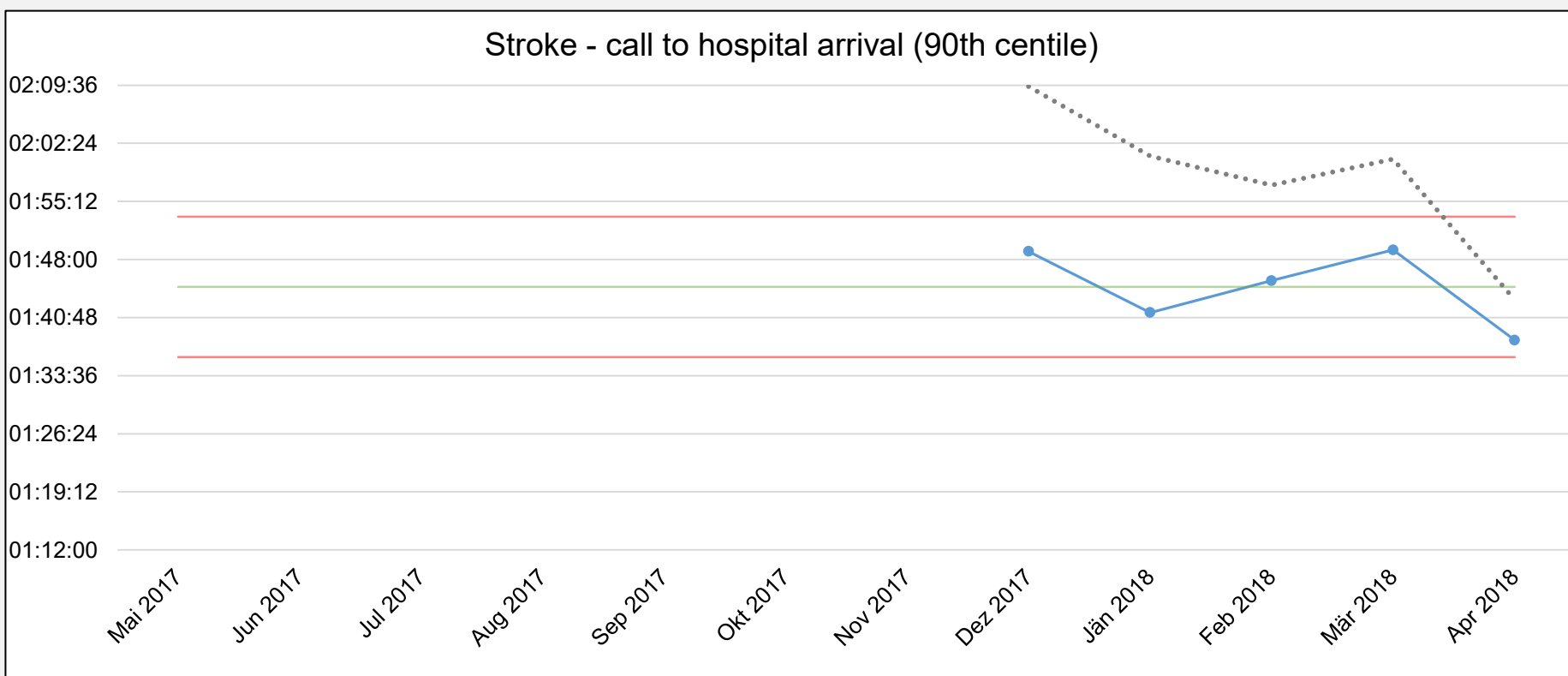
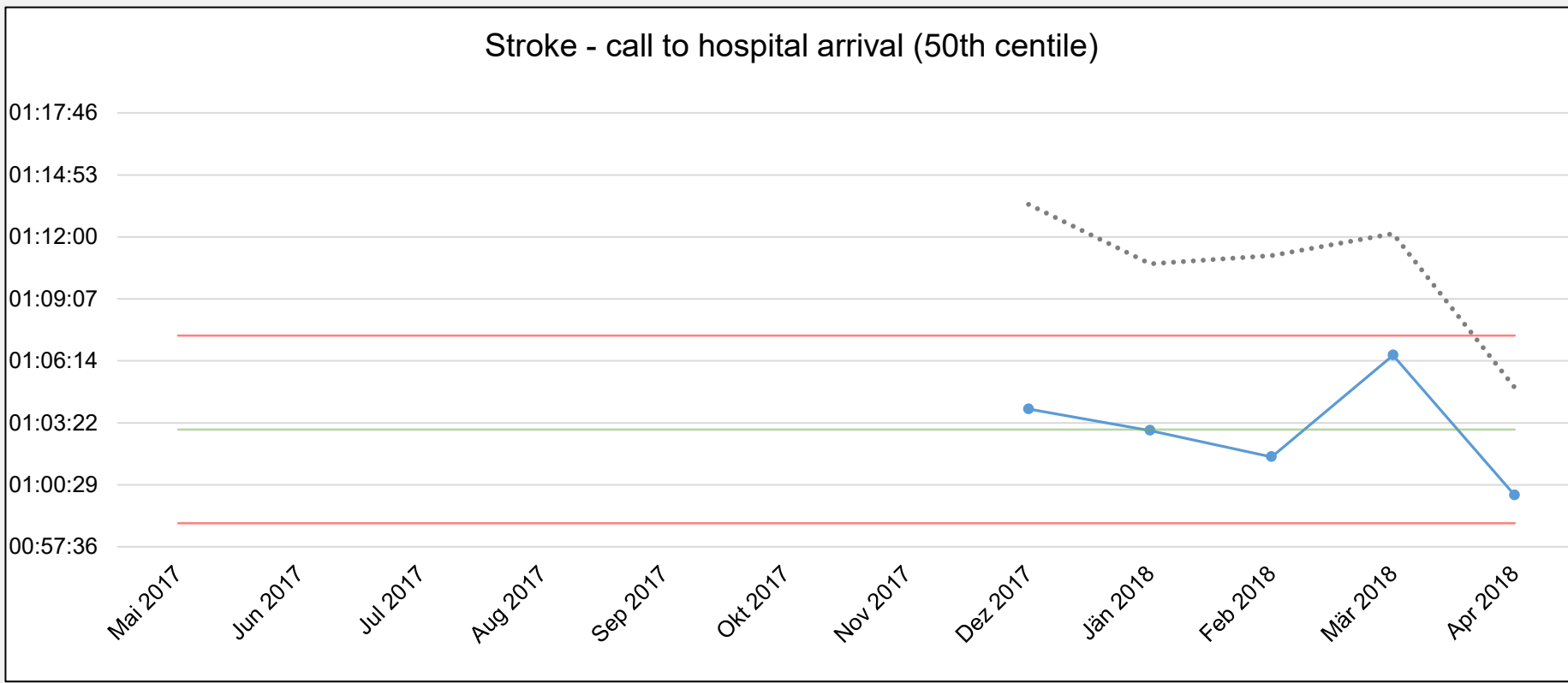
SECamb Clinical Safety Charts



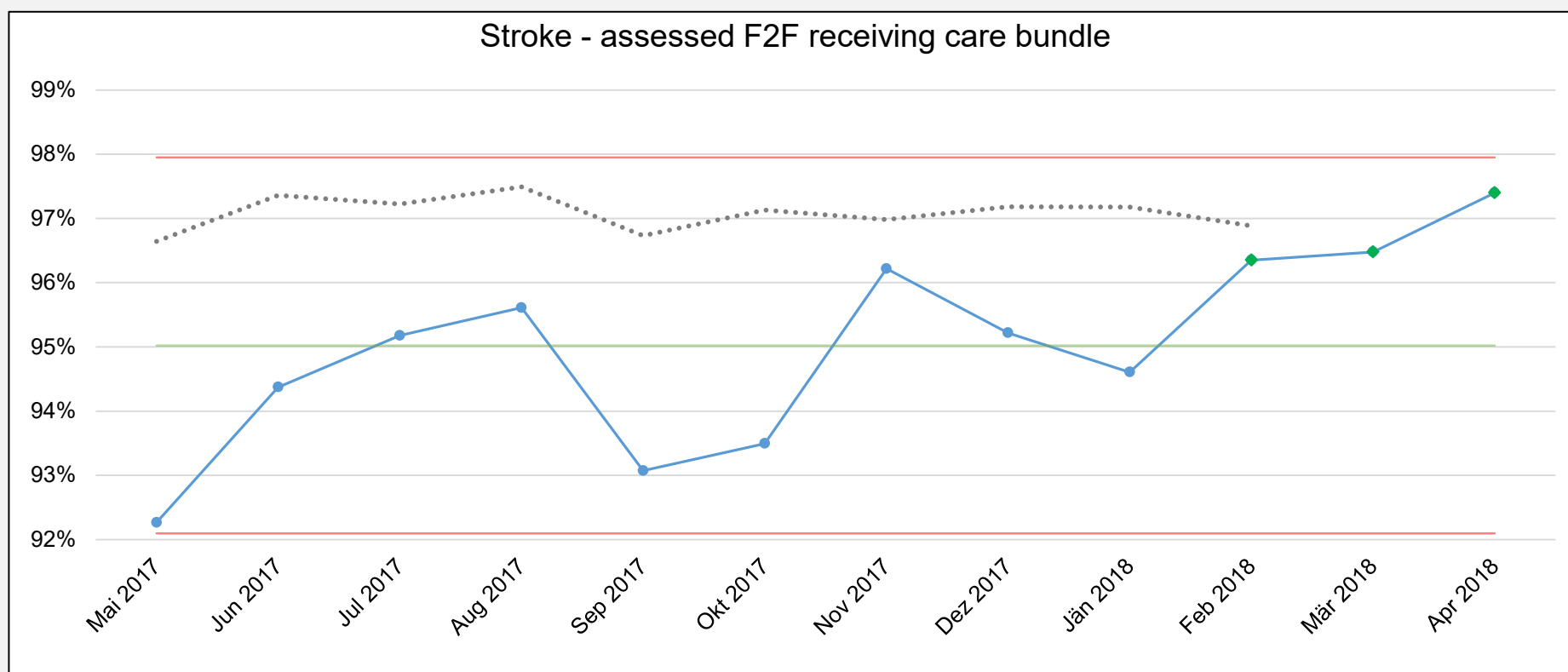
Mean performance is below the National Average. Our 90th centile performance is above the National Average. Which shows that STEMI patients that SECamb care for tend to receive more timely STEMI care.



Our mean performance for April 2018 is below the SECamb average and the national average. Our median performance was below SECamb average and below the national average. Our 90th centile time was below the SECamb and below the national average.



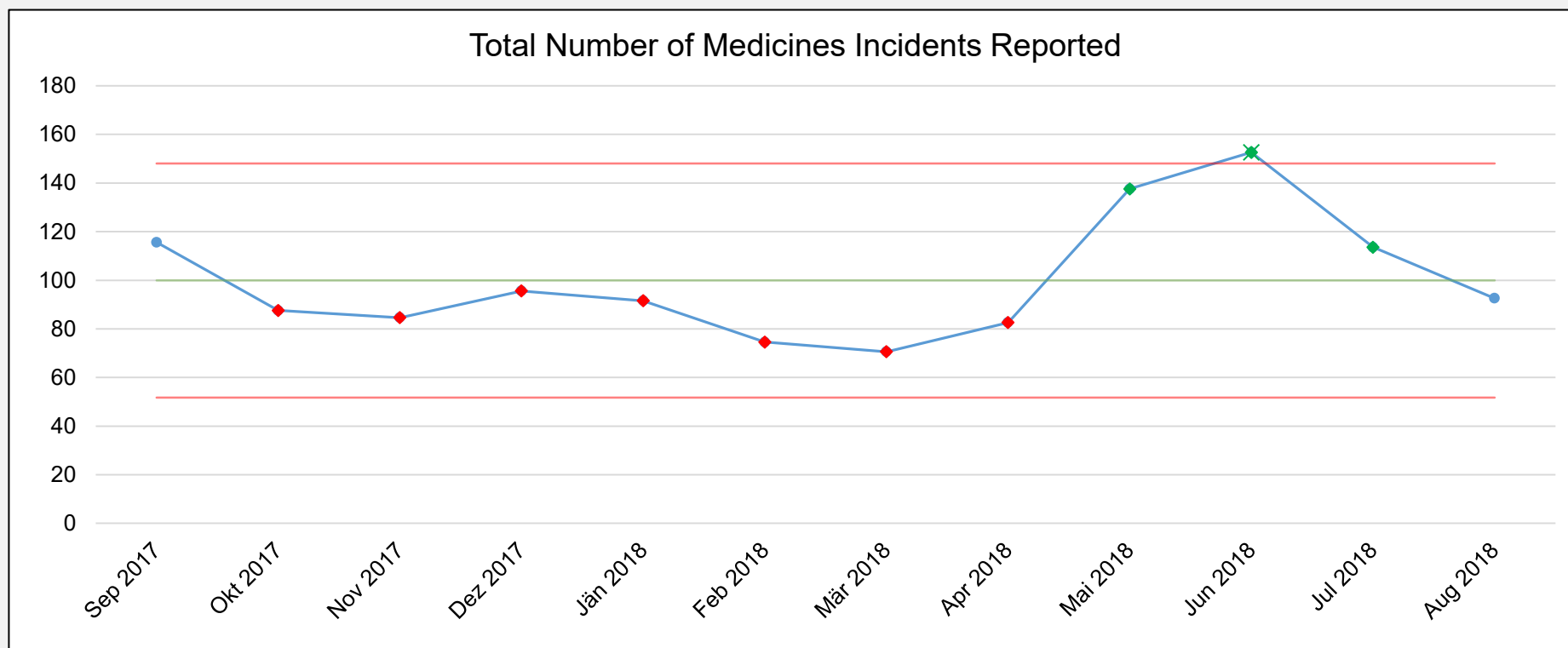
SECamb Clinical Safety Charts



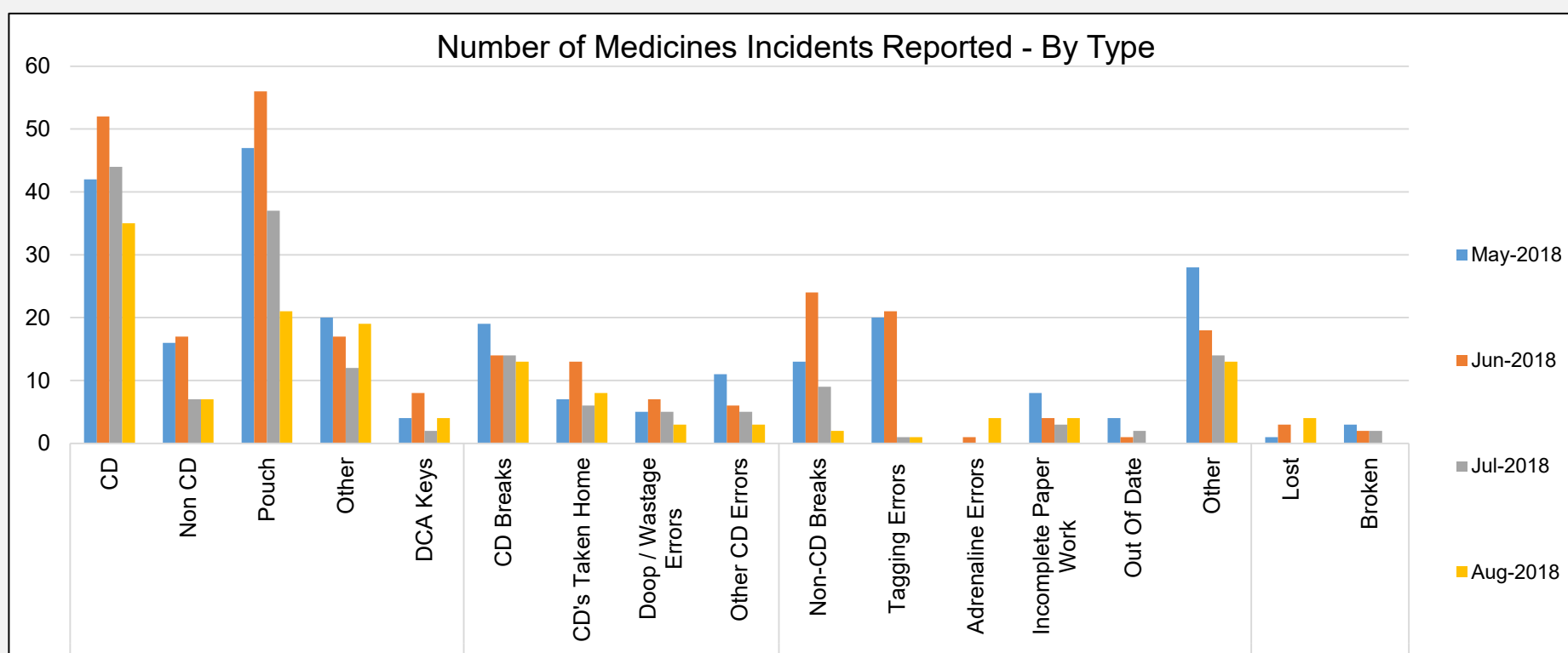
Performance in completing the Stroke Care Bundle is above the SECamb national average.

Dashboards showing local performance levels have now been shared with OUs to facilitate focussed quality improvement. Regular reminders of the importance of the completion of care bundles are placed in staff communications. A suite of feedback tools and information sheets has also been developed.

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

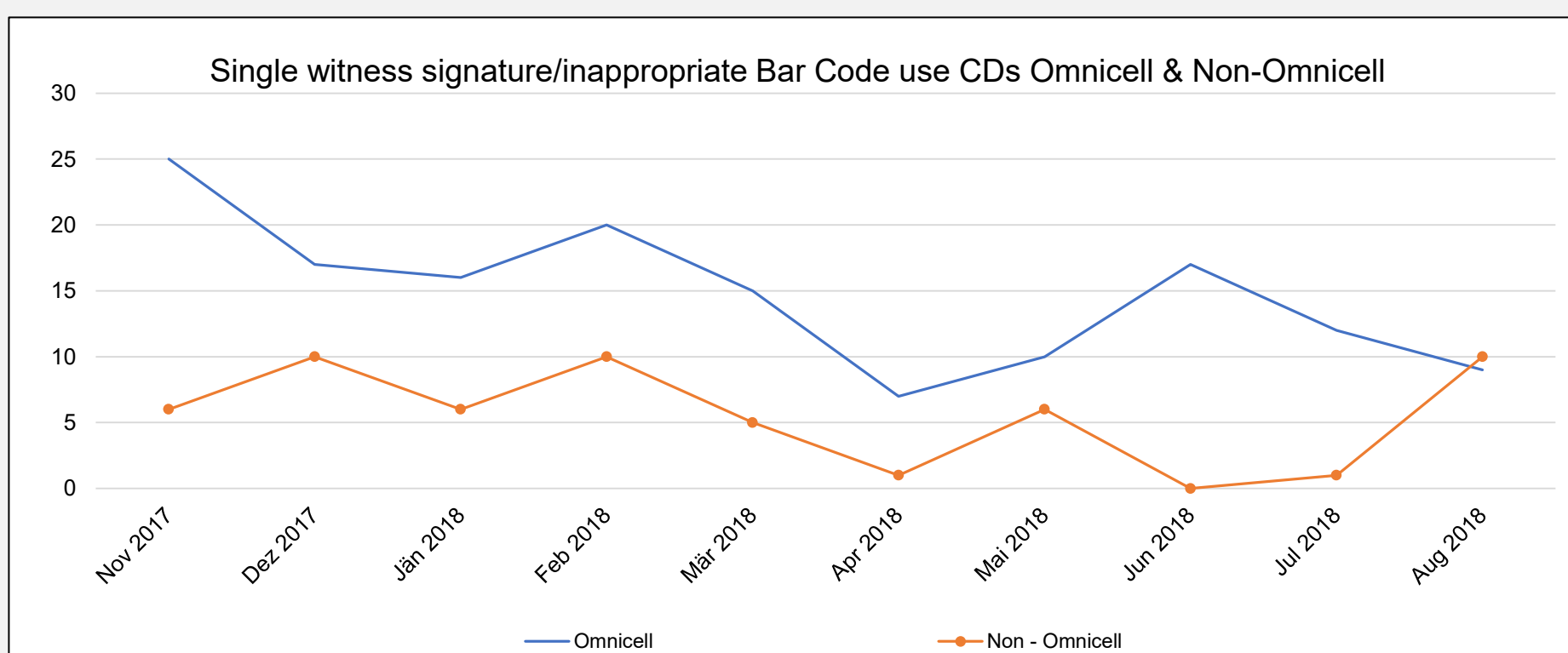


August has seen a further decrease in medicines incidents reported. Change has been made for September 2018 to aid staff with more reporting options for medicines in the Datix system. There are still incidents occurring where staff take Controlled Drugs home at the end of their shifts. Eight incidents were reported in August 2018 around this activity. A process is in place to ensure the drugs are returned without delay, and feedback is provided targeting any staff member who takes CDs home more than once. 22% of errors reported are in relation to medicines pouches and incorrect tagging, missing medicines or incomplete pouch paperwork. There was 5 incidents reported in August 2018 where medicines were not available for our patients due to incorrect tagging of pouches. A pouch review will commence on the whole system at end of October 2018, with a view to work up a project proposal document.

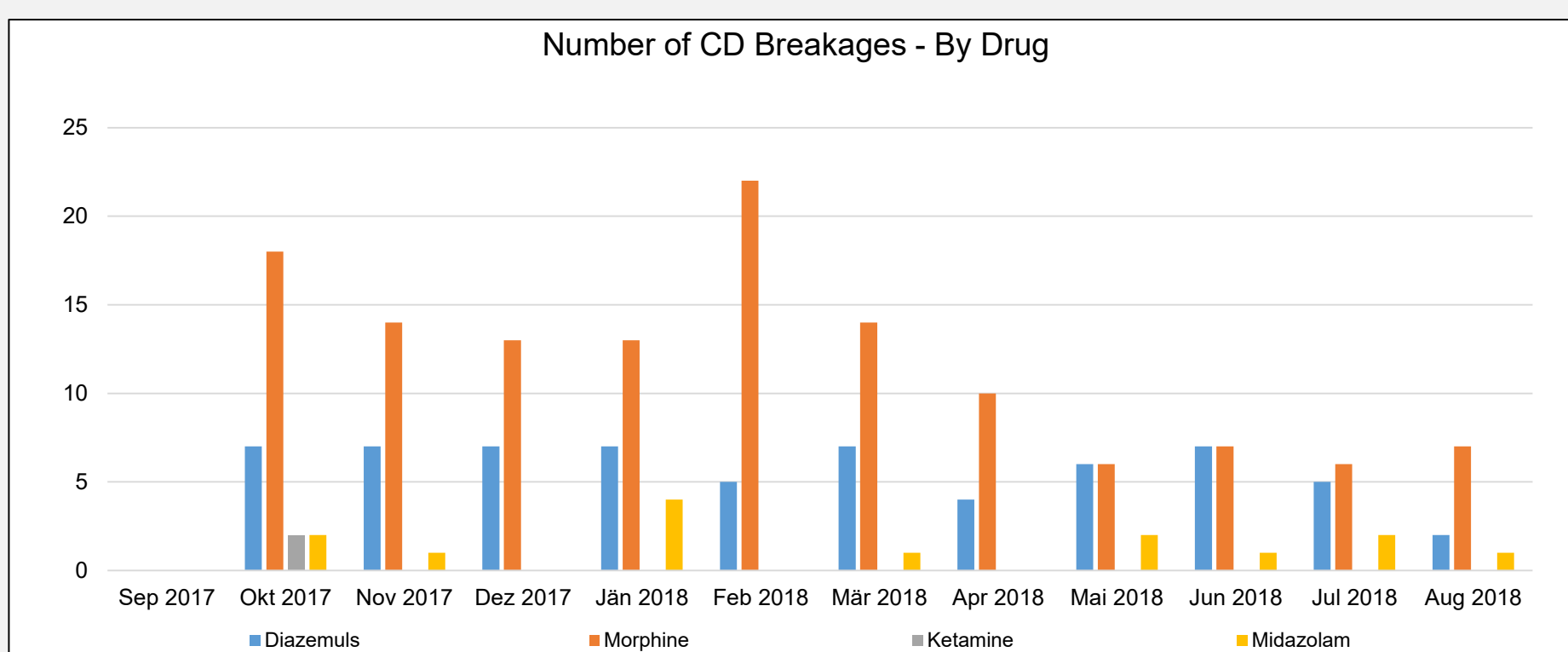


This relates to graph 1 (above).

SOP compliance around CDs continues to be reported well. Tagging errors, breakages and incomplete paperwork with medicines pouches continue to be reported by operational staff. More work is required around encouraging staff to report more and learning from incidents.



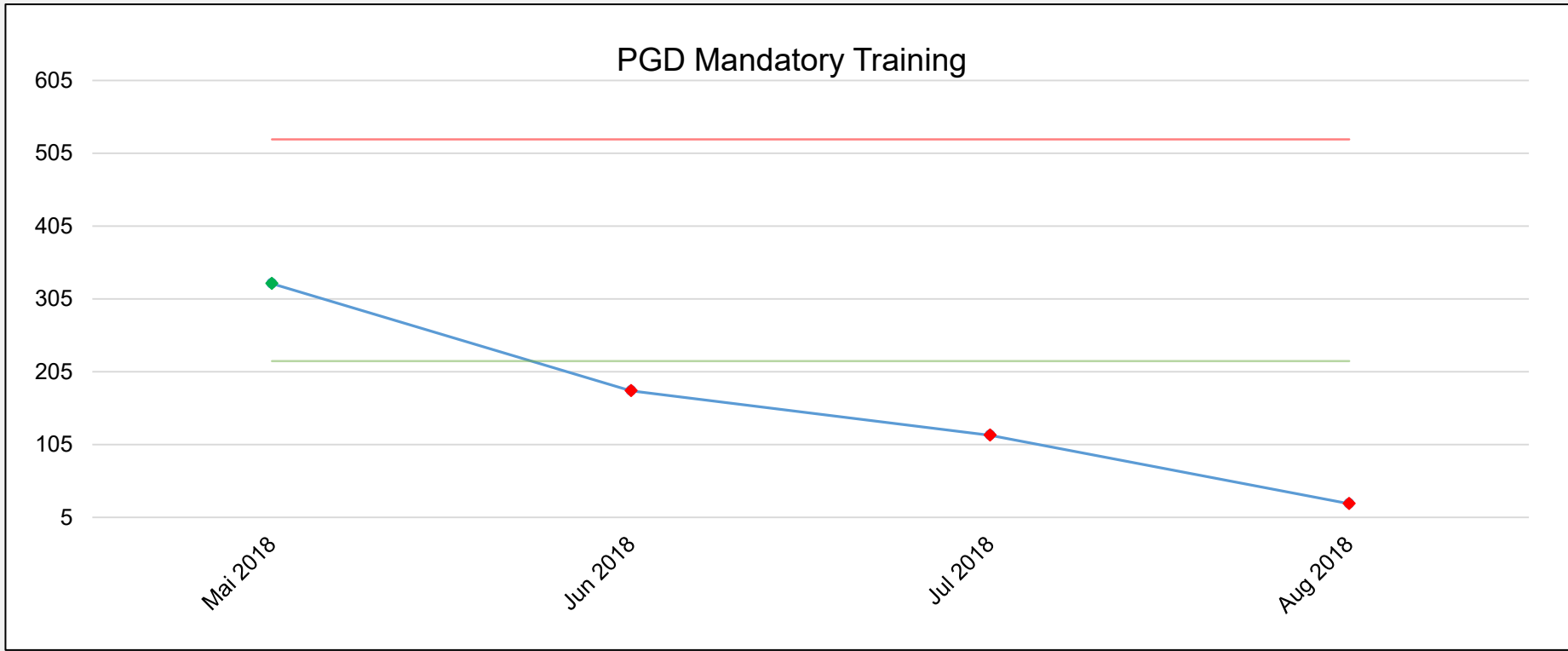
Weekly reports from the medicines governance team are sent to the OTLs on Omnicell sites to confirm the single signature is authorised. Medicines Governance Team rely on the OTLs reporting in this activity for non-Omnicell sites. OTLs are encouraged to complete a DIF1 for all unauthorised single CD signatures.



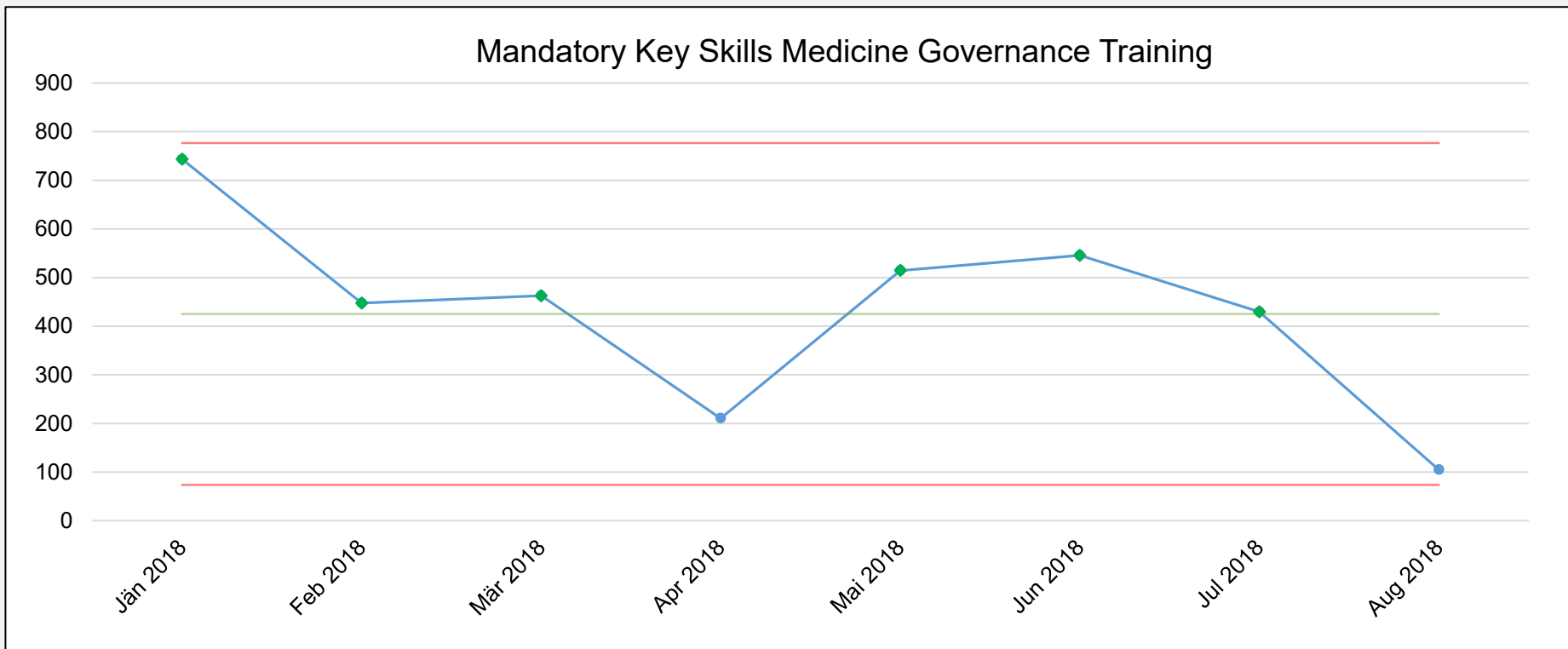
Total CD breakages are reduced by 59% for August 2018 when compared to same month in 2017. August 2017 saw 34 CD Breaks compared to only 14 during August 2018. Ampoule snappers have been trailed in the Paddock Wood area to see if this would reduce the number of breaks further but this has not had significant impact. As a Trust we have had significant improvement in CD breakages since the introduction of the CD pouch in October 2017.

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

SECAmb Clinical Safety Charts



Current numbers trained are in medicines governance key skills are 894 members of staff



Current numbers trained are in medicines governance key skills are 1687 members of staff
Consistent levels of statutory and mandatory training are seen.

Analysis of Cardiac Arrest Data - APRIL 2018

Total number of cardiac arrests identified = 421



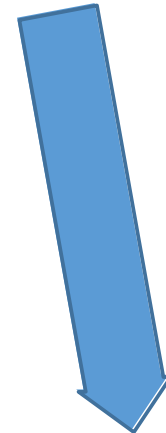
Number of resuscitation attempts = 212
excluding DNACPR 46 , DOA 159 , No Resus by SECamb 2, Post arrest 2

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) = 44 (21%)

Cardiac Arrests (All incidents) = 212 (100%)

ROSC sustained to hospital (Utstein)
 = 18 (41%)

ROSC sustained to hospital (All)
 = 63 (30%) + 1 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients

Utstein	Details	Overall
9	Patient survived to discharge	18
7	Patient died in hospital	43
1	Patient still in hospital*	2
1	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) = 9 (21%)

Survival to Discharge (All) = 18 (9%)

Additional Information - Resuscitation Attempts

Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	87 (41%)	11	1
PEA	33 (15%)	18	0
VF	67 (32%)	26	0
Non-shockable	23 (11%)	7	0
Not recorded	2 (1%)	1	0

CPR Bystander - 121

EMS Witnessed arrest - 35

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

Analysis of Cardiac Arrest Data by area - APRIL 2018

Number of resuscitation attempts = 210
 this figures excludes 2 incidents (1 Utstein) as PAS & VAS crew (neither resulted in ROSC at Hospital)

Cardiac Arrests (Utstein) East = 23 (11%)	Cardiac Arrests (All) East = 132 (63%)
Cardiac Arrests (Utstein) West = 20 (10%)	Cardiac Arrests (All) West = 78 (37%)
ROSC sustained to hospital (Utstein) East = 13 (57%)	ROSC sustained to hospital (All) East = 41 (31%) + 1 non ROSC
ROSC sustained to hospital (Utstein) West = 5 (25%)	ROSC sustained to hospital (All) West = 22 (28%)

Outcomes for ROSC at hospital and non ROSC at hospital patients

Area	Utstein	Details	Overall
East	6	Patient survived to discharge	11
West	3		7
East	6	Patient died in hospital	29
West	1		14
East	0	Patient still in hospital*	1
West	1		1
East	1	Outcome unknown* (Patient identifiable data incomplete)	1
West	0	Outcome unknown* (Patient identifiable data incomplete)	0

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

Survival to Discharge (Utstein) East = 6 (27%)	Survival to Discharge (All) East = 11 (8%)
Survival to Discharge (Utstein) West = 3 (16%)	Survival to Discharge (All) West = 7 (9%)

Mental Health Care

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

The mental health indicator has been rated GREEN as the mean response measures are on balance within cat 2 standard.

Cat 2 = 00: 19:06
90th Centile= 00:38:17

During August 2018 there were 135 Section 136 related calls to the service. 116 of these calls received a response (85.92%) (83.57% in July) resulting in a conveyance to a place of safety by an ambulance on 110 (81.48% of total calls; in July this was 77.14% of total calls) on these occasions.

The overall performance mean shows a response time across the service as 00:19.06 (July was 00.21.32). Against the 90th centile measure, the response was 00:38.17 (June was 00.43.38).

There were 115 transports of under 18's (6 during July).

There were 19 occasions when SECAmb did not provide a response. This is down from 23 in July, however the call activity is slightly lower although conveyancing is higher.. This report RAG rates against both mean ARP standards within Cat 2; these being 18 minutes and the 90th percentile within 40 minutes. The report also details conveyances measured under Cat 3, Cat 4, C60 HCP, C120 HCP and C240 HCP (these are likely to be secondary conveyances and are not RAG rated) and these are as follows:

Cat 3: Total calls 6 Total responses 5 Total transports 5
Performance Mean 00:02:33.24 90th centile 07:04:25

The high performance means for cat 3 are the result of an 11.22.41 response from the Tangmere and Worthing OU.

Cat 4: Total calls 0 Total responses 0 Total transports 0

C60 HCP: Total calls 8 Total responses 2 Total transports 1
Performance Mean 00:41:53 90th centile 01:03:24

C120 HCP: Total calls 2 Total responses 2 Total transports 2
Performance Mean 02:35:48 90th centile 03:33:20

C240 HCP Total calls 0 Total responses 0 Total transports 0

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

Quality and Patient Safety Report :

Unreconciled Clinical Records: Improvements made in the number of unreconciled incidents have been sustained, but has plateaued at circa 11% unreconciled each month. A business case has been developed for an IT solution that would improve this figure.

Medicines compliance to safe and secure handling audit checks is 95.2% for the month (from 93.5%). Compliance with weekly checks has decreased, with only seven stations being compliant. A significant decrease in compliance to 75% (from 93.5%) was noted with the monthly OU checks. Six occurrences of non-compliance to the CD procedures were reported.

IP Ready: HH compliance has increased to 93% (against the target of 90%). BBE is now called 'Clinically Ready' and was 100% compliant this month. MRC Deep Clean rates are showing as fully compliant for the Trust at 104%, but Paddock Wood struggled to complete all of their DC's and only achieved 71% for the month. VPP areas below target at 97%, due to issues in Brighton. IPC Level 2 training is just below the monthly target of 85% this month, but this is due to local records not being updated onto the central reporting system. Environmental Cleanliness audit completion has improved as has compliance levels. Flu vaccine reporting will commence from next month.

Safeguarding referral rates continue to increase (currently a 24% increase compared to 2017). Five new safeguarding data requests have been received this month for ongoing case reviews, totalling fifteen year to date. 2018/19 training on harmful behaviours (coercive and controlling) has a 56% completion rate to date. Training on Level 2 child safeguarding for all operational staff is 71.15% and for Level 2 adult safeguarding (both e-learning) is 72.34% (increased from 58% in July)

The Trust continues to see an increase in incident reporting with a total of 808 reported in August. The allocation of investigators has remained at 100 again in August. Timeliness of the investigation (deadline for completion is 20 working days) has stabilised around 210 in August 2018. The number of overdue incidents investigated within 20 working days has fluctuated from 50-100 and is closely monitored by the Datix team.

Serious Incidents (SIs) and Duty of Candour (DoC): 8 SIs were reported in August (9 in July). 72 SIs were open on STEIS at the end of August (71 in July). A decrease to 28 (from 31 in July) were overdue for first submission to the CCG; none were closed from August closure meeting from the seven that were submitted, with one recommended for de-escalation by the CCG. The Trust achieved 100% compliance with DoC requirements for SI's. 100% compliance was also achieved for DoC made/attempted within deadline.


Patient Experience: The Trust received and opened 91 complaints (102 in July) against a monthly average for the year of 104. 95 were due for closure, with 61% upheld in some way. The top three complaints were about staff behaviours, timeliness and NHSP (triage). Staff behaviour complaints decreased to 21 from 32 last month; timeliness decreased from 26 to 15; but NHSP (triage) increased to 27 from 23. Falls continues to be the theme with the highest number reported. Complaints response timeliness performance since the end of January continues, with 99% responded to within the Trust's 25 working day timescale this month. August saw an increase in compliments received (n=189), well above the usual monthly trend of circa 130-140.

STEMI Care Bundle performance has remained at 69.61% (from 69.1% in Mar), which continues below the national YTD average of 76.4%. Stroke Diagnostic Bundle performance is now above the national average (97.1%) at 98.67%.

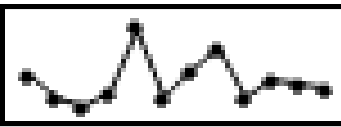
Clinical Audit: the 2018/19 Clinical Audit annual plan is on track and national requirements for the collection and submission of data are being met.

SECAmb Clinical Quality Scorecard


Number of Incidents Reported

	Jun-18	Jul-18	Aug-18	12 Months
Actual	712	770	806	
Previous Year	586	595	579	

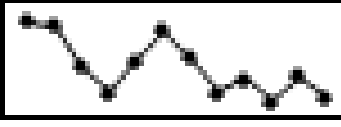
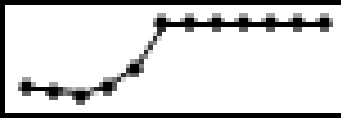
Number of Incidents Reported that were SI's

	Jun-18	Jul-18	Aug-18	12 Months
Actual	10	9	8	
Previous Year	7	8	10	


Duty of Candour Compliance (SIs)

	Jun-18	Jul-18	Aug-18	12 Months
Actual %	100%	100%	100%	
Target	100%	100%	100%	


Number of Complaints

	Jun-18	Jul-18	Aug-18	12 Months
Actual	88	102	91	
Previous Year	102	82	105	
Complaints Timeliness (All)	99.0%	98.8%	99.0%	
Timeliness Target	95%	95%	95%	

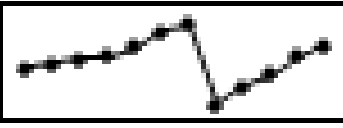
Compliments

	Jun-18	Jul-18	Aug-18	12 Months
Actual	133	176	189	

Hand Hygiene


	Jun-18	Jul-18	Aug-18	12 Months
Actual %	88%	89%	93%	
Target	90%	90%	90%	

Safeguarding Training Completed (Adult) Level 2

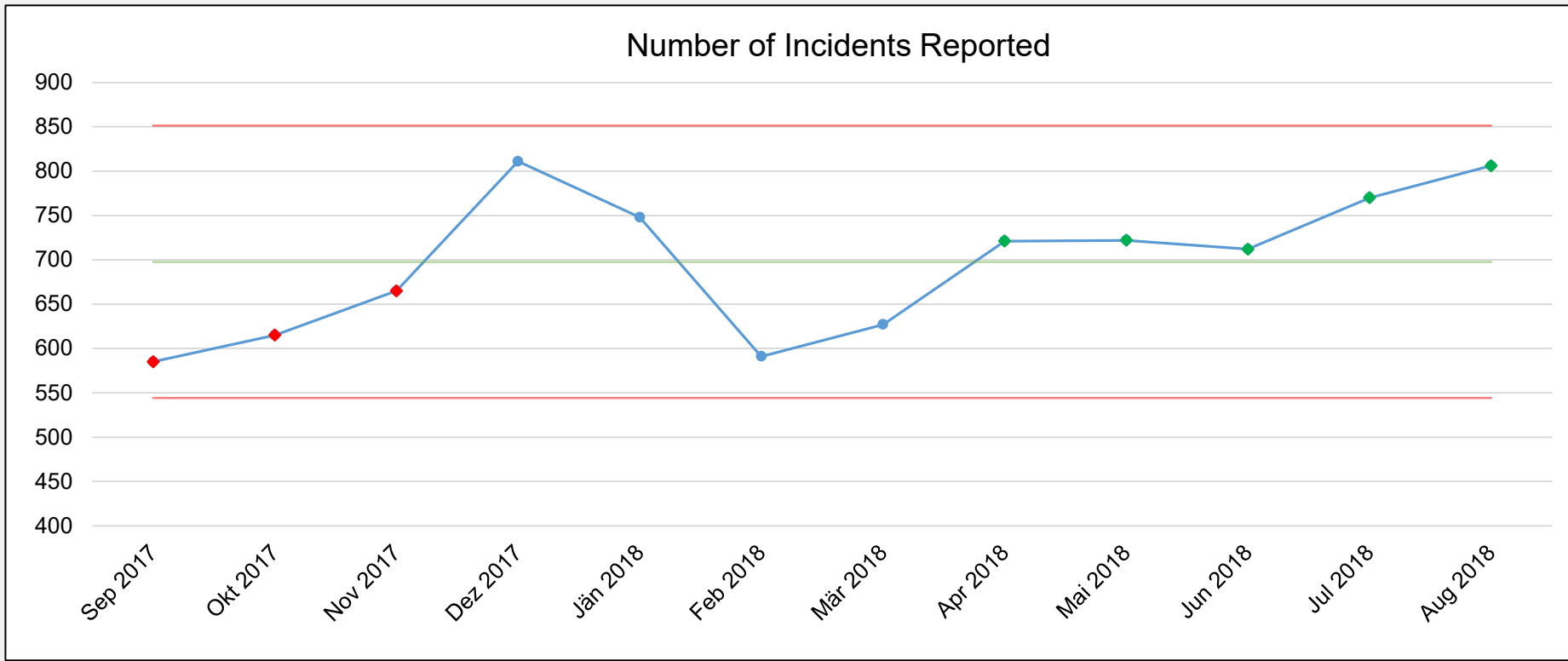
	Jun-18	Jul-18	Aug-18	12 Months
Actual %	37.97%	58.69%	72.34%	
Previous Year %	21.07%	26.65%	34.06%	
Target	85%	85%	85%	

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

Safeguarding Training Completed (Children) Level 2

	Jun-18	Jul-18	Aug-18	12 Months
Actual %	38.18%	57.62%	71.20%	
Previous Year %	21.33%	20.54%	35.99%	
Target	85%	85%	85%	

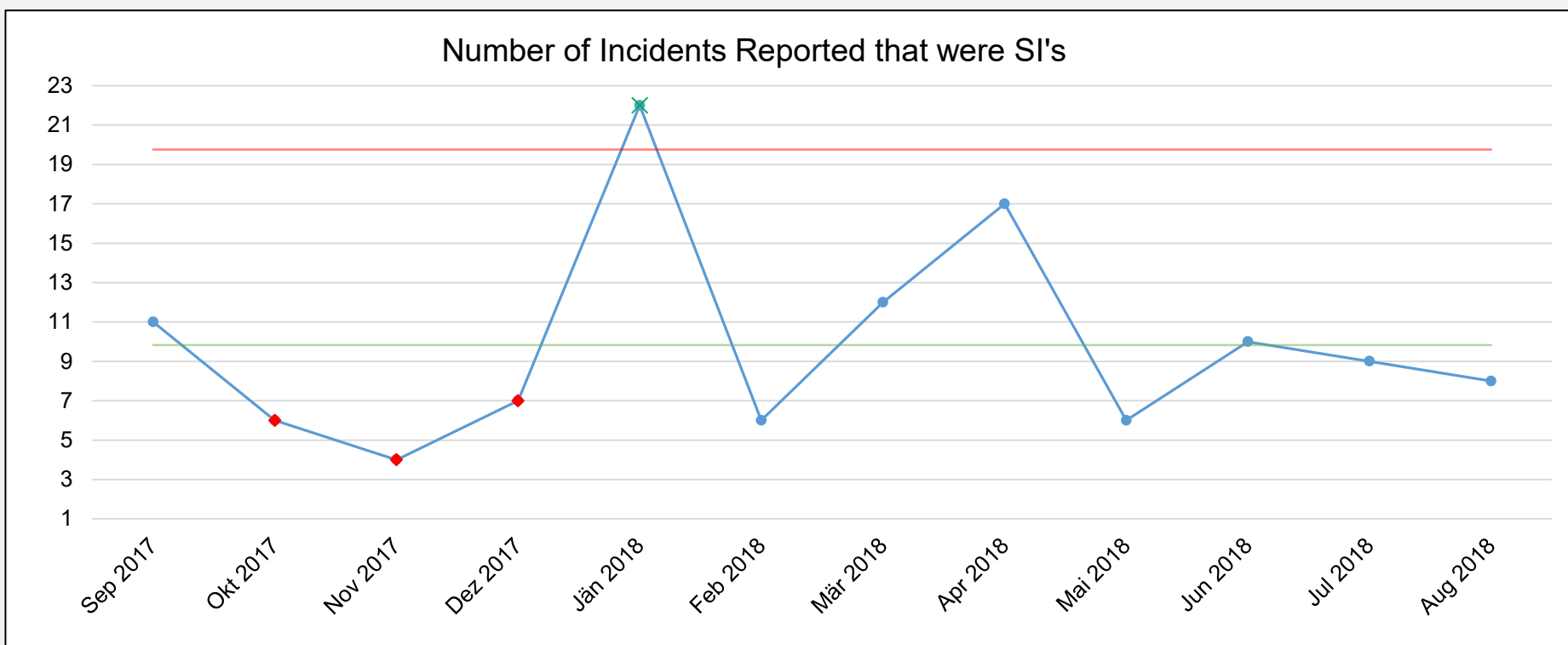
SECamb Clinical Quality Charts



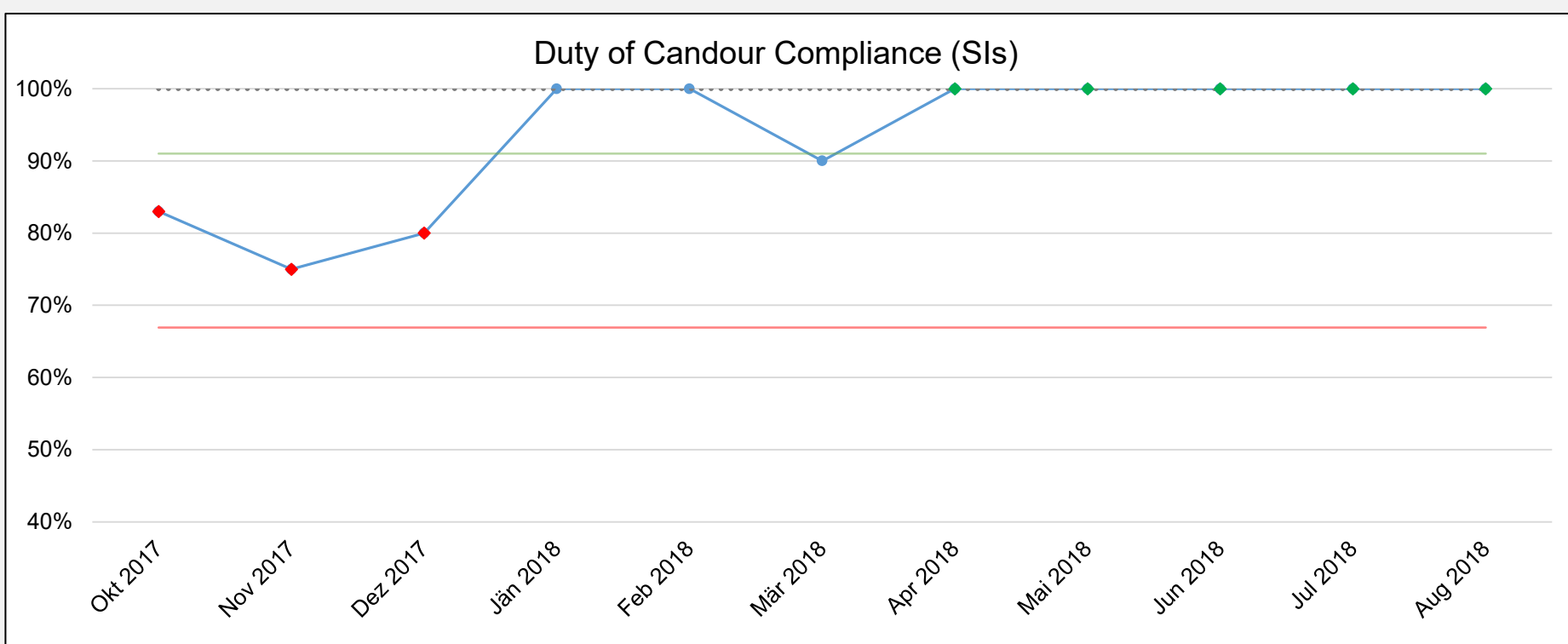
There has been 808 incidents reported in August 2018. This is an increase from July of 768 incidents. The most common reported incident was around not travelling under blue lights which reported 75 incidents for the month.

We reported 695 no harm incidents over the month and this has meant that we continue to report around 95% of our incidents as no and low harm.

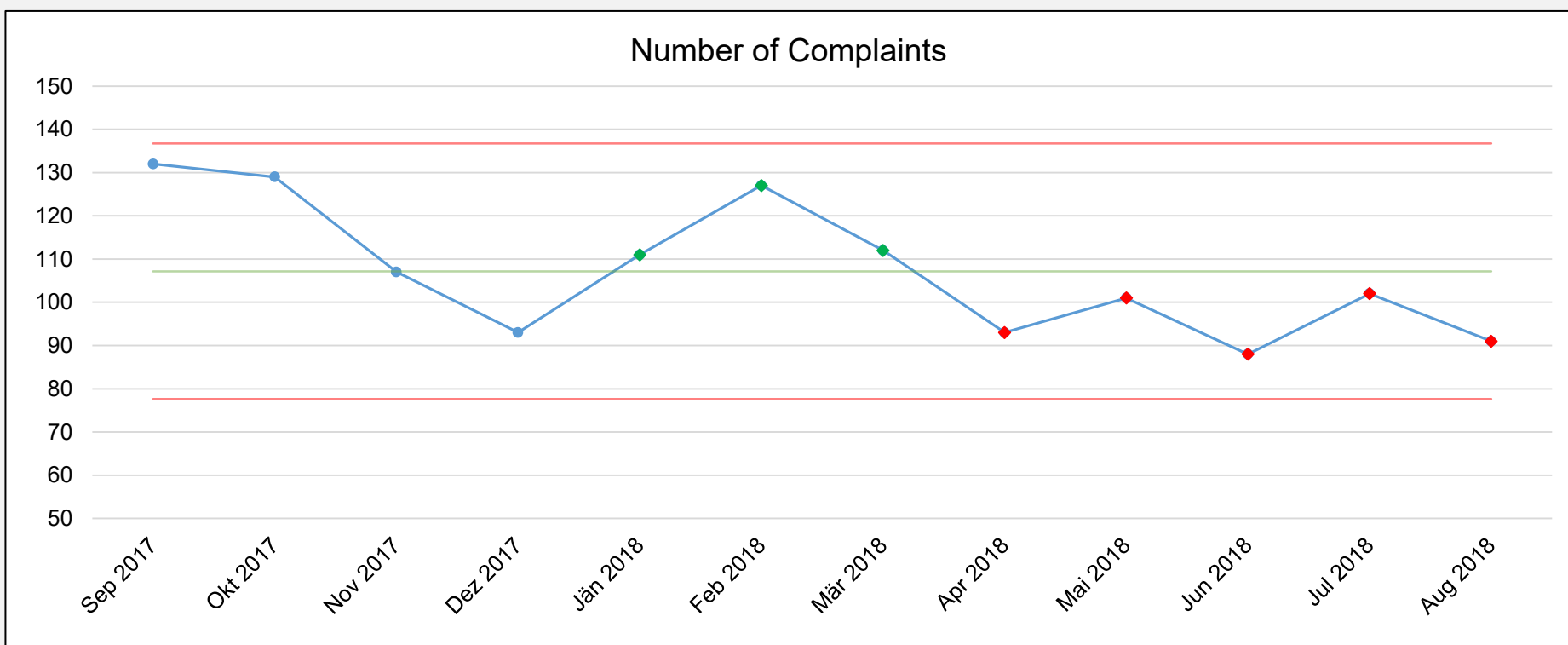
EOC, Polegate & Hastings and Medway & Dartford continue to be high reporters with 141, 103 and 81 respectively.



8 Serious Incidents were reported in August (9 in July). 72 SIs were open on STEIS at the end of August (71 in July). A decrease to 28 (from 31 in July) were overdue for first submission to the CCG. None were closed from August closure meeting from the seven that were submitted, with one recommended for de-escalation by the CCG.



The Trust achieved 100% compliance with DoC requirements for SIs with all made/attempted within deadline

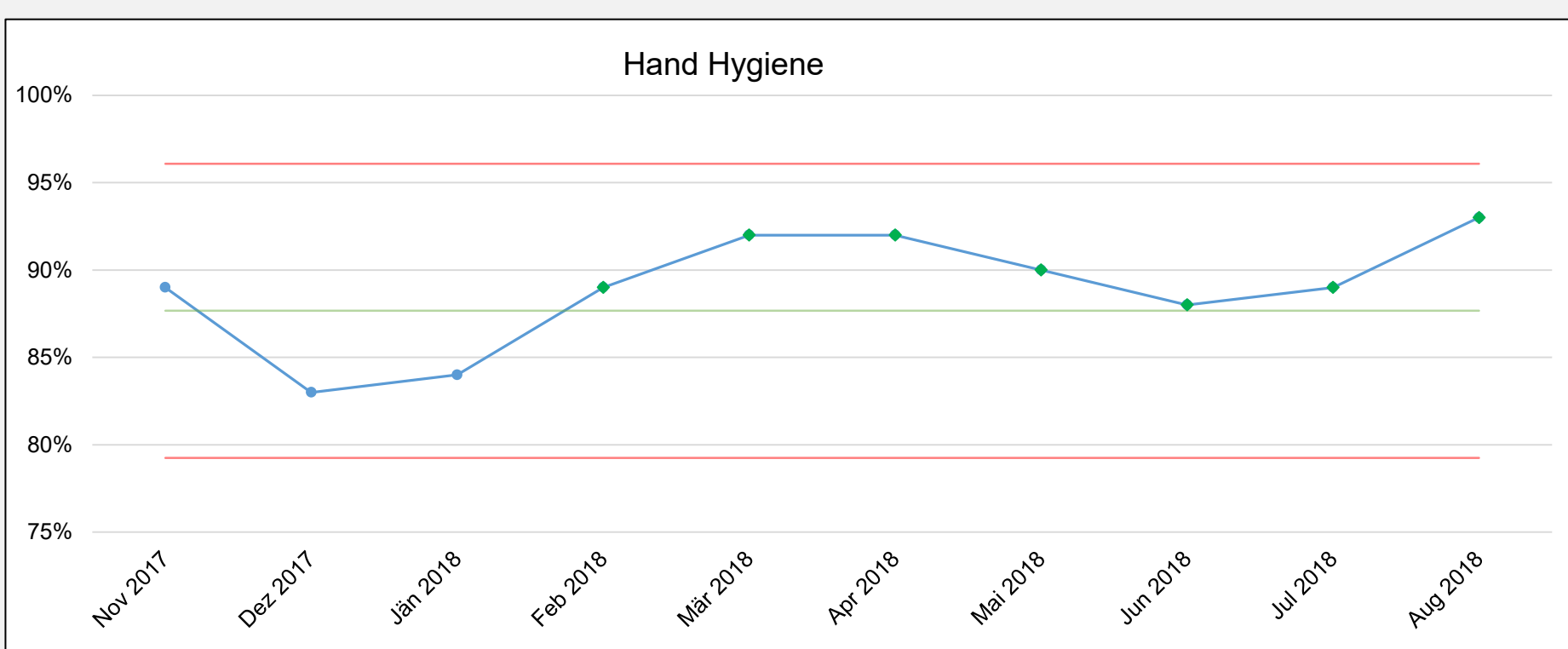


The Trust received and opened 91 complaints in August 2018, compared to 102 in July. The monthly average for 2017/18 was 104.

In August, as most months, the top three complaints sub-subjects were NHS Pathways (triage), timeliness, and staff behaviour. A&E timeliness complaints reduced considerably in August, with just 15 compared to 26 in July. Complaints about staff behaviour have also reduced, from 32 in July – a spike for which no explanation has been ascertained to date – to 21, which is within normal ranges. Complaints about triage have increased, however, from 23 in July to 27 in August.

In August 2018 99% of complaints were concluded within timescale.

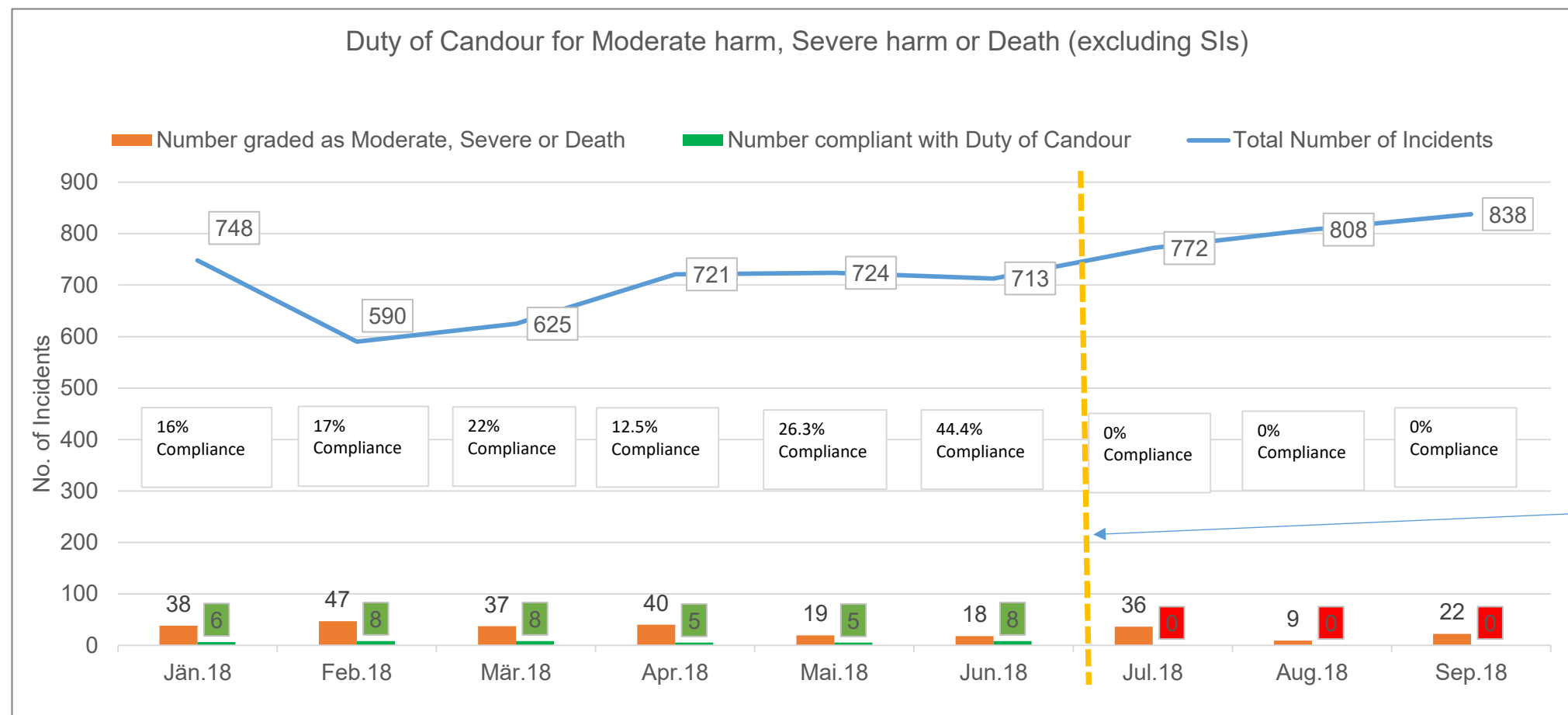
The number of compliments received continues to rise, with 189 in August. This follows a rise to 176 in July, following several months of numbers in the 130s.



Hand Hygiene is now audited using the 3R's tool from the Infection Prevention Ready Procedure. This month we achieved the 90% target for HH and Clinically Ready was showing as 100% compliant.

SECAmb Duty of Candour and Moderate Harm

There has been a change in compliance criteria for this as explained below after an audit in to Duty of Candour in the Summer of 2018. A new process is in place with SIG to put Duty of Candour that does not meet SI reporting criteria. These incidents will go to SIG for review and then if they require DoC will be sent to the patient experience team to make contact with the patient or family member and upload evidence onto Datix to support this.



Prior to July, ticking 'Yes' for Duty of Candour was viewed as compliant. Now, evidence must be attached to the incident to be compliant.

SECamb Health and Safety Reporting

The Head of Health and Safety (H&S), Amjad Nazir, has produced a comprehensive Health & Safety improvement plan. The improvement plan will be submitted to our Workforce Wellbeing Committee in October 2018. Progress for the improvement plan will be reported every two weeks to the compliance steering group. Furthermore, a task and finish group will meet every two weeks to aid the completion of the improvement plan.

The development of a bespoke internal Health & Safety audit tool is making good progress and will go live in January 2019. Annual Health & Safety audits will become a permanent programme of works to seek continuous improvement.

The Health & Safety team will operate with three Health & Safety managers and one Head of Health & Safety. The third Health & Safety Manager will join the newly created team on the 15th October 2018. The first priority for the team is to begin developing a robust and effective Health & Safety management system.

Multi-disciplinary training is an on-going programme until March 2019. First line managers receive this training which provides H&S and Risk knowledge along with legislative awareness and responsibilities.

Violence and Aggression Incidents - See Figure 1 below

In recent years there has been an increase throughout the UK in assaults on emergency workers. The recent change in law will double the maximum sentence from 6 to 12 months in prison for new offences. This change in law will hopefully assist in the future to reduce incidents of this nature.

Manual handling Incidents - See Figure 2 below

The H&S team will soon commence work with clinical education to undertake a training needs analysis. The analysis will review next year's statutory and mandatory training. The focus will be the adequacy of training and the frequency of refresher periods. On-going improved investigations and shared learning will also increase awareness of best practice for moving and handling.

Health & Safety Incidents - See Figure 3 below

The number of health and safety incidents reported has dropped, partly due to a temporary reduction in quality assurance visits necessitated by competing priorities.

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

RIDDOR incidents reported in August were 7 with 5 reported on time to the Health & Safety Executive. The 2 late reported incidents were reported late by the members of staff involved. Health & Safety training continues for first line managers, awareness and compliance will improve in time. In addition to this a specific action is included within our H&S improvement plan to review internal RIDDOR reporting mechanisms.

Figure 1

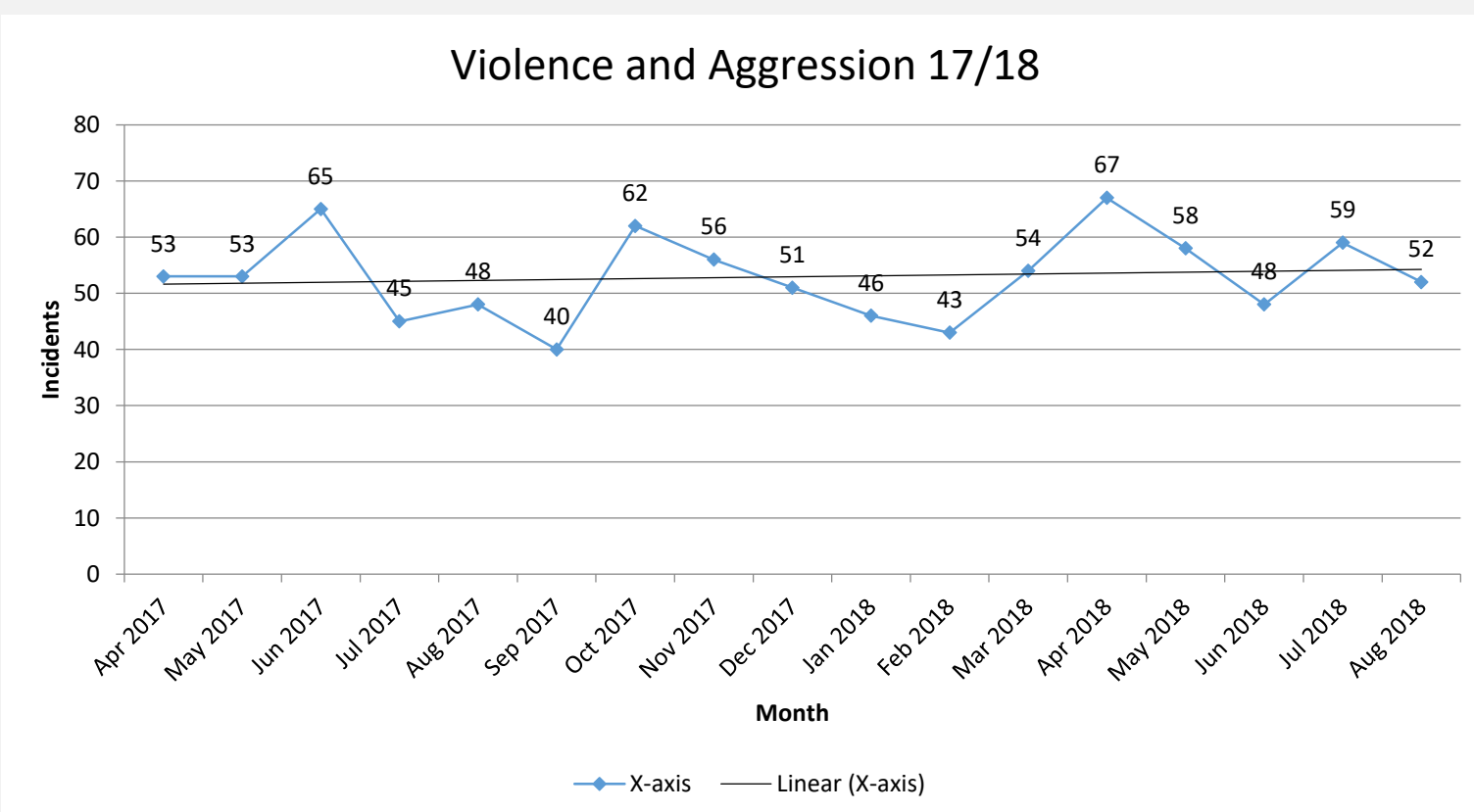


Figure 2

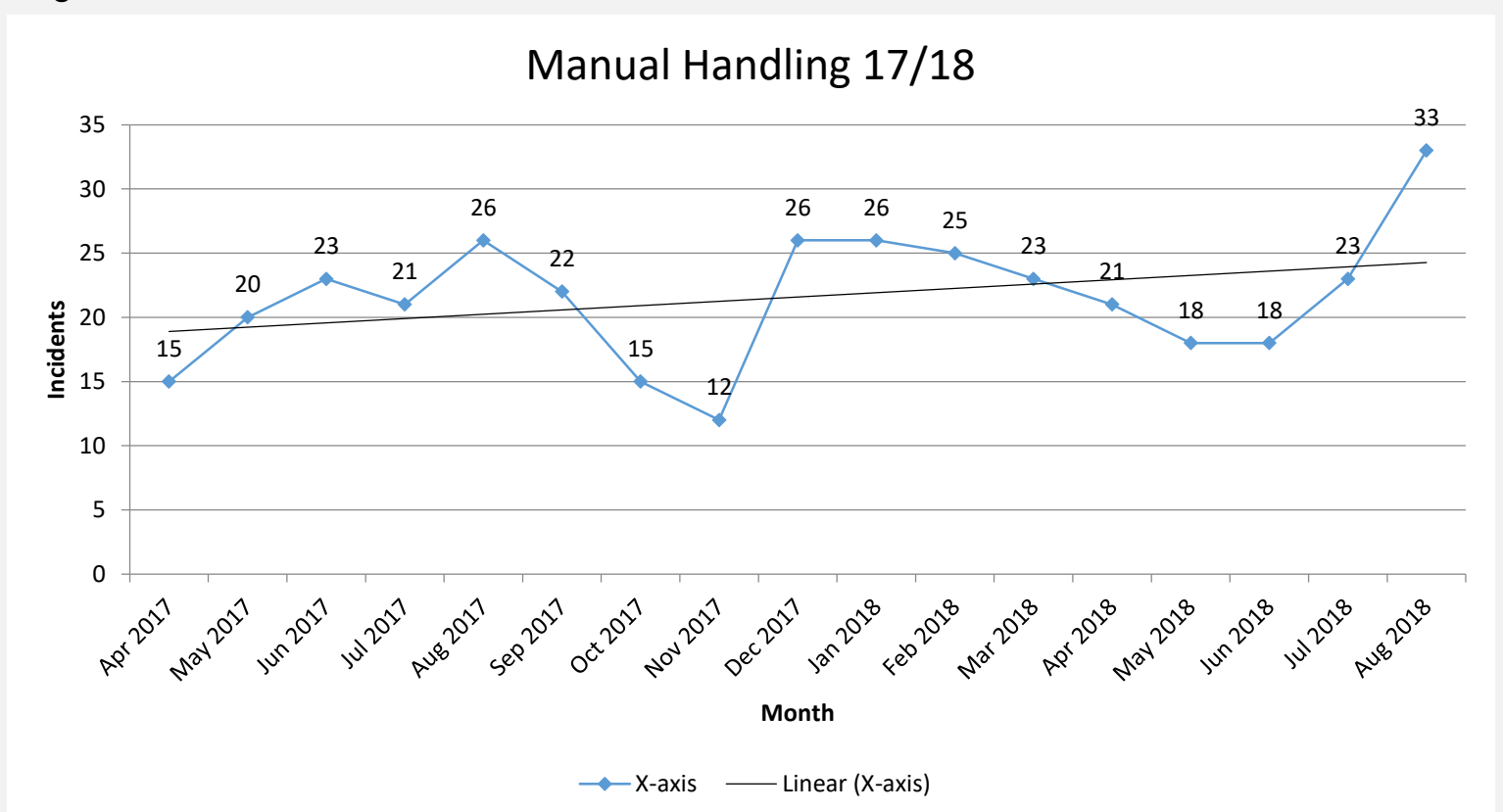


Figure 3

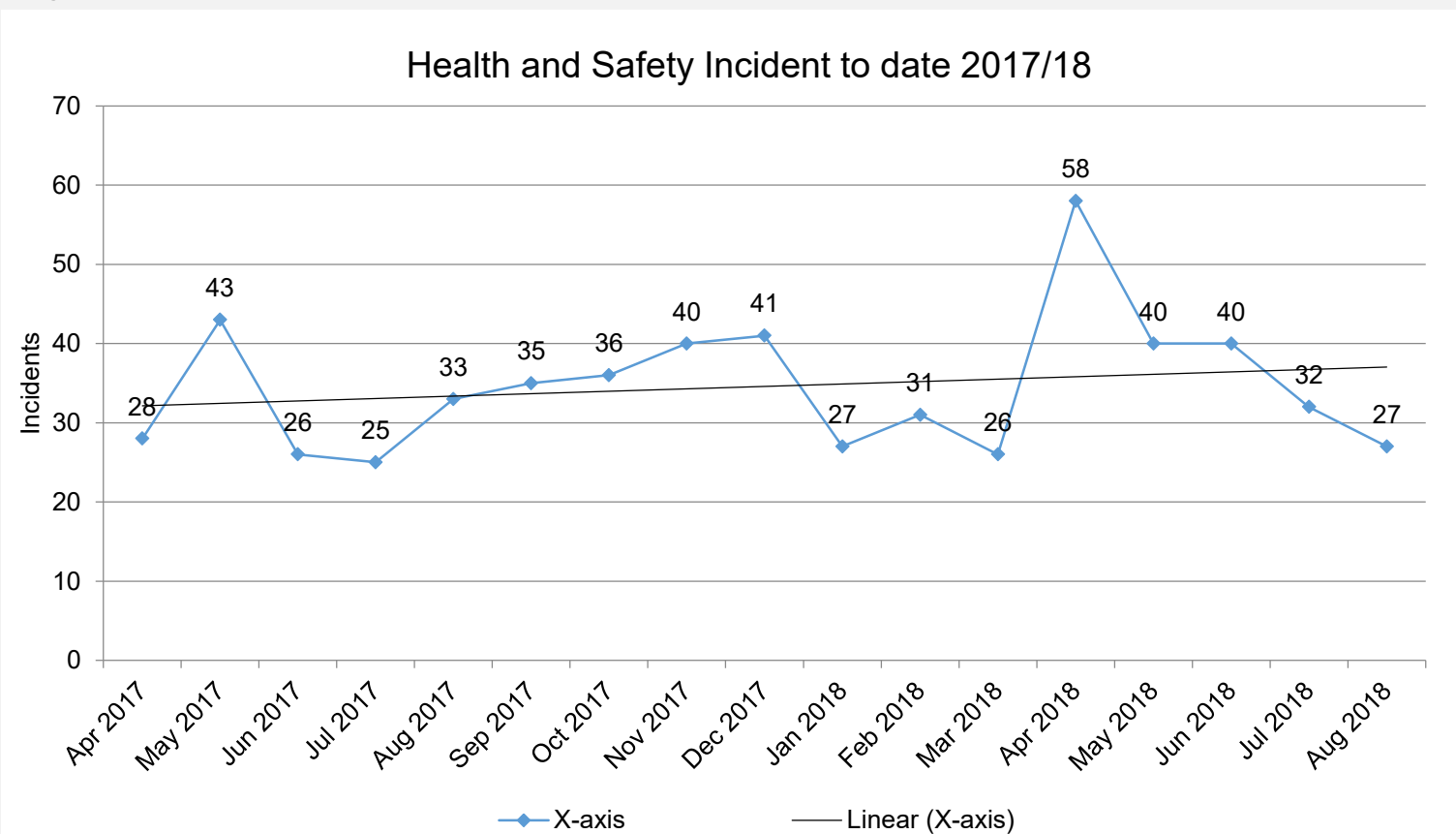
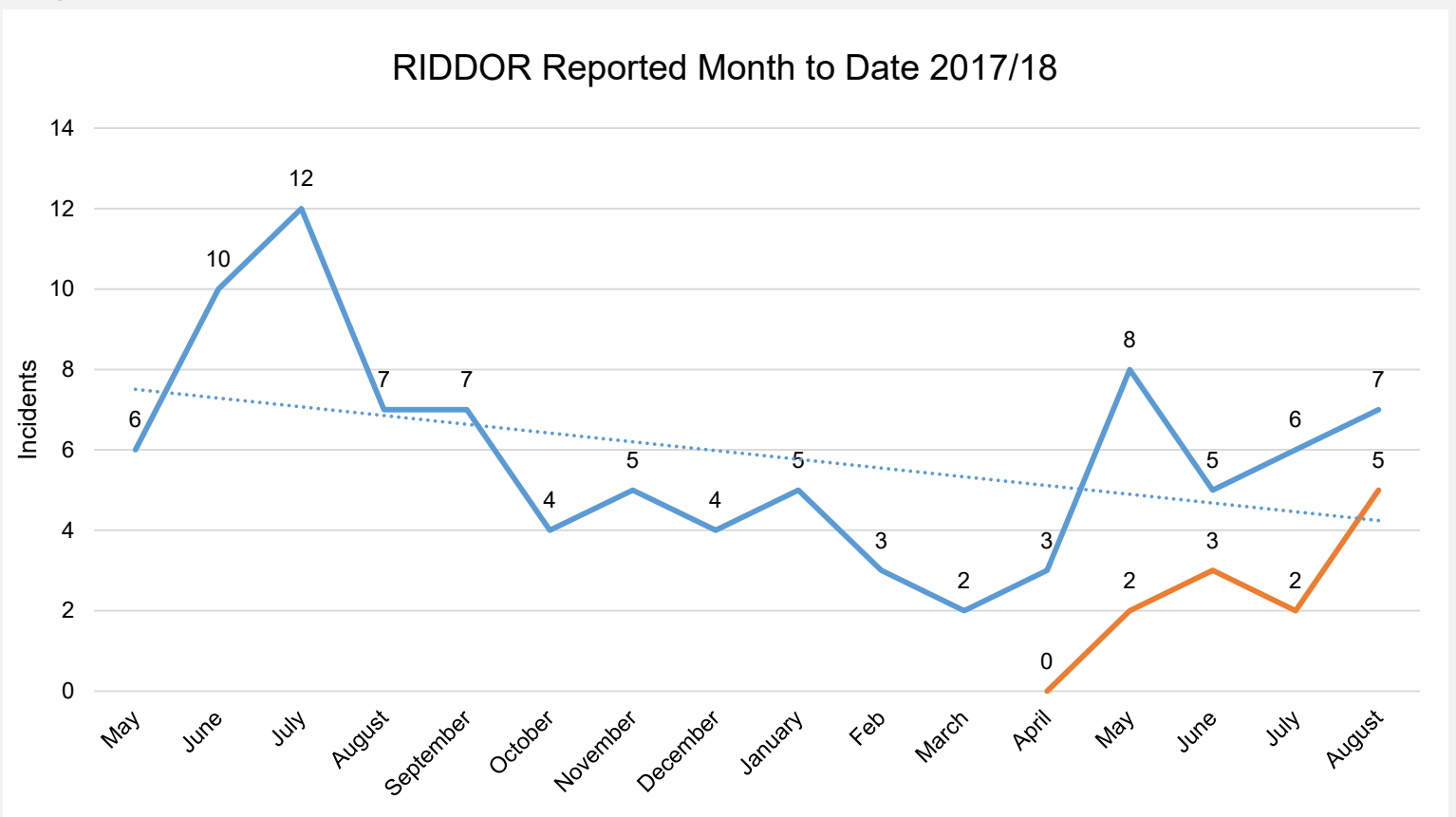


Figure 4



SECamb 999 Operations Performance Scorecard

Call Handling

	Jun-18	Jul-18	Aug-18	12 Months
5 Sec Performance (95% Target)	73.2%	72.7%	81.3%	
Mean Call Answer Time (secs)	24	25	16	
95th Centile Call Answer (Secs)	132	143	102	
National Mean Call Answer	11	13	7	
National 95th Centile Call Answer	59	70	41	

Cat 1 Performance

	Jun-18	Jul-18	Aug-18	12 Months
Mean (00:07:00)	00:07:41	00:08:19	00:07:32	
90th Percentile (00:15:00)	00:14:22	00:15:12	00:14:17	
Mean Resources Arriving	1.78	1.75	1.73	
Count of Incidents	3298	3590	3326	
National Mean	00:07:37	00:07:37	00:07:17	

Cat 1T Performance

	Jun-18	Jul-18	Aug-18	12 Months
Mean (00:19:00)	00:10:47	00:10:52	00:10:32	
90th Percentile (00:30:00)	00:19:45	00:20:40	00:20:39	
Mean Resources Arriving	2.77	2.77	2.71	
Count of Incidents	2114	2267	2125	
National Mean	00:12:18	00:12:10	00:11:32	

Cat 2 Performance

	Jun-18	Jul-18	Aug-18	12 Months
Mean (00:18:00)	00:17:39	00:19:30	00:18:15	
90th Percentile (00:40:00)	00:33:14	00:37:39	00:35:07	
Mean Resources Arriving	1.13	1.13	1.12	
Count of Incidents	26791	29416	27722	
National Mean	00:21:38	00:22:41	00:20:42	

Cat 3 Performance

	Jun-18	Jul-18	Aug-18	12 Months
Mean	01:16:37	01:33:35	01:19:39	
90th Percentile (02:00:00)	02:55:30	03:34:35	03:08:43	
Mean Resources Arriving	1.06	1.07	1.06	
Count of Incidents	20931	20279	20726	
National Mean	01:00:15	01:06:54	00:57:34	

Cat 4 Performance

	Jun-18	Jul-18	Aug-18	12 Months
Mean	02:01:01	01:56:36	01:35:01	
90th Percentile (03:00:00)	04:58:23	04:34:20	03:37:10	
Mean Resources Arriving	1.06	1.05	1.05	
Count of Incidents	1069	1037	958	
National Mean	01:28:44	01:32:37	01:19:23	

HCP

	Jun-18	Jul-18	Aug-18	12 Months
HCP 60 Mean	02:08:41	01:45:40	01:35:38	
HCP 60 90th Percentile	05:05:37	03:23:15	03:13:06	
HCP 120 Mean	02:20:03	02:22:35	01:58:36	
HCP 120 90th Percentile	05:07:17	05:13:05	04:20:20	
HCP 240 Mean	02:46:48	03:21:52	02:49:47	
HCP 240 90th Percentile	07:01:15	07:19:36	06:11:24	

Call Cycle Time

	Jun-18	Jul-18	Aug-18	12 Months
Avg Allocation to Clear at Scene	01:13:43	01:13:25	01:15:11	
Avg Allocation to Clear at Hospital	01:45:53	01:46:36	01:46:13	
Handover Hrs Lost at Hospital (over 30mins)	4263	4764	4496	
Number of Handovers >60mins	250	399	445	

Community First Responders

	Jun-18	Jul-18	Aug-18	12 Months
Volume of Incidents Attended	1664	1555	1452	

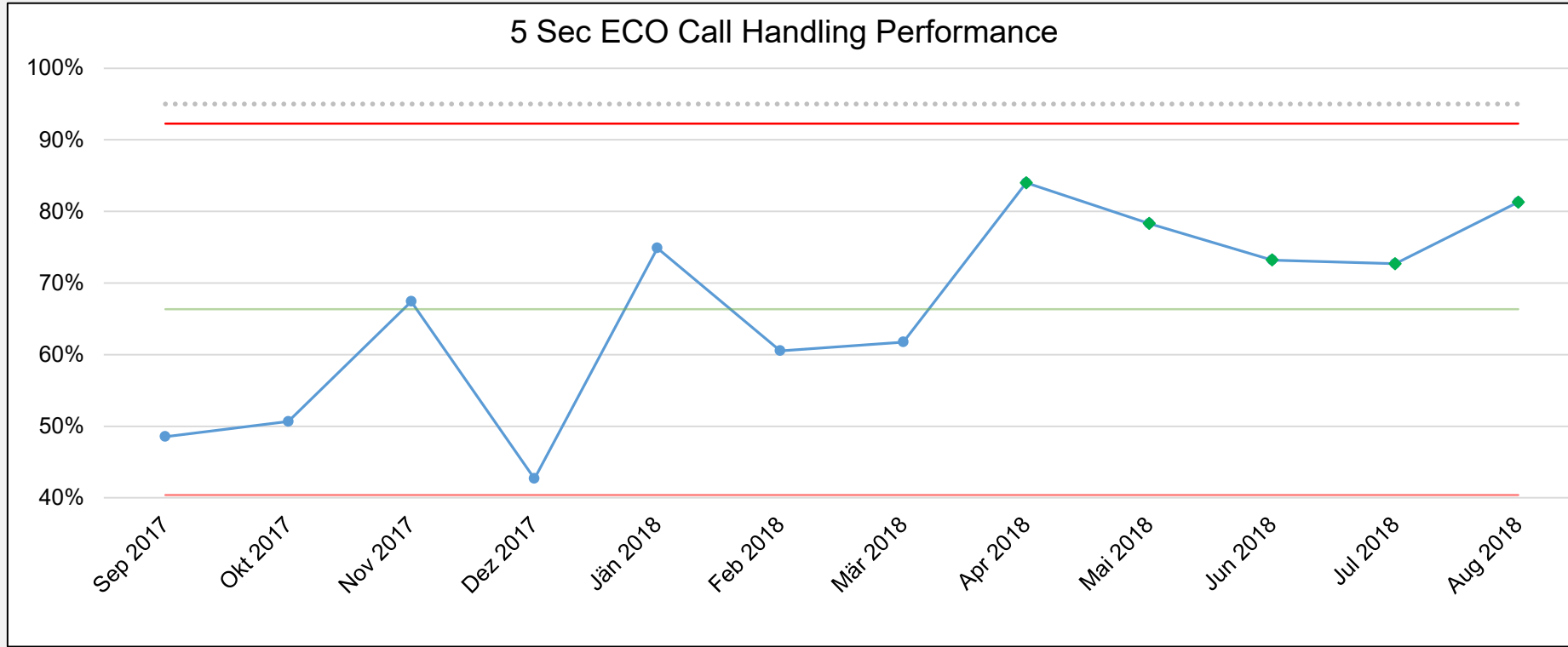
Incident Outcome AQI

	Jun-18	Jul-18	Aug-18	12 Months
Hear & Treat	5.8%	6.5%	5.9%	
See & Treat	33.1%	33.0%	32.8%	
See & Convey	61.1%	60.5%	61.3%	

Demand/Supply AQI

	Jun-18	Jul-18	Aug-18	12 Months
Calls Answered	62205	69779	63510	
Incidents	57556	60337	58313	
Transports	35168	36531	35763	

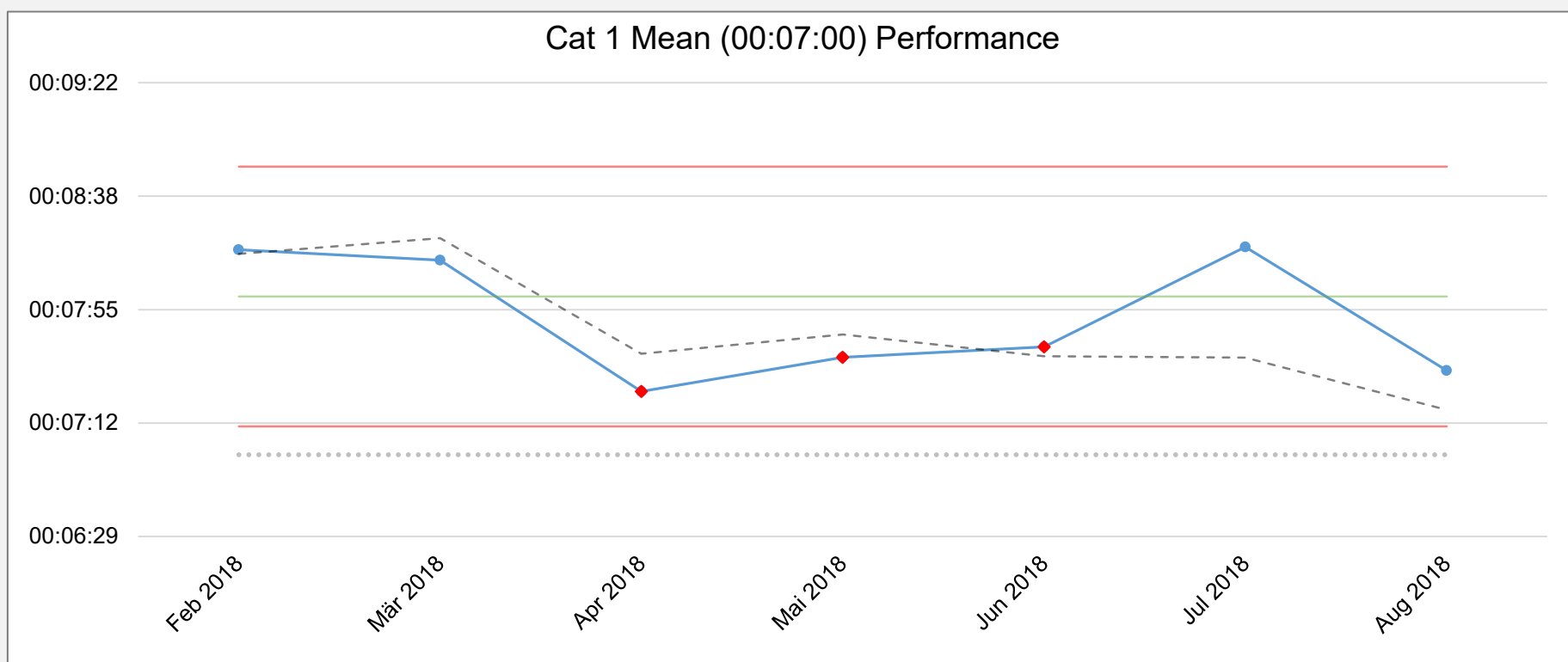
SECamb 999 Operations Performance Charts



Call answering performance for August has seen an improvement on July's performance with an average of 81%. The volume of duplicate calls regarding ETA of responses continues to be a major contributor to increase call volumes. The operational team continue to scrutinise all forms of abstraction and analysing to maximise resourcing. Sickness absence continues to be tightly managed and is consistently below 5% for the YTD within Operations. However, in August, there was an increase of sickness absence in EOC to 10%.

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.

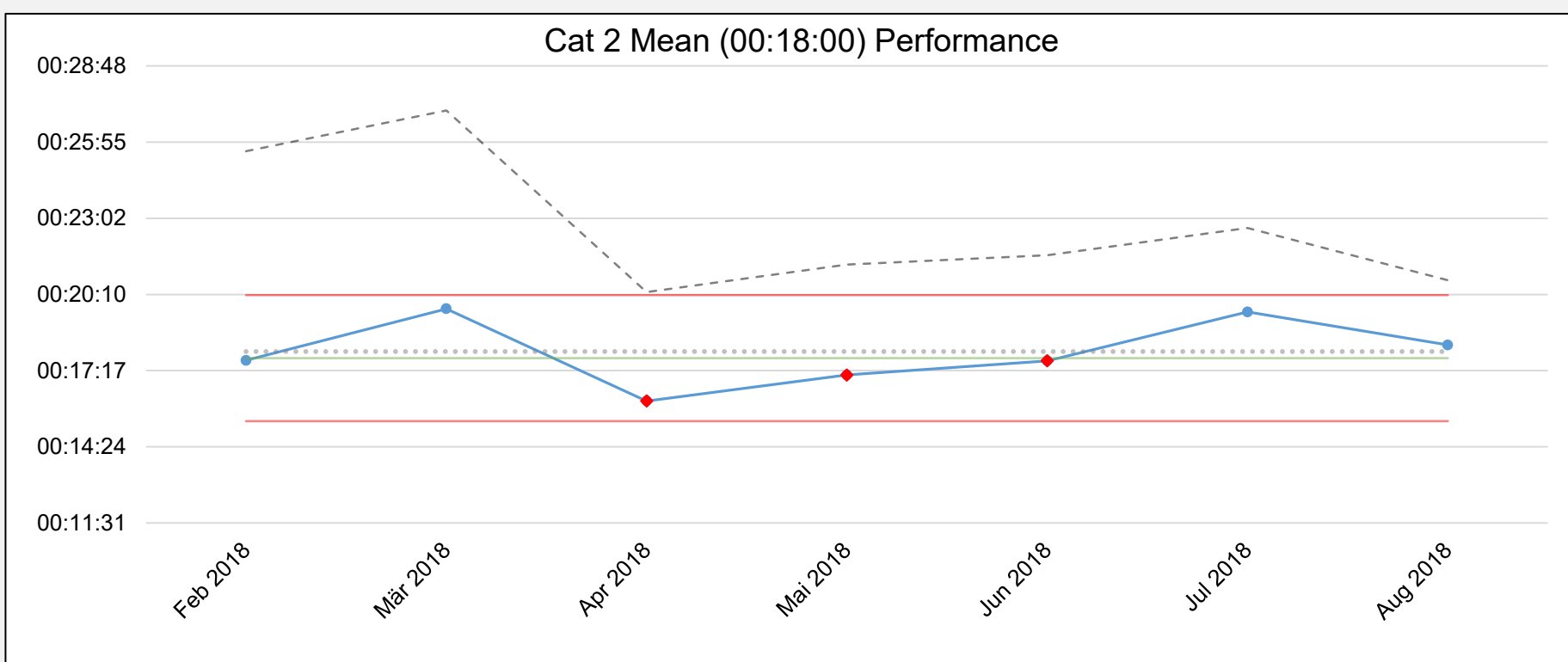
There were no new starters for EMA's in August and 20.4 WTE left the role in August. At end of August there were 164.7 WTE in post out of an establishment of 171, with 149 effective, 16 continue in training.



As shown in the graph the Cat 1 mean response performance has improved by 47 seconds in August compared to July. Whilst we are not yet delivering the Ambulance Response Programme (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.

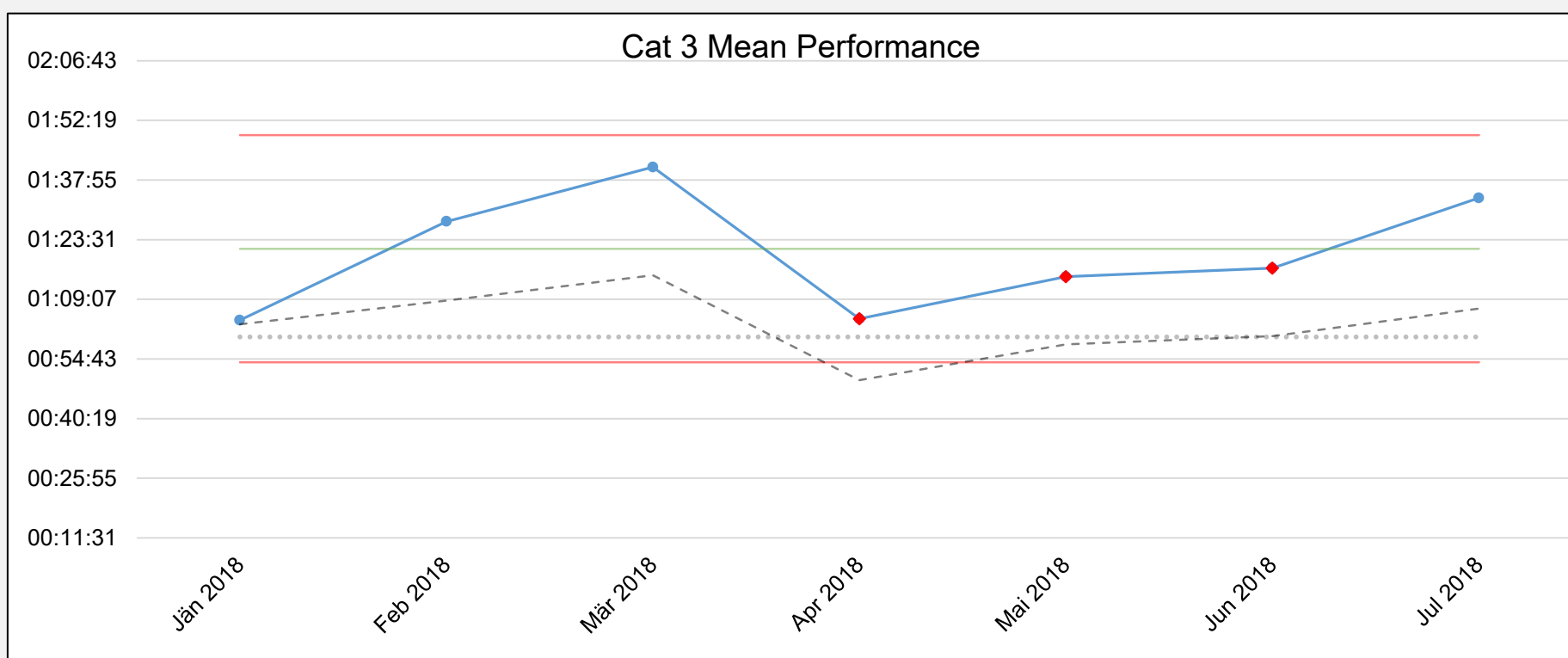
----- National Mean



August saw a recovery to 18.15 minutes Cat 2 mean response time. This is an improvement on prior months performance, however it remains outside of ARP target. The 90th centile performance has been and remains a particularly successful delivery for SECamb.

However, key skills training is progressing well, with a current completion rate of 81% against a trajectory of 90% completion by end September 2018.

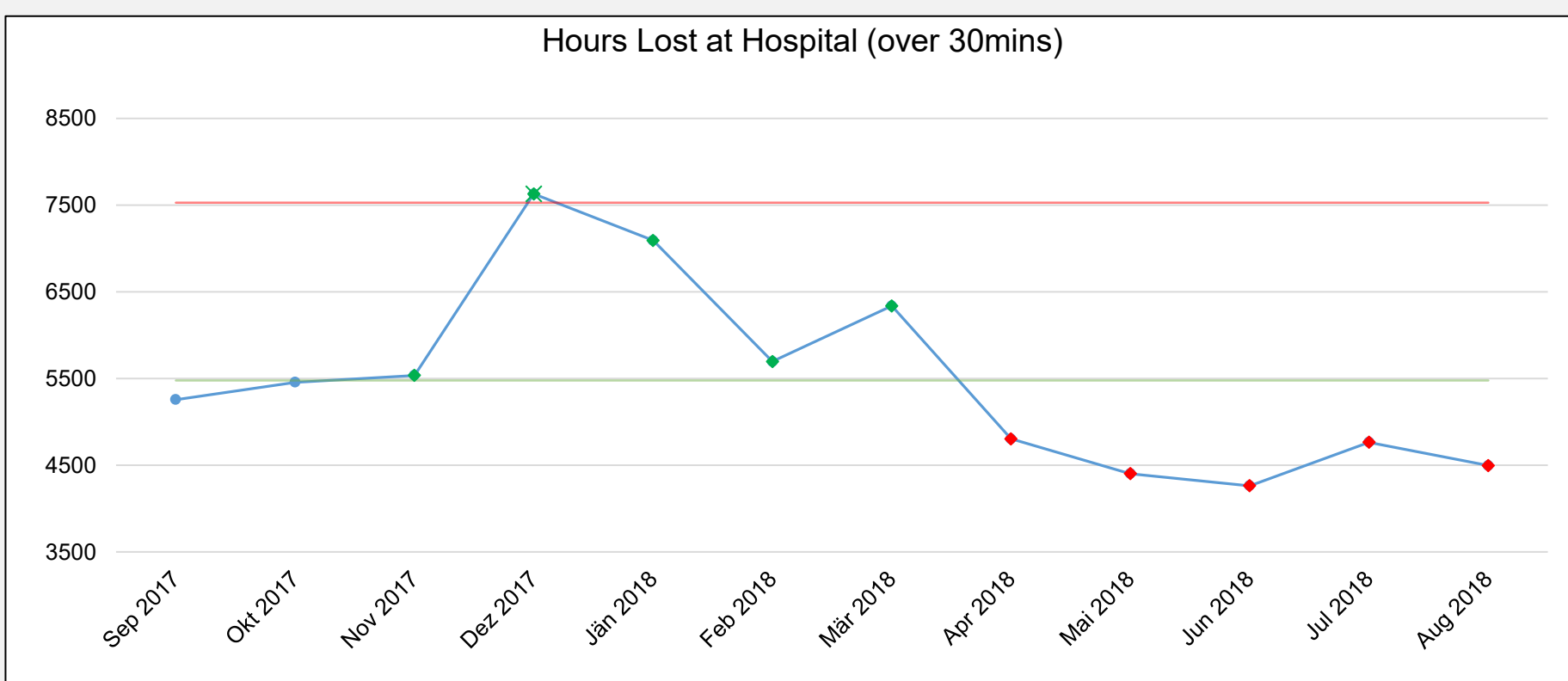
----- National Mean



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

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



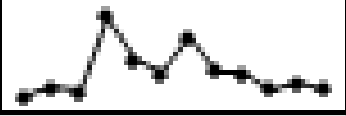
August was a challenging month in terms of increased pressure across all systems and the hours lost to operational response capability through hospital delays in August are 4496 hours compared to July 4769 hours. This is an improvement of 300 hours saved and put back into the system.

Overall across SECamb good progress has been made this month with 13% less hours lost in August 2018 compared with August 2107. There are however outliers where there are significant increases in hours lost in August compared to last year, these are Medway, Darent Valley, Maidstone and Tunbridge Wells, and Ashford and St Peter's. This is a concern as we move into winter when system pressures increase.

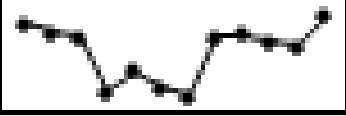
The operational groups have changed the format of their meetings and will now use the time to have on site peer review sessions. The schedule has been agreed based on current performance. Medway and Ashford and St Peters have been undertaken in August and BSUH and Darent Valley are booked for September. The reviews have been positively received, with recommendations for improvement shared.

SECamb 111 Operations Performance Scorecard


Calls Offered

	Jun-18	Jul-18	Aug-18	12 Months
Actual	84042	87586	83359	
Previous Year	78212	86640	80524	


Calls answered in 60 Seconds

	Jun-18	Jul-18	Aug-18	12 Months
Actual %	71.7%	68.9%	83.7%	
Previous Year %	88.4%	91.5%	93.5%	
Target %	95%	95%	95%	

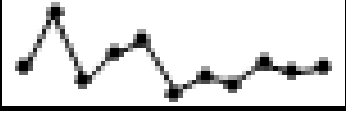

Calls abandoned - (Offered) after 30secs

	Jun-18	Jul-18	Aug-18	12 Months
Actual %	4.8%	5.7%	2.7%	
Previous Year %	1.2%	1.1%	0.6%	
Target %	2%	2%	2%	

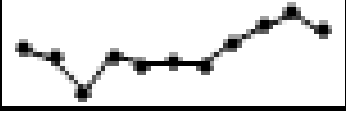

Combined Clinical KPI

	Jun-18	Jul-18	Aug-18	12 Months
Actual %	64.5%	63.3%	61.3%	
Previous Year %	73.0%	71.8%	80.1%	
Target %	80%	80%	80%	

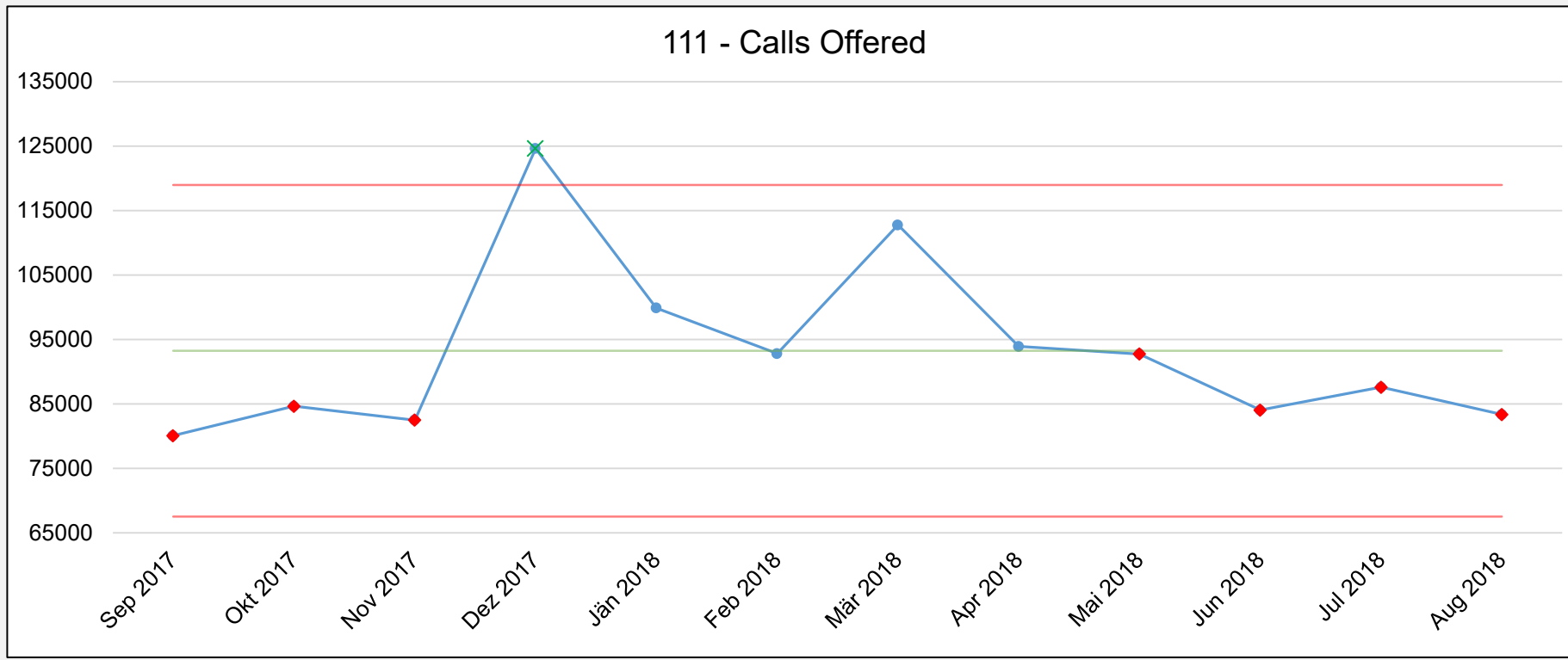
999 Referrals

	Jun-18	Jul-18	Aug-18	12 Months
999 Referrals % (Answered Calls)	11.2%	11.0%	11.1%	
999 Referrals (Actual)	8828	8919	8917	
National	11.1%	11.5%	11.5%	

A&E Dispositions

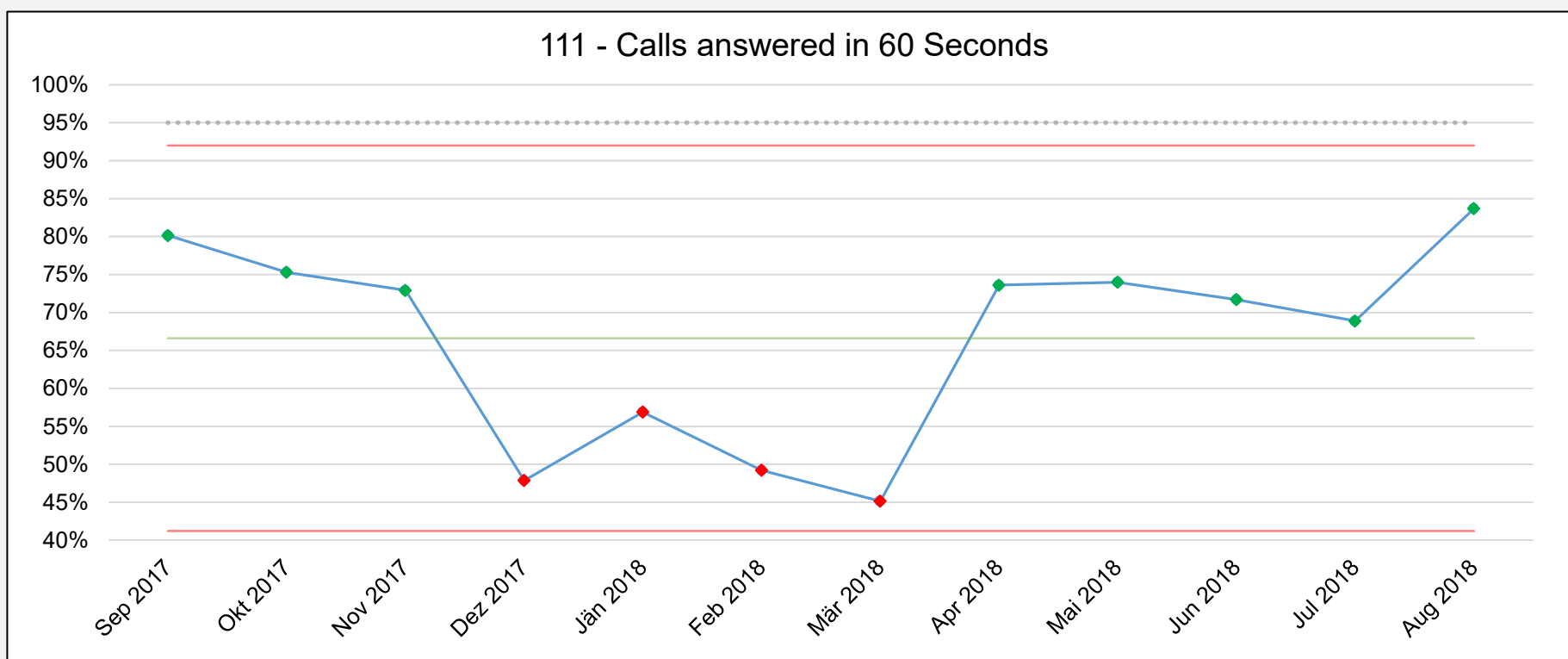
	Jun-18	Jul-18	Aug-18	12 Months
A&E Dispositions % (Answered Calls)	8.4%	8.8%	8.2%	
A&E Dispositions (Actual)	6582	7160	6591	
National	8.4%	8.8%	8.4%	

SECamb 111 Operations Performance Charts



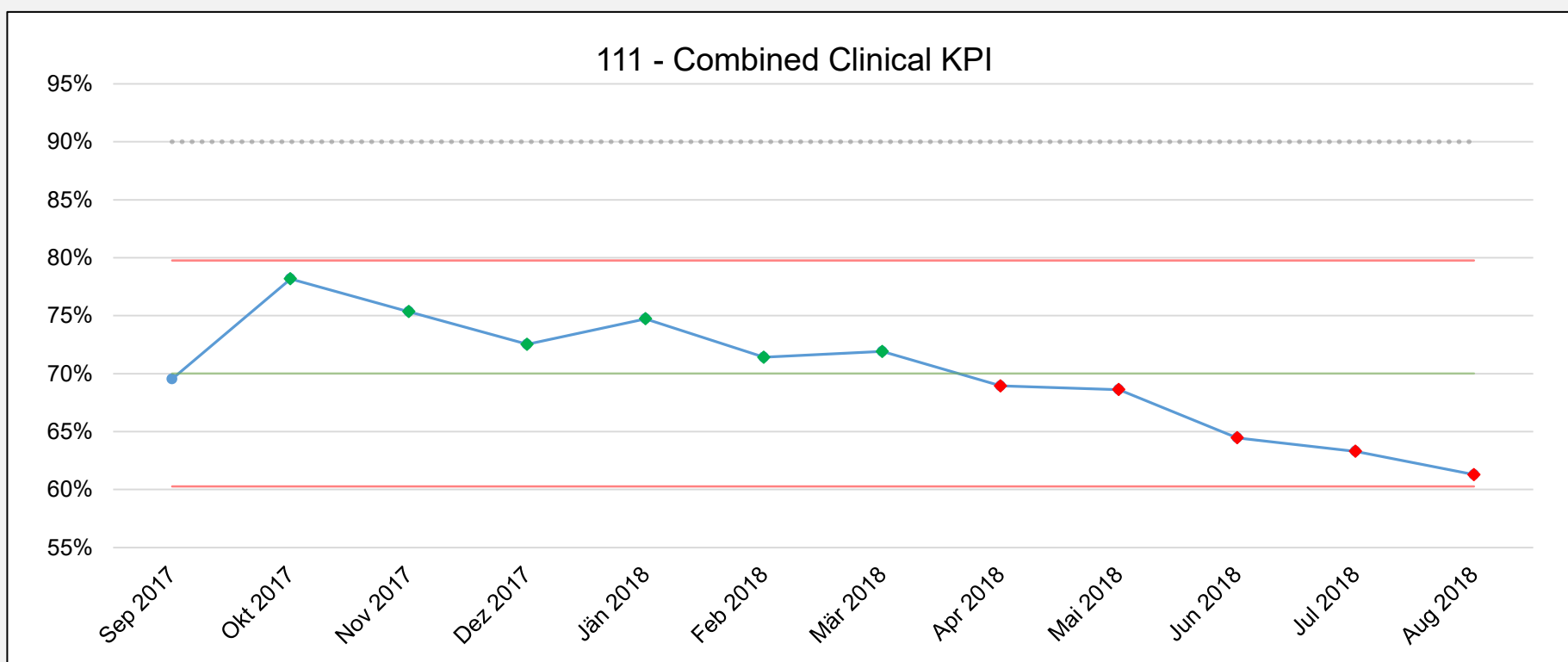
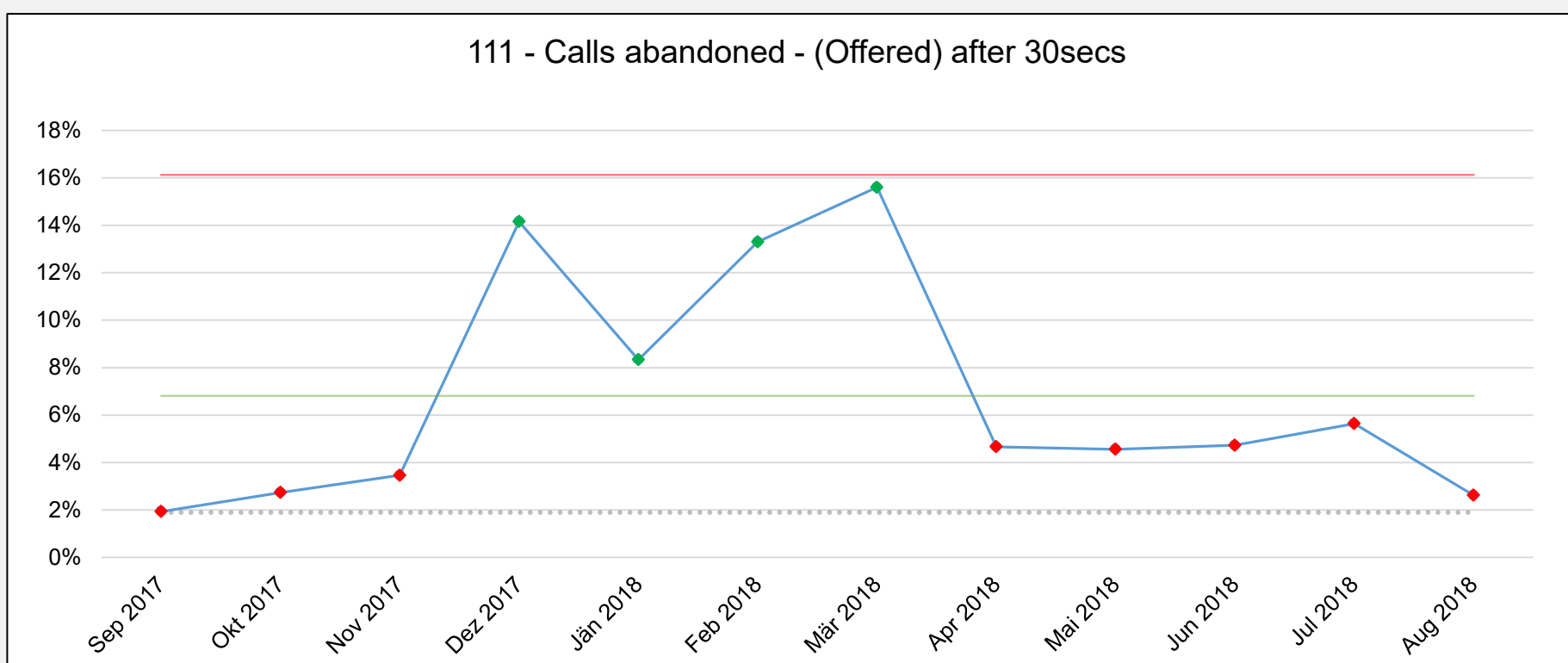
The KMSS 111 Call volume of 83,359 for August, although not exceptionally high for a summer month, presented its own challenges due to the skewed call profiles per day (service users contacting the service at times inconsistent with previous experience/forecasts) and higher acuity cases presented than usual, due to the PHE-declared heatwave that continued throughout much of July and early August.

However, the service recorded its best month for operational performance for almost twelve months because of the traction that the service's Operational Recovery Plan (ORP) has facilitated.



The service's operation performance rose to 83.7%, and this was just behind the NHS E national average for 111 service providers.

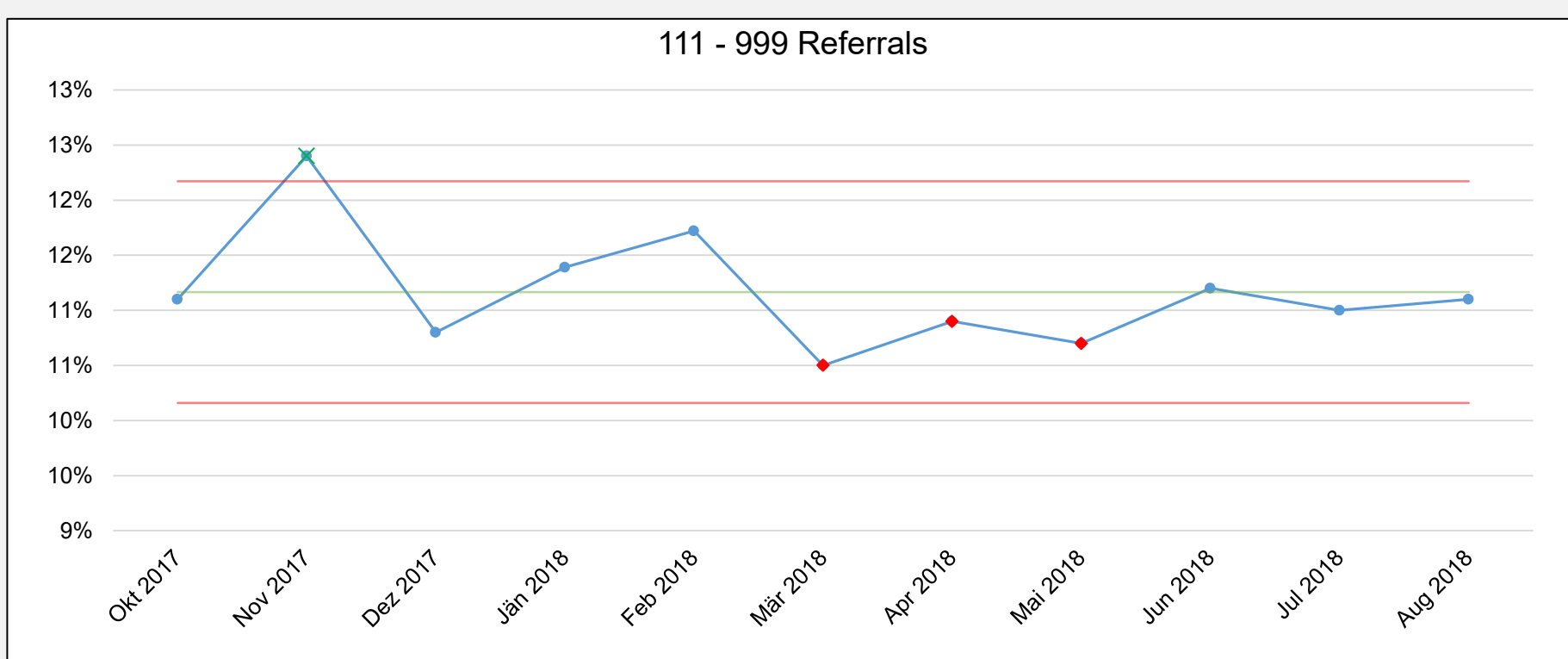
Although the national trend was an upwards one, KMSS 111 increased by a greater % than the majority of other services and this is reflected in the rate of abandoned calls being better than the NHS E national average.



Clinical performance fell slightly again in August to 61.3% however, this was still above the NHS E national average and is a reflection of the additional support that has been directed to supporting our 999 service which has been in elevated levels of escalation with a "No-Send" policy in place for non-emergency ambulance dispositions.

Rota issues also continue to adversely impact on our clinical performance, in addition to the high acuity cases seen during the heatwave.

The service made extensive use of experienced Health Advisors as "Patient Safety Callers", to provide a comfort calling service for cases in the clinical queue and to mitigate clinical risk. This supported the clinical team by managing lower priority patients; closing some cases, where safe and appropriate to do so, and also escalating in the event of worsening symptoms.



The KMSS 111 Ambulance referral rate was again significantly lower than the NHS E national 999 referral rate in August 2018. This is testament to our focus on mitigating pressure on the Ambulance Service, via Clinical Inline Support, to validate or downgrade C3 / C4 dispositions.

The service also outperformed the national average for ED referrals, again demonstrating the focus of KMSS 111 on patient care and clinical outcomes, whilst protecting the wider healthcare system.

SECAmb Workforce Scorecard

Workforce Capacity

	Jun-18	Jul-18	Aug-18	12 Months
Number of Staff WTE (Excl bank & agency)	3107.7	3099.0	3150.1	
Number of Staff Headcount (Excl bank and agency)	3375	3367	3416	
Finance Establishment (WTE)	3576.89	3594.89	3837.50	
Vacancy Rate	13.08%	13.78%	17.91%	
Vacancy Rate Previous Year	12.37%	12.60%	13.62%	
Adjusted Vacancy Rate + Pipeline recruitment %	7.16%	6.74%	9.89%	

Workforce Compliance

	Jun-18	Jul-18	Aug-18	12 Months
Objectives & Career Conversations %	18.11%	26.54%	36.73%	
Target (Objectives & Career Conversations)	80.00%	80.00%	80.00%	
Statutory & Mandatory Training Compliance %	18.11%	58.99%	70.83%	
Target (Stat & M and Training)	95.0%	95.0%	95.0%	
Previous Year (Stat & M and Training) %	38.55%	47.66%	59.99%	

* 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

	Jun-18	Jul-18	Aug-18	12 Months
Annual Rolling Turnover Rate %	15.17%	15.37%	14.97%	
Previous Year %	17.85%	17.67%	17.51%	
Annual Rolling Sickness Absence	5.21%	5.02%	5.14%	
Target (Annual Rolling Sickness)	5.0%	5.0%	5.0%	

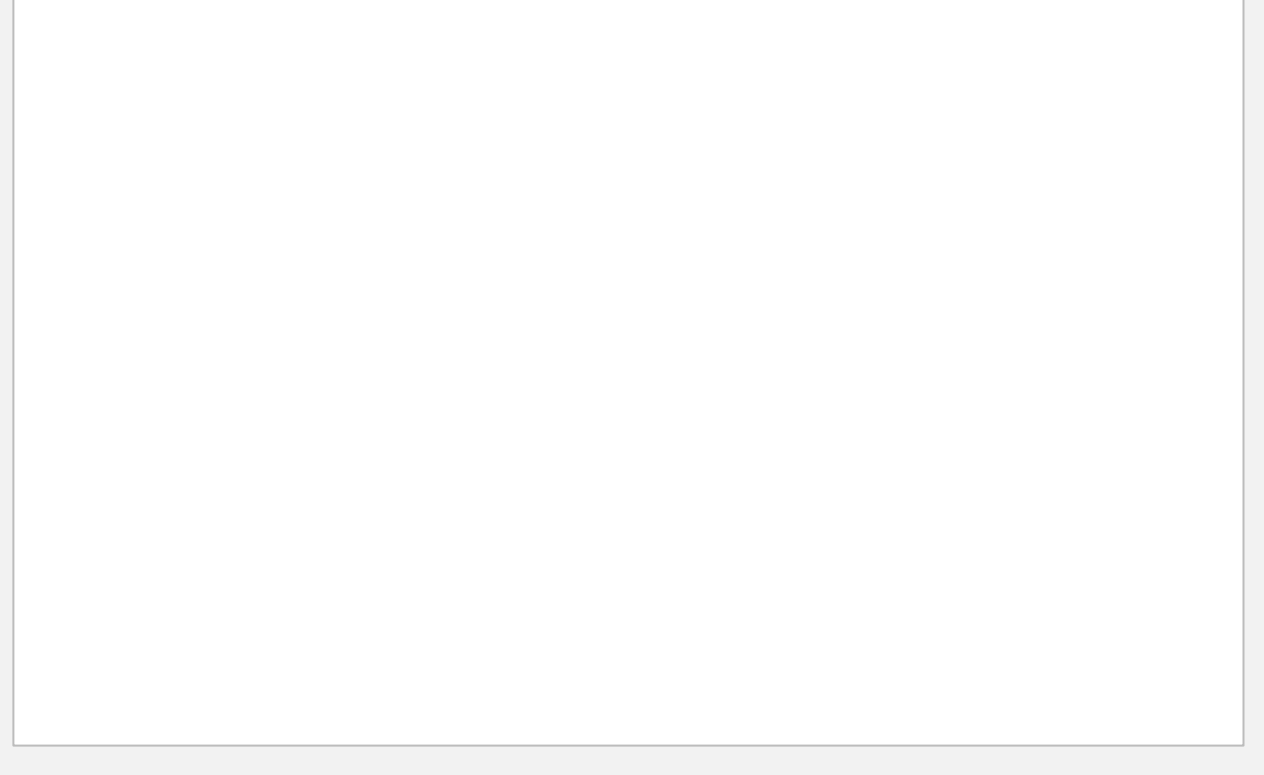
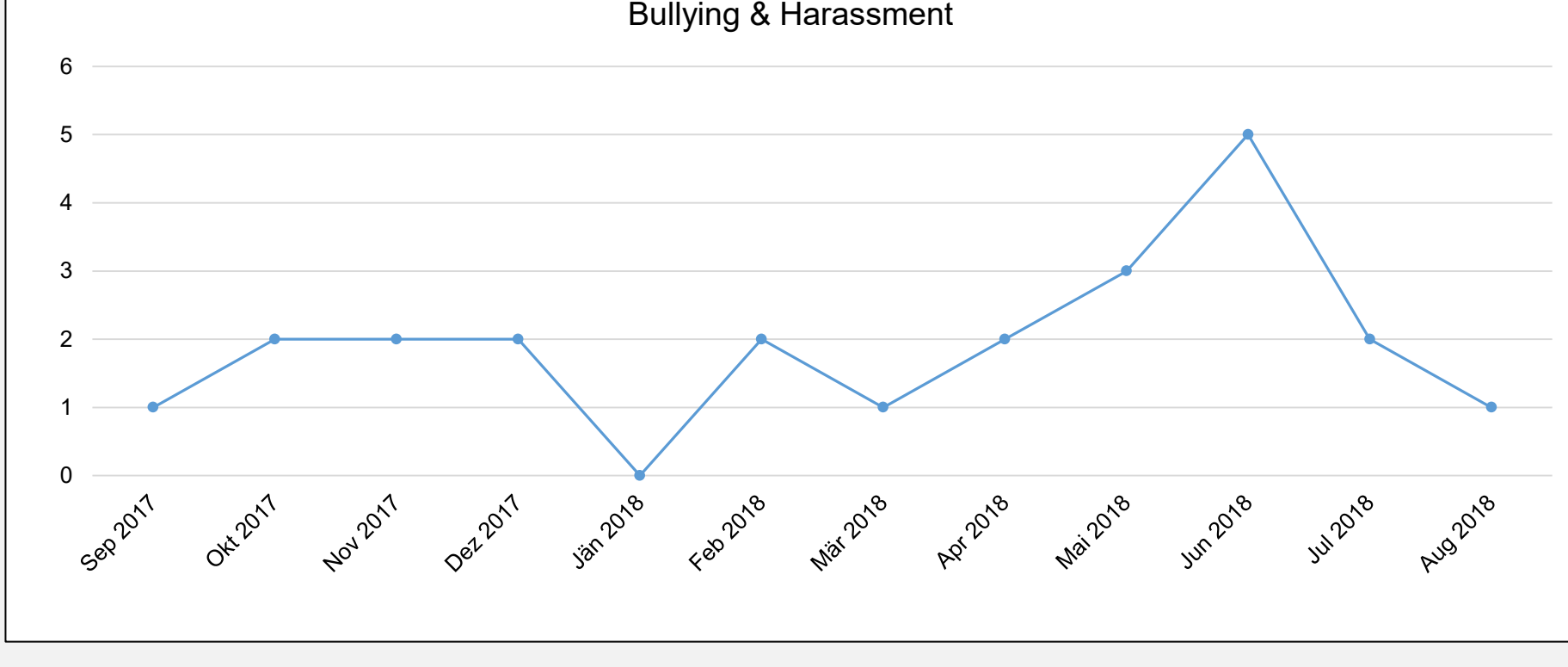
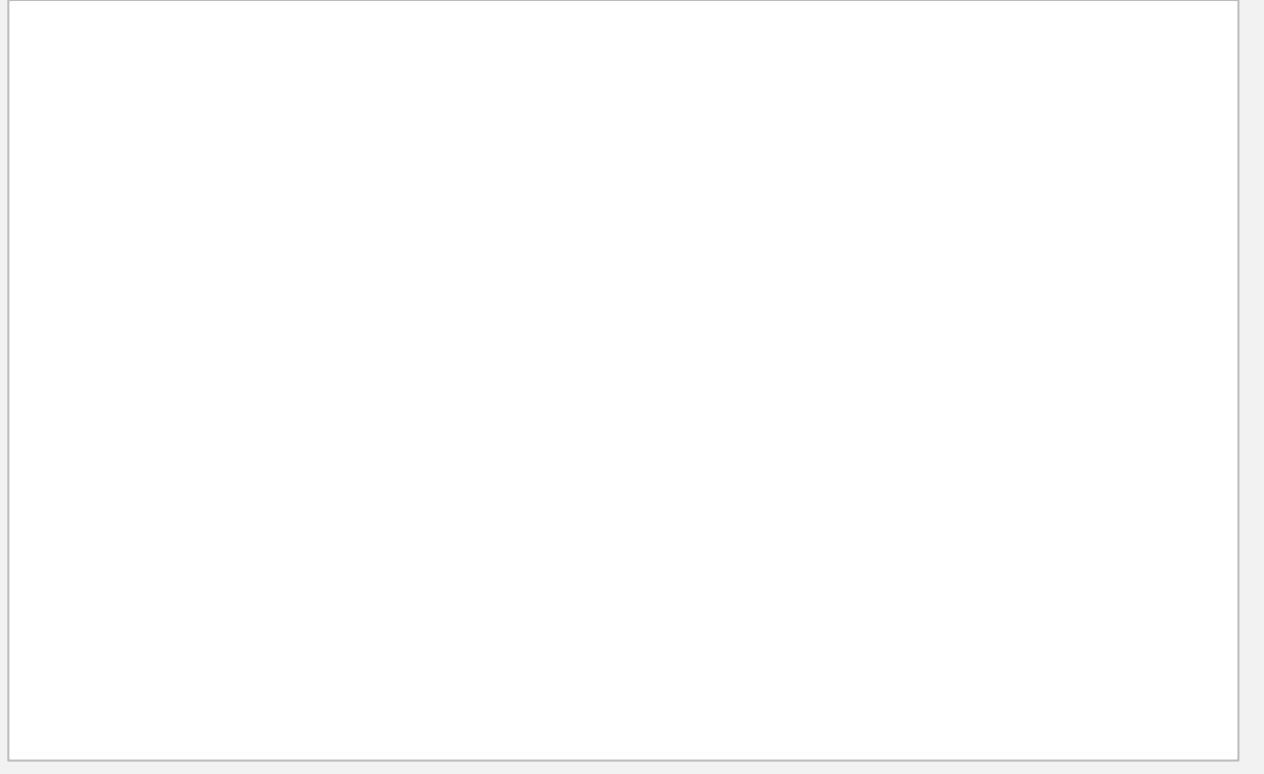
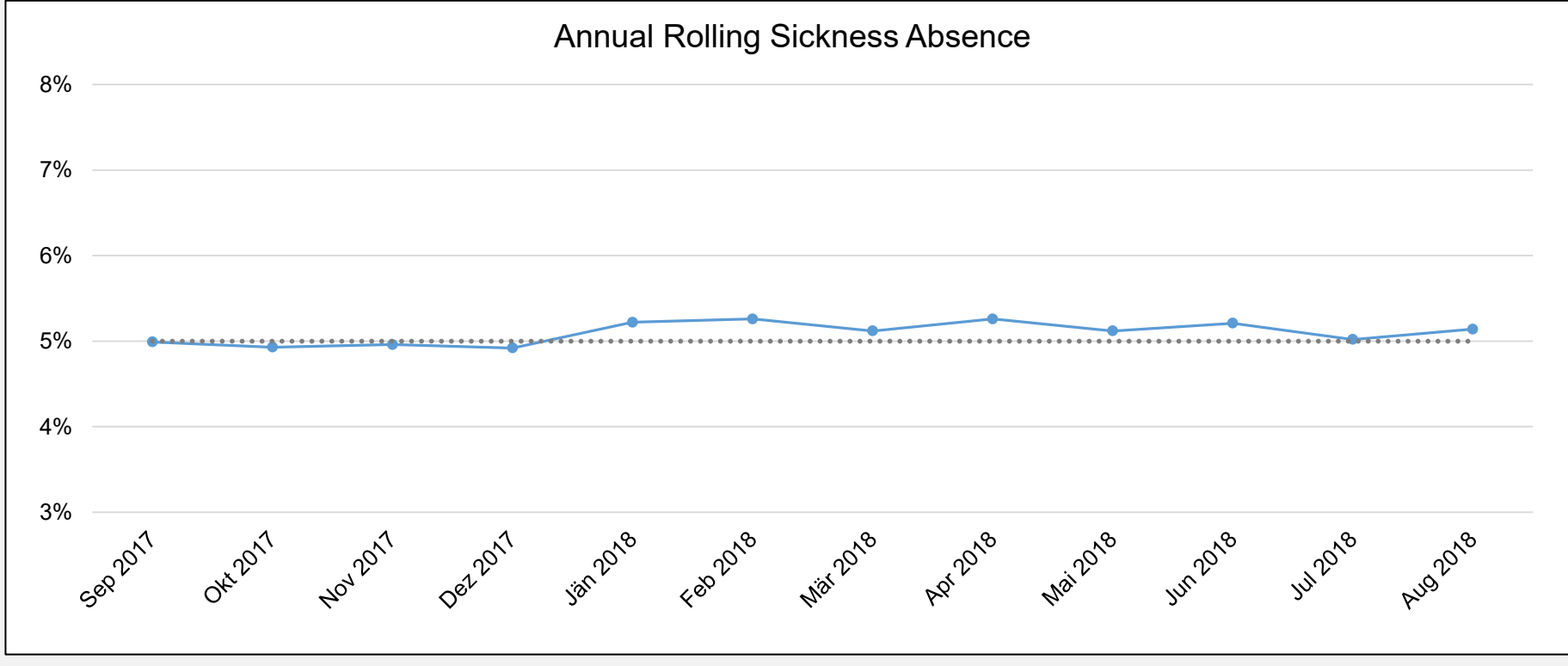
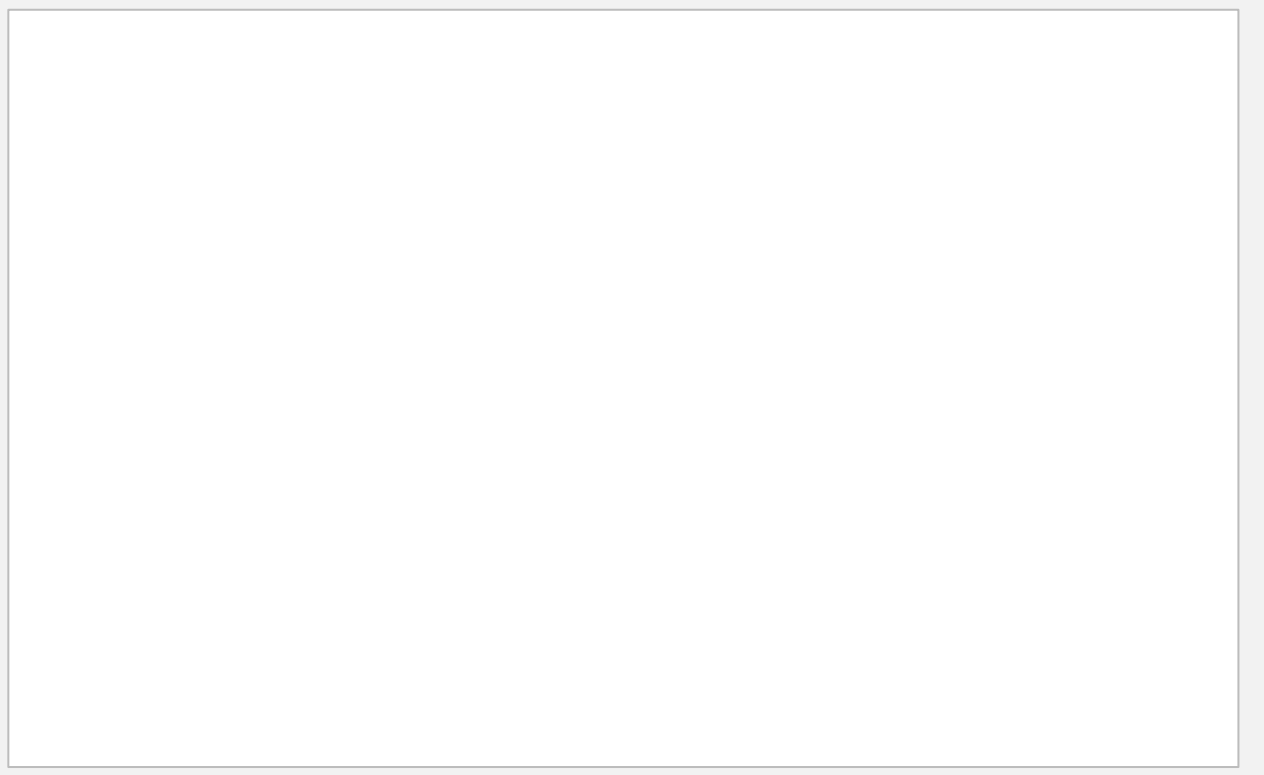
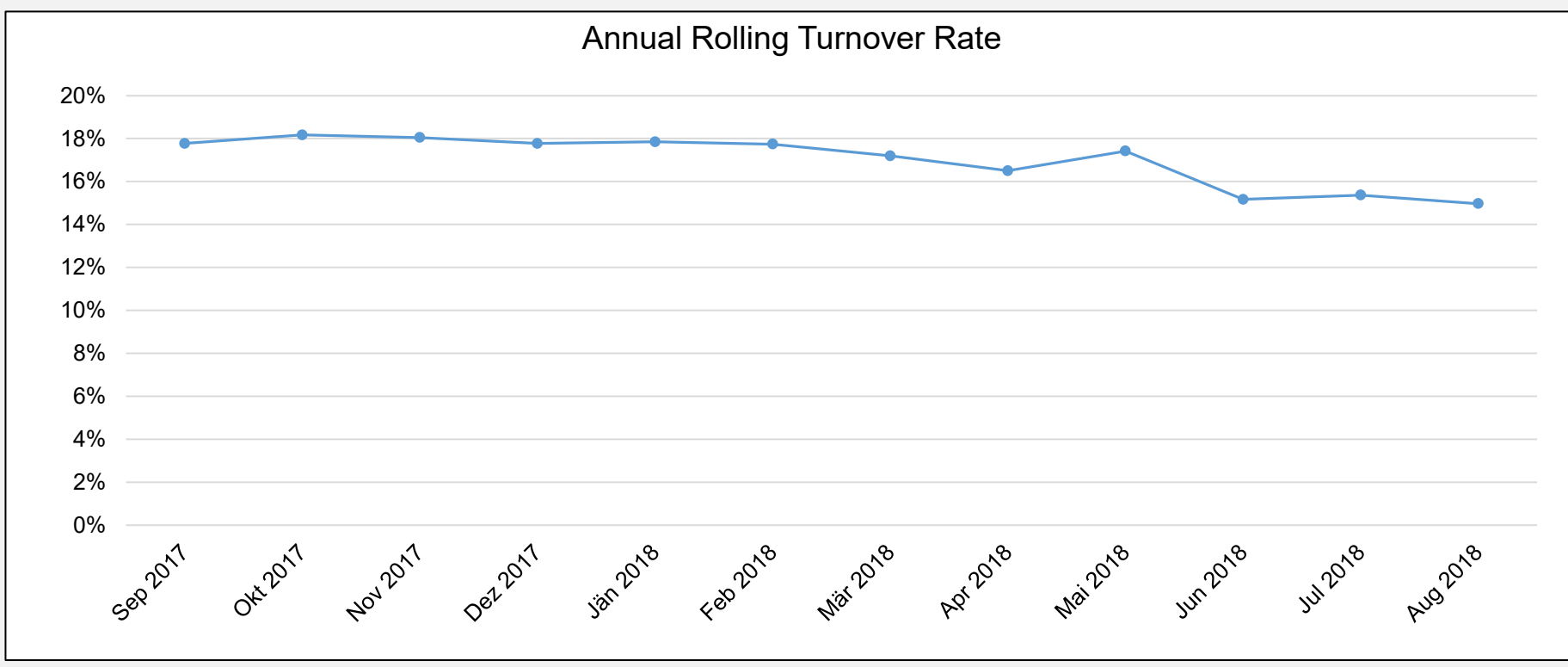
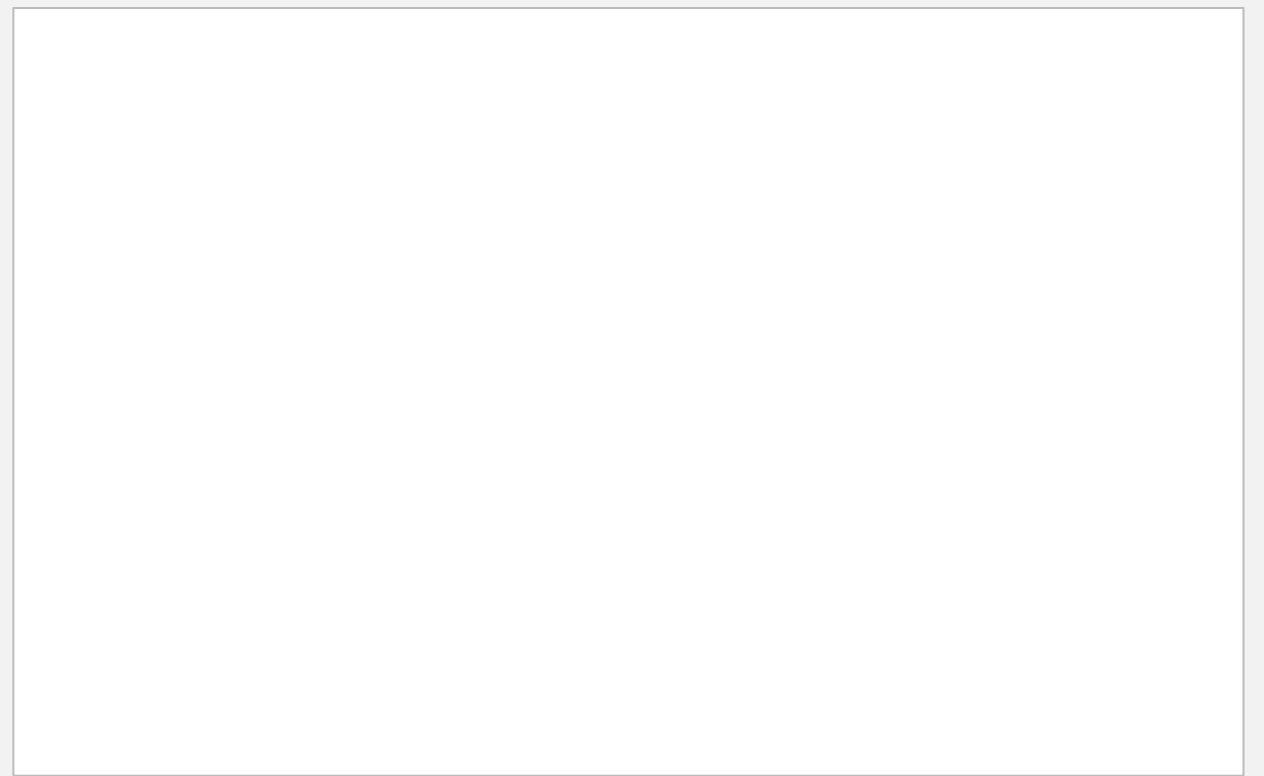
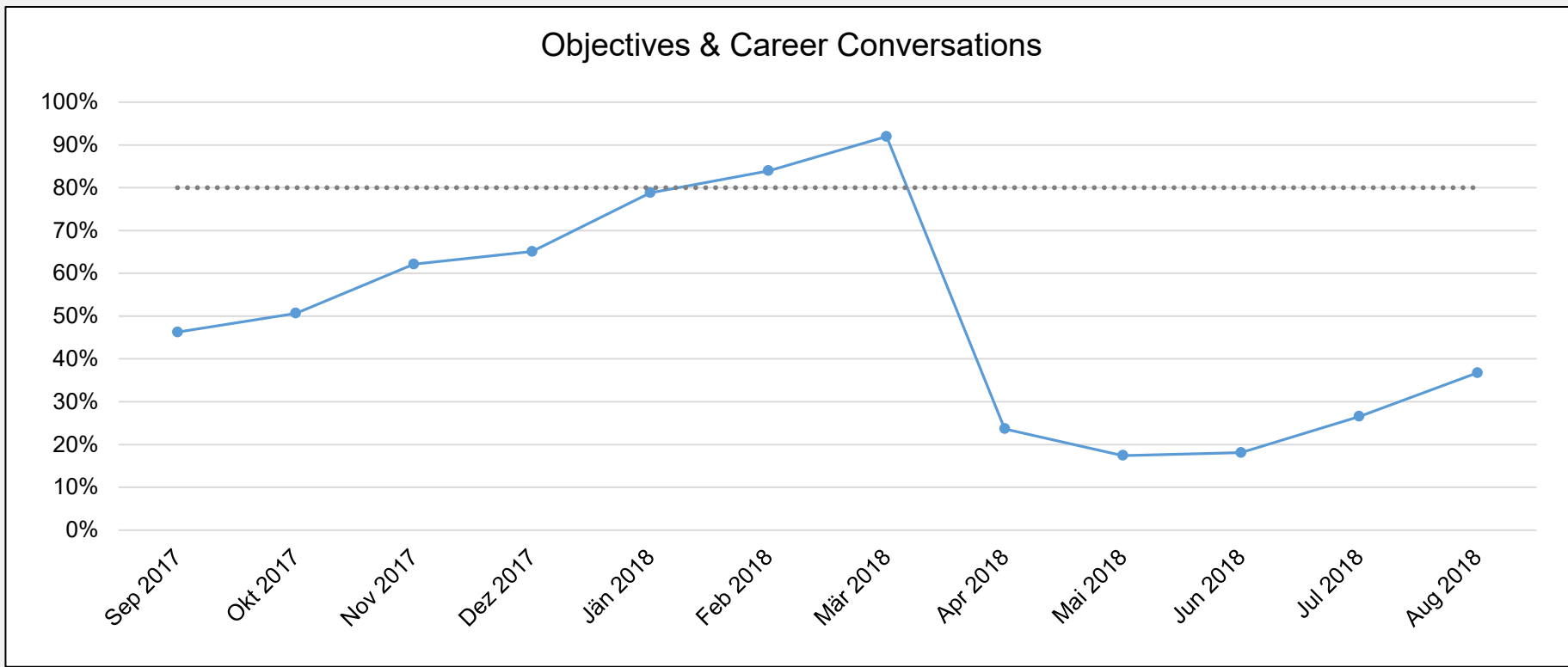
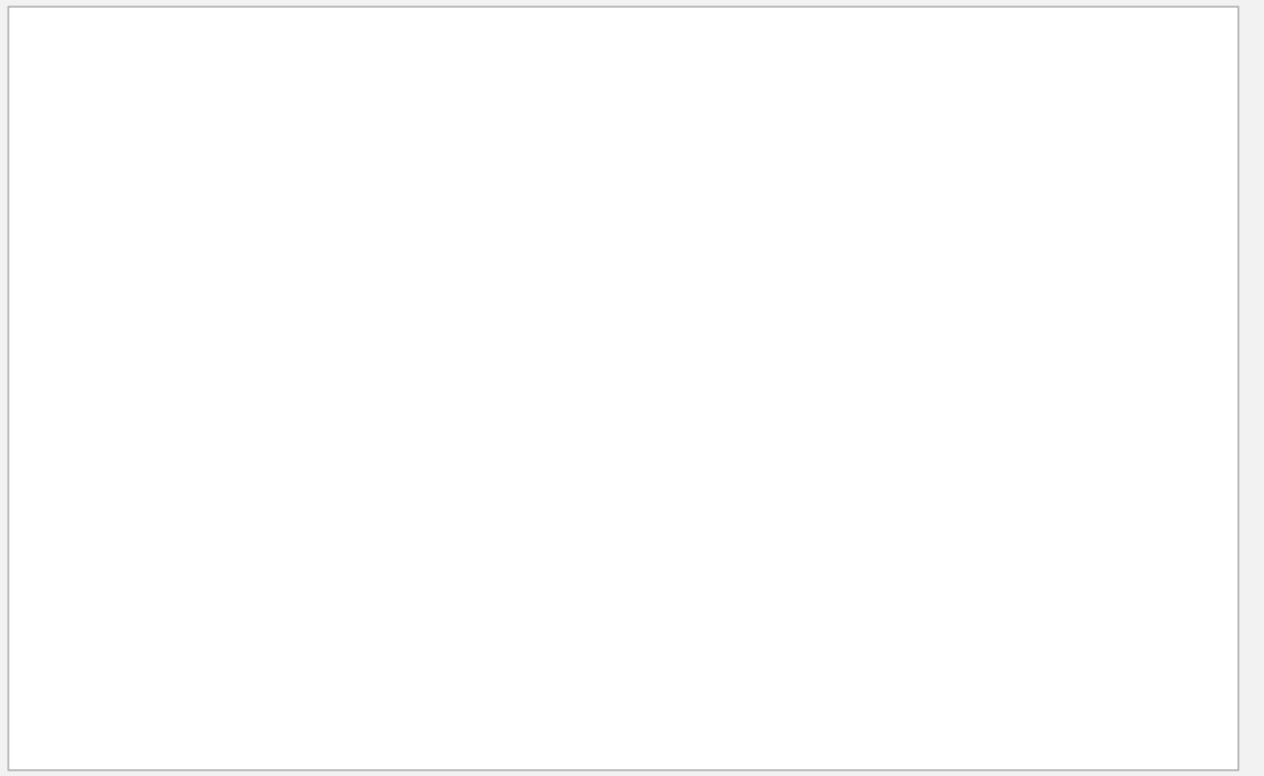
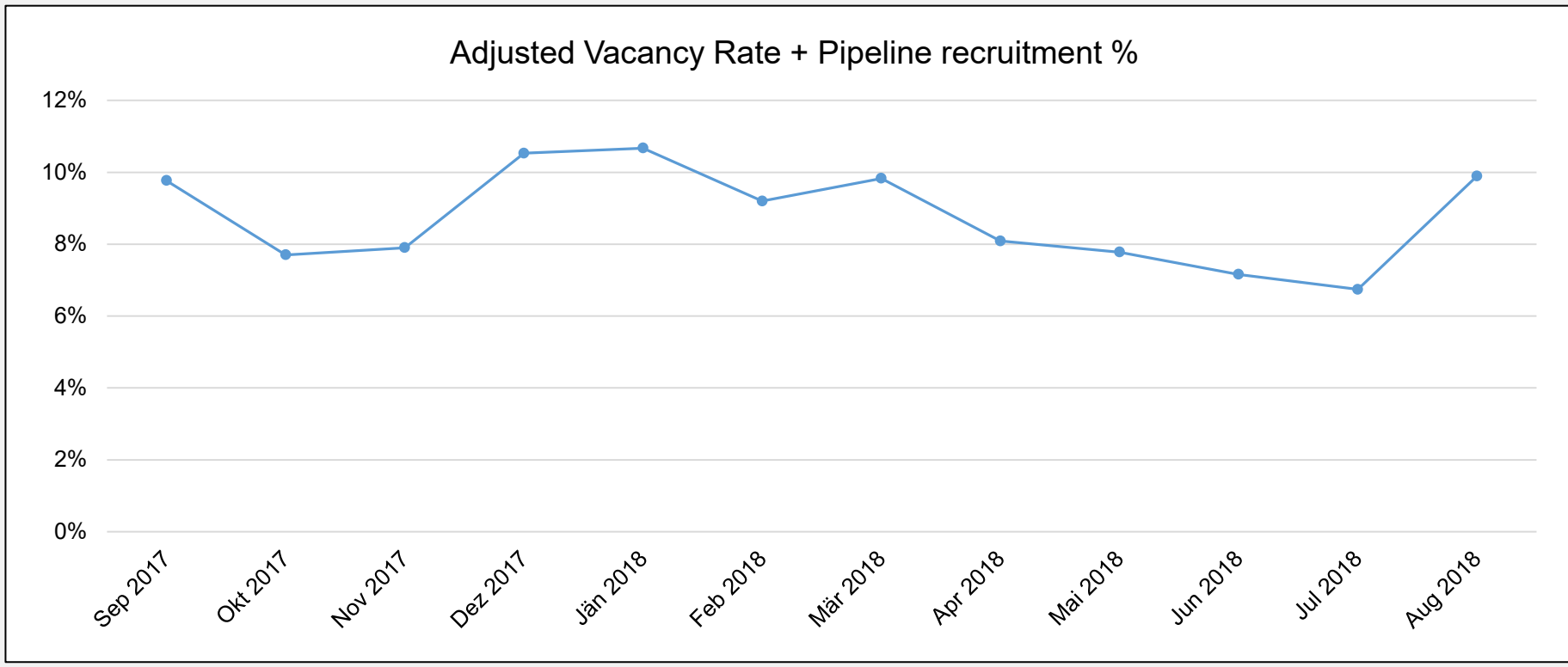
Employee Relations Cases

	Jun-18	Jul-18	Aug-18	12 Months
Disciplinary Cases	14	4	3	
Individual Grievances	4	2	9	
Collective Grievances	4	2	2	
Bullying & Harassment	5	2	1	
Bullying & Harassment Prev Yr	0	6	0	
Whistleblowing	1	1	0	
Whistleblowing Previous Year	0	0	1	

Physical Assaults (Number of victims)

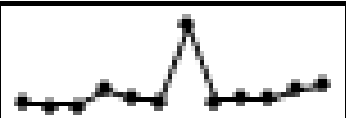
	Jun-18	Jul-18	Aug-18	12 Months
Actual	14	21	24	
Previous Year	16	21	17	
Sanctions	6	9	3	

SECAmb Workforce Charts




SECamb Finance Performance Scorecard

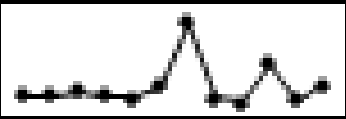
Income

	Jun-18	Jul-18	Aug-18	12 Months
Actual £	£ 17,208	£ 18,211	£ 18,830	
Previous Year £	£ 16,132	£ 15,778	£ 15,756	
Plan £	£ 17,258	£ 18,011	£ 17,592	

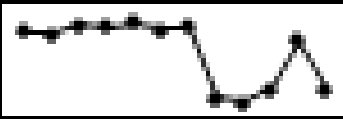
Expenditure

	Jun-18	Jul-18	Aug-18	12 Months
Actual £	£ 18,069	£ 18,122	£ 19,341	
Previous Year £	£ 16,704	£ 16,185	£ 16,461	
Plan £	£ 18,138	£ 17,930	£ 18,115	

Capital Expenditure

	Jun-18	Jul-18	Aug-18	12 Months
Actual £	£ 1,589	£ 237	£ 795	
Previous Year £	£ 582	£ 69	£ 225	
Plan £	£ 1,180	£ 661	£ 786	
Actual Cumulative £	£ 2,030	£ 2,267	£ 3,062	
Plan Cumulative £	£ 1,972	£ 2,633	£ 3,419	

Cost Improvement Programme (CIP)


	Jun-18	Jul-18	Aug-18	12 Months
Actual £	£ 519	£ 1,200	£ 517	
Previous Year £	£ 1,302	£ 1,120	£ 1,491	
Plan £	£ 1,190	£ 435	£ 435	
Actual Cumulative £	£ 1,219	£ 2,419	£ 2,936	
Plan Cumulative £	£ 1,994	£ 2,429	£ 2,864	

CQUIN (Quarterly)


	Q1 18/19	Q2 18/19	Q3 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)

	Jun-18	Jul-18	Aug-18	12 Months
Actual £	-£ 861	£ 89	-£ 511	
Actual YTD £	-£ 2,376	-£ 2,286	-£ 2,797	
Plan £	-£ 880	£ 81	-£ 523	
Plan YTD £	-£ 2,463	-£ 2,382	-£ 2,905	

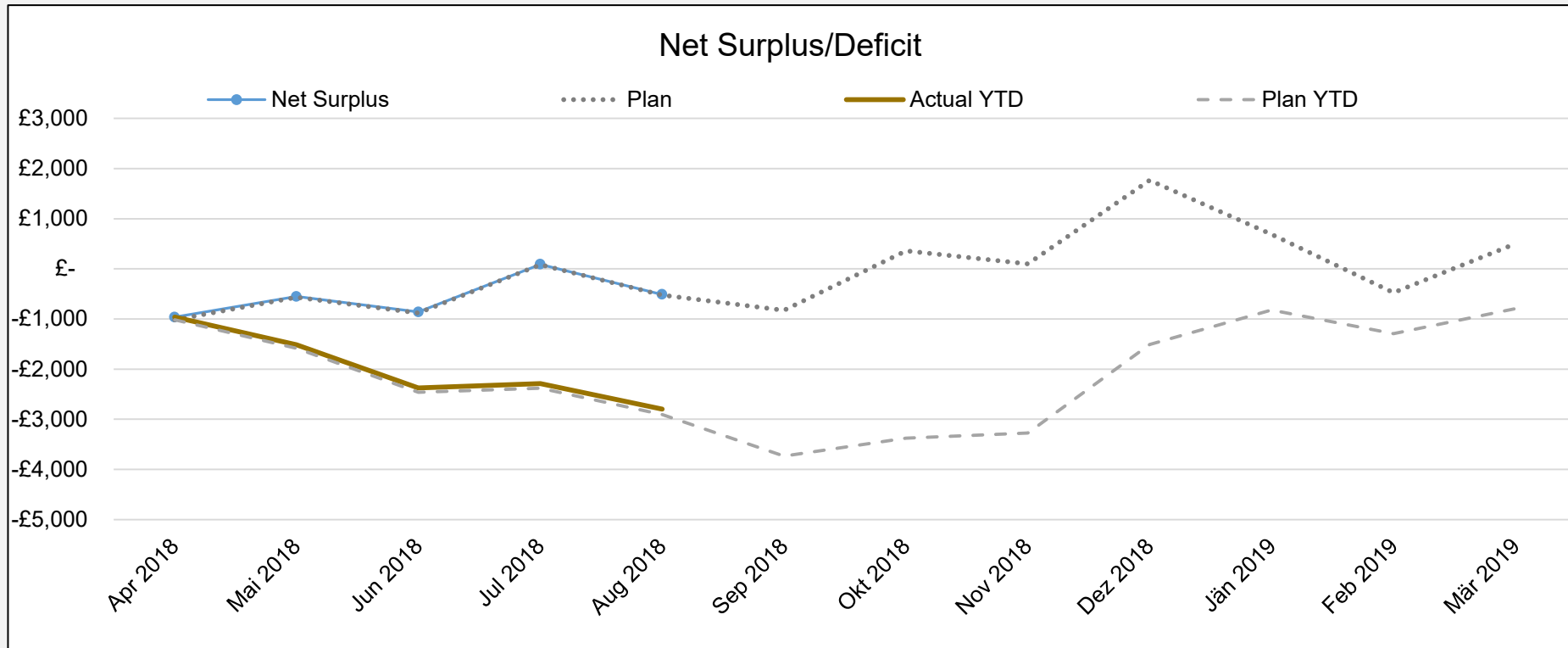
Cash Position

	Jun-18	Jul-18	Aug-18	12 Months
Actual £	£22,527	£24,950	£ 23,042	
Minimum £	£10,000	£10,000	£10,000	
Plan £	£16,694	£16,893	£ 16,818	

Agency Spend

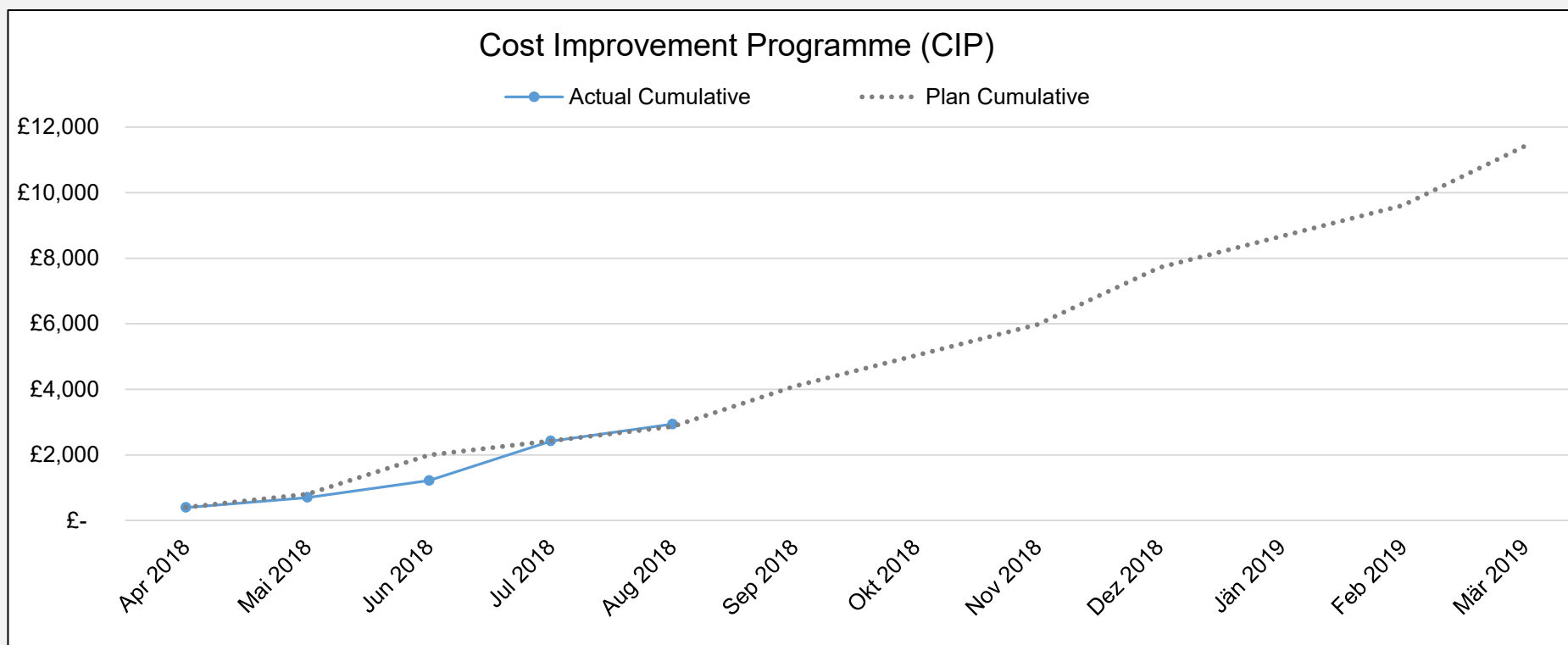
	Jun-18	Jul-18	Aug-18	12 Months
Actual £	£ 229	£ 258	£ 360	
Plan £	£ 233	£ 229	£ 225	

SECamb Finance Performance Charts



The Trust's I&E position in Month 5 was a deficit of £0.5m, which was as planned.

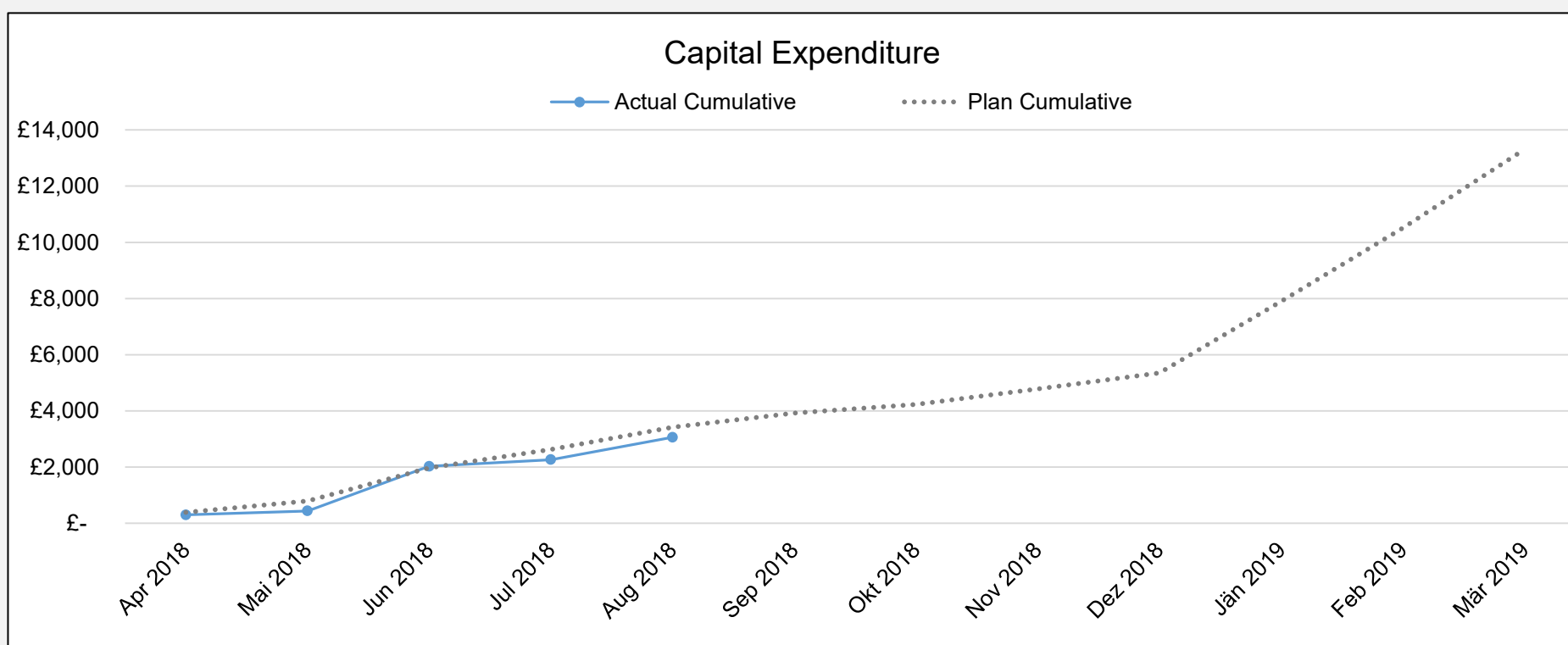
This increased the cumulative deficit to £2.8m, which is £0.1m better than plan.



CIPs was £0.5m in month, slightly better than the planned £0.4m.

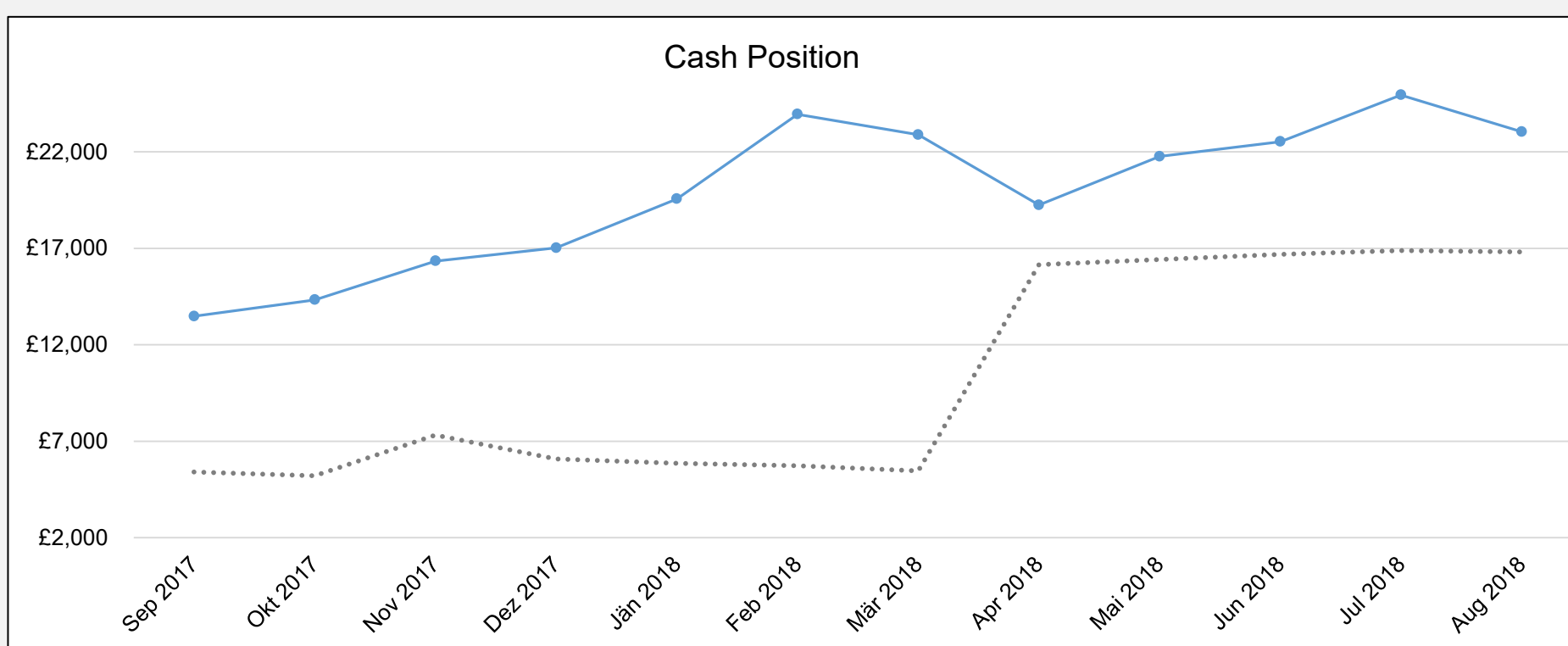
This brought year-to-date achievement to £3.1m.

It is projected that the full year target of £11.4m will be met, notwithstanding the risk associated with the balance of target that has yet to be delivered.



Capital spend in the four months was £2.9m, marginally above plan. There remains a risk associated with the delivery of 42 Mercedes box chassis by 31 March, although there are a number of potential replacement schemes, including the capital investment required for the NHS 111 service.

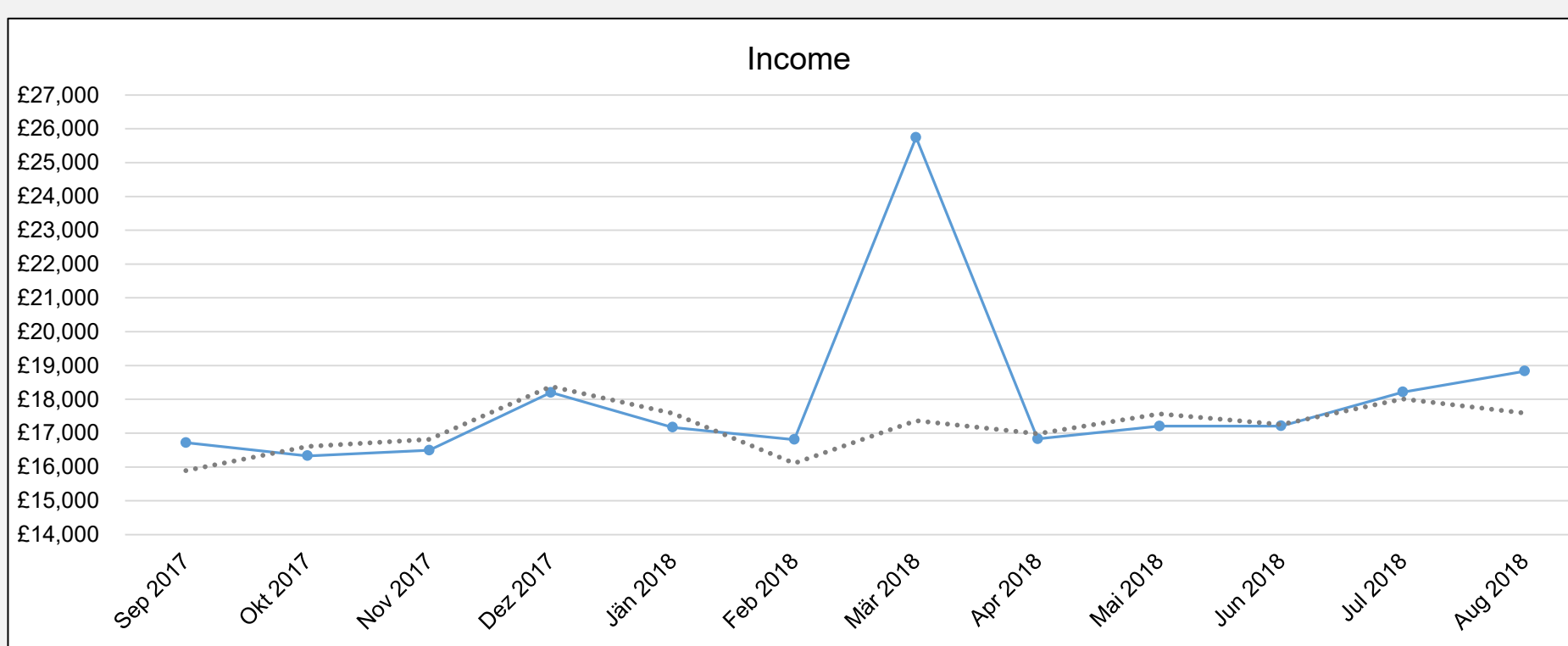
There no announcement to date regarding the 'Wave 4' capital bidding process, against which the Trust has submitted bids worth nearly £39m. The Trust's bids, comprising new and replacement ambulances, expansion of 'Make Ready' facilities and resilience in EOC, are to support improved efficiency and the delivery of ARP targets.



The cash position at 31 August fell to £23.0m, £1.9m down on the previous month-end. This is still £6.2m better than plan and slightly ahead of the balance at 31 March. The fall in cash was due to an expected catch up in billing by a small number of the Trust's suppliers.

In line with good practice, the Trust produces cash forecasts for a three-year period. The latest projection indicates, based on forecast capital requirements and I&E performance, that cash could fall to below £10m by June 2020. This partly reflects the Trust's ambitious investment plans.

Performance against the 'Better Practice Payment Code' for payment of suppliers improved to 92.5% by value in the month, against a target of 95.0%.



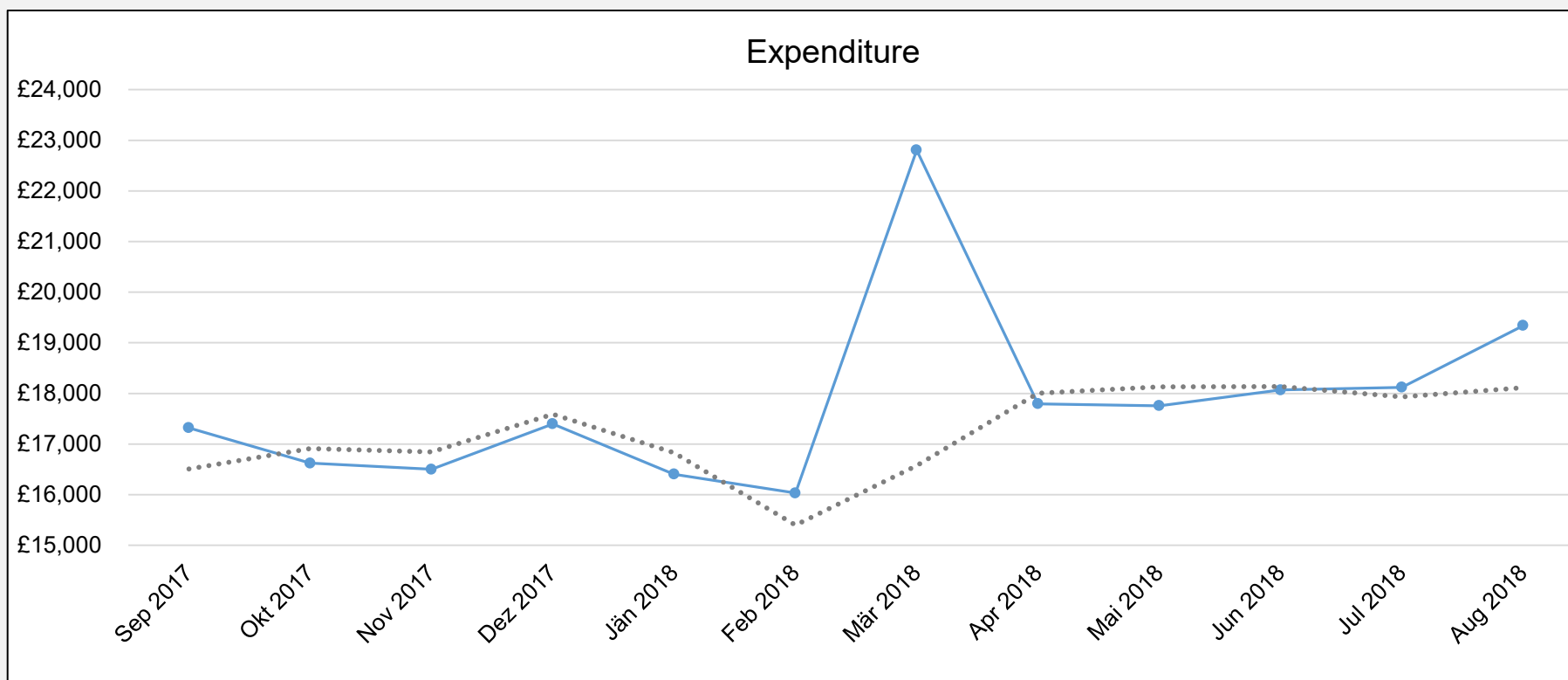
Total Income in the month was £18.8m, which was £1.2m better than plan.

There is now a favourable variance against plan of £0.9m.

The main reason for the improvement in the month was backdated funding for the new pay deal (£0.8m) and placement support (£0.3m). The former is offset by backdated pay costs (see below).

The Trust has assumed full achievement of planned Provider Sustainability Fund (PSF) income in the first five months at £0.5m. The full year value is £1.8m and receipt of this funding is contingent on meeting I&E trajectories on a quarterly basis. Funding of £0.3m for quarter one has been confirmed and received.

SECamb Finance Performance Charts



Total Expenditure exceeded plan by £1.2m in month

Cumulatively expenditure is £0.8m above plan.

Pay costs in the month were above plan by £0.7m, moving the cumulative position to a £0.4m overspend. The main reason for this was the £0.6m impact of the new pay deal backdated to 1 April.

Non-pay costs were £0.4m above plan in the month, bringing cumulative costs to £0.1m better than plan. The main area of overspend was in Medical, which is being investigated.

Non-operating costs, were over by £0.1m.

SECAMB Board

QPS Committee Escalation report to the Board

Date of meeting	6 th September 2018
Overview of issues/areas covered at the meeting:	<p>This meeting considered a number of Management Responses (response to previous items scrutinised by the committee), including:</p> <p>Section 136: to include the requirements and performance under the Mental Health Concordat (Partially Assured)</p> <p>There has been work undertaken to understand the disparity between SECAMB and the Police to understand the root cause of the issue. Issues have been identified and are being actioned and it is expected in September to see a much improved alignment of data and activity. In addition there is a gap in commissioning and this is being discussed with commissioners. The committee asked for an update on these items at the October and December meetings.</p> <p>Vehicle Cleanliness -Swab Testing (Assured)</p> <p>The committee reviewed the swab test results as requested at the July meeting for both MRC and VPP sites and is assured that these were overall with the tolerances set. However the committee has asked for a review and timeliness of the swab testing given new testing kits now in place and this is bought back to QPS.</p> <p>Internal safeguarding – Safer Recruitment (Assured)</p> <p>The committee is assured that the process to manage the issues relating to internal safeguarding is being actioned. It also noted the pre-appointment screening trial is being initiated and that the broader issue of the standards set is being reviewed.</p> <p>111 Service – Learning from incidents (Assured)</p> <p>This paper gave assurance that there is a robust process and mechanisms in place to embed learning from SIs and incidents not only within the 111 service but also across the Trust particularly into the EOC and that learnings are also shared across the 111 network. The committee had asked for this as a follow up to 111 Call Triage Paper received in July to test how the learnings identified are shared and embedded.</p> <p>The meeting also considered a number of Scrutiny Items (where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas), including;</p> <p>SRV/DCA Crew Policy (non-paramedic crewed vehicles). How do we plan a skill mix on DCAs and SRVs (Partially Assured)</p> <p>Following observations at the QAV visits of skill mix this paper outlined how the staff skill mix is considered and planned. It also highlighted that last minute staff issues can change the planned mix. The committee is assured that all decisions are taken at each stage of the planning process with the optimal mix in mind, but that this should be a documented process particularly given the planned move to local rostering.</p>

Private Ambulance Providers Governance Review (Assured)

The committee reviewed the assurance document presented to the CQC on 5th September to provide an update and assurance on the work ongoing to ensure that the Trust's contractual arrangement with PAPS is robust and appropriate, and resolve any inconsistencies in quality and governance assurances and deliver principles to improve PAP service delivery. This includes a clinical safety project. The committee has asked that the results of the clinical safety project are brought back to committee and also that a bi-annual PAP report which covers all areas of PAPS is added to the annual cycle of business. The committee is assured that a robust and comprehensive review is being undertaken.

Obstetrics: Assurance can deliver effective care and treatment (Policy/Procedures, Training, Incidents, Risk) **(Partially Assured)**

This was a thorough review of our current obstetric care supported by an analysis of any SIs, incidents and complaints, our policies, training and education, medical equipment and practice guidelines which provides an adequate level of care. It was recommended that a follow up report is submitted in 6 months by our newly appointed Consultant Midwife. The committee noted the EOC Maternity Line that has been put in place and the very positive impact that this has had.

HART: Overall review and specifically NARU Audit readiness assessment. **(Partially Assured)**

The paper provided an update on governance, tasking and learning, skills assurance, care and treatment and recruitment and retention and an assessment undertaken with commissioners to review HART prior to the NARU Interoperable Capability Review scheduled for October. The committee was assured that a robust programme had been undertaken to largely address the areas where SECAMB was found to be non-compliant and the assessment undertaken reflected this. The Trust has taken significant steps to address these issues including training 80+ relief staff, new fleet, training and appointment of staff.

However, the Trust is not always compliant with the requirement for 100% capacity within HART (6 in each team at all times) and the committee recommends that the Board reviews this so it has clarity on the potential consequences. The committee also asked management to ensure this is reflected on the risk register.

Crew to Clear Review (including Hospital Handovers) – Assured

The paper outlined the progress that has been made regarding hospital handovers and the performance on crew to clear times which is variable across the Trust but overall average sits somewhere around 16mins. There is an action plan to address this but the committee noted significant effort by two OUs that have only reached 60% compliance with the 15minute handover time and encouraged that the feasibility of this time should be reviewed at the different locations and that also engagement must be considered. The committee IS assured this had focus and grip.

In addition the committee also received a report **on Infection Prevention and Control progress** against objectives and noted that progress that continues to be made in this area.

	<p>Medicines Governance Quarterly Inspections report gave assurance that this area continues to be closely managed and that this process is able to identify issues and work to resolve them. In particular the committee noted that there had been much improved timely response by Estates to issues raised in these inspections. The committee was also assured that there is now a substantive team in place. In addition the committee was alerted to the new Fraudulent Medicines Directive which is required to be implemented by March 2019. The committee referred this to FIC in relation to the IT/Investment element and will receive a paper in October to outline the overall requirements and impact.</p>
<p>Reports <i>not</i> received as per the annual work plan and action required</p>	<p>The committee did not receive the following items,</p> <p>Thematic Review of SI's / patient delays</p> <p>This will be submitted in October</p>
<p>Changes to significant risk profile of the trust identified and actions required</p>	<p>N/A</p>
<p>Weaknesses in the design or effectiveness of the system of internal control identified and action required</p>	<p>N/A</p>
<p>Any other matters the Committee wishes to escalate to the Board</p>	<p>As referenced above, the Board should be aware that the Trust is not always compliant with the requirement for 100% capacity within HART (6 in each team at all times). It is commissioned to provide 6 staff in each team, but there are times due to unexpected leave (e.g. sickness) when this capacity is not always provided. The Board should therefore consider whether it needs to invest above that to which it is commissioned.</p> <p>A paper will come to the Board in October with further details and a recommendation.</p>

SECAMB Board

QPS Committee Escalation report to the Board

Date of meeting	19 October 2018
Overview of issues/areas covered at the meeting:	<p>This meeting considered a number of Management Responses (<i>response to previous items scrutinised by the committee</i>), including:</p> <p>Incident Reporting to NRLS (Partially Assured) The committee was assured that we are now reporting incidents to NRLS, following issues identified on 2017. However, we appear to be over-reporting, which management is seeking to correct. The committee will receive an update in January 2019.</p> <p>OU Management Capacity (Assured) The committee followed up its concern from earlier in the year about management capacity, given some of the vacancies that existed. It was assured that the right capacity is now in place (no OTL vacancies), which has resulted in better grip of issues that arise at OU-level. The committee also noted the ongoing work to review the broader restructure, and this will be picked up by the Workforce and Wellbeing Committee.</p> <p>Data Availability (Partially Assured) This management response related to how staff are provided access to key information. The committee was assured that substantive staff have good access via I-Pads to policies, JRCALC, operational and clinical bulletins etc. However, there was not the same level of access for BANK staff (this is a risk on the risk register - ID 465) and this led to a wider discussion about our approach to the BANK, especially in the context of the service transformation delivery. The committee has asked the Workforce & Wellbeing Committee to seek assurance that this area is being addressed. The committee also explored the steps taken to ensure critical policies are read and understood (not just received). It noted the work underway as part of the governance and risk project, as part of the Delivery Plan, and has asked the Audit and Risk Committee to seek assurance.</p> <p>Safer Recruitment (Partially Assured) The committee is assured that we are legally compliant with the initial DBS checks being up to date and that work continues to ensure all renewals are up to date, in line with Trust policy. The DBS working group is exploring the right level / frequency of checks needed for the different groups of staff, to agree a Trust position.</p> <p>Mobile Data Terminal Action Plan closure report (Assured) The committee was pleased to be assured that the actions relating to this historic SI have now been completed. There was one other issue arising (but separate) from the SI, relating to information sharing agreements. This is being picked up by the Information Governance Group, and the committee has asked the Audit & Risk Committee to add this to its cycle of business, so that it can in due course test the governance we have in place.</p>

Single Response Vehicle /Double Crew Ambulance Skill Mix (Assured)

This follows the scrutiny item in September, and how management ensure the right skill mix for each shift. It was assured by the system in place and asked for this to be included in a written procedure.

Falsified Medicines Directive (Assured)

The committee asked for an update on the approach to be taken following this new (EU) regulation. It is yet to be confirmed if it will apply to ambulance Trusts and there is some uncertainty vis-à-vis Brexit as it is an EU directive. It is a complex issue and the paper received provided a really helpful update on progress.

It is on risk register and the next steps include developing a business case, potentially in conjunction with other Trusts. In the meantime, management will escalate any clinical implications, as required.

SI Investigations (Not Assured)

The committee received a verbal update on the work to manage the backlog of SI investigations. It noted that we are meeting the trajectory agreed with commissioners and that we are mapping the process to ensure effective controls going forward. However, until these new controls are put in place the committee is not assured.

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

SI Thematic Review (Partially Assured)

The committee explored the detail within the report and the challenge in being able to clearly draw out the real themes, especially given they are relatively few in number. The report lacked some of the actions being taken in response to SI findings / learning, and so the committee asked management to ensure this is included for future reports; the committee will receive this on a quarterly basis

999 NHS Pathways License (Partially Assured)

The committee tested the level of compliance with the Pathways licence conditions, noting the 100% audit completion since May 2018 and compliance with having the requisite Pathways trained clinicians.

There was some concern about the sustainability of the audits given the pull between training and audit, and the committee also asked for further information about the outcomes of the audits and the related learning / action. This will come back as a management response in December.

Duty of Candour (Partially Assured)

As part of the annual planning for Internal Audit in January, the committee asked for an audit of Duty of Candour. At this meeting, the head of Internal Audit attended to present the findings. This included positive comment about the focus at board level for duty of candour relating to serious incidents. However, more work is needed to strengthen the controls for non-serious incidents. The audit found that understanding

of the policy was inconsistent, which led the broader point about how we ensure key policies are read and understood (linked to the action above – Data Availability).

The committee is confident in the action plan to address the findings, most of which are due by December. In the meantime, the Board will see the level of compliance via the integrated performance report.

QIA mid-year review (Assured)

This report provided a review of the 232 quality impact assessments completed since January 2019. Every cost improvement programme (CIP) had a quality impact assessment, and just over a quarter of all new / updated policies. Management is reviewing the process to ensure proportionality.

111 Contract (Assured)

The committee explored the operational and patient safety risks and mitigations, relating to the Trust's exit from Surrey 111, and the mobilisation of the interim service in Kent and Sussex. It acknowledged the complexities and the efforts of management to ensure a careful transition. The committee will review the risks again in January.

Operational resilience (Partially Assured)

At its meeting in September the Trust Board asked the committee to test the resilience within operations, to meet the fluctuations in demand, especially coming into winter. This was in the context of increased demand adversely impacting performance.

Management very helpfully set out in good detail all the work underway to mobilise the additional workforce as part of service transformation delivery. This assured the committee that we are taking action to more robustly manage the demand that can reasonably be expected. However, it noted the reliance on the wider system's resilience. The Winter Room this year is being run from Nexus House, which will be an opportunity to highlight issues sooner.

In summary, the Board can be assured by the comprehensive set of actions and plans in place, which provides better anticipation of risk and clearer actions to be taken as a consequence, and also focusses on getting much quicker to lower acuity patients that are waiting longest. However, the reality is that in all likelihood, performance will continue to be adversely affected by any significant increased demand.

In addition the committee also monitored performance in two areas;

Safeguarding (Partially Assured)

The committee received a 6-month review, noting that there is now a fully established safeguarding management structure, including the new Freedom to Speak up Guardian now being in place. Training, in particular the face-to-face Level 3 training, was cited as having a really positive impact on culture and awareness. There has been a 29% increase in referrals over the first 6 months and the committee is confident that there is capacity in place to manage this workload.

Overall the committee felt that this helpful report demonstrated good progress. It asked for more specific detail to be included in future about the learning and related

	<p>actions.</p> <p>Clinical Audit Quarterly Report (Assured) The committee felt that the whole Board should see this quarterly report (Appendix A), as it really helpfully describes the progress against our clinical outcomes. The committee is assured that the audit plan will be delivered. The report shows where we are against the relevant indicators and the reasons, and the stability of unreconciled records is duly noted.</p>
<p>Reports <i>not</i> received as per the annual work plan and action required</p>	<p>The committee did not receive the following items, Quarterly Quality & Safety Report – deferred to December.</p>
<p>Changes to significant risk profile of the trust identified and actions required</p>	<p>N/A</p>
<p>Weaknesses in the design or effectiveness of the system of internal control identified and action required</p>	<p>As stated, the controls in place to manage SI investigations are currently not well designed and therefore not effective. Management is taking immediate steps to map the process, and implement changes and the committee will keep this under its review.</p>
<p>Any other matters the Committee wishes to escalate to the Board</p>	<p>The excellent Clinical Audit report is included for the Board’s awareness. The committee felt that, given the way clinical outcome data is collated, it might be more meaningful for the Board to review clinical outcomes on a quarterly basis, rather than each month as part of the IPR. The Board is invited to discuss this.</p>

SECAMB Board

Finance and Investment Committee (FIC) Escalation report to the Board

Date of meeting	18 October 2018
Overview of issues/areas covered at the meeting:	<p>This meeting was not quorate, being attended by one NED member (the chair) and two Executive members. The meeting was observed by one Governor (Nigel Willmont-Coles)</p> <p>Business Cases</p> <p>The committee asked that future business cases should consider the impact on post demand and capacity review longer term financial projections. The committee noted the extra level of scrutiny now being carried out by the management through the “Business Review Group”.</p> <p>(Other than in the matter of Personal Issue Kits, which was delegated by the Board for decision) the committee has no formal approval powers so the word “approval” below should be understood to be “the committee recommends to the full Board that the business case be approved”.</p> <ul style="list-style-type: none"> • <u>Nexus House Second Floor</u>. This was approved as it represented an attractive and low risk short term opportunity consistent with longer term consolidation concepts previously discussed at Board. • <u>Ambulance Technician</u>. This was approved • <u>Service Transformation Delivery Program Team</u>. This was approved with emphasis placed on stakeholder communication and obtaining the right skills mix quickly • <u>111 Contract Extension</u>. The committee felt that this paper was premature and could not yet be recommended (particularly as the proposal presented sat outside agreed Board financial parameters). • <u>QI methodology</u>. The committee reviewed the paper and noted potential benefits; however, there was concern about timing given the DRC program. The proposal was not approved at this time • <u>Personal Issue Kits</u>. This was approved in line with power delegated to the committee at the September Board meeting <p>Fleet and Estates Enabling Strategies</p> <p>The Chair deferred consideration of the Fleet Strategy and asked the Executive to discuss the paper more widely with Board members before formal consideration in due course.</p> <p>The Committee discussed the proposed Estates Strategy and recommends it to the Board with the following caveats:</p> <ul style="list-style-type: none"> • The financial numbers should be removed and will need more detailed review in due course. • Estates strategy will need review in the light of the service transformation delivery • Whilst representing considerable effort, the paper is stuck between a strategy and a delivery plan. • The Executive were asked to clarify in due course which principles, projects and initiatives already had approval so that the committee could focus on forward looking

	<p>matters</p> <ul style="list-style-type: none"> • It is not clear why the 11 MRC number is the right target for the Trust to aim at. This should be one element considered in the forthcoming iteration of the Estates Strategy. <p>Financial Performance</p> <p>The executive tabled a brief Powerpoint summary of financial performance over the first half of our financial year. Whilst financial performance is broadly satisfactory, three particular concerns were discussed;</p> <ul style="list-style-type: none"> • The relatively low number of frontline hours currently being generated – a fuller update will be provided to the October Board. • The high level of Financial Risks suggested for the second half of the year – the committee concluded that risks were overstated. • A lack of longer-term forecast in the context of the Demand and Capacity Review – the executive agreed to provide longer term forecasts at future meetings. <p>Whilst a full paper will be circulated in due course, one of the roles of the committee is to provide detailed scrutiny and challenge of financial performance on behalf of the full Board. The timing of meetings needs to be amended to ensure that the committee has a full opportunity to examine financial performance and forecasts.</p> <p>An additional FIC meeting will be arranged in November to focus on forecasting, business plans and (if feasible) the month 7 finance pack</p> <p>Cyber / IT</p> <p>The committee was assured that the Trust was well positioned in relation to Cyber Security and noted the extensive IT projects underway.</p> <p>Risk Management</p> <p>The committee discussed an improved, but not yet satisfactory, FIC risk management report. Suggestions were made to improve future reports</p>
<p>Reports <i>not</i> received as per the annual work plan and action required</p>	<p>Fleet Strategy – as above</p>
<p>Changes to significant risk profile of the trust identified and actions required</p>	<p>N/A</p>

<p>Weaknesses in the design or effectiveness of the system of internal control identified and action required</p>	<p>N/A</p>
<p>Any other matters the Committee wishes to escalate to the Board</p>	<p>Too many Papers were submitted late to this meeting. The executive were asked to review with the Chair the number, timing and format of meetings to ensure that the committee can best support the Trust whilst providing appropriate scrutiny and challenge on behalf of the full Board.</p>

South East Coast Ambulance Service NHS Foundation Trust

SECAMB Board

Escalation report to the Board from the Workforce and Wellbeing Committee

Date of meeting	19 October 2018
Overview of issues/areas covered at the meeting:	<p>From the midway point of the meeting, the Committee was not quorate.</p> <p>This meeting considered a number of Scrutiny Items (where the committee scrutinises that the design and effectiveness of the Trust’s system of internal control for different areas), including;</p> <p>Workforce Planning (Partially Assured)</p> <p>The committee noted the good progress in understanding the issues that need to be addressed to ensure the recruitment targets are met. These challenging targets will require new approaches at every stage of the process, and the committee does not believe there is the capacity in-house to maintain the necessary pace. The vital externally delivered training both for class C1 and blue light driving is not being delivered to plan.</p> <p>We are matching or exceeding our best ever recruitment rate, although retention remains a significant issue.</p> <p>The committee also discussed the importance of staff at all levels taking responsibility for removing barriers to recruitment. For example, by staff not sending back incorrect or incomplete forms to the originator but simply picking-up the phone and asking for the incomplete data.</p> <p>HR Transformation (Partially Assured)</p> <p>A number of aspects were considered, including the cultural change programme, process improvement, personnel files and the HR operating model. Work on culture was now being developed inhouse and the Committee was hopeful that this would now begin to meet our needs. A good grip was apparent on the work on personnel files and the committee is assured that the issue with incomplete DBS checks did not lead to any inappropriate appointments, or changes in status of existing employees not being addressed. There was concern about capacity in HR and addressing this will be key in implementing the process improvements required.</p> <p>This work was discussed in the context of the implementation of the demand and capacity review and it was agreed that these should be managed together. It was also agreed that a revised set of KPIs should be developed relating to the implementation of the DCR that ties process improvements to meeting the organisational needs of the Trust rather than simply the planned outcomes of the HR transformation work. A proposal is to be brought back to the next committee meeting.</p> <p>Payroll Discrepancies (Partially Assured)</p> <p>This remains an issue for the Trust but the committee received assurances that we now have a better grip on the provider, and that the provider has agreed to refund some of our costs by way of compensation for its poor service. However, the committee restated</p>

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	<p>its view that discrepancies in this area must be minimised. Around 1:8 appeared to be as a result of incorrect actions by managers which need to be addressed. The committee also discussed the very complicated way that the final salary of many of our staff is generated, giving rise to opportunity for error. The committee was assured that a single point of management now exists to lead improvement in this area.</p> <p>Health and Safety at Work (Partially Assured)</p> <p>The committee welcomed the much stronger focus on H&SaW and noted the very good work now underway by the new team. The committee also thanked Al Rymer for his support of this work. It was clear that there was a great deal of work to be done but there is good focus on meeting all new RIDDOR timescales. A sound plan is being developed but addressing all aspects of the external review must be achieved as a matter of urgency.</p> <p>The annual staff survey results were discussed in the context of the use of PowerBi. This was welcomed by the Committee but it was stressed that we must focus on what is important to the Trust and our patients and not focusing on improving individual survey scores.</p>
<p>Reports <i>not</i> received as per the annual work plan and action required</p>	<p>N/A</p>
<p>Changes to significant risk profile of the trust identified and actions required</p>	<p>None – the committee reviewed the workforce risks on the risk register and was confident that they reflected the current issues. However, it agreed that the focus now must move to measuring the impact of the changes to HR systems and processes to the service transformation delivery.</p> <p>With regard to H&SaW, staff were asked to look at the particular risks being identified and ensure they are related to the right owners (ie not necessarily the H&S team).</p>
<p>Weaknesses in the design or effectiveness of the system of internal control identified and action required</p>	<p>The committee is concerned about capacity issues within HR and was assured that the Executive team is looking at this.</p> <p>The Board should note the significant issue of retention, and specifically within the EOC. It was noted that many EOC staff will progress to roles on the road, and that this is part of the overall recruitment strategy, but of course also means staff move through the EOC at some rate. We need to focus on staff leaving the organisation in terms of exit interviews and understand that better.</p>
<p>Any other matters the Committee</p>	<p>The workforce plan is in progress and the committee will scrutinise the plan to develop the plan at its next meeting. Linking it more to the outputs required for the service transformation delivery should be of benefit to the Trust.</p>

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wishes to escalate to the Board	<p>The committee will also prioritise the scrutiny of health and safety during Q1 of 2018/19.</p> <p>Finally, this meeting was one of three committee meetings within the same week and the committee Chair was very aware of the pressure on staff to draft and sign-off papers. Papers were therefore late. The Company Secretary will review the schedule.</p>
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SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

E - Governor's Report on the Finance and Investment Committee

Date of meeting: 18/10/18

Governors present: Nigel Willmont-Coles

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

1. Prior to the meeting:

I met with Angela Smith (Chair of FIC) before the meeting, we looked at the agenda and talked about the business plans that the committee wanted to agree to go in front of the Board. You could tell Angela had been doing homework as I was given an in-depth overview on each plan along with Angela's view on the plan with an outline of questions that needed to be asked to give assurance that the plan was correct and indeed ready to go forward to the Board.

2. Introductions:

I was made to feel welcome by the group and invited to ask questions along the way.

3. Agenda:

The agenda covered a wide range of relevant topics.

4. Discussion during meeting:

It was good to see that some decisions were agreed and passed, while others had to go back to be tweaked or have bits added.

5. Chair:

It was good to see first-hand that Angela as a NED has fitted in the role very well and is, on behalf of the governing body, asking the right challenging questions and holding the Executives to account.

6. Conclusion:

I was the only governor at the FIC and I found it interesting.

South East Coast Ambulance Service NHS Foundation Trust

Membership Development Committee

F - Membership Development Committee Report

1. Introduction

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

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

2. MDC Meeting summary

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

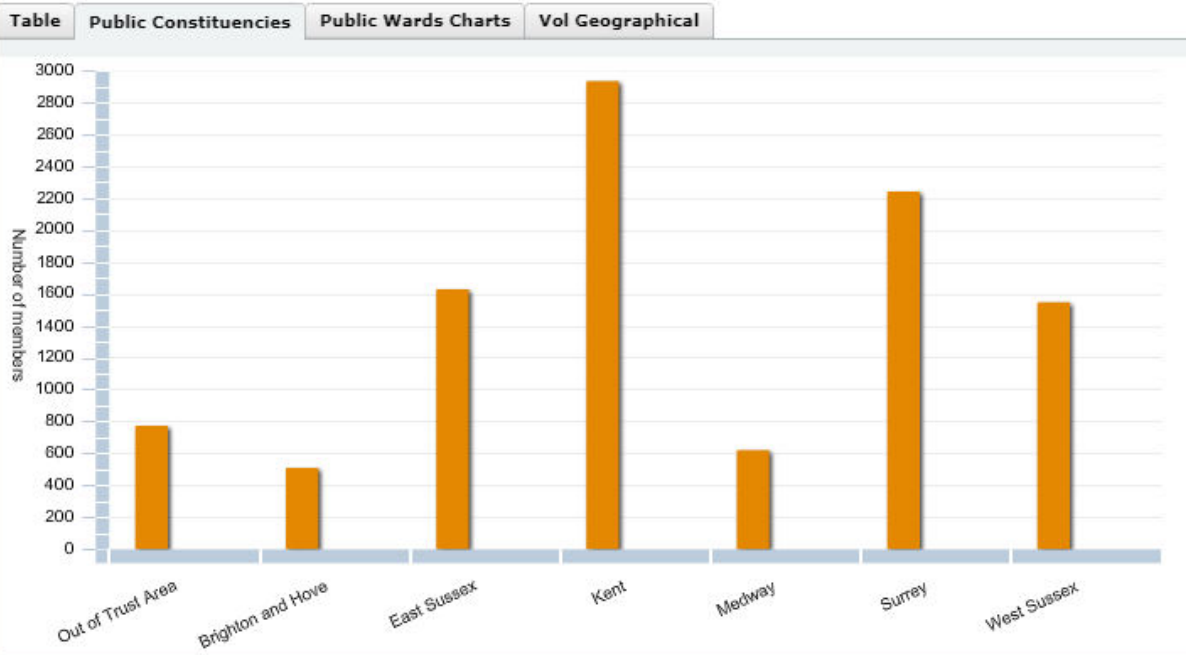
3. Membership Update

3.1. The total staff membership as of 30.10.18 is 3,567.

3.2. Current public membership by constituency (at 01.11.18):

Constituency	No. of members	Member percentage increase or decrease compared to previous report	Proportion of the population who are members
Brighton & Hove	510	0.19%	0.19
East Sussex	1630	2.5%	0.32
Kent	2936	2.06%	0.22
Medway	637	2.3%	0.24
Surrey	2243	2.6%	0.18
West Sussex	1583	2.1%	0.20
Total	9539	1.7%	0.22

Member Type Breakdown report



Decreases in all areas are due to data cleanses that take place prior to the newsletter going out which check our member data for deceased members and possible 'Gone-Aways' and remove the records as necessary. We also get return to sender newsletters that are returned to us when people have moved and not notified us.

We do not actively do any member recruitment from a Trust perspective in winter outside of the Annual Members Meeting, as this usually takes place over the summer months at 999 events etc. The focus has always been on quality rather than quantity. However, this does not stop Governors from carrying out membership recruitment locally if they wish to bump their numbers up! Please contact the membership office if you would like member forms and promotional materials.

Membership engagement summary

3.3. Attendance at membership engagement events will start to wind down over the winter period. This provides a good opportunity to look back at the opportunities Governors have had to engage with and/or sign up members over the last year.

The Membership Office arranged attendance for Governors at:

- Trans Pride in Brighton.
- Brighton Pride Community Parade.
- SECAMB research event for members & other stakeholders in West Sussex.
- Our Annual Members Meeting in Surrey.
- Brooklands 999 Day in Surrey.
- Diverse Crawley multicultural event in West Sussex.
- Lightwater Patient Participation Group SECAMB info session in Surrey.
- Our Inclusion Hub Advisory Group meetings made up of our Public FT members.
- Our Patient Experience Group meetings made up of patient FT members and other stakeholders and staff FT members.
- Our Staff Engagement Forums made up of staff FT members.

- Investing in volunteers meetings with staff and volunteer/public FT members.
- Chair recruitment day with broad selection of stakeholders inc FT members.
- NHS Horizon event for all UK ambulance services (Staff Governor attended)
- NHS Providers Annual Governors Conference – learning about best practice re membership activities.

Still to come:

- Election info drop in sessions for FT public and staff members in Kent, Surrey & Sussex in December.
- Public members who are interested in standing for election are invited to the November Council meeting.
- Quality Account event with public and staff FT members and other stakeholders in November.

Additional engagement work

Governors have also taken the opportunity to engage with members and the public by attending events on their own and they have a Governor Toolkit of info and resources available to them to support this.

Events attended:

- Shepway CSP Mental Health Conference.
- Informal meeting with managers and staff at Tongham Ambulance Station.
- Informal meeting with managers and staff at Brighton Ambulance Station.
- Ashford Community Safety Partnership.
- NPCC East of England Mental Health Workshop.
- Surrey Armed Forces Covenant Conference.
- Observational shift at ICU Epsom & St Helier NHS Trust.
- Dover District Youth Conference.
- Attendance at CCG & STP public meetings/ events.
- Meetings with local CFR teams to build relations and understand that aspect of our service.

Annual Members Meeting

With 250 people registered to attend and 181 actually in attendance on the day our Annual Members Meeting (AMM) was a hub of activity and positive engagement on the 14th September at Lingfield Racecourse in Surrey. If you were unable to attend you can watch the event online here:

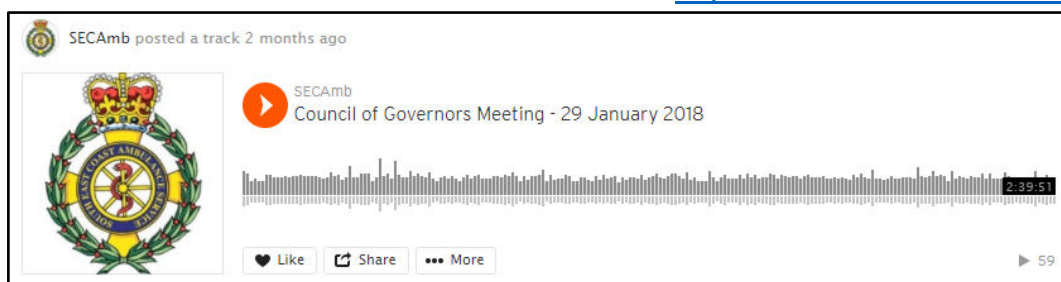
<https://www.youtube.com/watch?v=Hmuny-Q60S8> to catch up on the latest news from SECamb, including the Chief Execs year in review, an update on our improvement journey including the work of the frequent caller's team and a Q&A session. It has had over 400 views so far! A sincere thank you to all our many staff and volunteers who took part in the event; whether



attending, presenting or as part of our exhibition or vehicle display. Governors had the opportunity to engage with our members at the event and were also part of a Get Involved exhibition stand sharing info on volunteering opportunities in the Trust.

We were pleased to welcome the following local organisations to the event as part of the exhibition as well, this helps us develop relationships locally and enable the opportunity to network and learn from each other: British Heart Foundation, Alzheimer's Society, Surrey Minority Ethnic Forum, Service by Emergency Rider Volunteers - Surrey and South London. Also to Kent, East Sussex and Surrey Retirement Associations who also had displays at the event. The MDC will review the evaluations from the event and recommendations for next years event will be made. The full Council are invited to provide feedback on the event.

- 3.4. Governors have also had the opportunity to observe on a vehicle with our frontline FT staff members and visited our EOC's to understand more about that aspect of our service and engage with staff FT members.
- 3.5. Articles on the work of the Council (top 3 areas of focus at meetings) continue to be shared in the staff bulletin to raise the profile of the Council and awareness of our staff Governors. Council meetings are live tweeted by the Membership Office as a way to share up to date info with our members and the public who follow the Trust accounts on there. Links to audio recordings of the Council and Board meetings are also tweeted for members and the public to review and included in the member newsletter. <https://soundcloud.com/secamb>



- 3.6. The member newsletter goes out on the 3rd December to our public FT members and our staff FT members. This edition focusses on recent recruitment news including our new NED and Chair, outcomes of the CQC report (timing dependent), outcomes and impact of demand and capacity review for our patients and staff, an interview with our Hazardous Area Response Team, promotion of the upcoming Governor elections, health tips and our annual membership survey. The results of the membership survey will be reviewed at the February meeting of the MDC next year and will inform our membership plans for the year. The next edition of the newsletter is due out March 2019.
- 3.7. Governor elections are coming up in 2019 as follows:
- 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

A substantial communication plan for the upcoming elections has been created by the Membership Office and started in November. The elections open 3rd December, with voting packs issued in early February and the results announced on 22nd February. Members will be invited to attend the November Council meeting and drop in info sessions across the patch. Messaging will start to be distributed across a multitude of digital and traditional platforms to staff and public members. This plan will be reviewed at the MDC on the 20th November.

A significant exercise took place around cleaning the data we have on record for members which was supported by members of the MDC. This has enabled us to pursue electronic voting for public members with valid email addresses (staff voting has always been electronic). Any email that bounces will be sent a postal ballot and the email address removed from the member record. An email capture exercise will be going out with all postal ballots to further improve the membership data we hold. This work has resulted in a cost saving of almost £5000 in this round of elections.

4. Public Members' Views

- 4.1. The **Inclusion Hub Advisory Group (IHAG)** is a diverse group of our public Foundation Trust members who bring a wide range of views and perspectives from across the South East Coast area. SECamb staff brief the group on plans and service changes and seek the group's advice on whether wider community engagement is necessary or simply gather the views of the IHAG to inform the Trusts' plans. This group are also able to feed information on issues of importance to them into the Trust.
- 4.2. Since the last report the Inclusion Hub Advisory Group of public members met on 15th October 2018. Brian Rockell & Marguerite Beard-Gould are the Council's representatives at IHAG meetings. All Governors are welcome to request to observe the IHAG from time to time.
- 4.3. Attendees may wish to add their own observations in addition to the meeting summary below. The minutes of this meeting are not yet available.
- 4.4. **IHAG meeting summary:**
- 4.5. The IHAG provided feedback on our 999 hold message which is put in place as part of the surge management plan when all the lines are busy. The IHAG heard that the BT Operator was able to upgrade necessary calls to higher in the queue. The IHAG highlighted a potential risk around lack of standardisation/process in this area as to how they would know to upgrade it.
- 4.6. The IHAG received a presentation on the demand and capacity review and funding and sought to understand impact this would have for patients.
- 4.7. Judith Ward, Deputy Director of Nursing sought views of the IHAG on the format of engagement on the Quality Account. This was warmly received. The IHAG were keen for staff views and their suggestions around measurable areas. The IHAG were invited to be represented on a steering group for progressing the engagement on this piece of work.
- 4.8. Aide Hogan Infection Prevention Lead came to feedback on the Quality Assurance Visits on infection prevention and control that the IHAG had taken part in at local hospitals/handover

points. Aide advised that the data collected had been very useful and they had been able to feedback to local OU's without individuals being identified and training opportunity's had been implemented.

4.9. Bethan Haskins Director of Nursing & Quality presented on the Serious Incident processes and learning taking place in the Trust from these. The IHAG highlighted possible need for a layperson/ patient rep at the SI reviews to keep the focus on the patient and provide a fresh pair of eyes.

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

4.11. The next IHAG meeting takes place on the 16th January 2019 at Crawley HQ.

5. Staff Members' Views

5.1. The **Staff Engagement Forum (SEF)** is the Trust's staff forum, which meets quarterly. It consists of a cross-section of staff members with different roles and from different parts of the Trust and enables the Trust to gather views and test ideas. The Staff-Elected Governors are permanent members of the SEF and it provides them with a forum to hear the views of their members and share their learning from the SEF. The Chief Executive is also a permanent member.

5.2. SEF meeting summary:

SEF meeting took place on the 4th September. This meeting was live streamed to the SECamb Facebook group. Notes from the meeting are now pasted below as appendix 1.

In summary, the SEF had a presentation on scheduling and the planned changes around bringing it in-house to each Operating Unit. The SEF raised concerns around protecting those in the role as it was recognised it could make you vulnerable to pressure from staff. Those in the role would be well supported by their line managers. More localised scheduling should encourage better use of overtime and shift swapping to enable more flexible working.

5.3. Ed Griffin (HR Director) and Vivienne Edgecombe (Consultant) presented on the Culture work stream. Vivienne had recently started to review the culture programme of work and if necessary refocus it on the most useful things we needed to do to improve the environment we work in.

5.4. Ed was clear that it was important to define the type of culture we wanted to see. We had started to stop poor behaviours but we also needed to focus on promoting and supporting the behaviours we wanted. The SEF asked for some specific tools to help us challenge poor behaviours and reinforce positive behaviours and offered to be part of helping to develop a toolkit.

5.5. Eileen Sanderson (Head of the Programme Management Office (PMO)) joined the meeting to talk about the improvements in governance around projects, ensuring we spotted and took account of interdependencies and linkages between them, and that impact assessments were done before we implemented new things. As an example of how the PMO was helping us manage projects, we were currently reviewing the six falls projects underway to ensure they were consistent and sharing learning etc. There was a new 'Concept Proposal' form, which anyone could complete and submit to the new Innovations Group to assess whether it might be

a good idea. This was the first step before developing a full project proposal and would mean that good ideas could move forward more quickly where relevant.

5.6. David Hammond (Director of Finance and Corporate Services) joined the meeting to talk about the Demand and Capacity Review and the implications for the Trust with a staff focus.

5.7. 2018 SEF meeting dates are as follows and they take place at Crawley HQ. Staff Elected Governors should make every effort to attend these meetings:

16th November 2018

Future meeting dates will be with you soon.

6. Patient Members' Views

6.1. The **Patient Experience Group (PEG)** met on the 8th August and the 2nd October, meeting summaries are provided below. Felicity Dennis is the Governor representative on this group and may wish to add additional commentary.

6.2. PEG meeting summary:

6.3. 8th August meeting:

The terms of reference for the group were reviewed at this meeting. The membership was discussed and it was proposed to include the Head of Clinical Audit as a member and remove the Head of L&D, as this would be covered by the staff engagement lead. The group noted they were keen to see regular representation from our 111 service to ensure all relevant areas of the service were involved.

6.4. The draft patient experience strategy was circulated to members for comment. Language was reviewed to ensure the strategy was clear in its aims and was inclusive of staff, patients, family and friends/carers. Feedback was provided to the Patient Experience Lead for review.

6.5. An overview of the Patient Experience Annual Plan for 2018/19 was given. It was agreed this should be a standing agenda item to enable in year progress to be reported.

6.6. Updates on the activity of the IHAG and SEF were also reported to this group.

6.7. 2nd October meeting:

At this meeting the revised draft of the Patient Experience Strategy was shared with the group for further comment.

6.8. The Quality Report (July 2018 data) was discussed by the group.

6.9. The NHS Standard Contract 2018/19 between SECamb and Commissioners relating to Patient Experience standards was shared with the group for information.

6.10. Reduced capacity in Serious Incidents team was discussed and the group sought and were given assurance that recruitment is underway to avoid the situation deteriorating again. Previously this had led to slow investigation turnaround times.

6.11. The 2018/19 Clinical Audit programme was provided to the group, which was most welcome, and Head of Clinical Audit attended the meeting and the links between the new Clinical Strategy and the Patient Experience Strategy were clearly articulated for the group.

7. Recommendations

- 7.1. The Council of Governors is asked to:
- 7.2. Note this report; and review any attached minutes for more detail.
- 7.3. Provide any feedback on the Annual Members Meeting.
- 7.4. Consider how best to encourage Governors to make use of such information, and also to make use of the IHAG appropriately to help understand the perspective of public Foundation Trust members.
- 7.5. Encourage those they meet to become members of our Trust (it's free) at: http://www.secamb.nhs.uk/get_involved/membership_zone.aspx Members receive our newsletter, 'Your Call', three times a year to keep them up to date with the Trust's activities. Members are able to vote or even stand in public & staff Governor Elections to the Council.

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

Appendix 1 SEF Notes

Staff Engagement Forum – 4 September 2018

Introduction

It was great to see a wide range of faces old and new at the SEF. We noted that a few areas weren't represented though, in particular 111 and EOC East. We'll try and encourage engagement from colleagues in those areas for the next meeting (date to be confirmed).

- Quality and PCRs

During our review of the action log, we had a useful conversation about PCRs, box ticking and quality. We noted that some operational colleagues received regular feedback about the quality of their PCR completion – and not 'just' in relation to audit compliance but also the quality of clinical observation and recording.

The SEF noted that we all want feedback on the quality of our work – not just the level of compliance (though that's also important). Since the meeting, we've established that the quality PCR form being used in Chertsey was part of a pilot being run to test how useful colleagues found the feedback.

SEF in action: It seemed to the SEF to be a fantastic idea to receive more qualitative feedback on the quality of PCRs and after the meeting we spoke to our Clinical Audit Team about it. They confirm that they are working on an even better, easier to use, electronic solution to help OTLs give this feedback effectively and improve our clinical practise. Something should be winging its way across the whole Trust in 2019.

- Scheduling

Some areas of the Trust seem to have a massive impact on everyone but people know very little about them and how they work. Scheduling is one such area, and so the SEF invited Jerry Hillman-Smith (Production Manager) to give an overview of how rotas are created, allocated and changed.

The key points were as follows:

- The new, user-friendly GRS app should really help people manage their rotas – the launch had some teething problems but these are now mostly resolved;
- Scheduling was being moved back into OUs to ensure it was more localised, with a planner and call-taker to be allocated to each OU – this would happen over the next three months;
- More localised scheduling should encourage better use of overtime and shift-swapping to enable more flexible working.

The SEF raised several queries and issues, set out below:

- **Q - Could relief be improved to be less tiring with quick turnarounds?**

A – It was hard to schedule because people tended to book leave at similar times. Currently, rosters included 28% relief. This would likely increase to 40% in the future. It was essential to cover vacancies and as relief was set 28 days in advance we could not be as flexible as would be helpful to provide cover.

- **Q – How far in advance can scheduling see where a shift is not covered?**

A – This is looked at daily and planning done to cover holidays. Recruitment was an issue as well as maintaining the skill mix.

- **Q – Why do annual leave requests sometimes get declined when someone else has had theirs agreed only minutes before?**

A – Scheduling runs on a set of rules to ensure the best cover possible for rotas. There is a daily limit on leave that can be allocated so if you ask once the limit is reached, you are likely to be refused.

- **Q – Who sets the rules?**

A – It's a maths calculation based on the number of staff on roster and how many hours can be covered on relief.

- **Q – Are there any plans to change the shift patterns?**

A – A rota review was needed. The Director of Operations wants to introduce more relief, training days, and control the amount of 12 hour shifts people do in a row. Core rosters should be changed by April 2019.

- **Q – Can we access GRS on computers that aren't Trust machines?**

A – Yes. You can use the link from the homepage on The Zone or log in at scheduling.secamb.nhs.uk

- **Q – Does it make a difference whether I request TOIL or ANNUAL LEAVE as to whether the request will be approved?**

A – Both requests are considered in exactly the same way.

- **Q – Is there scope to add additional night shifts into the plan?**

A – Yes. We are aiming to add one extra vehicle per dispatch desk to make everyone’s life easier.

The SEF were concerned about the move to localised scheduling and hoped that careful thought would be given to the potential for e.g. favouritism or allegations of it, and it would be important to ensure the relationships built were positive and not based on trying to twist a local scheduler’s arm to get what we want!

Overall we should remember it is not us and them – Scheduling staff should be treated with respect and just as we would treat other colleagues. This would be particularly important to remember once we have local scheduling colleagues in each OU – as they need to feel free of intimidation to do their roles. Their role is hard as they are trying to balance staff wellbeing and personal preferences with the need to get resources to our patients as best we can. It’s a hard job!

- **Improving our culture**

Ed Griffin (HR Director) and Vivienne Edgecombe joined the SEF. Vivienne had recently started to help us review the culture programme of work and if necessary refocus it on the most useful things we needed to do to improve the environment we work in.

Ed was clear that it was important to define the type of culture we wanted to see. We had started to stop poor behaviours but we also needed to focus on promoting and supporting the behaviours we wanted.

He described the four elements of a positive culture that we had all defined through feedback in the staff survey, from Prof Lewis’ report into bullying and harassment, and through talking to people across the Trust:

INCLUSIVE >	We will be an organisation where you won't be judged on who you are, where we are free from bullying and harassment, and we have an environment based on fairness and equity.	INCLUSIVE	People will want to come and work at SECamb, we are recognised as a good employer and we will be able to keep good people because they want to stay.
ATTRACTIVE		ATTRACTIVE >	
EFFECTIVE		EFFECTIVE	
SAFE		SAFE	
INCLUSIVE	We create a high performance environment where colleagues will feel they are set up well to be able to do their job, are clear about what is required of them, we are efficient and we will have a strong positive impact from the work we do.	INCLUSIVE	Colleagues feel safe in the conduct of their role and in being at SECamb. Colleagues will feel that their well-being is properly supported. We are all committed to the delivery of safe patient care.
ATTRACTIVE		ATTRACTIVE	
EFFECTIVE >		EFFECTIVE	
SAFE		SAFE >	

Everyone at all levels of the organisation could make small changes to contribute to improvements. We needed to spread support via those who were engaged and reach out to those who weren't yet engaged. The SEF and Staff Engagement Champions could help with this.

Ed ran through the activities already underway, noting the Trust values had been relaunched, the values cube and 'thank you' postcards were in use, and training and development for managers (including the Executive and senior management team) was well-advanced and being rolled out to

OUMs and OMs.

The SEF asked for some specific tools we could help promote and talk to our colleagues about, to help us challenge poor behaviours and reinforce positive behaviours:

- If we observe someone on the end of poor behaviours, we can ask them if they're ok.
- We should feel confident to tell people 'I don't think that behaviour is appropriate' in a simple, straightforward way. Always focus on the behaviour – don't make it personal. This means you can separate the person's intention – which may be good – from the impact – which may not be as they had intended.
- If someone tells a racist/sexist etc. joke, simply ask why it's funny. This means the person telling the joke has to explain and hopefully think about what they're saying.
- We can all remember to say thank you a lot when colleagues display positive behaviours!

The SEF offered to help produce a toolkit with lots of these top tips and Ed said something similar was already underway. This could be tested on the SEF/Champions 😊.

It was important to provide feedback to our managers – 360 appraisals should be rolled out across the Trust but until then, we should be able to provide constructive feedback to each other at any level of the organisation.

Transforming HR to support you

While there were fab people working really hard in HR, they had had intermittent leadership over the past few years, with a lack of data to help measure what they were doing and there was a lack of consistency in the application of HR policies.

The Trust had agreed a 'Demand and Capacity Review' with our commissioners which described the resources we would need, including workforce, to deliver our performance targets. Discussions were ongoing about getting the resources made available, but the figures themselves had been agreed. If we were to increase the number of clinical and frontline staff in the Trust, we would need to see similar increases in support services, including HR. WE would also need an effective HR team to deliver the new staff needed.

HR were now looking on an OU by OU basis at planning the recruitment needed for each area. The type of HR function required would be in response to the needs of the organisation.

HR should provide expert support, guidance and challenge to line managers – HR should not be doing the doing itself.

The SEF were asked to consider 2 questions to inform the way forward and our thoughts are listed below:

- What are the improvements that we have made that need to be communicated more widely?

- The Wellbeing Hub offers
- Uniformed access to values cards (in some areas OTL's are controlling access to them)
- Culture Workstream e.g. Management Development, 360's
- Show staff the 'ideal' for SECAMB
- Staff Engagement Champions – existence and role
- New Freedom to Speak Up Guardian – the appointment and what they are for
- Cards and Cube
- New Culture Metrics – people don't know what it is (as part of the Culture Change Programme, a

number of metrics have been agreed to measure progress)

- 'Localisation' – resolve local issues locally
- Clear understanding of the behaviours that underpin values
- Story board on a weekly basis – laminate hard copy for the operations staff
- Local problems/local solutions
- Permanent Executives
- Operational restructure
- Values
- More engagement work
- Dispatch model for EOC
- Increased dissemination of information relating to disciplinary action and outcomes
- New Innovations Group

- **What aspects of the culture we have today do we need to build on and grow?**

- Staff networks – opportunity to showcase good practice
- Encourage good behaviour – compliment reporting, self-reported incident encouragement
- Sharing best practice/good ideas
- Always explain and give reason
- Open communication
- Staff mental health and work/life balance
- Building management capabilities
- Team working / relationship building
- Stop looking upwards to others to make decisions
- Embracing the need and desire to 'fail fast'
- Inter department / OU understanding and experience
- Monitoring that training given e.g. behaviour/values training, is still being observed
- Communication
- Collaborative working and listening
- Goals – what are they? How are they measured? How well are we achieving them?
- Cubes and cards – need new direction on how to present and guidance – use staff info to develop the idea

The SEF queried whether and if so how we could ensure our Private Ambulance Providers also exhibited the same values and could be held to account for this.

- **Change management**

Eileen Sanderson (Head of the Programme Management Office (PMO)) joined the meeting to talk about the improvements in governance around projects, ensuring we spotted and took account of interdependencies and linkages, and that impact assessments were done before we implemented new things.

As an example of how the PMO was helping us manage projects, we were currently reviewing the 6 falls projects underway to ensure they were consistent and sharing learning etc.

There was a new 'Concept Proposal' form which anyone could complete and submit to the new Innovations Group to assess whether it might be a good idea. This was the first step before developing a full project proposal and would mean that good ideas could move forward more quickly where relevant.

ANYONE with an idea for improving things could submit a proposal. The form is available on The Zone here and includes instructions from completion:

<https://secamb.sharepoint.com/sites/intranet/knowledge/corporate/Pages/PMO.aspx>

And if you need any help completing the form or shaping your ideas please contact:

PMO@secamb.nhs.uk

- **Finance**

David Hammond (Director of Finance and Corporate Services) joined the meeting to talk about the Demand and Capacity Review and the implications for the Trust.

The Demand and Capacity Review (D&C) had recognised that in order to deliver our expected operational performance we needed an additional £40m per year by March 2021. The Commissioners had agreed the figures too – discussions were ongoing about delivery of the cash.

When it was signed and sealed there would be a joint communication. Not least to explain the benefits to the whole system and to summarise what it would mean for the ambulance service and other health partners.

The Trust would likely purchase a modelling system to help us manage this growth but also keep track of the levers affecting our performance so that if, for example, hospital handover continued to spiral the system could recognise the impacts on not just SECamb but the rest of the system.

Our commissioners still need to ensure that they commission services for their local populations and these will continue to be the focus of ongoing conversations over the coming years.

The D&C presented an opportunity for the Trust to deliver our expected performance for the people of the South East.

- **Issues from SE Champions around the Trust**

In some areas Champions were finding that interest and support for SEC activities was waning – in others it continued to be strong. One factor which seemed to help was having a leader in the area who valued the SECs and took action, so people could see things improving.

It was helpful if SECs could make quick wins so colleagues saw the benefit – but this was sometimes easier said than done.

The interaction between SECs and the management structure could be formalised to ensure things moved up and down, and feedback was provided if action didn't take place.

In some places, the OUM gave people overtime to attend SECs meetings.

- **On staff engagement locally, the SEF suggested:**

- A staff engagement item might go onto every monthly OTL meeting agenda to ensure any feedback/messaging was considered each month and actions taken as needed.
- SECs might be able to sit in on parts of OTL meetings to share learning and understanding of what OTLs do.
- SECs should feed into Teams C and then up to operational area governance meetings.
- Ellie would check whether OMs/OUMs might be promoters for the SECs.
- The 'you said, we did' format for staff engagement was very effective.
- Ask HR sessions should be held at times of shift changeover – not office hours.
- SECs were asked to look at how information is managed on their stations – noticeboards etc. – take photos if possible?

- **Items for the next SEF agenda:**

The following were suggested:

- Fleet update – fleet strategy
- Estates strategy update
- Wellbeing Hub – how's it working and how will it progress?
- Freedom to Speak Up Guardian – role and responsibilities
- Clinical strategy update
- CQC report overview
- Winter planning

- **HQ User Group feedback**

Dress down Fridays in HQ? The SEF were supportive and did not feel those in green would feel left out if HQ introduced this for support staff.

Milk cows for HQ to provide fresh milk? The SEF were supportive and again did not feel that those in green/on stations would feel left out as the volume of staff/milk in HQ warranted something different from on stations.

Uniforms were under review. The SEF were keen on hoodies and scarves.

- **The next meeting will be held on Friday 16th November 2018**

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

G – Governor Development Committee

1. Introduction

- 1.1. The Governor Development Committee is a Committee of the Council that advises the Trust on its interaction with the Council of Governors, and Governors' information, training and development needs.
- 1.2. The duties of the GDC are to:
 - Advise on and develop strategies for ensuring Governors have the information and expertise needed to fulfil their role;
 - Advise on the content of development sessions of the Council;
 - Advise on and develop strategies for effective interaction between governors and Trust staff;
 - Propose agenda items for Council meetings.
- 1.3. The Lead Governor Chairs the Committee and both the Lead and Deputy Lead Governor attend meetings.
- 1.4. All Governors are entitled to join the Committee, since it is an area of interest to all Governors. The Chair of the Trust is invited to attend all meetings.
- 1.5. The GDC met on 4 October 2018 to plan this Council meeting. The minutes are provided for the Council as an appendix to this paper. This paper also provides feedback on and the minutes of the previous GDC held on 16 August 2018 because this was not taken at September's Council meeting due to the GDC's Annual Report 2017-18 being presented.
- 1.6. Governors are strongly encouraged to read the full minutes from the GDC meetings.
- 1.7. The GDC meetings in August and October covered: feedback from the previous Council meeting, setting the agenda for the next Council meeting, Investing in Volunteers and CFRs, Quality Assurance Visits, getting to know David Astley (Chair), reviewing leavers' survey results and planning for upcoming Governor elections.

2. August - Feedback from the previous July CoG

- 2.1. The GDC noted that the pre-meet was working well, as it brought order to the questions at Council, however it was important not to lose all spontaneity.
- 2.2. The GDC agreed that pre-meets should remain at 09:30 prior to each Council meeting and remain in place unless attendance dropped below a useful level, when it could be reviewed again.

3. October – Feedback from previous September CoG

- 3.1. The GDC felt that the HR Director's presentation had been welcome and praised the content and delivery of the entire day, including the AMM. The GDC discussed observations from the Company Secretary that the Council were still too focussed on the CEO and Executives and there was not enough discussion with the NEDs. The GDC agreed that it was useful to try to focus more on the NEDS and on seeking collective assurance as a Council rather than as individuals.

4. Agenda setting for November's meeting

- 4.1. The GDC prioritised understanding the work being done to improve clinical outcomes and getting early feedback on the process for selecting the Trust's quality objectives.

5. Investing in Volunteers (August meeting)

- 5.1. The GDC received an update on activities undertaken to improve support and utilisation of CFRs from the CFR Team.
- 5.2. The GDC were not particularly assured about the stated progress but noted that the Quality and Patient Safety Committee were reviewing CFR support at their November meeting and would expect a detailed report to the council in January, from both the QPS and also the new Head of Community Engagement had bedded into post.
- 5.3. Some GDC members also noted that the feedback they were hearing from CFRs on the ground painted quite a different picture to that painted by the CFR Team. They would reserve judgment until January.

6. Quality Assurance Visits (August meeting)

- 6.1. Felicity Dennis provided feedback on her really worthwhile participation in a Trust Quality Assurance Visit and she encouraged other Governors to participate if given the opportunity. The GDC noted that they would like to understand how the feedback from the visits was used.

7. Introducing David Astley (October meeting)

- 7.1. The GDC spent some time with David, who introduced himself and his background. David noted that the GDC had been useful for him to hear about Governors' concerns, and noted the continuing concerns around CFRs.
- 7.2. David was keen to focus on the Board having clear objectives and definition between the roles of NEDs and Executive Directors.
- 7.3. David asked the GDC to outline any other areas of concern (in addition to CFRs), and heard about mental health transfers and areas of inconsistency in operational approaches in different parts of the Trust.

8. Review of leaver's survey and Governor election planning (October meeting)

- 8.1. The GDC reviewed survey results from leavers, noting that most leavers had done so due to not being able to make the time commitment and this should be prioritised during promotion of the Governor elections.

9. Recommendations:

- 9.1. The Council is asked to note this report.
- 9.2. Governors are invited to join the next meeting of the Committee on Thursday 13 December at 2pm in Crawley.

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

See below for the minutes of the GDC meetings

South East Coast Ambulance Service NHS Foundation Trust

Minutes of the Governor Development Committee

Crawley HQ

Thursday 16 August 2018

Present:

Brian Rockell	(BR)	Public Governor for East Sussex
Felicity Dennis	(FD)	Public Governor for Surrey & NE Hampshire
Marianne Phillips	(MP)	Public Governor for Brighton & Hove
Marguerite Beard-Gould	(MBG)	Public Governor for Kent
Isobel Allen	(IA)	Assistant Company Secretary

Apologies: James Crawley, Francis Pole, Mike Hill, Tim Howe, Charlie Adler.

Minutes: Katie Spendiff – Corporate Governance & Membership Coordinator

1. Welcome, apologies and declarations of interest.

1.1. Governors were welcomed to the meeting. BR noted he had volunteered to Chair the meeting in James Crawley's absence. Apologies were recorded from James Crawley, Francis Pole, Charlie Adler, Mike Hill & Tim Howe. No new declarations of interest were received.

2. Minutes from the previous meeting and action log

- 2.1. The minutes of the previous meeting were reviewed and taken as an accurate record.
- 2.2. The action log was reviewed. Updates provided as follows. Action 109 on revision of Trust's constitution, IA advised that this was not on the work plan for 18/19 as priority was on policies and procedures and strengthening governance processes.
- 2.3. Action 118 on revision to freedom to speak up and whistleblowing policies and procedures, FD queried job spec of the newly recruited Guardian, and how their work filters back in to the Trust and the reporting methods. IA advised that once the person had settled in to the role the Council may wish to invite them to a meeting to find out more. KS noted she would request and circulate the JD to FD.
- 2.4. Action 127 on sharing dashboard on call tail information. BR noted the Council had not received this in a while. KS noted that the person previously responsible for this had left whilst IA was on holiday. KS advised she would share the new contacts details with IA to pick up going forward.
- 2.5. Action 131 on Council session focussing on risk and audit assurance. IA advised that Angela Smith Audit Chair was available to attend the November Council meeting should they wish to cover this at that meeting.
- 2.6. Action 136 on handover for Chair. Governors highlighted an interest in having a session with the Chair on ways of working – this will be reflected in an update of the action.

3. Discussion of any feedback from the previous Council meeting

3.1. FD noted she was not in attendance. IA noted it was MP's first meeting and was keen for her view. MP noted she was not generally a fan of pre-meets, but it did help bring order to

questioning. MP noted she was mindful that it was important not to lose spontaneity in a debate. BR noted important to encourage Governors to attend pre-meet and read the papers. IA queried timings for next year and possibility of pushing timings back if the pre-meet meant too early a start for Governors. GDC agreed they were content with current timings, but noted vagaries of travel etc. BR noted a lot was dependent on the new Chair's style and punctuality of meetings. FD suggested that the pre-meet should become business as usual and always included. This would be reviewed if attendance at the pre-meet dropped. The GDC agreed.

3.2. MP noted she was surprised at the volume of papers, and noted her preference for a more succinct reporting style, especially in light of reviewing the performance report. MP noted she was mindful that her preference was for top line overviews and that it would take time to get used to the Trust's reporting style. BR noted the tricky balance of having enough knowledge of what is happening in the Trust versus what you actually need to know to be effective in your duties. IA noted NED assurance reports were priority reading for Governors.

3.3. IA noted she would be keen to see any examples of previous reports MP was used to reviewing. FD asked for copy of the EOC action plan as discussed at QPS. She also requested a copy of the handover presentation to be circulated to Council.

Action:

Circulate Gillian Wieck's handover presentation to the Council.

Circulate EOC Action Plan to the Council if available.

4. Agenda items for the Council meeting 14 September 2018

4.1. IA noted need for a part 2 meeting, as there will hopefully be a recommendation for a finance NED appointment.

IA noted that the Demand and Capacity Review should be covered in a private session with the Council at a future date due to financial sensitivities. The GDC agreed. IA noted the CEO could give any update he can on this review in his report at the Council alongside any available CQC update.

4.2. IA noted that the November afternoon session of the Council could be a workshop including a finance review in line with demand and capacity review outcomes.

4.3. The GDC agreed that assurance on bullying and harassment being effectively dealt with was a priority for September meeting and also understanding a recent spike in reported cases. IA noted Ed Griffin Director of HR would be invited to present on this and the workforce strategy and plan as well.

4.4. IA noted that the Trust's external auditors needed to make a presentation to the Council at the September meeting.

4.5. IA noted that the Governor report on QPS meeting observation would come to September's meeting alongside annual reports on all Council committees to give highlights to public and members in attendance.

4.6. MBG suggested brief presentation on Medicines Management – progress in this area as a good news story/patient focus from Fionna Moore. The GDC noted the agenda was quite full but this would be noted for a future item.

Action:

Add presentation on Medicines Management progress to the suggested agenda items list.

5. Investing in Volunteers

- 5.1. Karen Ramnauth Voluntary Services Manager introduced herself and her responsibilities. Louis Parson and Operational Team Leader on secondment to the central team attended.
- 5.2. Karen Ramnauth noted possible disconnect between work carried out in respect of Community First Responders (CFRS) and what people are actually feeling.
- 5.3. KR gave an oversight of CFR progress work since the last Annual Members Meeting (AMM). This included:
 - Swipe access for stations that have the technology in place. This facilitates integration and access for CFRs. 170 ID cards issued to CFRs.
 - All CFRs now have their own email addresses. Disappointingly, not all CFRs are using the email account facility. There are 430 CFRs; approx. 200 are not using it. Introduced tympanic thermometer with online training for CFR teams, existing thermometers were replaced free of charge by the Trust.
- 5.4. KR covered recruitment, training and vacancies in Voluntary Services. KR noted that the Head of Community Engagement interviews had taken place that week. KR noted they had been understaffed in respect of Community Partnership Leads for a while. They were now fully staffed for East and West as of June this year. Malcolm Legg – West, Greg Smith - East. KR noted a further Community Partnership Lead role focusing on PAD sites was currently under review. KR noted there are 3000 defibrillators registered, this role will be looking at the GoodSam app and joining up with the National defib network.
- 5.5. FD queried if CFR Team Leaders knew the Community Partnership Leads. KR stated she hoped they knew them.
- 5.6. FD queried Chris Stamp's role as he has taken responsibility for CFRs at last year's AMM. KR noted he now oversees HART & the Voluntary Services Department. The previous resilience and contingency planning part of his role had since been allocated to Rob Mason.
- 5.7. KR advised that as of Sept/Oct 2017 all training for CFRs stopped after concerns on lack of consistent approach to training and the actual quality of the training. KR advised that the Trust ran four CFR courses between April –June 2018 across the patch and trained 33 new CFRs. KR noted that they had instigated a train the trainers process for CFRs and ran some courses on this in April to enable local CFR team leaders to be able to deliver training on behalf of the Trust. CFRs were also given the opportunity to become Trauma Risk Management (Trim) practitioners to manage the psychological aspects of traumatic events our CFRs may attend within their role. KR noted that CFR training would be resuming in September 2018 onwards and that the aim is to secure a years' worth of dates with their volunteer trainers taking the lead.
- 5.8. KR noted they had instigated exit interviews in January 2018 to improve learning on why CFRs left. This would be issued quarterly and reviewed. KR noted culture issues around CFRs accepting Governance processes and procedures. As an example, KR noted that any CFR who had not completed the medical audit form was stood down from the role, as completion was deemed essential. 33 CFRs were stood down after no response despite multiple prompts. KR asked for Governors' support in demonstrating why good governance was important to CFRs if meeting with local teams.
- 5.9. KR gave oversight of Investing in Volunteers (IIV) accreditation progress. KR noted that the accreditation had been met with conditions, and that reassessment was due 3rd week of September 2018.
- 5.10. One of the key conditions was around resolving local management model issues: 7 out of 10 Operating Units have a local CFR liaison. KR noted that she was working on getting all 10 in place in time for the assessment. CFR Liaisons support the management, recruitment and training of their local CFR teams. BR queried capability to achieve this in time. KR said she was keen it would be achieved. FD asked if the role was in addition to

frontline duties. KR advised that 18.75 hours per week were allocated for the role, and their focus would be on recruitment, and re-certification training. In terms of CFR recruitment, KR noted it had always been based on demand the Trust advised of for certain areas. KR noted priority was the backlog of applicants waiting for CFR courses prior to recruiting more. The priority also for the Trust's current 430 CFRs to access the new training. KR noted capacity within her team is limited to deliver the training that is required. FD noted her personal view that there was no Board oversight or interest in CFRs to her deep disappointment. BR queried who would be responsible for a volunteer strategy; KR noted she hoped the Head of Community Engagement would be responsible. KR noted there was an open invite for Governors to attend CFR meetings with her. IA noted Governors were encouraged to report to Karen what they were hearing from their local CFR teams.

- 5.11. The GDC were keen to understand the staffing structure of the Voluntary Services Team and asked if this could be shared with the Council and perhaps more widely with CFRs and Chaplains.
- 5.12. KS queried if the Trust's website was updated to reflect the fact there was no active recruitment for CFRs. KR advised it needed to be updated.
- 5.13. MBG noted her preference for this kind of subject matter to be discussed and presented on at the Council meetings. BR noted the last figure he had seen for number of CFRs was 680; they had just heard this had reduced to 430. IA noted her request for plans for an update on CFRs was originally sent to Chris Stamp who she understood oversaw the CFRs within his remit. The GDC felt that it would be important to hear from someone of sufficient seniority who was responsible.
- 5.14. BR noted need for a vision of what the future looks like for volunteers.
- 5.15. FD noted that through her visit to a local group, she was hearing that local CFR recruiting was blocked with no communications on plans reaching CFRs on the ground. FD was having difficulty aligning what she was hearing from her local CFR teams to what was detailed as being met indicators in the report. BR spoke of the genuine difference CFRs can make, the difference between life and death in some cases. BR noted the Trust had lost its way in this area. MBG noted she had appreciated Daren Mochrie saying this area was not an immediate priority at the recent Council meeting as at least this was honest. MBG noted that what CFRs want is to be called out, not email addresses. BR noted he would be keen to understand how many jobs came in to EOC that could have been allocated to CFRs and weren't. MP queried whether people were regularly available to dispatch CFRs. MP noted need for analysis of the actual volume of people required, matched to demand, matched to areas of need. The GDC agreed that quality rather than quantity and effective utilisation was what was needed and of course this constituted a strategy.
- 5.16. IA reminded the GDC that Governors had been raising these issues for 6 years: the Council had consistently fought for CFRs to be supported and utilised. IA noted that at the recent Council meeting Governors heard that the Quality and Patient Safety Committee is reviewing how we are using CFRs and the governance in this area, and will report back via their escalation report in November. At the end of the Council meeting, NED Terry Parkin said he would also look at utilisation of CFRs as part of the workforce plan at the Workforce and Wellbeing Committee, again in November. This should be a key area of assurance that Governors should seek at the January Council meeting. Governors viewed lack of capacity to deliver training to CFRs as a risk to patient safety. IA noted outcomes of these reviews by the NEDs' committees, and actions taken as a result, would be a key indicator about NEDs' impact on decision-making and Executive actions. MBG noted her personal view that patients just want to see that help has arrived and CFRs fulfil this. BR

agreed and noted that the value of holding patients' hands and providing reassurance prior to back up from crews was not to be underestimated.

Action:

KR to provide updated Voluntary Services team staffing structure to Governors and consider circulating it to CFRs and Chaplains.

6. Quality Assurance Visits (QAVs)

6.1. IA introduced the paper. Governors were invited to take part in the QAVs and FD provided feedback on her experience. FD noted participants were allocated specific areas of the Trust and provided with questions and a form to complete to provide the feedback. It was a learning exercise and a valuable exercise and FD would highly recommend it. She noted that if you had a particular background in a certain area the QAV team could consider this when organising who attended which visit. IA noted it was an excellent opportunity for Governors to develop their knowledge of the Trust and triangulate what they are hearing at meetings with what those in the service are saying. FD noted a shadowing opportunity for first visits was mentioned as a suggestion for improving the QAV process to bolster the confidence of anyone carrying out the visits. IA was keen to get a view on Governors' experience, location etc. and pass this information to the QAV team to then match with dates and locations available.

6.2. The GDC were content for this to be captured on a form and for the QAV team to manage Governor Participation. The GDC were keen to understand where the outcomes were reported and how learning was adopted and shared. Governors could query this upon hearing from the QAV team upon registering interest.

7. Reflections on Council self-assessment survey completion rate

7.1. BR noted 12 out of 17 Governors completed the self-assessment survey. He suggested gentle reminders to Governors to complete it would be useful. IA advised there had been a few prompts. IA noted people could fill their name in without it being linked to the actual survey, that way those that had yet to complete it could be contacted individually. The GDC were keen for this approach for future surveys.

8. Any other business

8.1. BR advised he had met with Tim Howe for the constituency Chair meetings, outcomes from which will form part of the new Chair's induction. BR noted he had covered IIV in this meeting. He had also shared his opinion with Tim Howe that when we take questions from the public at Council meetings it should only be at one point and not at either end of the meeting. BR queried whether a press release advertising Board and Council meetings could be sent to local papers. BR also suggested Governors introduce themselves at the beginning of the Council meeting – the GDC liked this idea. With the appointment of a substantive Chair, BR hoped that constituency meetings could be reviewed and revived enabling Governors to raise local issues. BR noted he was also keen to understand if the Trust had any ambition to get back in to other areas of previous service such as a patient transport service.

8.2. MP noted that a lack of diversity in the Council was something that she hears from her constituents. KS advised it was an objective for her this year to develop the Trust's BME and LGBTQ membership, and encourage members to stand in the elections. KS further noted that ultimately it was the votes of members that elected Governors, not the Trust. KS

noted that when the Chair was working on filling Appointed Governor roles he could consider approaching BME organisations.

8.3. FD queried how many Governors were attending the CQC focus group, KS advised a number of Governors had responded and that teleconference details would be circulated to possibly enable more Governors to participate.

8.4. FD noted Alison Stebbings' (Staff Governor) resignation and said she was sad to see Alison go, the GDC agreed.

9. Review of meeting effectiveness

9.1. The meeting was deemed to have been effective.

**The next meeting of the GDC is on the 4th October, 2-4pm,
at Crawley HQ (McIndoe 1).**

Signed:

Name: Brian Rockell – Public Governor for East Sussex

Date:

South East Coast Ambulance Service NHS Foundation Trust

Minutes of the Governor Development Committee

Crawley HQ – 4th October 2018

Present:

Charlie Adler	(CA) Staff Governor (Operational)
Marguerite Beard-Gould	(MBG) Public Governor for Kent
Mike Hill	(MH) Public Governor for Surrey and NE Hampshire
Felicity Dennis	(FD) Public Governor for Surrey and NE Hampshire
Brian Rockell	(BR) Public Governor for East Sussex
Francis Pole	(FP) Public Governor for West Sussex
Marian Trendell	(MT) Appointed Governor Sussex Partnership NHS FT
Matt Alsbury-Morris	(MAM) Public Governor for West Sussex
Peter Lee	(PL) Company Secretary
David Astley	(DA) Trust Chair
James Crawley	(JC) Public Governor for Kent & Lead Governor (JC joined by teleconference.)

Minute taker: Katie Spendiff – Corporate Governance & Membership Manager

Apologies: Marianne Phillips, Izzy Allen.

1. Welcome, apologies and declarations of interest

- 1.1. CA welcomed members and DA to the meeting and noted it was his first opportunity to meet with Governors since starting. Members welcomed DA to the meeting and made introductions. JC gave an overview of the remit of the committee for DA's benefit.
- 1.2. Apologies were received from Marianne Phillips as she was on a Governor training course and Izzy Allen who was unwell. The GDC wished Izzy Allen a speedy recovery.
- 1.3. There were no declarations of interest.

2. Minutes, matters arising and action log

- 2.1. The minutes of the last meeting were reviewed and taken as an accurate record. The action log was reviewed.
- 2.2. BR wanted to query a previous action point 127 for tail performance report to be circulated to Governors. BR noted he would like to receive this monthly if possible. DA noted that at the Board there had been an in depth session on call performance and it was very much a key area of focus. DA was keen for messaging to get out to the public and members regarding the Trust's work on its performance. PL noted that at the last three Quality and Patient Safety (QPS) Committees there had been deep dives on performance and the tail, and that a paper on the tail was due to go to the October Board. After reviewing the Integrated Performance Report that goes to the Board, PL noted the Council were asking for information that the Board had not seen. PL noted the Council ought to be asking if the Board is assured on this. PL noted it could be included in the IPR and would come to Governors through this route in future.

ACTION: Board IPR report to include call tail information going forward.

2.3. FD queried minutes of the Part 2 Board meetings being available to the Council. PL noted they were available to be shared and as yet, none of the minutes had needed to be redacted. PL advised he was content for the Council to be sent backdated copies of the minutes to the beginning of the year and future minutes once they had been signed off by the Board.

ACTION: 2018 Part 2 Board minutes to be circulated to the Council and future minutes to be circulated after sign off.

2.4. Action 135 on the procurement of Appointed Governors - CA asked if this was in action. DA noted this was on his radar and he would be meeting with key representatives to move this forward. MT noted previous representative from Sussex Police had put forward a colleague - Jane Derrick who was available to pick up this role if agreeable. DA agreed he was happy to extend this invitation and would discuss with IA & PL. BR noted important to set time expectation with the role.

2.5. BR noted Karen Ramnauth had attended the GDC and sought an update on where voluntary services were on the items she had focussed on. JC noted he was keen for Operational representation at the next Council meeting for an update on Community First Responders. MAM noted he was very keen for Governors to seek assurance on this area. JC was unconfident that the Board were appropriately sighted on the concerns Governors had raised in this area for a number of years and about potentially mixed messages on what was taking place to address these concerns. MAM noted QPS were only partially assured on the concerns raised around support for CFRs and therefore the Council are not assured. DA noted he would speak to Daren Mochrie. KS noted this could be further discussed during the agenda setting paper.

3. Discussion of any feedback from the previous Council meeting

3.1. FD said that she felt the Director of HR's presentation showed he had grip and focus on the reality of the challenges the Trust faced. MT noted the external auditors had praised the quality of the financial information provided by the Trust. MT noted the auditor presentation was clear and concise.

3.2. MAM noticed he had received feedback from the public who had attended praising the whole day (Council and Annual Members Meeting).

3.3. Having attended, PL had some feedback for the Council on the meeting. PL noted that there was a little too much focus on the Chief Executive (CE) at the meeting. There had been good challenge, although most questions were aimed at the CE. PL encouraged Governors to focus on directing challenge through the NEDs. PL noted need for Council to seek assurance as a broader Council, taking the "I am seeking assurance" away, to be rephrased as seeking assurance as a collective Council did. PL noted he felt there were a few too many questions from NEDs directly to Executives – this is to happen at the Board. It is for the Council to ask questions at this meeting. MT asked if this was perhaps in response to Governors' questions to the NEDs - i.e. the NED might have been seeking clarification from an Exec. FD advised she felt that NEDs sometimes relied on the CE for answers and the GDC agreed. DA agreed he would feed this back to NEDs and CE on these points.

ACTION: DA would feedback to NEDs regarding questioning Executives at Council meetings and occasional reliance on Chief Exec for answers

Agenda suggestions for the next Council meeting

- 3.4. MBG noted she would be keen to take up the risk afternoon session that was proposed. The GDC agreed.
- 3.5. The GDC discussed the timing for the demand and capacity review to come to the Council and agreed this would likely be covered at January's Council meeting.
- 3.6. The GDC noted two agenda suggestions on Community First Responders (CFRs) (4 & 10). JC asked if the Council could ask the NEDs that chaired Quality & Patient Safety Committee and Workforce & Wellbeing Committee to present their partial assurance evidence on CFRs at the Council. The GDC noted that Governors were seeking assurance and not a presentation on this. MT noted this was an emotive subject and that Governors had been left feeling a level of frustration over a number of years at the lack of change in this area. MAM noted that as a CFR, he personally felt there was a severe lack of support. JC noted that support and full utilisation of CFRs could support the Trust's response to C3 & C4 calls.
- 3.7. MAM noted he felt that having sought assurance from NEDs and not having received it, there was a need to ask an Executive to attend the meeting. PL noted it was within the gift of the Council to ask an Executive to attend. PL noted it was important to determine whom are you asking and what is the question. BR noted he was assured that the WWC & QPS were sighted on it and reviewing it at their next meeting/s., BR would be keen to review the escalation reports from these committees prior to requesting a presentation on this.
- 3.8. DA noted he had heard a lot on Community First Responders during his first two weeks in the Trust and committed to give this his attention.
- 3.9. MBG proposed delaying items 4 & 10 until the January meeting so DA had time to look in to this and the committee meetings will have happened as well. MAM noted this conversation had happened with the previous Chairs. BR noted there was a long history of Governors asking the Trust to better support CFRs and hoped to welcome some significant change in January. The GDC agreed.
- 3.10. The November agenda options were discussed. The GDC would like to hear about the results of the CQC inspection, which are due to be published early November & to hear from the Medical Director on work taking place to improve clinical outcomes. The GDC were also keen for the Council to better understand how the Trust selects its quality indicators to audit and perhaps gain insight into any prioritisation of subjects and why, ahead of the stakeholder event on this.

4. Introducing David Astley

- 4.1. DA noted he had met a number of Governors at the recruitment day and thanked Governors for appointing him as Chair. DA gave an overview of his previous roles. DA noted that there had been a very healthy relationship between NEDs and Council at his previous Trust in Liverpool.
- 4.2. DA noted that the discussions so far had provided great insight in to the key areas of focus for Governors. DA noted that CFRs were ambassadors for the Trust and understood the need to get it right and tell Governors what we could and could not do as a Trust progress wise. DA noted need to channel energy in the right way and respect the progress that has already been made more widely in the Trust.
- 4.3. DA noted the need for the Board to have very clear objectives. Clarity on the NED and Exec roles was key and the need to stick to remits so as not to slip into historical issues the Trust has had with this. DA reiterated the need to look forward as a Trust. DA was focussed on keeping a strong moral compass as a Board. DA noted he had been amazed at the ability of a modern ambulance service. How this had come on leaps and bounds in a

professional capacity; and through technology, estates and fleet. DA was keen to see what the future of the ambulance service looked like after the demand and capacity review had been delivered. DA noted his objectives were likely to be around building relationships and taking up the CFR agenda.

- 4.4. BR noted it was encouraging that currently there was a substantive Board. DA noted he applied because SECamb had a substantive and focussed Board. MBG noted it was an exciting time to join and provided the opportunity to shape the future of the Trust. MBG further noted there had been a high calibre of candidates for appointments the NomCom had worked on, MBG found this reassuring.
- 4.5. MBG noted there had been a number of difficult years at the Trust but it appeared to be on a very positive trajectory. BR agreed.
- 4.6. DA noted he was keen to form relationships with local stakeholders and understand their broader needs. DA noted need to listen to Governors, as they were the Trust's 'local ear'.
- 4.7. FD queried when the demand and capacity review would be available. PL noted the Trust were currently finalising it.
- 4.8. DA queried if he should be sighted on any other areas. MT raised mental health and that s136 conveyances were her area of focus that she was engaged with SECamb on. Delays in conveyance of people who are sectioned in their own home and delays in being taken to hospital when sectioned were all areas of concern. MT noted that most people did not need a full ambulance for this conveyance and that she was keen for the Trust to invest in simpler and cheaper vehicles to provide this service. MT noted this was on the CE's radar. DA noted MT's comments.
- 4.9. CA noted he was concerned about gaps in representation on the Council.
- 4.10. MAM noted inconsistency in operational approach across the Trust. There were two Make Ready Centres in West Sussex and no ambulance stations. MAM noted there had been press coverage of the Trust's poor response times in this area. DA noted this.
- 4.11. FD queried if Tim Howe had passed over the information Governors had shared with him on key issues for the new Chair. DA advised he had received a very comprehensive handover from Tim including this.
- 4.12. MBG asked if Governor Constituency meetings with the Chair could be re-started. DA advised he was very happy to do this after he had settled in to the role. The GDC noted this would be very welcome. BR noted preference for the traditional regional meetings in small groups.
- 4.13. FP noted staff had commented on the positive presence of DA at the HQ and his frequency of one to one meetings getting to know people at the Trust.

5. Review of leaver's survey and Governor election planning

- 5.1. BR noted it was important to note that people were keen to share the data with the Council. BR noted there were natural factors as to why people left the role, as well as other factors.
- 5.2. CA noted pastoral responsibility to look after each other within the Council.
- 5.3. MBG noted she was keen for Governors with a clinical background as the previous two public governors who had this experience were of value, but appreciated the time constraints they faced and that members elect Governors.
- 5.4. BR noted many of the Council's meetings take place at Crawley, and that may influence people's commitment to the role, as traveling across the patch can be significant.
- 5.5. Regarding elections, the GDC noted the need to be honest about the time commitment – but not scare people away. Clear on implication of minimum contribution and what you can get out of the role if you are more fully involved. PL noted you would always get Governors that are very engaged and those that carry out the minimum associated with the role.

5.6. KS advised of a proposed communication plan around the election and sought the Governors support in providing 'sound bites' to use to promote the value of standing as a Governor.

6. Any other business

6.1. FD noted she had reviewed the Carter Report and advised the GDC that it was worth reading as there were benchmarking tables nationally within the report so you could see how SECAMB ranked. PL noted that the Director of Finance would be putting a paper to the Board in November on what the Carter Report means for the Trust so Governors should look out for that.

6.2. BR noted traditionally the Chair had played a key part in attending the GDC and he was keen for this to be resurrected and for DA to have a presence at the meetings. The GDC agreed. DA would review this with PL & IA.

7. Review of meeting effectiveness

7.1. The meeting was deemed to have been effective.

Signed:

Name:

Date:

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

H – Governor Activities and Queries

1. Governor activities

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

23.07.18	Observation of Quality and Patient Safety Committee – Felicity says 'It was extremely useful to observe the QPS meeting to support and inform my Governor responsibility of holding the NEDS to account. I was able to observe the committee chair driving the QPS agenda and holding the trust management to account, and see appropriate & robust challenge by all of the NEDS present. I highly recommend this to colleagues.'	Felicity Dennis, Brian Rockell, James Crawley
04.09.18	Attendance at the Staff Engagement Forum – Francis says 'As Governor, I think the main thing is to listen and learn; this helps Staff immensely who feel that they can speak openly about the things that matter to them. In other words, a passive role can, at times, be more beneficial than being overly active.'	Francis Pole
14.09.18	PAD Training Event in Ashford – spoke to people about SECAMB informally and recruited members. David says 'Positive feedback around the use of a PAD and the support the call handlers will provide	David Escudier

	to help talk through the CPR process’	
29.09.18	Save our NHS meeting in Broadstairs – spoke to people about SECAMB informally, recruited members. David says ‘General concerns around the travel time for an ambulance from Thanet to Specialist Stroke services in Ashford.’	David Escudier
06.10.18	East Kent Stroke services demo in Margate - spoke to people informally about SECAMB and contributed views to a discussion.	David Escudier
06.11.18	Station and hospital visits in the Dartford and Thameside area and interviewed staff as part of a Quality Assurance Visit. James says ‘This essential peer level review work is carried out across the trust both in front line and head office functions and highlights areas where the trust still need to invest time and effort to ensure consistency across our patient and staff groups’.	James Crawley

2. Governor Enquiries and Information Requests

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

<p>Thank you for the SECAMB Council papers. I’ve noticed the IRP does not include % of staff trained to L3 Safeguarding. Is this intentional? Are you able to provide the latest stats for this please?</p>	<p>Our Safeguarding Lead says that the L3 training percentage will no longer be reported as we’re not measured against it in the same way this year.</p> <p>We reached 98.04% compliance at year end and now continue to train all new clinical employees as they join us – in addition the classroom training being offered as part of our key skills for clinicians will contain refreshers on safeguarding.</p> <p>On the demand and capacity review, there is still optimism that something is agreed this week and certainly the Board and Council will receive updates from Daren and the executives on this. If there is no resolution through negotiation, we move into mediation.</p>
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<p>There was an announcement at the start of the month regarding a £36.3 million government investment for new ambulances. The press release doesn't specifically mention SECamb and I was wondering if SECamb had benefited from this?</p>	<p>The simple answer is 'no'. We made some bids for new ambulances, but were unsuccessful in that round. However, there is a further round of bidding and we have submitted another set of bids, which effectively includes the short-term requirement from the original set, plus an extra number to meet longer term needs.</p>
<p>In light of the published recent results of the Paramedic2 trial which showed that administering adrenalin to patients in a pre hospital setting can cause neurological impairment, are you assured that the Trust have assessed the risks associated with the use of adrenalin, if used by the Trust, and will take appropriate action until such time that there is official guidance.</p>	<p>Just to put this study in context; it was intended to answer the question around the benefit of using adrenaline in out of hospital cardiac arrest, given that the existing evidence suggested that patients were more likely to gain a return of spontaneous circulation, but there was a theoretical risk that as a powerful vasoconstrictor, adrenaline might reduce cerebral perfusion and neurological outcomes might be worse.</p> <p>This trial recruited over 8,000 patients from 5 ambulance services. SECamb were not one of the services involved, but I was the Principle Investigator for the London Ambulance Service, so have been involved in the trial since its inception.</p> <p>Essentially the results do indicate that patients treated with adrenaline have a small increase in ROSC and overall survival, when compared with placebo, but that the numbers of patients with good neurological outcomes was smaller.</p> <p>The numbers in both groups were small, despite the large numbers recruited into the trial.</p> <p>In terms of next steps, it's important to recognise that drug therapy is only one aspect of the management of cardiac arrest, and one where the evidence of benefit is much less than, for example defibrillation, which is 20 times as effective, early recognition of cardiac arrest and call for help, 10 times as effective and good quality CPR which is 8 times as effective.</p> <p>The Resuscitation Council (UK) and the International Liaison Committee on Resuscitation provide clinical guidelines which inform the Clinical Guidelines used in UK Ambulance Services (commonly known as the</p>

	<p>JRCALC Guidelines). The results of this study will be evaluated by these organisations in the context of all the available evidence, and the values and preferences of patients and the wider community.</p> <p>In the meantime, SECAmb will continue to follow the existing guidelines and in particular to highlight the importance of the interventions which have strong evidence of benefit.</p>
<p>Is the investing in volunteers report able to be shared publicly and what Board oversight does it have/ next steps. How are the outcomes being communicated within the Trust.</p>	<p>The IIV report was shared with the Council in July. It has yet to be shared and promoted publically but was mentioned in a CFR update in September as follows: in May 2018 the Trust was assessed for the national Investing In Volunteers accreditation. We have almost achieved the standard and were due to be re-assessed this month, but this has been deferred to mid November 2018.</p>
<p>On Friday we asked about the 22% increase in safeguarding referral rates between Q1 2017/18 and Q1 2018/19.</p> <p>Would it be possible for you to forward this email onto Bethan for a written response please?</p>	<p>Safeguarding Cases The following table reflects the number of referrals made during the reporting period. Number of Referrals May – July 2018 KPI Title May June July Referrals Actual Adult (18/19) 900 961 951 Prev. Year (17/18) 680 747 759 Actual Child (18/19) 206 232 195 Prev. Year (17/18) 157 170 142</p> <p>There has been approximately a 23% overall increase in referral rate for the same period during (2,655 - 2017/18 to 3,445 - 2018/19). There has been a slightly higher proportionate increase for referrals involving children at 26% vs 22% in adults. Closer breakdown of the figures indicates an increase in referrals of 62% for people with increased care needs and those who appear to be self-neglecting.</p> <p>There are two considerations that need to be noted:</p> <ul style="list-style-type: none"> • Over the past twelve months the Safeguarding CQC Improvement Action Plan committed considerable resource on increasing the number of SECAmb staff who undertook L3 safeguarding training. • The Care Act 2014 statutory guidance includes self-neglect in the categories of abuse or neglect relevant to

	<p>safeguarding adults with care and support needs. The face – face L3 training provided significant focus on promoting the wellbeing of the child and has also incorporated national guidance regarding self-neglect. Although difficult to reconcile, the increase in referrals to social care teams may be a reflection of greater awareness within the Trust’s clinical and operational teams.</p>
<p>I read of a plan to devolve the OU rota scheduling down to the local teams. In this context I was saddened to read that staff at the meeting were concerned that the individual who takes this role on may be subject to bullying and harassment. I can only assume from their comments that this has been their previous experience when rotas were done at a local level .</p> <p>Please could I ask you to kindly pass on my concerns to Terry as chair of the WCC and ask him to seek assurance from execs and senior managers that such behaviour will not be tolerated from the outset, and safeguards will be put in place which will protect individuals and that they are given the confidence to speak out if it starts to occur.</p>	<p>Terry Parkin asked Joe Garcia to provide a response: With reference to your recent e-mail, I can confirm that it is recognised that by bringing the scheduling staff closer to the operational workforce it poses a potential for both favouritism or Machiavellian behaviours that could potentially disadvantage some staff. These are, however, very real risks currently and any suggested concerns are raised immediately with the line managers responsible.</p> <p>Observed behaviour in other Ambulance Service Trusts where scheduling teams have been more locally based has resulted in a far greater degree of positive interaction between the scheduling teams and the workforce they are there to schedule. It creates an opportunity for local members of staff who may not be able to participate in the full range of operational duties to work with and engage directly with the scheduling team. Therefore, there is a skills transfer of local knowledge and local pressures that will inform the schedulers in their role.</p> <p>In order to further safeguard the scheduling team, they will report directly to a named manager who will be acting in a full line management capacity and will therefore be measured against the same leadership qualities and objectives as all other front line leaders. As a consequence, any concerns can be raised and followed up by this particular line management, with an escalation route directly through to the Operating Unit Manager and Regional Manager if necessary through the Teams A-F meeting and governance process that exists.</p> <p>There is a further opportunity to triangulate any</p>

	<p>concerns through the formal governance review processes that both report to myself and the Chief Executive.</p> <p>I have every confidence that this structural change to the scheduling team will prove to be very beneficial for all colleagues.</p>
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3. Recommendations

3.1. The Council is asked to note this report.

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

James Crawley
Lead Governor & Public Governor for Kent