



Council of Governors Meeting to be held in public

31 January 2019 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					
95/18	10:15	Chair's Introduction	-	-	David Astley (Chair)
96/18	-	Apologies for Absence	-	-	DA
97/18	-	Declarations of Interest	-	-	DA
98/18	-	Minutes from the previous meeting, action log and matters arising	A A1	-	DA
Statutory duties: performance and holding to account					
99/18	10:25	Chief Executive's Report (January): - Questions from the Council	B	Information and discussion	Daren Mochrie (CEO)
100/18	10:45	Assurance from the NEDs: - Integrated Performance Report (January data)	C	Holding to account, assurance and discussion	All Non-Executive Directors present
101/18	11:00	Board Assurance Committees' escalation reports to include the key achievements, risks and challenges: Quality and Patient Safety Committee -06 December 2018 & 18 January 2019 (one paper) Finance and Investment Committee - 22 nd November 2018 - 17 th January 2019 Workforce and Wellbeing Committee - 18 th January 2019 Audit Committee - 3 rd December 2018	D1 D2 D3 D4 D5	Holding to account, assurance and discussion	All Non-Executive Directors present
102/18	11:15	Overview of NEDs' activities and areas of interest and involvement	-	Holding to account	All Non-Executive Directors present
103/18	11:20	Meeting schedule 2019-20	E	Decision	Peter Lee (Company Secretary)
11:25 Comfort break					



104/18	11:30	Volunteering strategy update: - Progress and plans for development, - Progress on CFR deployment and governance.	F F1 F2	Information and discussion	Joe Garcia (Director of Operations) and Chris Stamp (Regional Operations Manager (Central and Specialist))
105/18	12:00	Demand and Capacity review: - management/governance, - financial implications - improvements we would expect to see (particularly regarding the call stack)	-	Information and discussion	Steve Emerton (Director of Strategy and Business Development)
106/18	12:30	Annual planning	G	Information	Rory Collinge (Strategy and Partnership Manager)
Statutory duties: member and public engagement					
107/18	12:35	Membership Development Committee Report: - Membership and public/staff engagement Revised Terms of Reference for review and approval	H H1	Information	Mike Hill (MDC Chair and Public Governor for Surrey)
Committees and reports					
108/18	12:40	Governor Development Committee Report: - Revised Terms of Reference for review and approval	I I1	Information Decision	James Crawley (Lead Governor and Public Governor Kent)
109/18	12:45	Governor Activities and Queries Report	J	Information	James Crawley (Lead Governor and Public Governor Kent)
General					
110/18	12:55	Any Other Business (AOB)	-	-	DA
111/18	-	Questions from the public	-	Public accountability	DA
112/18	-	Areas to highlight to Non-Executive Directors	-	Assurance	DA
113/18	-	Review of meeting effectiveness	-	-	DA
		Date of Next Meeting: 14 March 2019	-	-	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.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public - 15 November 2018

Present:

David Astley	(DA)	Chair
Peter Lee	(PL)	Company Secretary
James Crawley	(JC)	Public Governor, Kent – Lead Governor
David Escudier	(DE)	Public Governor, Kent
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
Brian Rockell	(BR)	Public Governor, East Sussex
Nigel Willmont-Coles	(NWC)	Staff-Elected Governor (Operational)
Felicity Dennis	(FD)	Public Governor, Surrey & N.E. Hants
Charlie Adler	(CA)	Staff-Elected Governor (Operational) & Deputy Lead Governor

In attendance:

Daren Mochrie	(DM)	Chief Executive
Al Rymer	(AR)	Non-Executive Director
Michael Whitehouse	(MW)	Non-Executive Director
Tricia McGregor	(TM)	Non-Executive Director
Fionna Moore	(FM)	Medical Director
Judith Ward	(JW)	Deputy Director of Nursing
Lucy Bloem	(LB)	Senior Independent Director & Non-Executive Director

Minutes:

Katie Spendiff	(KS)	Corporate Governance & Membership Manager
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61. Introduction and welcome

- 61.1. DA welcomed Governors and members to the meeting. DA welcome MW as new NED. MW noted he was pleased to be here and looking forward to making a positive contribution.

62. Apologies for absence

- 62.1. Apologies were received from Marian Trendell, Graham Gibbens, Roger Laxton, Peter Gwilliam, Stuart Dane, Mike Hewgill, and Isobel Allen.

63. Declarations of interest

- 63.1. There were no new declarations of interest.

64. Minutes of the previous meeting and the action log

- 64.1. The minutes of the previous meeting and the Annual Members Meeting were reviewed and taken as an accurate record.
- 64.2. The action log was reviewed. Action 217 and 240 on s136 conveyances could be combined under one action. Marian Trendell had provided an update by email. SECamb and Sussex Police had met to discuss s136 conveyances and it had been a useful meeting. However, the s136 conveyance data shows Sussex Police are still doing 80% plus of the conveyances. The SECamb representative who came to the meeting was writing a script for the police control room as it seemed at times the police were not formally requesting conveyance for a s136 patient, but instead asking how busy the service was and if there was a prolonged wait, they were conveying the patient themselves. It was noted that QPS could seek assurance around progress on this.
- 64.3. Action 223 regarding meal break policy – this had yet to go to Workforce and Wellbeing Committee so would stay as in progress.
- 64.4. Action 230 on the electronic Patient Care Record (ePCR) update – this would be covered in the Chief Executive's report and could be closed.
- 64.5. Action 231 on assurance around the governance of the Patient Experience Group. PL noted this action could be closed as a committee escalation report had come to the Board on this and assurance was provided.
- 64.6. Action 242 and 243 on call answering performance would be covered in the closed session for Governors that afternoon.

65. Chief Executive's Report

- 65.1. DA noted he was keen for Governors to seek assurance from Non-Executive Directors (NEDs) on the Integrated Performance Report and that this would be taken separately to the Chief Executive's report.
- 65.2. DM noted that he continued to undertake engagement with local stakeholders across the health and social care system and visit stations to meet with staff.
- 65.3. DM thanked staff who had worked on encouraging participation in this year's staff survey. Last year's response was 44%, as of that morning the response was at 46%, and DM was hopeful the Trust would meet its target of 50%. JC queried staff survey access for bank staff and flexible workers noting the need to hear all voices. DM noted this could be raised at the Executive Management Board.

ACTION: DM to raise the possibility of staff survey access for bank staff and flexible workers at the Executive Management Board.

- 65.4. DM advised that David Hammond Director of Finance was the Executive sponsor for the electronic Patient Care Record work stream. DM had received assurance that the project was on track for roll out in full by summer 2019 and that regional trials would take place in Jan/Feb 2019.
- 65.5. DM gave an overview of the Trust's preparations for winter, noting that regional directors from NHS Improvement would be in the strategic command centre at the HQ alongside Clinical Commissioning Group senior managers

and Trust managers. This was to build a picture of the impact across the system and to work together to solve challenges. DM noted a robust winter plan had been signed off by the Board along with forecasting around resources to ensure resilience.

- 65.6. FD queried whether lessons learned from the previous year's winter planning were implemented this year. DM noted that the winter plan included lessons learnt from last year, the two main ones being sustainable number of hours on the road for shifts, and how the Trust worked with the wider system and shared intelligence. The latter point had been picked up through the strategic command hub for this year. DM noted that last year the Trust had effective command and control structures in place and had performed well given the circumstances. DM was hopeful for a repeat performance this year.
- 65.7. DM advised of the outcomes of the Trust's recent Care Quality Commission (CQC) report, and commended the improvement in the Trust's rating. Recommendations included one must do action and ten should do actions, which was minimal in comparison to other Trust's lists of actions with the same rating. DM noted that remaining in special measures was about sustaining and embedding the significant improvements that had already taken place in the Trust. DA noted the feedback from NHS Improvement on the report had been positive, and that the Trust had been congratulated on its improvements by their Chair. DM noted there was a strong drive to continue improvements in the Trust.
- 65.8. MBG noted that in the CQC report there was mention of underutilisation of the Trust's Hazardous Area Response Team (HART). DM noted most Ambulance Trusts faced this challenge. DM advised that the service was funded centrally through the Department of Health and staff were trained to safely treat patients in the 'hot zone' of a major incident, or at other incidents with hazardous environments. DM noted the balance needed was around keeping employees' HART training up to date alongside clinical development and clinical skills training. DM noted the HART service would likely be utilised more over the winter period.
- 65.9. NH noted that incentive payments for frontline staff over the festive period had historically been an area of confusion. NH stated a need for absolute clarity around this and that there needed to be parity between roles and the incentives offered. DM noted NH's point and advised it would be discussed at the next Executive Management Board meeting. PL noted the Trust would work with the Joint Partnership Forum (unions) on this.
- 65.10. DM asked if feedback from the Annual Members Meeting had been reviewed, as he was keen to hear about this. DM noted he was very pleased with how the event had gone that year. KS advised the feedback was due to be reviewed at the Membership Development Committee the following week and fed back to the Council in January.

66. Assurance from NEDs: Integrated Performance Report (IPR)

- 66.1. NH queried how the funding from the demand and capacity review would help the Trust's response to call categories C3 and C4, and how spending would be applied, governed and measured regarding impact.
- 66.2. LB noted that the Board had discussed management oversight of delivering the funding. The Trust's Director of Strategy Steve Emerton would be the key sponsor for this piece of work and would be abstracted to oversee it for a period of 6 -12 months. LB noted that the Board were very focussed on how the money would be spent and managed. LB noted the key areas of spending would be fleet and workforce. There would need to be external and internal communications on this piece of work as it developed. The demand and capacity funding, in line with our strategy, should equate to more hours on the road, better performance, and less Serious Incidents over the three-year programme. LB noted that a year one aim was to see C3 and C4 response time improvements by spring 2019. DM noted there were improvements already in the Trust's response times and it was important the momentum continued.
- 66.3. NH noted a more holistic approach was required to view the spending 'in the round' - not just extra vehicles. DM noted the spending would be in line with the Trust's strategy, which encompassed all areas of our service.
- 66.4. BR noted he had heard from constituents that improvements in the Trust's response times was their main area of concern. BR sought assurance from the Quality and Patient Safety (QPS) NED committee on the call tail and scrutiny of work taking place to improve call responses in general. LB noted the enclosed QPS committee escalation report covered this and that she would pick up BR's point when it was reviewed later in the meeting. LB noted that the afternoon session with the Council would also cover this in detail.
- 66.5. JC asked if NEDs were assured on the data included in the IPR or if there were any areas that stood out. LB noted she was concerned about the duty of candour data and would like to see the moderate harm data scrutinised in more detail. She advised that the Director of Nursing was looking in to this. TM noted below average performance in certain areas on the IPR. AR noted there was a review on what data went to the Board and in what format, regarding workforce statistics. LB noted that NEDs had asked for assurance on data quality as well.

ACTION: LB noted it would be useful for the Council to receive assurance from the NEDs around data quality, when available.

- 66.6. FD sought assurance on the employee relations statistics and in particular, an increase in individual grievances and whether these were being dealt with appropriately. AR noted he was assured that when peaks in data appeared, they were being dealt with in a timely fashion. AR noted timeliness of data as the report was date marked as August 2018 and this had gone to the October 2018 Board. AR advised that NEDs had requested more up to date data and analysis included in their papers.

- 66.7. DA noted the need to support the Trust's HR function and actively address any backlog or legacy issues. AR noted that the Workforce and Wellbeing Committee were working with the HR Team on their transformation programme and ensuring the Trust has the capacity to deal with challenges effectively going forward. FD noted grievances could impact on organisational effectiveness more widely and should be addressed appropriately. AR noted work was taking place on this, so would be keen to see an up to date version of the data.
- 66.8. TM noted that the Trust's Freedom to Speak Up (FTSU) Guardian had been appointed as part of the Trust's cultural journey. TM is the FTSU NED and had oversight of this area. TM noted she had met with the FTSU Guardian, Kim Blakeburn, and started to look at some of the data that was coming through and were triangulating it with HR.
- 66.9. MBG noted she sought assurance that NEDs were receiving Board and Committee papers on time to allow enough time to review and seek assurance. TM noted the type of papers requested could be extensive and therefore took time to prepare. She was part of development work around templates for papers and narrowing what was required within the reports to streamline the writing process and hopefully improve timeliness. DA supported this and noted work was taking place on improving relationships between NEDs and Exec Committee chairs and the timelines around paper submission.

67. Board assurance Committees

67.1. Quality and Patient Safety (QPS)

Regarding BR's point on call answer rates and safety, LB aimed to provide a level of assurance on the QPS's focus on this over a period of time. LB noted she had carried out a look back at patient safety going back to 2017, and advised that she saw a spike in Emergency Operations Centre (EOC) complaints in September 2017. A paper called EOC complaints was reviewed at QPS and a root cause analysis was requested. The committee also escalated a 999 call tail report to the Board as it had concerns over how this was being managed. In October 2017, QPS reviewed the EOC pathways audit and it was clear the Trust was not meeting its audit targets partly due to two separate metrics (delayed response and call answer) both being reported as EOC complaints instead of being separated out. The Director of Quality took steps to separate these measures.

67.2. In January 2018 the QPS looked at the EOC complaints audit, this was the first time NEDs saw the implementation of a clinical navigator role and were assured a lot of work had taken place on this. In March 2018, NEDs received a paper on the Trust's call answer performance, which looked at November 2017 - January 2018, and NEDs challenged the plan to resolve these issues. The paper looked at sickness and recruitment – however it was a holistic approach required in reviewing all areas.

67.3. In May 2018, QPS focussed on seeking assurance on recruitment in EOC, and scrutinised EOC performance and the impact on Serious Incidents.

QPS was assured of the understanding of the issues and that a robust plan was in place. Assurance was provided that there was a continual audit of the tail and the clinical navigator role supported this. LB noted in June 2018 the Trust achieved a 100% compliance for pathways audit.

- 67.4. In July, QPS highlighted a need for deeper reviews of Serious Incidents and the NEDs challenged the quality of a paper that was provided on this and asked for further assurance. LB noted that QPS had also been reviewing the 111 service including call triage (when 111 calls are allocated a 999 response) and how it is managed over winter. LB noted 111 were represented at QPS as part of 999 and 111 working closer together.
- 67.5. LB noted continued fragility in resilience regarding sickness and staffing in 999 centres. LB noted approx. 25% of those that leave EOC stay with SECAMB in other roles. LB noted she was assured that there was appropriate grip on this challenge.
- 67.6. NH noted that call taking for the Trust was often a springboard in to other roles. NH queried if the Trust should reconsider its view of the role, look at it as a short-term role, and develop career pathways off it within the Trust to increase retention. NH noted it was important to reduce focus on keeping people long term as a call taker as it was a difficult role, instead, support them to move on from the role but stay with the Trust.
- 67.7. BR noted he recognised the challenges the NEDs had made on this, but would be keen to see improvements embedded consistently and not to just accept small improvements. BR noted that harm continued to occur and questioned if NEDs had all of the assurance they needed. DM noted the demand and capacity review was to provide the evidence to show the gap between the demand and resources, and this had been recognised. The gap could be viewed as reduced staff on the road and on the phone. DM hoped the funding would reduce the gap.
- 67.8. FD asked about end of life care and how the Trust was working with system partners on this. LB noted this had not been looked at in detail, but the Trust's own technology such as IBIS and ePCR would support work on this.
- 67.9. MH noted the historical problems around implementation of ePCR and asked if LB was assured that the new system was fit for purpose. LB noted she was on the ePCR project group bringing her background experience in IT projects to it. LB noted the project group were focussed on making sure hospitals were notified regarding the implementation and able to receive the ePCR data from the Trust. LB noted concern over input from broader organisational staff on the project and noted this was being looked at. LB was confident the new system would be fit for purpose as it was supplied by the same company who produced the Trust's new Computer Aided Dispatch system and implementation of this had been seamless.
- 67.10. JC queried how/if private providers and bank staff would be integrated in to using the ePCR system? LB advised she would come back to JC on this point.

67.11. CA noted that Patient Demographic Search (PDS) is a functionality that is due to be brought into the Trusts Emergency Operation Centres soon. It will allow the Trust to match patient details and access the summary care record at the point of the call. This technology upgrade was central to supporting the ePCR deployment and in allowing the Trust to match to, and access, shared care records going forwards as part of the IT strategy. CA requested a formal answer to come back to Council about the timelines for implementation. LB noted she would pick this up.

ACTION:

LB to advise Council of how/if private providers and bank staff would be integrated in to using the ePCR system.

LB timeline for Patient Demographic Search (PDS) implementation in the EOC to be provided to Council.

68. Workforce and Wellbeing Committee (WWC)

68.1. NWC highlighted the section on skill mix of front line staff within the report. NWC noted that rostering was a challenge for some line managers as it was not simple to see at a glance which person had which skill set. NWC suggested colour coding skill types so it was easier to match people's skill sets appropriately. LB noted NWC could suggest this to the Quality Improvement hub.

ACTION: NWC to highlight colour coding frontline skill sets to help with rostering, to the Quality Improvement Hub.

69. Finance and Investment Committee (FIC)

69.1. This escalation report was taken as read.

70. Finance and Investment Committee (FIC) observation report

70.1. This paper was taken as read. NWC noted he had found it fascinating to see the NEDs in action at this meeting and that the quality of their questioning was high. NWC noted he had heard that there was to be funding for a falls team to be developed in the Chertsey area, which was his base, which he felt was a good news story for the Trust. DA noted it was important to publicise these excellent initiatives.

71. Overview of Non-Executive Director (NED) activities

71.1. The NEDs gave an overview of their recent activities. LB noted she was on the ePCR working group. LB had also recently taken part in a piece of work with the Director of HR on grievances within the Trust.

71.2. AR noted his attendance at Board and committee meetings. He had also attended a recent Single Oversight Group meeting, which he had found useful. AR noted that he also had spent time on a grievance case with HR recently. AR spent a day on a leadership and safety walk around at

Tangmere Make Ready Centre and Worthing Operating Unit. AR noted the walk around had been good a good opportunity to engage with staff and valuable discussion had taken place. AR noted a meeting would be held to talk about how any suggestions from the discussions would be taken up and how the Trust would let staff know we had listened and acted. AR also spent time with the Health and Safety team to gain additional assurance around their area of work and met with the Fleet team to understand more about that area of our business.

71.3. TM advised she had taken over from LB as Chair of the QPS committee. TM also advised of her Freedom to Speak Up work in supporting the Trust's Guardian and the work she was doing with the Company Secretary on improving the format of Trust papers and the quality of the content.

71.4. JC noted NEDs had attended the recent joint Governor event in Kent co-hosted by the Trust. DA noted the event had been well organised and very useful.

72. Improving Clinical outcomes

72.1. The Trust's Medical Director, Fiona Moore, presented to the Council on the Trust's performance, work carried out so far and priorities for continued improvement in terms of clinical outcomes.

72.2. FM advised that clinical outcomes were monitored through a risk driven annual clinical audit plan. Themes considered a clinical risk were collected and analysed to determine priority. Themes were then placed into three categories:

Level 1 - External 'Must-Do'

Level 2 - Internal 'Must-Do'

Level 3 – Best Practice or Local Interest.

72.3. Level 1 external 'must do' areas of focus included cardiac arrest survival to discharge which all ambulance services had to audit. The Trust was lower than average looking at data back to 2015 but performing better since January 2018. The Trust performed better in the cardiac arrest survival to discharge (Utstein) measure, which is witnessed cardiac arrest in a shockable rhythm. Internationally, Seattle and Copenhagen were hugely focussed on bystander CPR and their percentages were circa 60% and the Trust's was at 26%. There had been no consistent improvement in SECamb or other Trusts nationally. FM noted the Trust was now part of a work stream looking to improve this. The Trust was training all Emergency Medical Advisors in Basic Life Support and had plans to implement the GoodSam app, which assists bystander CPR, in due course.

72.4. The Trust was performing above the national average for the Post-ROSC care bundle. This was due to the input of the Trust's Critical Care Paramedics; SECamb had more specialist paramedics than any other Trust.

72.5. FM noted another level 1 measure was stroke and the Trust was continuing to get stroke patients to hospital more quickly than the national

average. FM noted that there were consultations regarding reducing stroke centres so the Trust should not become complacent on this measure. LB noted that until now SECAMB had never gotten to the national average for this measure and that this was a huge step for the Trust.

- 72.6. FM noted that Sepsis was a new level 1 measure for this year as part of a national focus. The Trust had previously carried out campaigns around sepsis with staff and this was reflected in the compliance levels as the Trust was performing above the national average.
- 72.7. Level 2 internal 'must dos' based on clinical risk identified internally included numerous audits that had been completed on a variety of areas. These included learning from deaths (learning from themes that emerge from Serious Incidents) and a non-conveyance audit, which provided learning from cases where a patient re-contacts the service within 24 hours after a non-conveyance.
- 72.8. Multiple audits were still in progress/planned including drug administration by volunteer Community First Responders (CFRs). FM noted there had been challenges around the governance of CFRs using salbutamol. When this was reintroduced there needed to be robust processes to ensure the data required by the Trust for the use of the drug was provided by both CFRs and staff.
- 72.9. Level 3 best practice/areas of interest included participation in the GoodSam app, and the procurement of mechanical CPR devices for each Operating Unit for use on patients in cardiac arrest who needed transporting to hospital.
- 72.10. Other quality improvements taking place in the Trust included additional education being delivered through key skills and CPD programmes – now four days annually. A new paper and electronic patient clinical record (ePCR) was being developed. FM noted that the ePCR would elevate the quality and capacity to audit.
- 72.11. FM noted that new areas of clinical practice included airway management of paediatric patients and also dispatching CFRs to paediatric patients.
- 72.12. JC noted that all staff having a level of basic lifesaving skills was an important step. He had assisted in delivering some of this training and noted staff were very happy to take part and welcomed the opportunity.
- 72.13. JC queried FM's point on difficulties in getting data back from CFRs on the use of salbutamol. In his personal experience as a CFR Team leader, drugs had been signed out and in by CFRs and this was noted on the patient care record along with their CFR ID number. JC noted he or team members had not been asked for additional data on this so would like to know where the challenge was in retrieving it. FM noted that this was a historic issue as it was withdrawn a while ago and the Trust had found it challenging to collate the data required to audit it.
- 72.14. DE thanked FM for a good presentation and noted it really helped put the integrated performance report in to perspective. DE queried when salbutamol might be re-introduced as Kent Fire and Rescue responders were

previously using it from 2015 to good effect. FM noted the training package was being reviewed in line with legislation around this regarding use and skill level. FM noted she would anticipate some progress on this early in the New Year.

- 72.15. NWC was supportive of key skills training being increased to four days as of next year. NWC questioned whether the rota review committee had been informed yet as they were in the process of developing Operational Unit rotas. FM noted they were aware that four twelve hour shifts needed to be allocated to key skills. FM noted the training was twice the amount that was currently provided and advised that one of the days would be on CPR and improving cardiac arrest performance.
- 72.16. FD noted that in the integrated performance report it noted the Trust was unable to analyse the ECG data. FM noted that for the last year the Trust had technical issues with this; however, a cardiac arrest analyst had been recruited who would be working on this. FM noted there were modems in all the ECG machines so the functionality was there. SECamb was the only Trust currently doing this.
- 72.17. DA asked if the Trust were involved in the Stroke consultations taking place that were mentioned. FM confirmed the Trust was very much a part of this and had been providing data as part of the consultation.

73. Quality Indicators

- 73.1. Judith Ward Deputy Director of Nursing attended to give an overview of where the Trust was against its current quality objectives as set out in the Quality account, and the next steps. JW noted she had commenced some soft consultation with the Trust's Inclusion Hub Advisory Group and Clinical Commissioning Groups around what the actual consultation on the Quality Account objectives/indicators should look like. Initial feedback was taken on board and the stakeholder event on this would be managed differently this year.
- 73.2. JW noted she was keen to get staff views and that there should be data to support decision-making in what areas were chosen for auditing. last year's areas of focus tied in to the CQC 'must dos' and 'should dos': the Trust was in a better position this year to make its own judgements about areas of focus. JW noted she had been speaking with frontline staff about what three things would make a difference to them in respect of patient care. She was also meeting with the Unions and NEDs to canvas their views.
- 73.3. The large stakeholder event in November will be used to discuss last year's themes and potential areas of focus for next year's Quality Account. The Trust's Medical Director Fionna Moore would be launching the clinical strategy at the event as it informed areas of focus. There would be a further event in January to solidify priorities. JW noted this new format of two events did make it a tighter timescale, but it was still in line with what other Trusts were doing. Likely priorities would be stroke, mental health, cardiac arrest response, paediatrics, falls, sepsis early warning systems and infection prevention.

- 73.4. JW noted the Trust's three quality improvement priorities this year were out of hospital cardiac arrest, learning from complaints and safeguarding/incident reporting.
- 73.5. JW noted the Trust saw an increase in complaints and safeguarding/incident reporting which was actually a good thing as it meant as a Trust we were capturing concerns and staff were confident in the reporting mechanisms. JW noted the priority was to make sure the Trust had capacity to address the volume of the reports raised. JW advised that 'demonstrating learning posters' now went out to all Trust sites and audits took place to ensure they were displayed. JW noted that the safeguarding audit figures were encouraging and the Serious Incidents reporting and investigating process had been strengthened. Potential development areas were human factors such as learning programmes, but good investigations and processes were required first.
- 73.6. JW advised how the Trust chose areas to audit. There would be an early meeting with the auditors, but JW acknowledged that the template for auditing would not be out until Jan 2019. She was keen to highlight the Trust's internal audit process as an area that works.
- 73.7. FD noted she welcomed the new approach and was keen to understand the rationale for indicators.

ACTION: DA requested a brief summary paper on the Quality Account process and involvement to be shared with the Council.

74. Membership Development Committee (MDC) report

- 74.1. MH noted the MDC were meeting the following week and that all Governors were welcome to attend. The Annual Members Meeting evaluation data would be reviewed at this meeting. The MDC reported to the Council on the work of the Inclusion Hub Advisory Group, the Staff Engagement Forum and the Patient Experience Group.
- 74.2. MH noted that membership decreases were due to a data cleansing exercise that the Membership Office had undertaken with the support of the MDC. This had increased the capacity for electronic voting in 2019's elections and provided circa £5000 in savings.
- 74.3. MH highlighted the vast amount of Governor Engagement activities that had taken place over the year as detailed in the report. MH encouraged Governors to attend their local Patient Participation Group and Clinical Commissioning Group public meetings to triangulate what they were hearing at Council meetings.
- 74.4. MH noted that the MDC and Governor Development Committee had carried out work in support of the upcoming Governor elections. This included planning to attend future information drop in sessions for prospective Governors and providing feedback on a communications plan for the elections produced by the Membership Office.
- 74.5. DA noted he was impressed with the amount of engagement work Governors took part in. DA noted his support for member development and

engagement as an area of continued focus going forward.

75. Governor Development Committee (GDC) Report

- 75.1. JC thanked BR & CA for deputising in chairing the last two GDC meetings in his absence. JC noted that the GDC worked with the Chair on setting the agenda for Council meetings and encouraged Governors to attend. JC highlighted the work of Governors on recent Quality Assurance Visits, which were akin to mock CQC inspections. JC noted the value of taking part in these as it enabled Governors to talk to staff and help provide feedback on any highlighted gaps in our service. JC noted that staff had also appreciated meeting Governors and getting a brief understanding of their role.
- 75.2. DA noted he had attended the October GDC and noted that at the meeting Community First Responders (CFRs) were a key area of focus for Governors in respect of receiving an update on the work needed in this area at a future Council meeting. DA recognised that there had been some long-term challenges in this area of the service and he was seeking assurance that it would move forward. LB noted that the support for CFRs and governance work needed in this area had been reviewed twice at QPS with limited progress.
- 75.3. QPS had not received assurance that the appropriate Governance structures were in place for CFRs. LB noted there was a new Head of Voluntary Services and that their remit would focus on developing a strategy for how to best deploy CFRs. DA noted he was sighted on the issue and would make sure it was given some pace and attention amongst the other areas of focus for the Trust. TM noted that CFRs would remain on the QPS agenda.

76. Governor Activities and Queries Report

- 76.1. JC gave a brief overview of the paper noting that Governors had recently been observing NED committee meetings and attending the Staff Engagement Forum. JC noted importance of Governors attending as many meetings as possible in terms of information sharing and developing knowledge of the Trust. JC noted that Governor Queries were being dealt with in a timely manner and that the responses received were full and complete. JC noted Governors' appreciation of this.

77. Any other business

- 77.1. No further business was raised.

78. Questions from the public

- 78.1. DA noted the Trust's accountability to the public and asked if there were any questions from members in attendance at the meeting.
- 78.2. A Public FT member noted he had heard today about the plans for spending money from the demand and capacity review outcome on recruitment. The member had concerns around frontline paramedics being

allocated enough time to carry out mentoring and training with the new recruits and that a lack of training within the organisation could lead to unproductivity. Had the Trust considered taking staff out of their usual roster to provide capacity to do this? In addition, had the Trust looked into apprenticeships and how it worked with universities on this?

78.3. DA noted this was a very detail levelled question and was probably more suited to be asked of the Executive rather than the Council. DA asked DM to respond.

78.4. DM noted that as part of the workforce group within the service transformation programme, the Trust, alongside Health Education England, were looking at modern apprenticeships and how the Trust could work with universities differently. DA noted part of the question was around staff inducting, supporting and training new staff and asked if DM could advise on that. DM noted clinical mentorship and supervision was a part of the band 6 paramedic job description. The Trust had been working with the Unions that year on developing something similar for Technicians to provide mentorship for Emergency Care Support Workers under an increased pay grading and this had been approved. DM noted it was around building internal capacity for clinical mentorship and supervision.

78.5. A staff FT member asked if there had been any thought on using CFRs for C3 or C4 fall category calls as a set of eyes arriving on scene sooner.

78.6. DM noted that recently he and the Chair had attended a CFR engagement session and there had been a mixed response on how CFRs felt about responding to these types of calls. Some noted they would be content to respond to C3 calls and others noted it was not what they had signed up for. It was something the Trust needed to think through as this was taking place in other Trusts. DA noted that it was a good question and that the Board was well sighted on it. He had been reassured by the welfare calls that took place when patients were waiting for a response under these call category times. DA further noted that there was however no substitute for a person by your side while waiting for a response even if you are getting a call to check on your welfare. There was a case for the fact that you can't always do the job you want to do – you have to do the job that's needed and that was sometimes difficult.

79. Areas to highlight

79.1. The Council were comfortable that the key points had already been highlighted to the NEDs throughout the meeting.

80. Review of meeting effectiveness

80.1. The meeting was deemed to have been effective.

Next meeting: 31 January 2019 – Crawley HQ.

Signed:

Name and position:

Date:

Draft

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST
Trust Council of Governors Action Log 2018-19

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 was believed a good time to invite him to the Council to give an update. Unfortunately, Parmjit is on leave and unable to attend however Joe Garcia and Chris Stamp will attend to provide an update along with other members of the voluntary services.
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.
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	Work was ongoing to agree the way forward as of the November CoG meeting. Further update may be provided in January 2019.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

B - CHIEF EXECUTIVE'S REPORT TO THE COUNCIL OF GOVERNORS

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 December 2018 and January 2019.

2. Local issues

2.1 Engagement with local stakeholders & staff

2.1.1 On 7 December 2018, I met with the Right Honourable Chris Grayling MP, the Secretary of State for Transport, in his capacity as the local MP for Epsom & Ewell. It was a useful opportunity discuss a number of local issues, including response times and the Trust's most recent CQC report.

2.1.2 On 12 December 2018, I met with Michael Docherty (CEO) and Dr Helen Bowcock (Chair) from the Kent, Surrey & Sussex Air Ambulance. The Air Ambulance are one of our key partners locally and it was extremely useful to meet their new leadership team, to discuss opportunities for future working.

2.1.3 On 10 January 2019 I, and a number of colleagues from across SECamb, attended the funeral of Brian Rockell, a former Lead Governor for the Trust and a strong supporter of ambulance services in our region over many years. There was fantastic attendance, which is a measure of the high regard in which Brian was held and the multiple organisations he supported.

2.2 999 performance over Christmas and New Year

2.2.1 Learning lessons from previous years, SECamb worked especially hard this year to ensure the Trust was in the best position possible to respond to the anticipated high levels of demand over the festive period.

2.2.2 A Winter Capacity Plan to cover the period 1 November 2018 to 31 March 2019 was developed, which drew on the experiences of past winters and integrated NHS England recommendations, guidance and criteria for winter capacity planning.

2.2.3 It concentrates on a number of year round processes and key seasonal initiatives that will deliver real resilience during the winter period and ensure engagement with local health systems.

2.2.4 The key areas of the Plan include:

- Maximise resourcing on the road, in the EOCs and in NHS 111, to match anticipated periods of high demand
- Ensuring the availability of key support services, including fleet and logistics
- Identify and utilise appropriate support from all areas of the Trust
- Stand up a Strategic Command Hub to provide additional, on-site strategic support

- Daily up-date calls with the NHS England 'Winter South' Team to provide identification and sharing of challenges in the region

2.2.5 Demand was slightly lower than for the same period last year, in terms of the number of 999 calls received, potentially due to us not experiencing poor weather conditions during this time in our region.

2.2.6 I am pleased that we performed well overall with some particular areas of improved performance including:

- Considerable improved performance in both Category 1 measures for both time periods compared to the previous year
- Improved performance in all call categories for week commencing 24 December including a reduction of almost an hour in our mean response to Category 4 patients
- Significant improvement in 999 call answer times for both time periods

2.2.7 I am extremely proud of the efforts of our staff and volunteers, both ahead of and during this period, which has seen us provide an improved service to our patients. However, I also recognise that there is still more to do to sustain the improvements we have seen and also improve performance in a number of areas, especially in our response to Category 2 and Category 3 patients.

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. It also regularly reviews the Trust's top strategic risks. During recent weeks, the EMB has also:

- Closely monitored the Trust's planning and preparation for the Christmas and New Year period, including resourcing and system-wide issues
- Reviewed a number of business cases, as part of the approval process
- Discussed the Trust's on-going work to take forwards the recommendations of the Carter Review

2.3.3 Once a month, the EMB holds a combined meeting with the Trust's Senior Leadership Committee (SLC). This is a valuable opportunity for shared up-dates and discussions around key issues and to agree joint working, between EMB and SLC, as needed.

2.4 Go live of new telephony system

2.4.1 On 11 December 2018 the Trust went live with a new telephony system in our EOCs and 111 centre, to provide all of the Trust's inbound and outbound telephony.

2.4.2 The Avaya telephone system and Nice voice recording system is a combination already used by a number of other ambulance services within their control room environments and has proven to be extremely reliable. As well as

improving reliability, the move provides EOC managers with greater access to information to help with planning ahead to ensure the appropriate numbers of call takers are available.

2.4.3 The new system is helping to address concerns previously identified by the Trust and noted in a previous Care Quality Commission report. It also provides us with opportunities to develop the system to better meet its needs, without being reliant on external providers to make changes.

2.4.4 After some initial teething problems, I am pleased that the new system is now working well and is helping us to manage demand more efficiently. Thank you to all of the staff involved in delivering this project.

3. Regional issues

3.1 Deputy Chair of national BME Forum appointed

3.1.1 In December 2018, it was announced that our Deputy Director of Strategy and Business Development, Jayne Phoenix, had been successfully nominated to act as the Deputy Chair of the National Ambulance BME forum.

3.1.2 The National Ambulance Forum was created in 2001 to assist the ambulance service in meeting and complying with the Race Relations (amendment) Act 2000 and subsequently the Equality Act 2010.

3.1.3 The Forum comprises of volunteers from across ambulance trusts in the UK and invited members from represented bodies such as NHS Employers, and others to eradicate discrimination on the grounds of race and to promote equality of opportunity for all ambulance service employees.

3.1.4 I am very proud of this achievement and know that Jayne, who has been actively involved in a range of inclusive and diverse activities across our Trust, will be a great advocate and champion for the good work that has been spearheaded across our Trust on this national platform.

4. National issues

4.1 NHS Long Term Plan published

4.1.1 On 7 January 2019, NHS England published the NHS Long Term Plan. The key headline aims of the Plan are:

- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well

4.1.2 The Long Term Plan also contains a significant number of specific references for ambulance trusts, including:

- To support patients to navigate the optimal service 'channel', a single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hours services from 2019/20 will be embedded. This will provide specialist advice, treatment and referral from a wide array of

healthcare professionals, encompassing both physical and mental health supported by collaboration plans with all secondary care providers.

- Ambulance services are at the heart of the urgent and emergency care system. We will work with commissioners to put in place timely responses so patients can be treated by skilled paramedics at home or in a more appropriate setting outside of hospital. We will implement the recommendations from Lord Carter's recent report on operational productivity and performance in ambulance trusts, ensuring that ambulance services are able to offer the most clinically and operationally effective response. We will continue to work with ambulance services to eliminate hospital handover delays. We will also increase specialist ambulance capability to respond to terrorism. Capital investment will continue to be targeted at fleet upgrades, and NHS England will set out a new national framework to overcome the fragmentation that ambulance services have experienced in how they are locally commissioned.
- Ambulance staff will be trained and equipped to respond effectively to people in a crisis. Ambulance services form a major part of the support people receive in a mental health emergency. We will introduce new mental health transport vehicles to reduce inappropriate ambulance conveyance or by police to A&E. We will also introduce mental health nurses in ambulance control rooms to improve triage and response to mental health calls, and increase the mental health competency of ambulance staff through an education and training programme.

4.1.3 Within SECamb, we are already taking forward many of these recommendations through the Service Transformation & Delivery Programme and other work-streams and will continue to make sure we align these with the national direction.

4.2 National roles

4.2.1 Within our relatively small ambulance sector, there are a number of important national work-streams in place, where representatives from all Trusts work together to develop initiatives and make improvements in key areas.

4.2.2 Following a review in November, where different portfolios were assigned to ambulance Chief Executives, I am very proud to lead two of these on behalf of SECamb, NHSI (NHS Improvement) and AACE (the Association of Ambulance Chief Executives):

- The Ambulance Safe Staffing Professional Reference Group – this is a National professional reference group I am chairing on behalf of NHSI looking into developing a tool kit for Ambulance Trusts relating to safe ambulance staffing
- The lead Chief Executive supporting the Chair of the National Ambulance Services Medical Directors' Group (NASMeD) and National Quality Governance and Risk Directors (QGARD) - whose purpose is to improve clinical safety and quality of care by reducing unwarranted variation and sharing best practice across the English ambulance services

4.2.3 Being involved in national groups such as these can be time-consuming. But they also provide valuable opportunities to tackle some of the big issues facing us all

and to use our combined talents and knowledge to try to address them. My aim is to make sure that we benefit within SECAMB as much as possible from these and other work-streams.

4.3 Announcement of capital bids

4.3.1 On 29 November 2018, Matt Hancock MP, the Health & Social Care Secretary announced that SECAMB is to receive almost £13m of government capital funding, during his visit to Medway Maritime Hospital.

4.3.2 The funding, which followed the Trust submitting capital bids to NHS Improvement, includes:

- £6.52 million to create a Make Ready Centre (MRC) at Medway
- £5.52 million for an MRC at Brighton
- £0.24 million to significantly improve our estate at Worthing

4.3.3 Although we still need to work through the business case process, this is fantastic news, which will enable us to significantly improve our facilities in these areas to benefit our staff and patients.

5. Recommendation

5.1 The Council is asked to note the contents of this Report, which also went to the Board this month.

Daren Mochrie QAM, Chief Executive

17 January 2019



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

January 2019



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	This represents the value being measured on the chart
 Run of 3 above average	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.
 Run of 3 below average	
 Above UCL	When a value point falls above or below the control limits, it is seen as a point of statistical significance and should be investigated for a root cause.
 Below LCL	
 AVERAGE	This line represents the average of all values within the chart.
 UCL	These lines are set two standard deviations above and below the average.
 LCL	
 Target	The target is either an Internal or National target to be met, with the values ideally falling above or below this point.

SECamb 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.

The performance data shared in this report from Operations 999 is as at 7/1/19

The format and content of this report is continually reviewed to provide greater utility to the Trust Board and clearly communicate the status and actions undertaken by the Trust over time. During February and March 2019 this report and our quality reporting will be reviewed in order to further develop and refine our reporting going forward into 2019/20.

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 surplus of £0.1m for the month of November. The cumulative deficit of £3.1m is marginally better than plan, maintaining operational performance.

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

The Trust achieved cost improvements of £1.0m 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 recruitment to provide the resources to meet the Demand and Capacity review, delivery of performance targets, any financial impact of unfunded cost pressures and the delivery of CIP targets.

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.

CQC Findings ('Must or Should Do's')

Safe

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

Caring

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

Effective

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

Responsive

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

Well Led

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

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

	May-18	Jun-18	Jul-18	12 Months
Actual %	50.0%	69.7%	46.7%	
Previous Year %	56.8%	44.8%	37.9%	
National Average %	55.9%	56.6%	55.9%	

Cardiac ROSC - ALL

	May-18	Jun-18	Jul-18	12 Months
Actual %	25.1%	36.6%	28.8%	
Previous Year %	22.8%	28.1%	24.4%	
National Average %	31.6%	31.8%	31.9%	

Cardiac Survival - Utstein

	May-18	Jun-18	Jul-18	12 Months
Actual %	20.7%	33.3%	28.6%	
Previous Year %	30.3%	17.9%	17.2%	
National Average %	29.4%	30.9%	33.9%	

Cardiac Survival - All

	May-18	Jun-18	Jul-18	12 Months
Actual %	4.5%	10.2%	8.4%	
Previous Year %	6.3%	5.9%	3.6%	
National Average %	10.0%	11.3%	11.8%	

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

	May-18	Jun-18	Jul-18	12 Months
Actual %	69.6%	75.0%	69.4%	
Previous Year %	57.5%	70.5%	62.9%	
National Average %	79.5%	79.5%	81.2%	

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

	May-18	Jun-18	Jul-18	12 Months
Mean (hh:mm)	02:11	02:19	02:14	
National Average	02:09	02:11	02:07	
90th Centile (hh:mm)	03:06	03:15	03:09	
National Average	02:56	03:05	02:51	

Stroke - call to hospital arrival

	May-18	Jun-18	Jul-18	12 Months
Mean (hh:mm)	01:12	01:10	01:14	
National Average	01:18	01:13	01:15	
Median (hh:mm)	01:03	01:01	01:04	
National Average	01:05	01:05	01:06	
90th Centile (hh:mm)	01:47	01:45	01:52	
National Average	01:47	01:49	01:52	

Stroke - assessed F2F diagnostic bundle

	May-18	Jun-18	Jul-18	12 Months
Actual %	98.7%	97.5%	97.8%	
Previous Year %	92.3%	94.4%	95.2%	
National Average %	98.3%	98.3%		

Post ROSC Care Bundle

	May-18	Jun-18	Jul-18	12 Months
Actual %	77.6%	75.2%	93.3%	
National Average %			57.3%	

Medicines Governance

	Sep-18	Oct-18	Nov-18	12 Months
Total Number of Medicines Incidents	80	93	74	
Single Witness Sig/Inapt Barcode Use CDs Omnicell	9	17	24	
Single Witness Sig/Inapt Barcode Use CDs Non-Omnicell	0	1	0	
Total Number of CD Breakages	17	16	15	
PGD Mandatory Training	44	20	17	
Key Skills Medicine Governance	166	180	82	

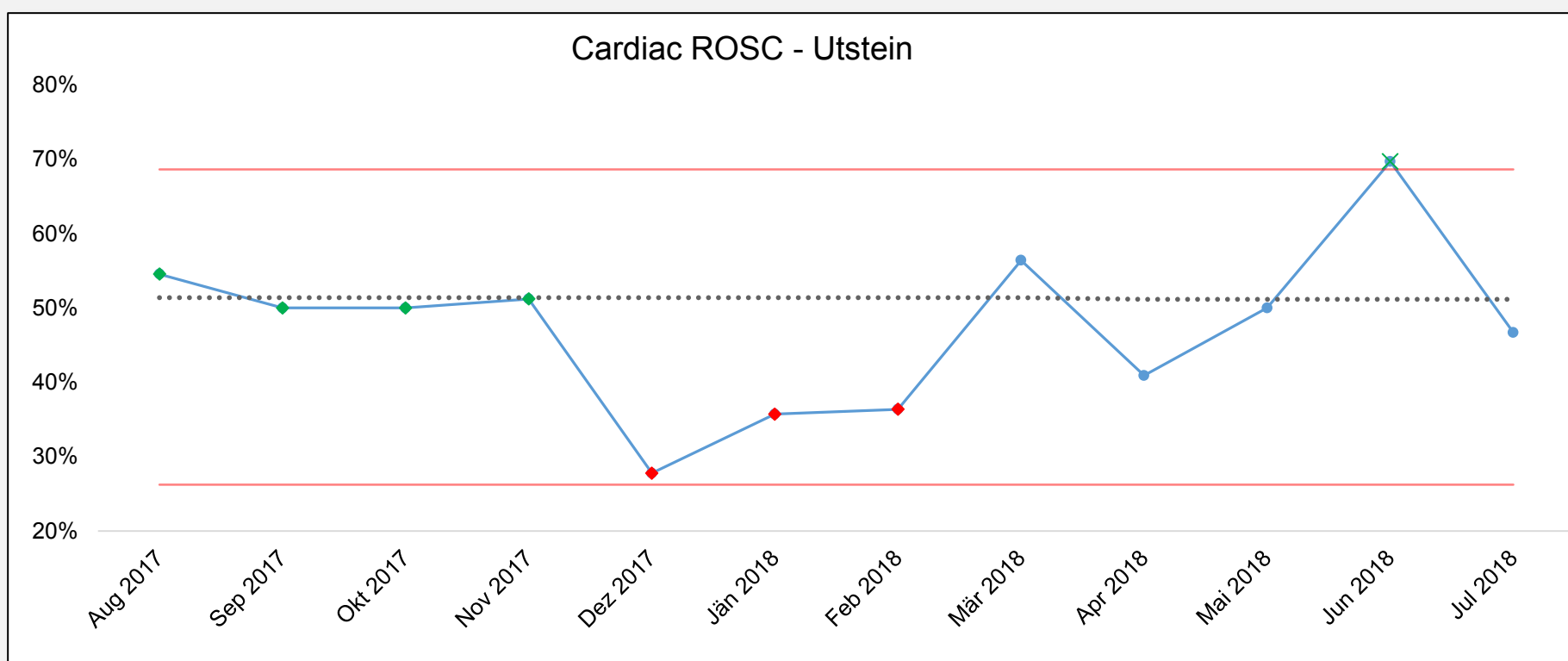
Sepsis Care Bundle Compliance

	May-18	Jun-18	Jul-18	12 Months
Actual %	84.7%	83.0%	82.2%	

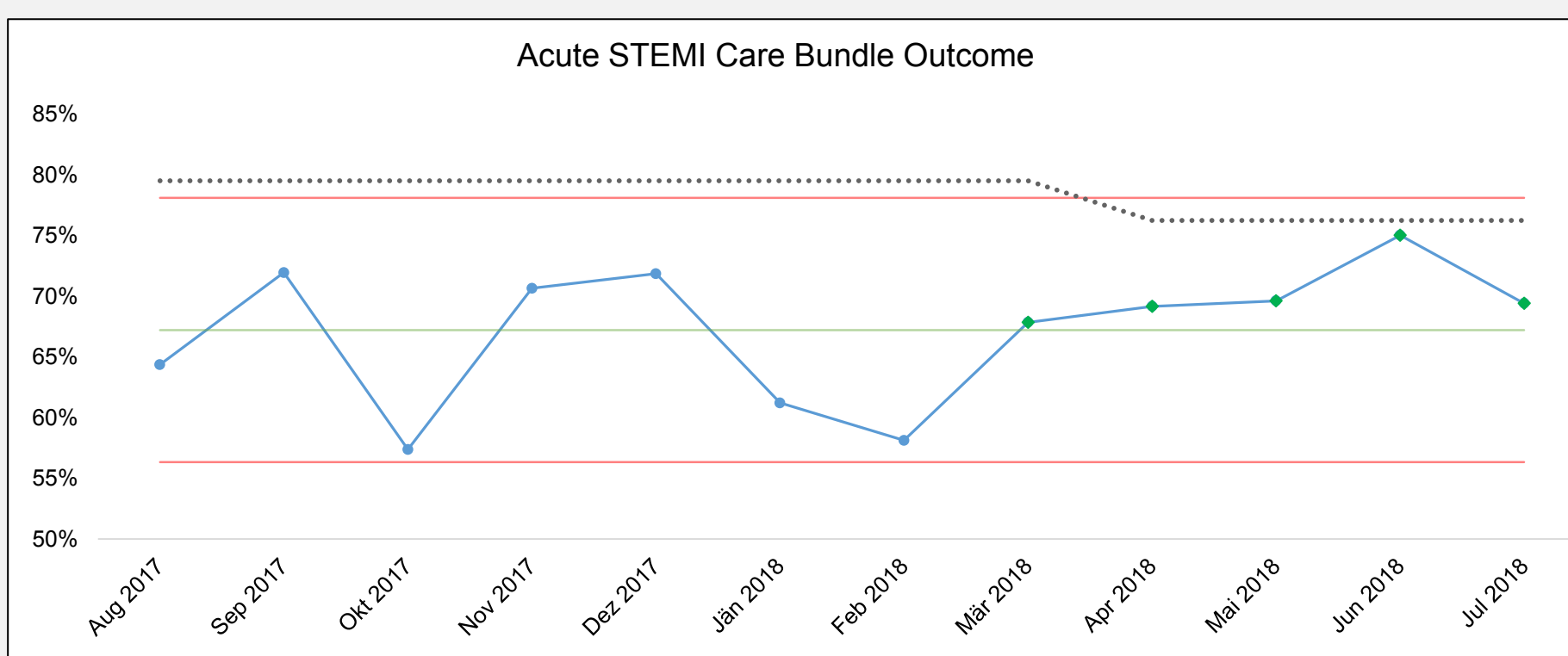
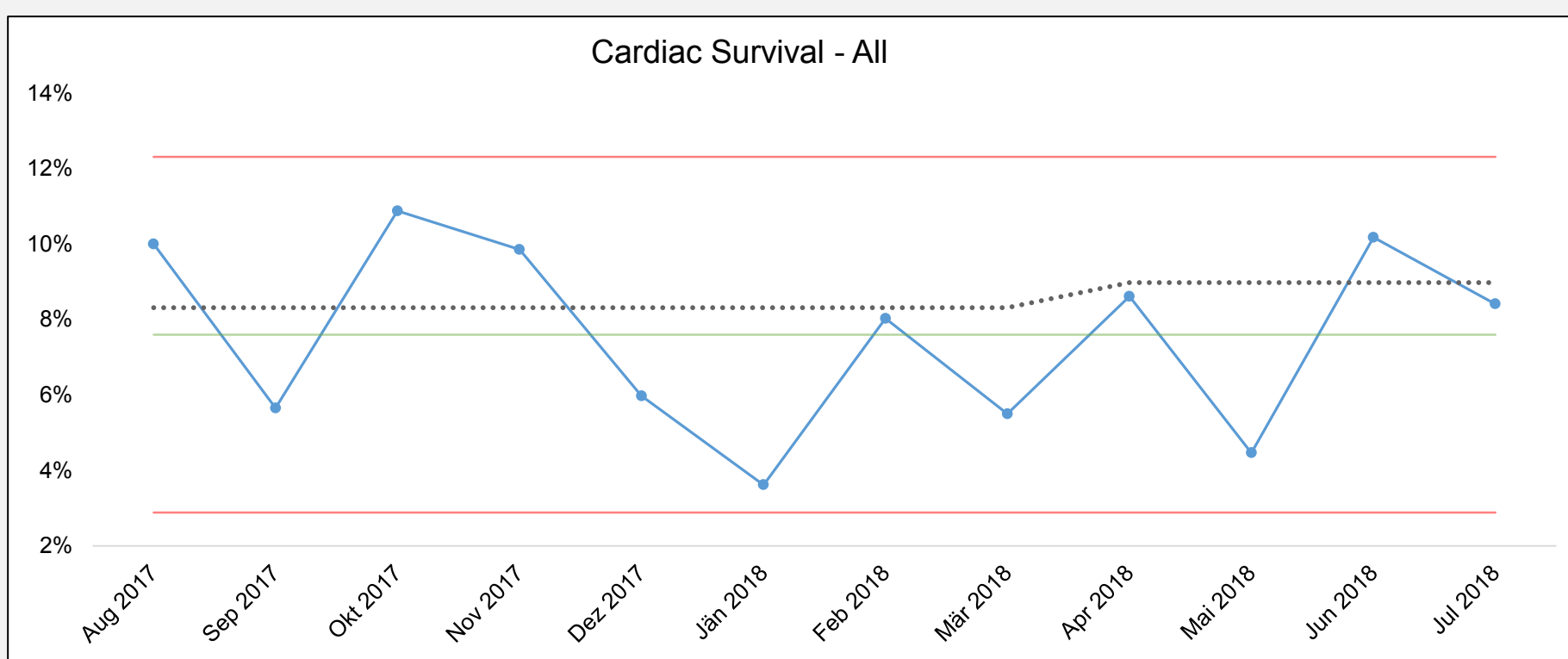
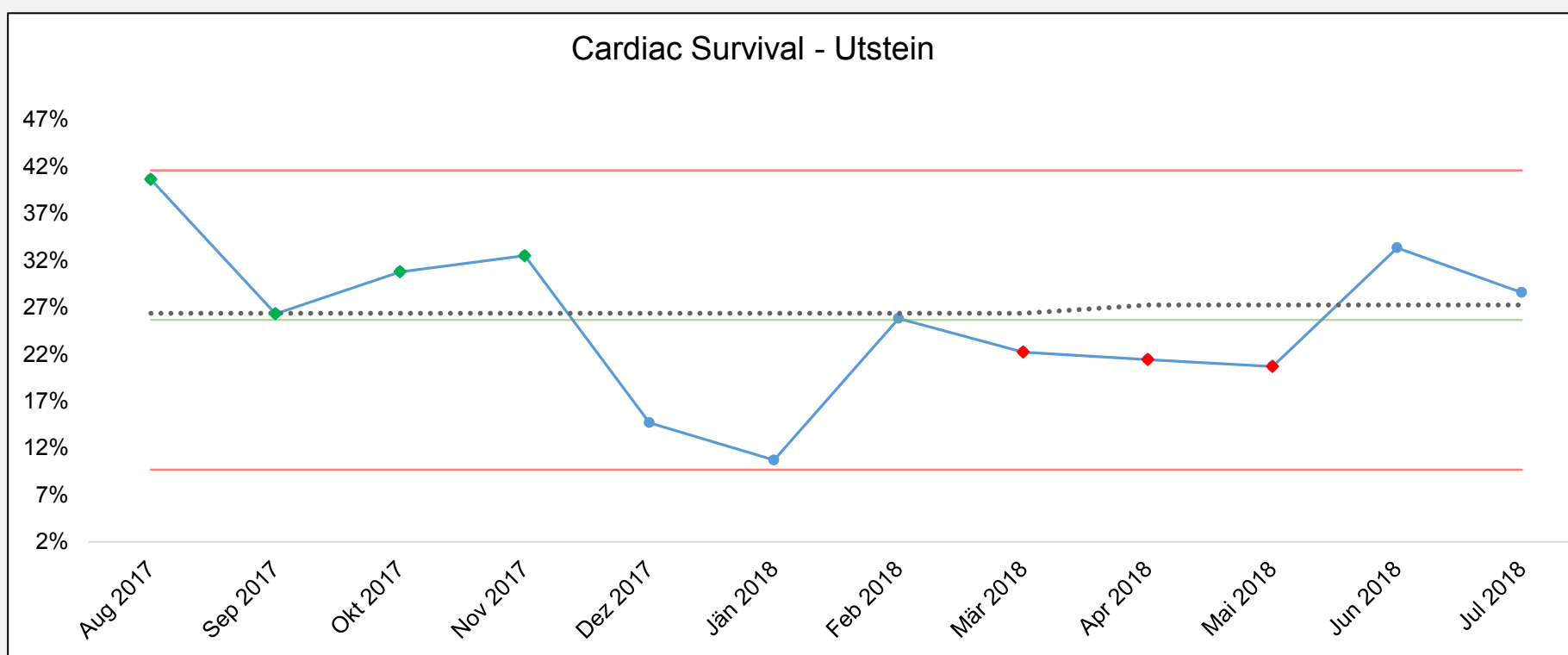
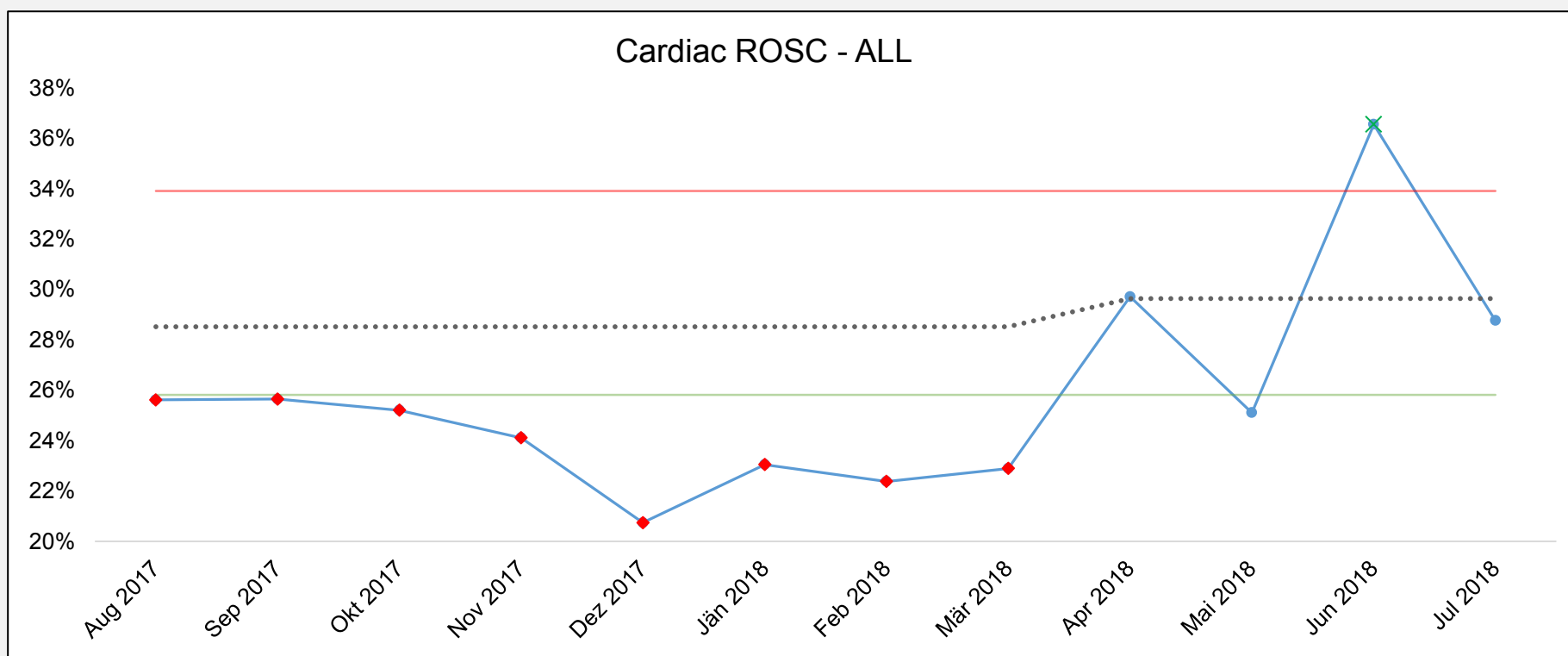
Medicines Management

	Sep-18	Oct-18	Nov-18	12 Months
Number of Audits	187	169	178	
Percentage of Audits	99.0%	99.4%	99.0%	

SECamb Clinical Safety Charts

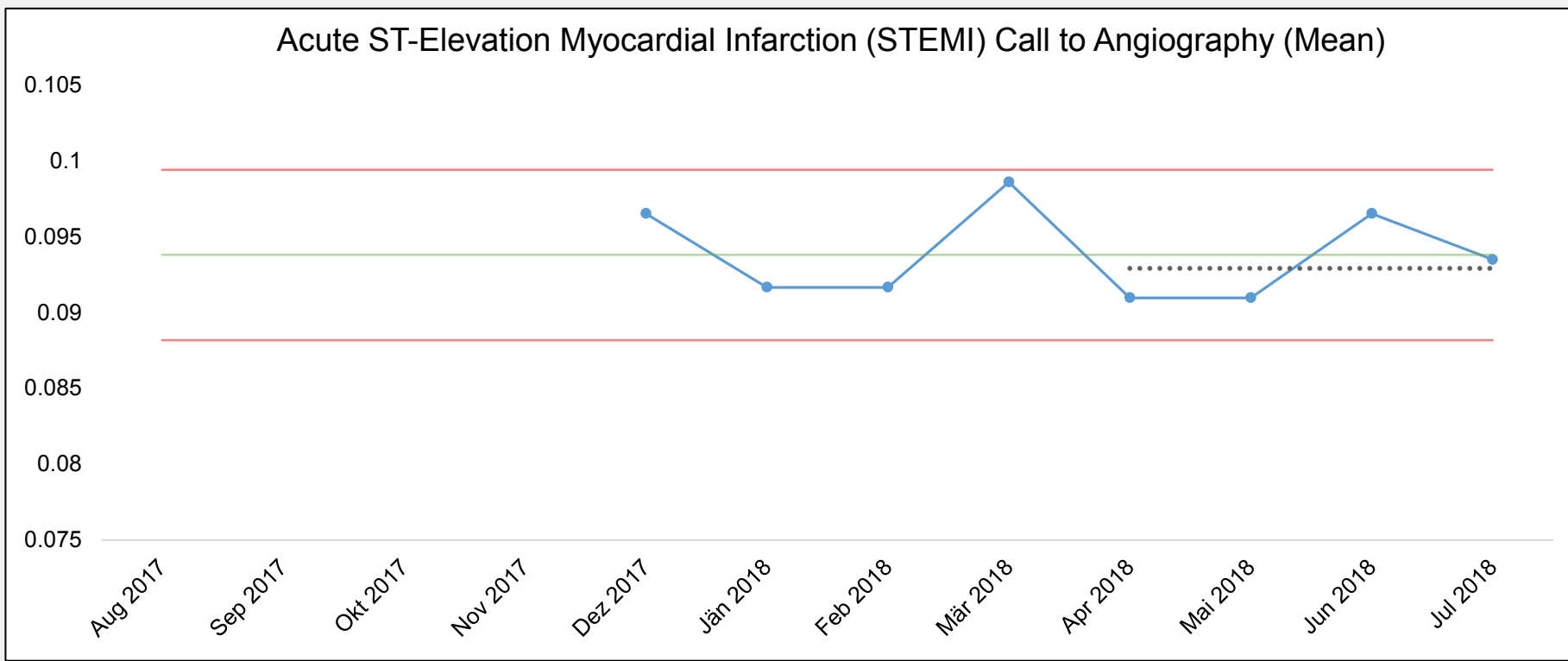


This data continues to show normal patterns of variation. Upcoming programmes of work to improve outcomes from cardiac arrest include; the introduction of the GoodSam App, a full day of resuscitation training in Key Skills 19/20, the relaunch of the cardiac arrest downloads programme, a new resuscitation procedure and the STAD programme that will improve our response time to all incidents.

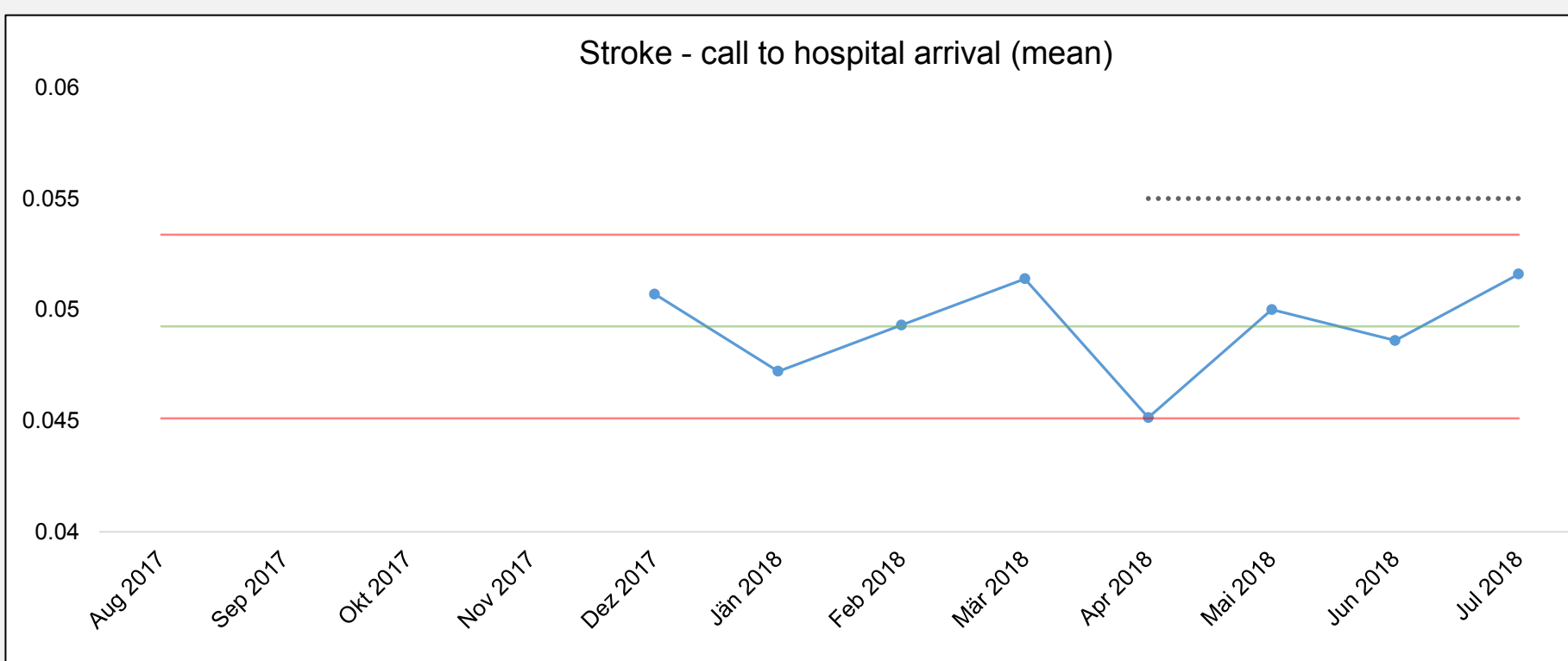
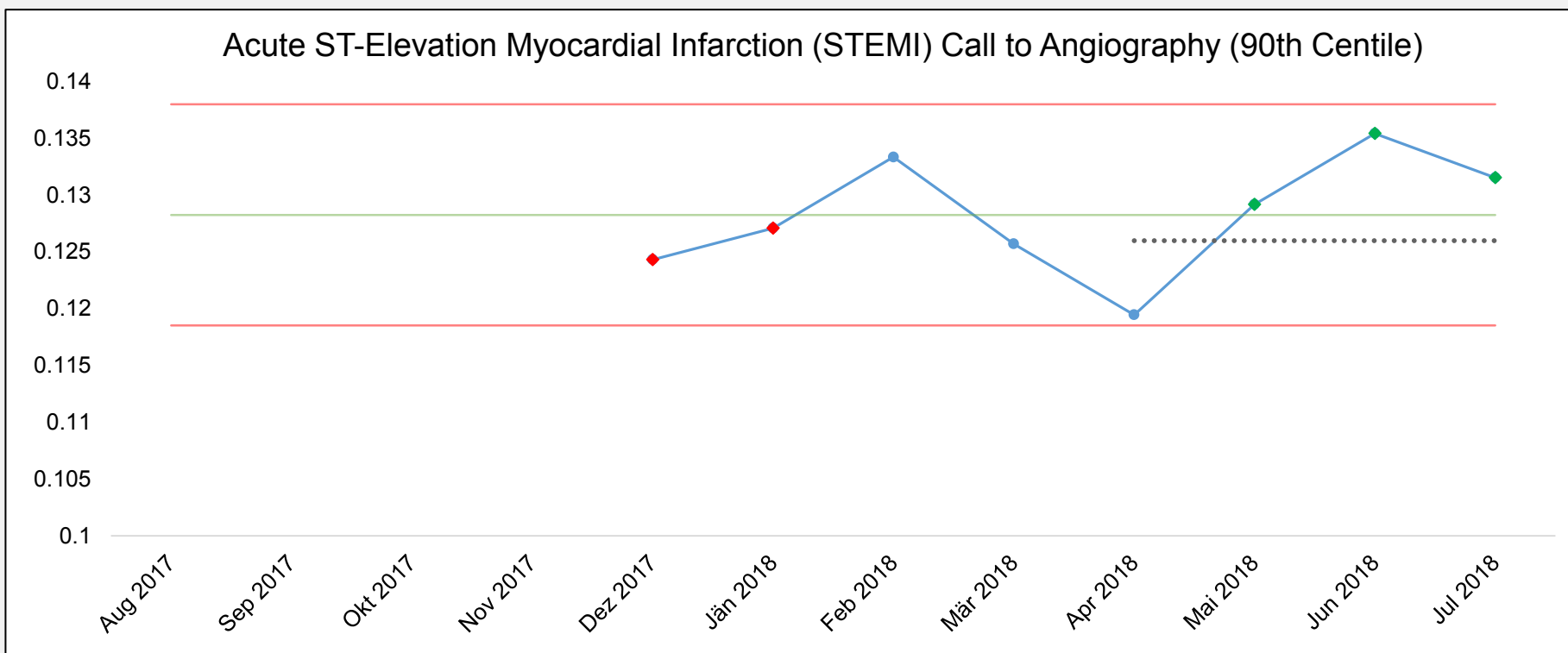


The acute STEMI care bundle shows sustained improvement. Plans to improve this further include a refresher training in the Key Skills programme, the procurement of an electronic Clinical Audit system that will give individual clinicians and their managers access to performance data and changes to our paper and electronic patient records to discourage documentation omissions.

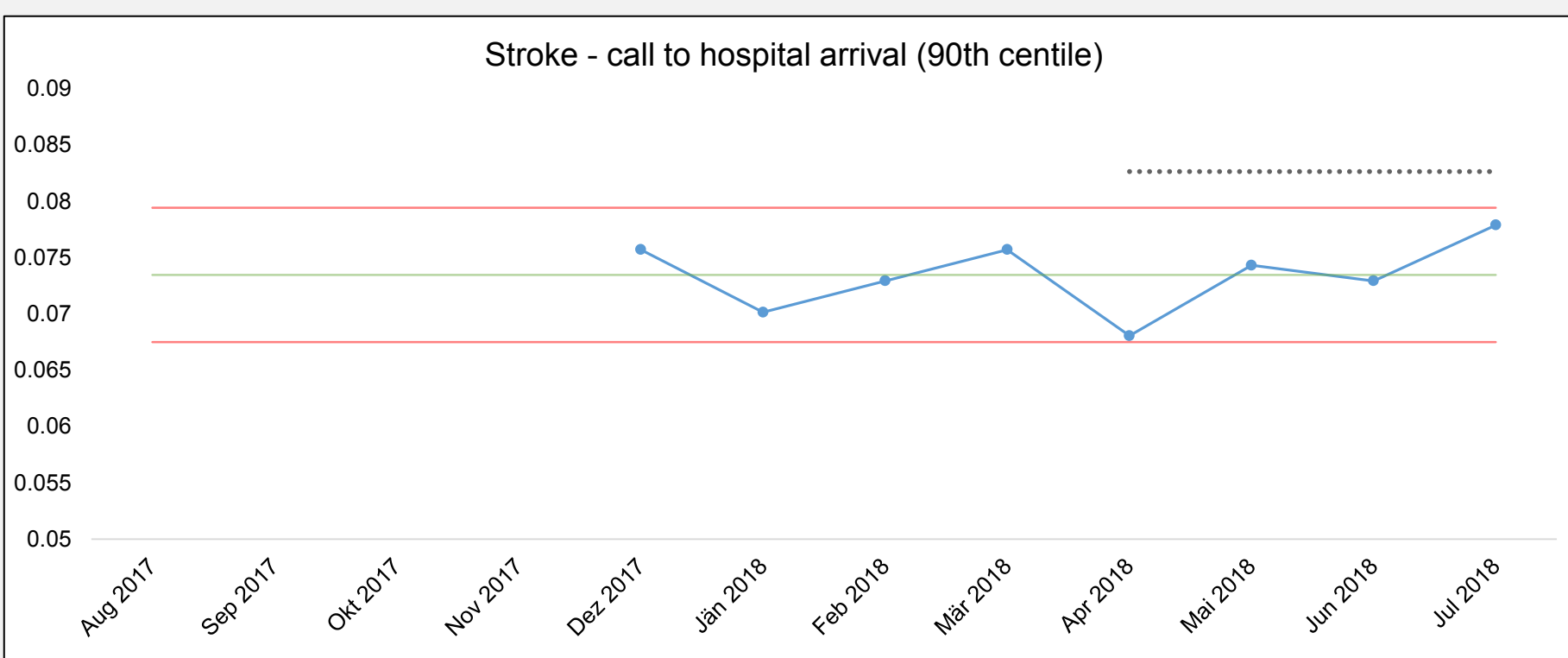
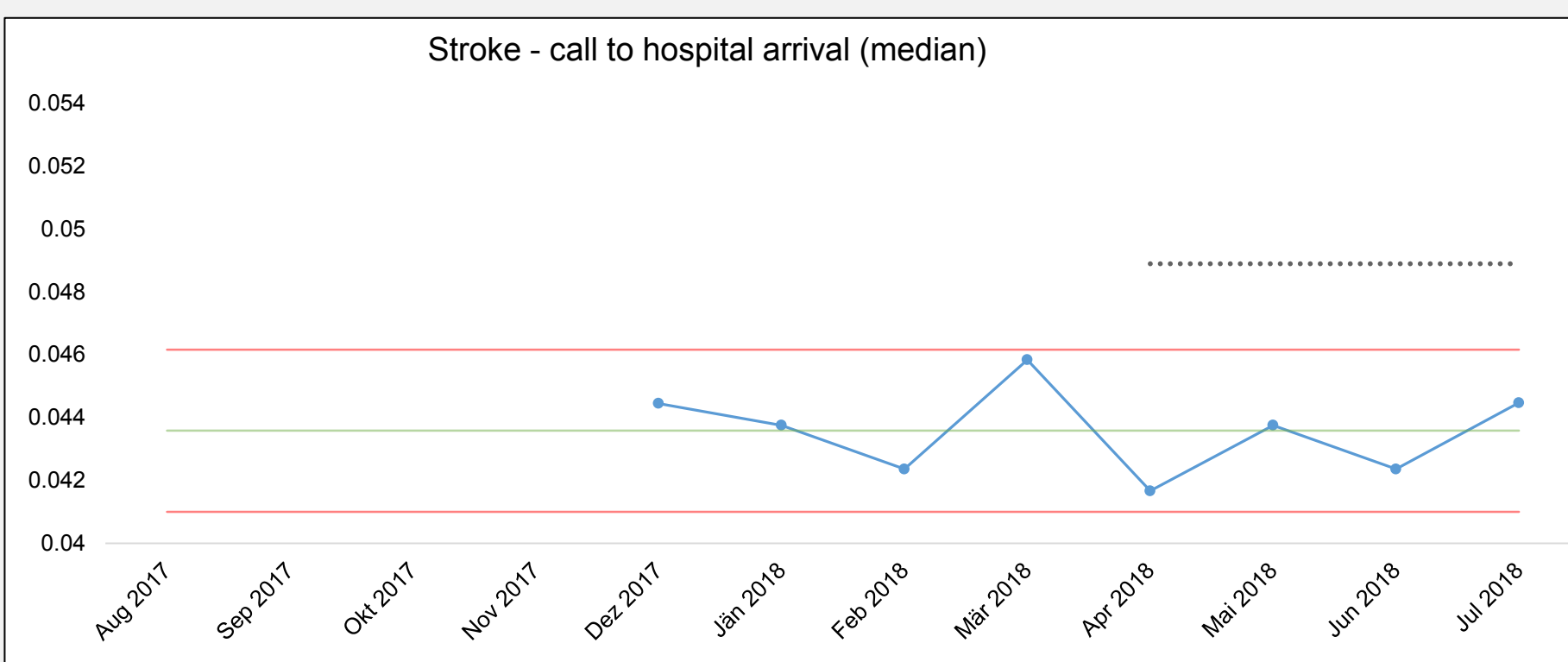
SECamb Clinical Safety Charts



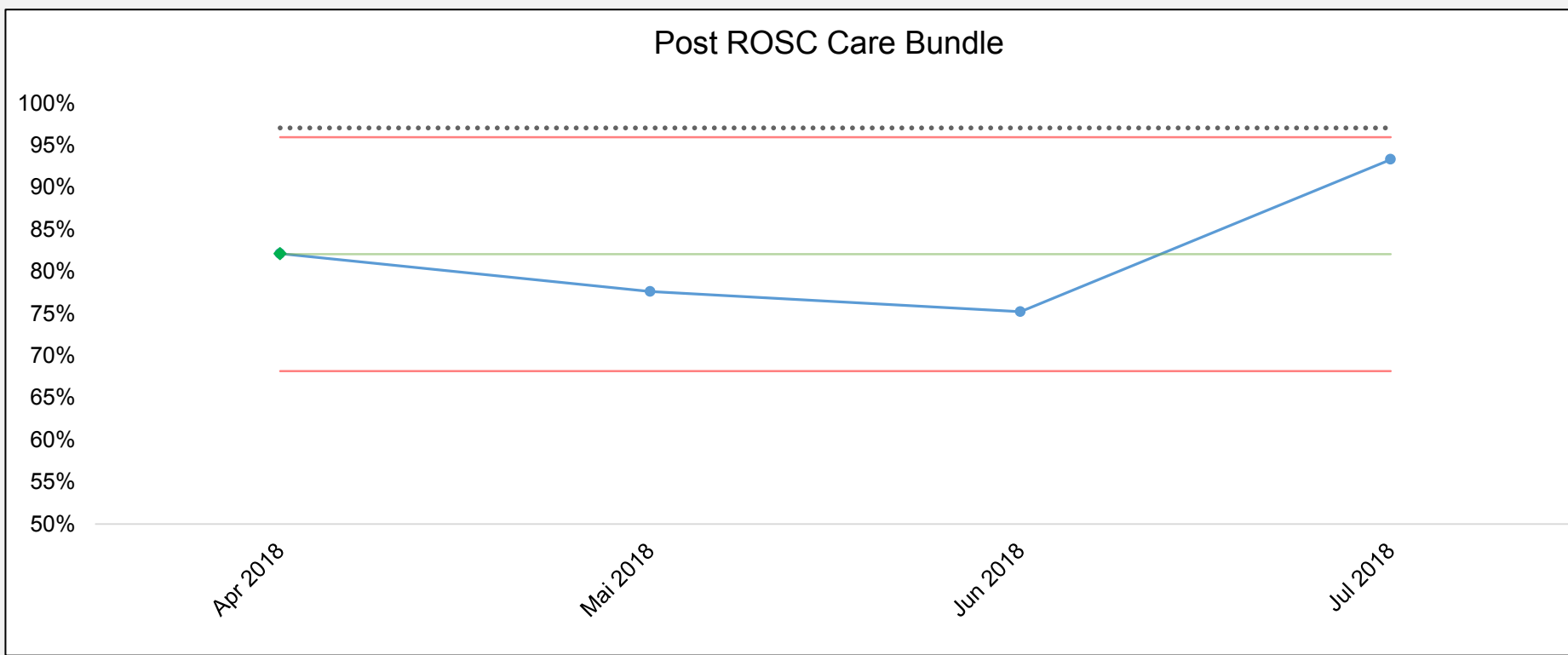
Our call to angiography timeliness measures continue to show normal patterns of variation. We continue to perform in line with the national average. The Trust plans to improve performance against this measure by increasing our focus on reducing on scene times. A focus on the 10:10:10 approach will be made in Key Skills 19/20. This approach gives clinicians 10 minutes to assess the patient and decide the management plan. 10 minutes to remove the patient to the vehicle and 10 minutes to depart from scene.



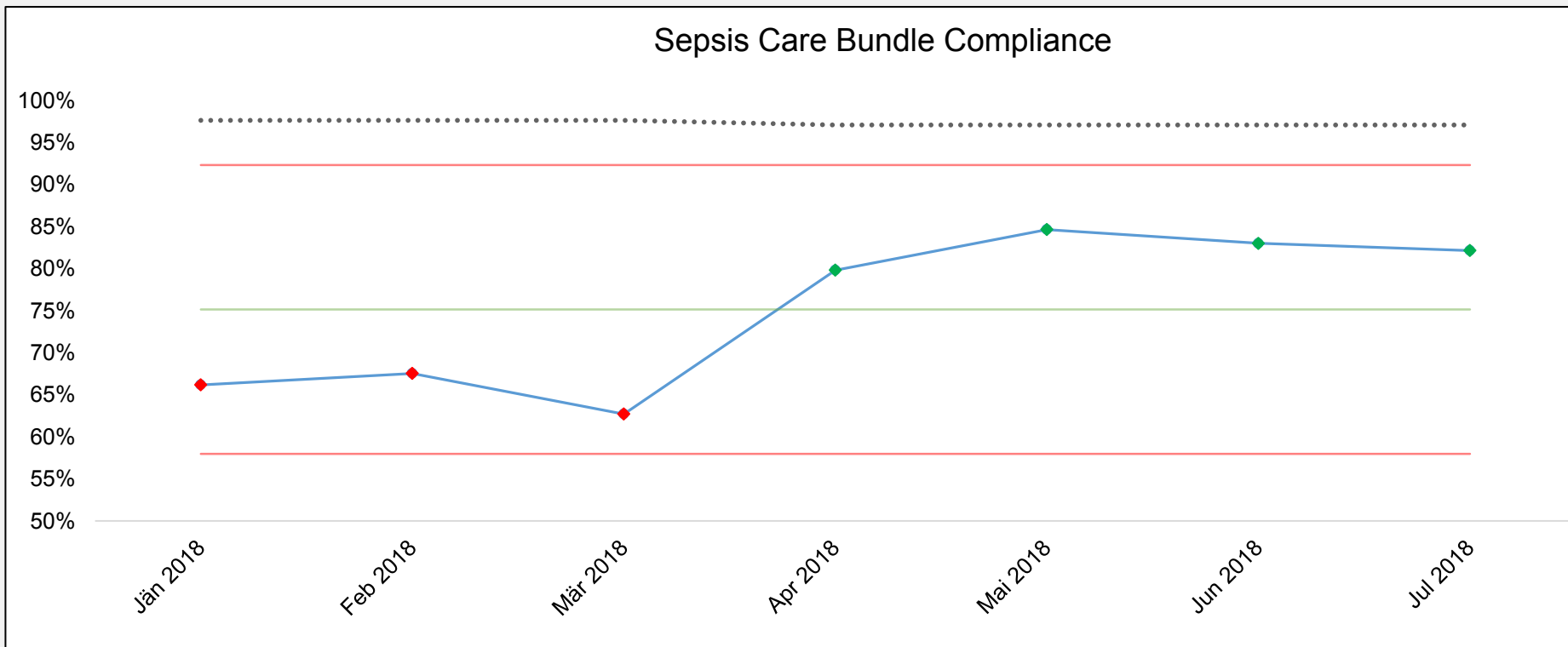
Our stroke timeliness data continues to show normal patterns of variation. Our average call to hospital time is still more timely than the national average. A focus on the 10:10:10 approach will be taken in Key Skills 19/20.



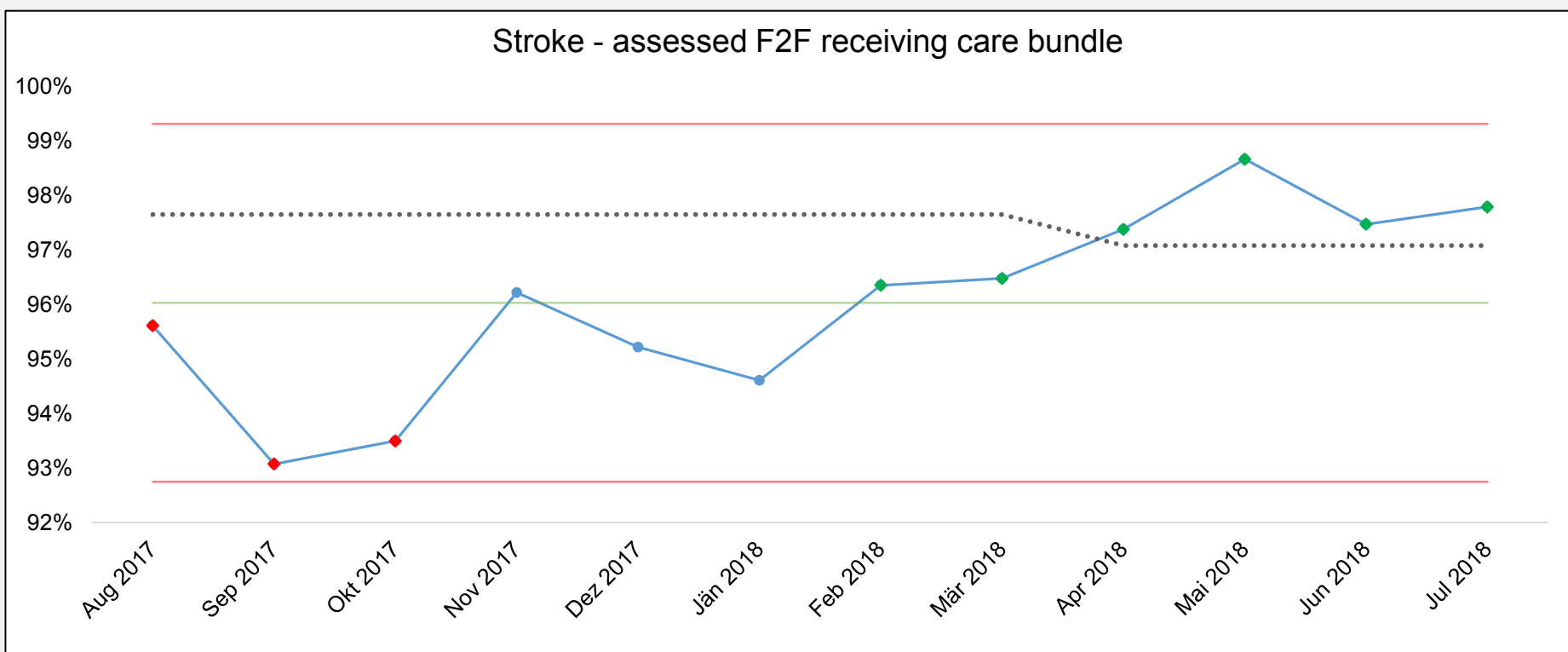
SECamb Clinical Safety Charts



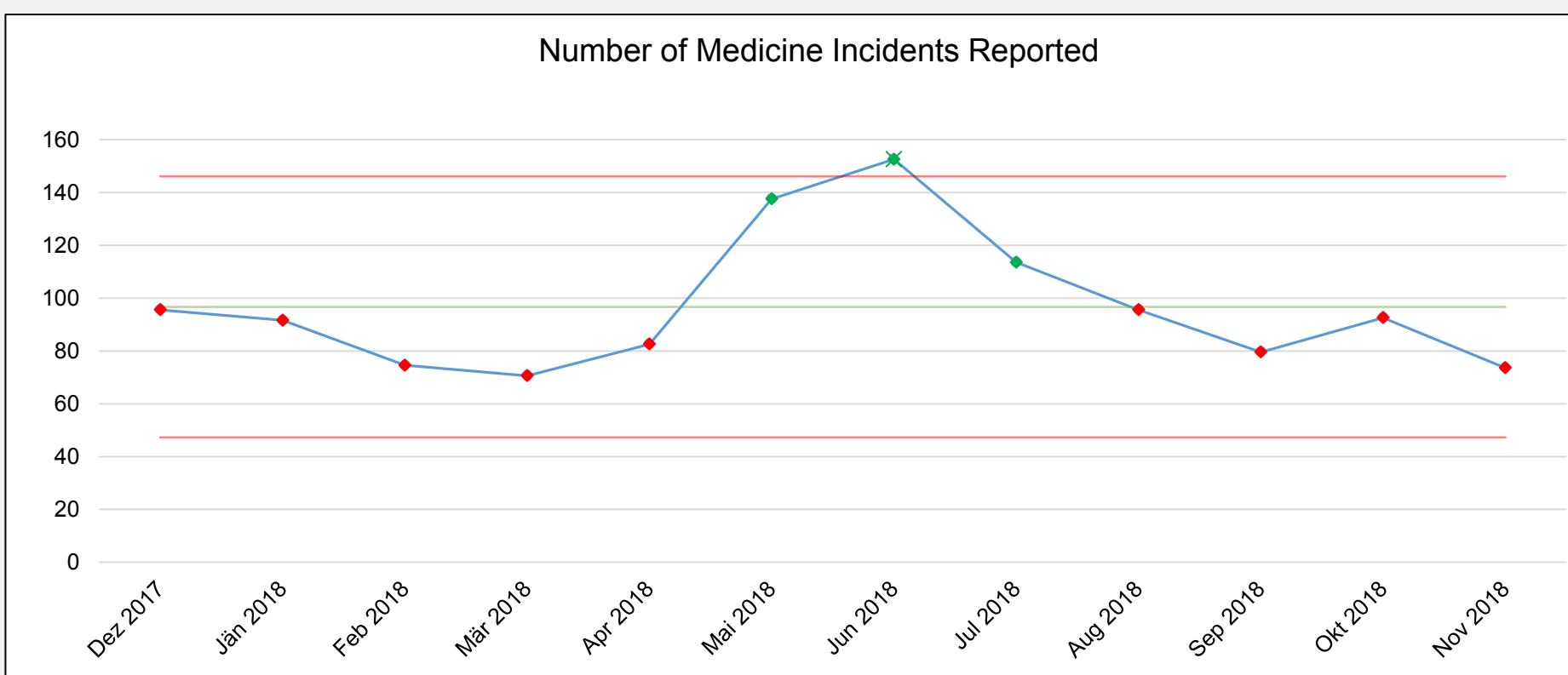
The post-ROSC care bundle continues to show normal patterns of variation. The Trust continues to be one of the highest performing Trusts nationally against this measure.



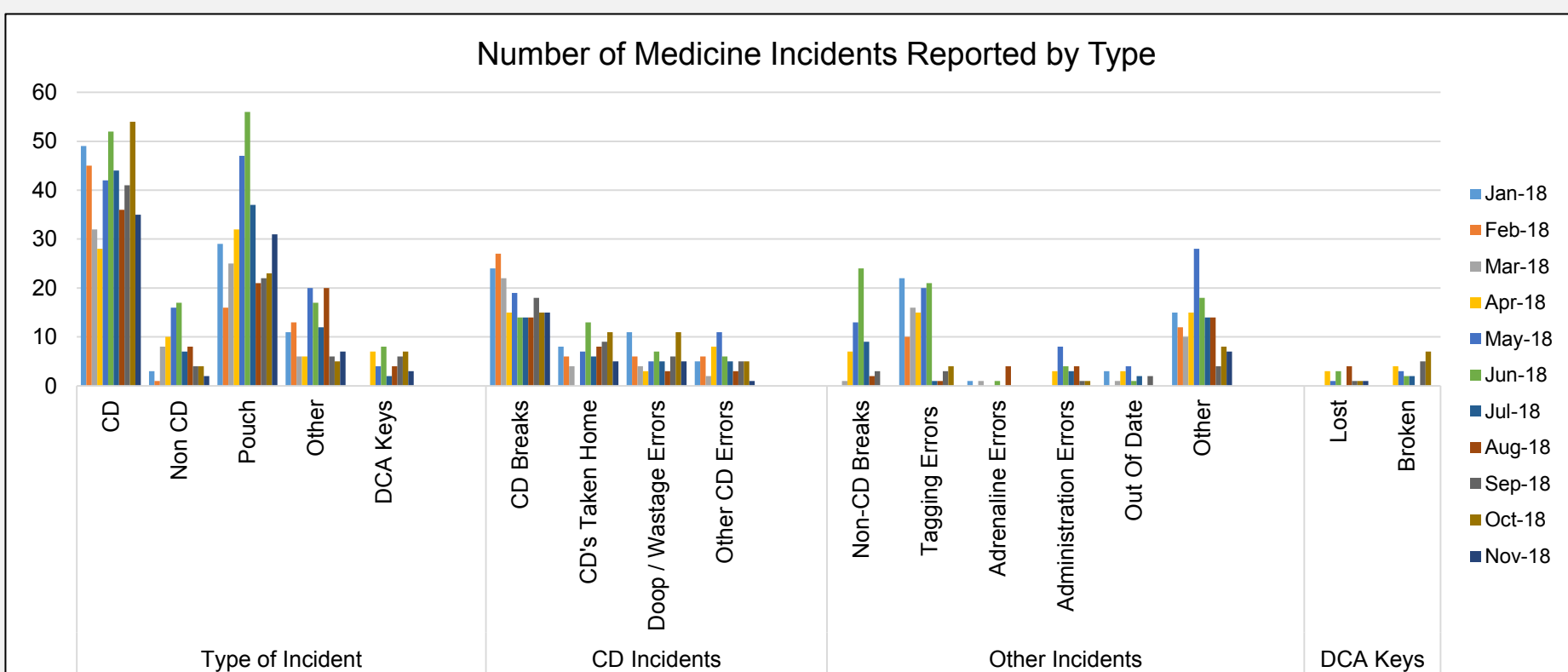
The sepsis care bundle continues to show normal patterns of variation. The Trust continues to be one of the highest performing Trusts nationally against this measure. Performance against this measure would be improved with consistent documentation of pre-alert calls. An improvement is expected following forthcoming changes to our vehicle's mobile data terminals which will soon prompt crews to select whether a pre-alert call was provided, every time they clear from hospital.



The Stroke Diagnostic Bundle shows sustained improvement and continued performance above the national average. Plans to improve this further include a refresher training in the Key Skills programme, the procurement of an electronic Clinical Audit system that will give individual clinicians and their managers access to performance data and changes to our paper and electronic patient records to discourage documentation omissions.

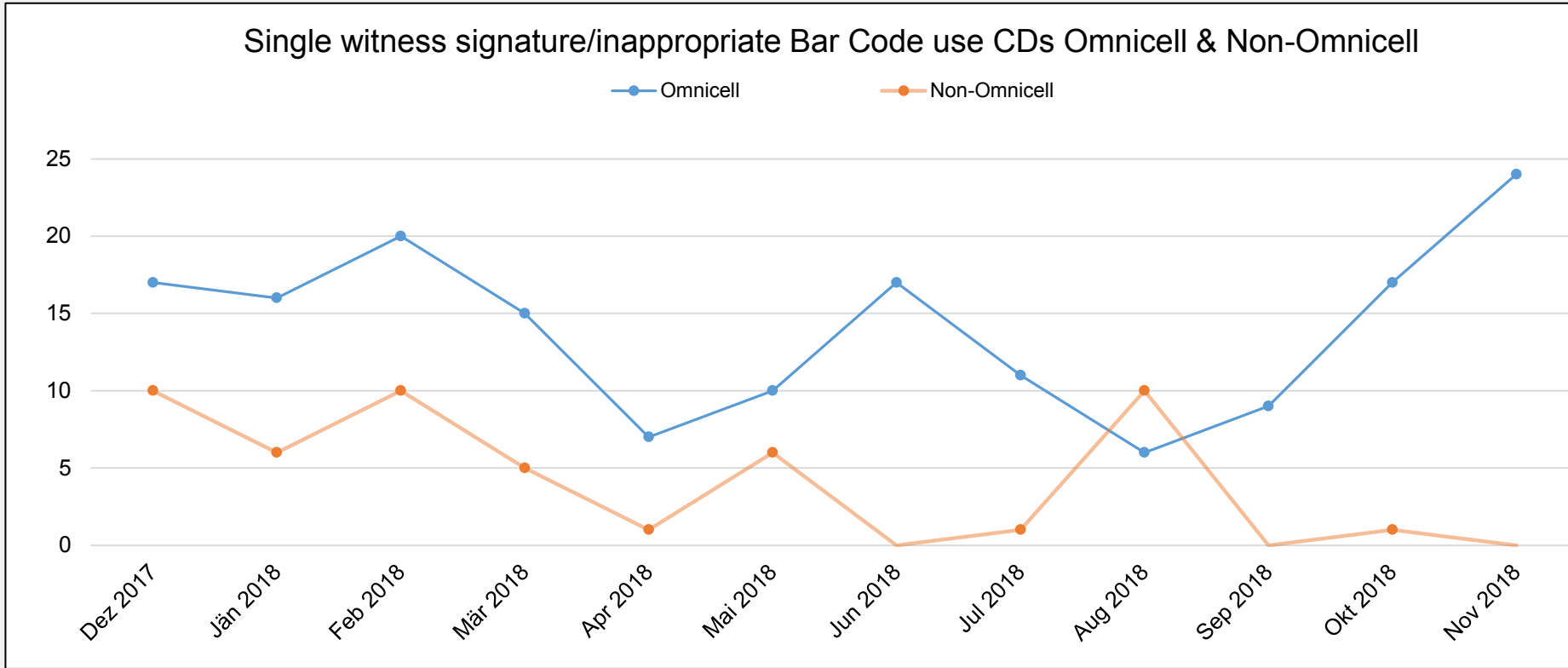


79 medicines incidents recorded in November 2018. This is a reduction on previous months. Staff are encouraged to report medicines incidents. There are still incidents occurring where staff take Controlled Drugs home at the end of their shifts. Eight incidents were reported in November 2018 around this activity. A process is in place to ensure the drugs are returned without delay, and medicines team are monitoring trends in this area. There was 15 CD breakages recorded for the month of November. 31 of the incidents reported were in relation to medicines pouches and incorrect tagging, missing medicines or incomplete pouch paperwork. This is currently under reported by staff. There was 2 incidents reported in November where medicines were not available for our patients due to incorrect tagging of pouches.

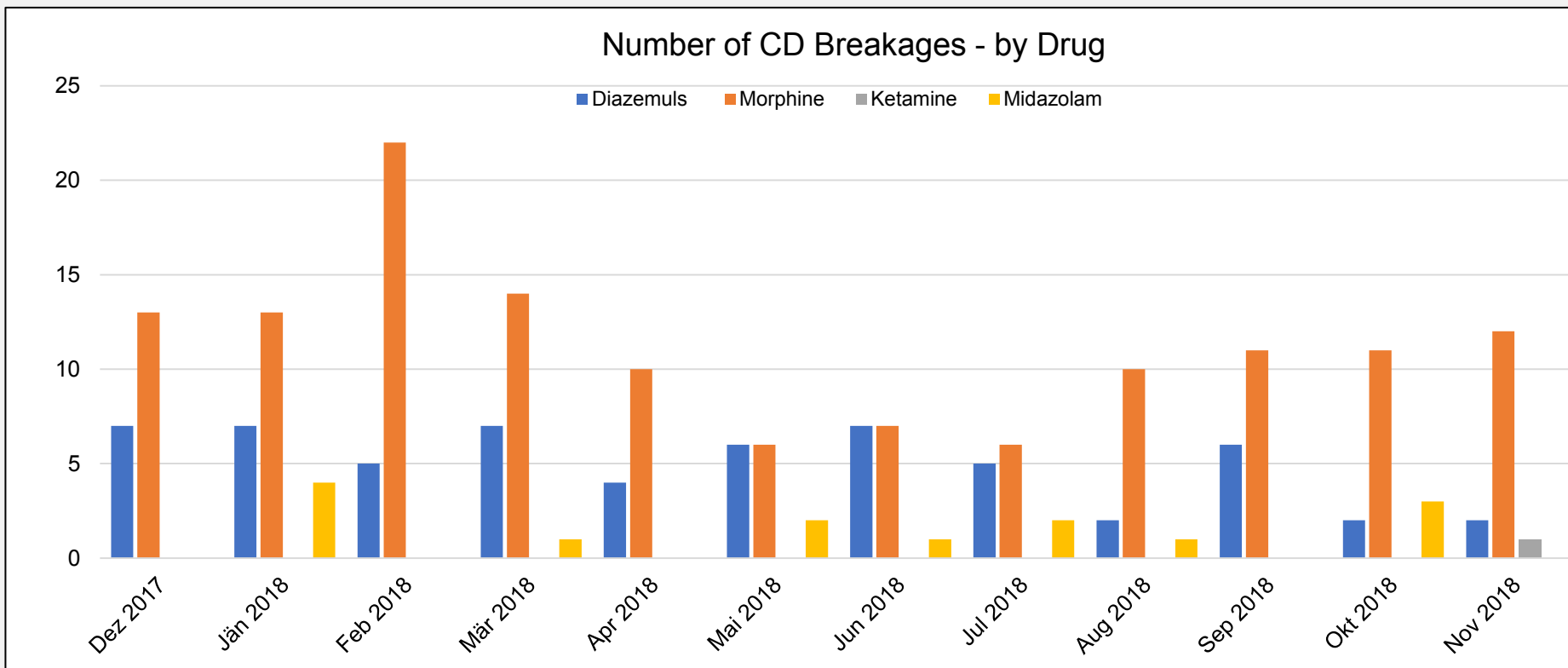


This relates to graph above. SOP compliance around CDs continues to be reported well. Tagging errors, breakages and incomplete paperwork with medicines pouches continue to be reported by operational staff, however it is under reported. More work is required around encouraging staff to report more and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

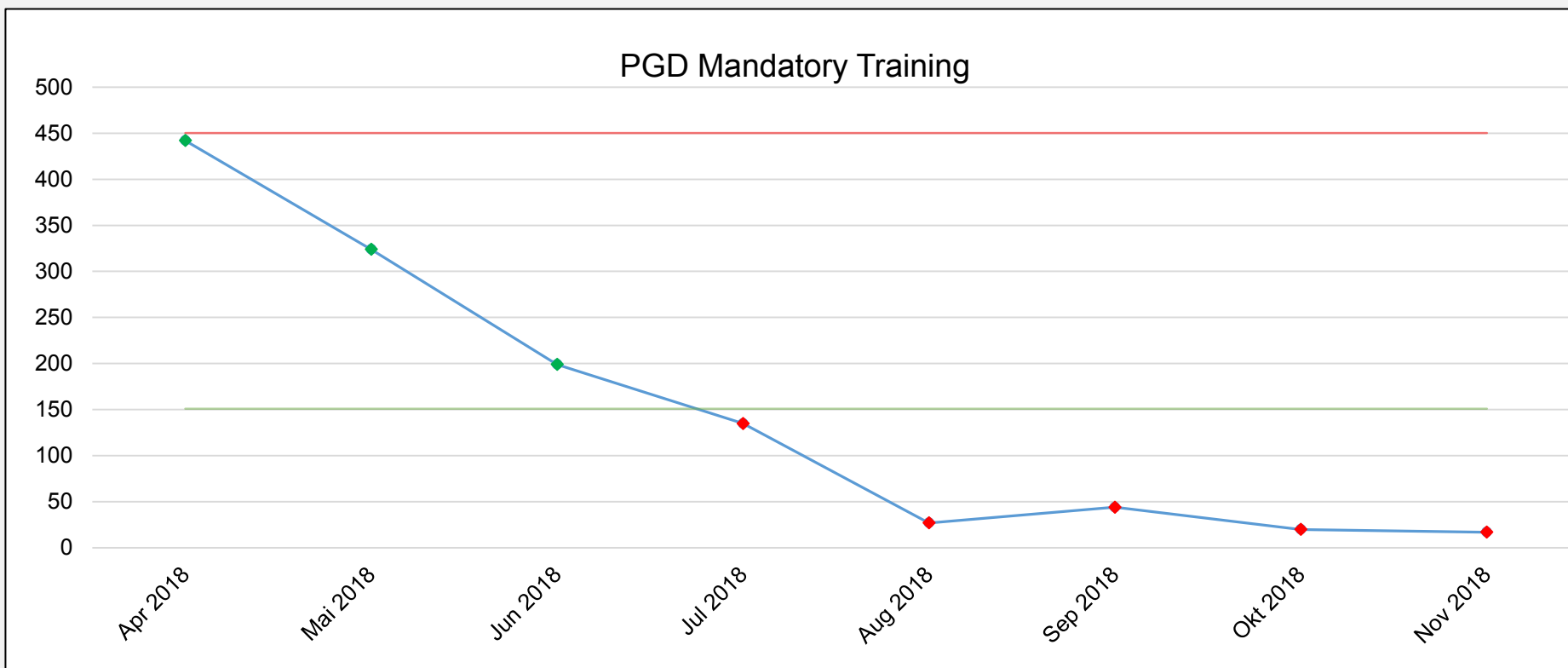
SECamb Clinical Safety Charts



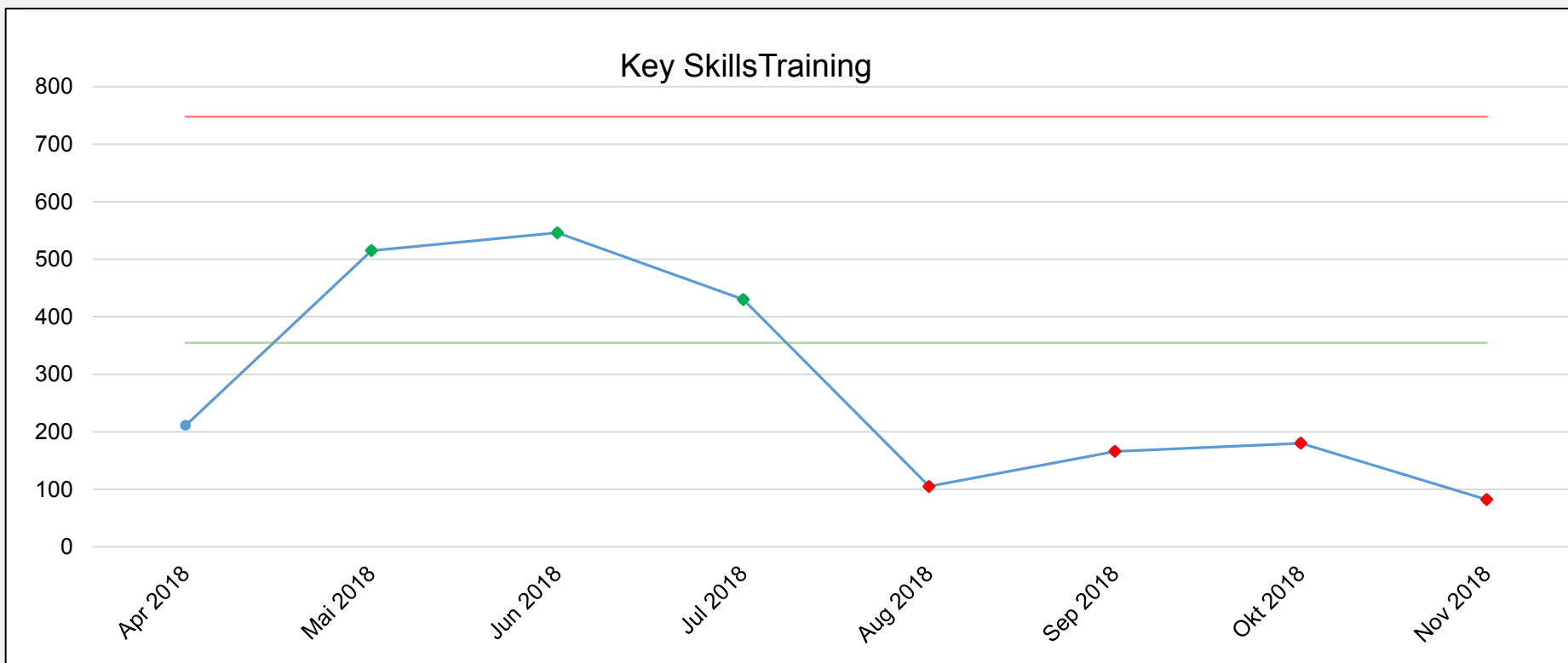
Weekly reports from the medicines governance team are sent to the OTLs on Omnicell sites to confirm the single signature is authorised. Medicines Governance Team rely on the OTLs reporting on this CD activity for non-Omnicell sites. OTLs are encouraged to complete a DIF1 for all unauthorised single CD signatures. The Trust is seeing improvement in the use of single signatures as operational sites look to reduce this activity



As a Trust we have seen significant improvement in CD breakages. All CD breaks are reported via DIF1 and CD registers updated. Midazolam and ketamine are only available to CCPs whereas morphine and diazemuls are used by all Paramedics. November 2018 saw 15 CD breakages. Breakages occurred in the following areas. 8 broken during issue/return, 4 dropped accidentally and 3 shattered whilst opening



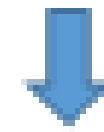
Total headcount PGD Mandatory Training completed to date (1208) 85.13%



Total headcount Key Skills Training completed to date (2235) 70.71%

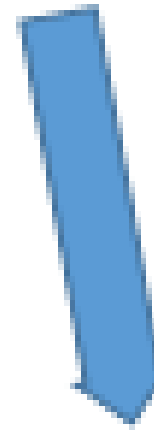
Analysis of Cardiac Arrest Data – July 2018

Total number of cardiac arrests identified = 560



Number of resuscitation attempts = 219
excluding DNACPR 81, DOA 251, No Resus by SECamb 5,
 Post arrest 1, ADRT 3

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) = 31 (14.2%) Cardiac Arrests (All incidents) = 219 (100%)

ROSC sustained to hospital (Utstein)
 = 14 (46.7%) + 1 non ROSC

ROSC sustained to hospital (All) = 63
 (28.8%) + 8 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients		
Utstein	Details	Overall
8	Patient survived to discharge	18
5	Patient died in hospital	48
0	Patient still in hospital*	0
2	Outcome unknown (Patient identifiable data incomplete)	5

Survival to discharge is calculated as a percentage of the Overall or Utstein figures

minus any incident missing patient outcomes (as detailed * above)

Survival to Discharge (Utstein) = 8 (28.6%)

Survival to Discharge (All) = 18 (8.4%)

Additional Information – Resuscitation Attempts

Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	113 (52%)	19	5
PEA	48 (22%)	11	1
VF	50 (23%)	28	1
Non-shockable	0 (0%)	0	0
Not recorded	8 (3%)	5	1

CPR Bystander - 131

EMS Witnessed arrest - 27

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

Analysis of Cardiac Arrest Data by area - July 2018

Number of resuscitation attempts = 219

Cardiac Arrests (Utstein) East = 20 (9%)	Cardiac Arrests (All) East = 123 (56%)
Cardiac Arrests (Utstein) West = 10 (5%)	Cardiac Arrests (All) West = 96 (44%)
ROSC sustained to hospital (Utstein) East = 9 (45%) + 0 non ROSC	ROSC sustained to hospital (All) East = 35 (28%) + 4 non ROSC
ROSC sustained to hospital (Utstein) West = 5 (50%) + 1 non ROSC	ROSC sustained to hospital (All) West = 27 (28%) + 4 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients

Area	Utstein	Details	Overall
East	6	Patient survived to discharge	13
West	2		5
East	2	Patient died in hospital	23
West	3		25
East	0	Patient still in hospital*	0
West	0		0
East	1	Outcome unknown* (Patient identifiable data incomplete)	3
West	1	Outcome unknown* (Patient identifiable data incomplete)	2

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 (32%)	Survival to Discharge (All) East = 13 (11%)
Survival to Discharge (Utstein) West = 2 (22%)	Survival to Discharge (All) West = 5 (5%)

Mental Health Care (November 2018 data)

Rag Ratings:

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

Overall RAG Rating = 

The mental health indicator has been rated **GREEN** as the mean response measures are **on balance** within Cat 2 standard.
 Cat 2 = 00:18:50
 90th Centile= 00:39:31

Mental Health Response Times (Section 136 MHA)

During November 2018 there were 120 Section 136 related calls to the service. 110 (91.6%) of these calls received a response (compared to 86.3% in October) resulting in a conveyance to a place of safety by an ambulance of 104 calls (86.6%) (compared to 82.5% in October) on these occasions.

The overall performance mean shows a response time across the service as 00:18:55 for November (October 00:18:50). Against the 90th centile measure, the response was 00:38:27 (October was 00:39:31).

There were 3 transports of under 18's in November (7 during October).

There were 10 occasions when SECAmb did not provide a response. This is down from 18 in October. 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 3	Total responses 3	Total transports 2
	Performance Mean 00:00:24.41	90 th centile 00:36.12	
Cat 4:	Total calls 0	Total responses 0	Total transports 0
C60 HCP:	Total calls 6	Total responses 2	Total transports 1
	Performance Mean 00:31:29	90 th centile 00:42:43	
C120 HCP:	Total calls 0	Total responses 0	Total transports 0
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. Procurement for an IT solution that will improve this figure has commenced.

Medicines compliance to safe and secure handling weekly audits by Operational Team Leaders (OTLs) for ranged between 79% and 100% on station sites for November 2018. The Trust average for compliance was 94.04%. Eleven stations achieved 100% each week for November. 5 sites missed a weekly report in November. The monthly audits have remained at 100% for those submitted by the OUMs. Compliance for the monthly checks was 93%.

Infection Prevention Control: Hand Hygiene (HH) compliance was above the compliance target this month at 94%, which is due to the new 3R's for hand hygiene procedure and staff understanding of it compared to the Five Moments for Hand Hygiene previously used. Clinically Ready was also above target again for the month at 97%. A total of 302 audits were carried during the month compared to 235 last month. Make Ready Centre (MRC) and Vehicle Preparation programme (VPP) Deep Clean rates were both fell below the 99% target for the month and VPP was only 88% with Surrey West only achieving 73% completion. Polegate MRC was very low at 53% due to staffing issues. Infection Prevention and Control (IPC) Level 2 training showing as below the monthly target of 91% this month and currently stands at 82%. Environmental Cleanliness audit completion was 80% for the month, so we still need to improve on the monthly completion rates. The IPC Lead will email all areas and ask that these audits are completed for November. Compliance was 77% against the 85% target. The IPC and Estates Team continue to hold a monthly meeting with the contractors to discuss any concerns raised locally in regard to cleaning standards.

Safeguarding referral rates continue to increase (currently a 8% increase compared to December 2017). Training on Level 2 child safeguarding for all operational staff is 79.19% and for Level 2 adult safeguarding (both e-learning) is 80.14% (increased from 58% in July).

Incidents: There have been 31 more incidents in this reporting period. The additional reporting being undertaken to track tail audit data in relation to not sending ambulance resources has generated a number of incidents which have increased reporting in the past month. Reporting is reaching levels similar to those reported under the winter pressures of 2017-2018. Incident reporting remains above the 20% increase in incidents that the Trust has set itself under the improvement plan. Backlogs associated with allocation to an investigator continue to increase with 177 now over due. The Datix department is working with the Quality Improvement Hub to reduce the number of overdue incidents in this area which has mainly been effected by the high number of tail audit incidents not being moved to being investigated. The deadline for completion of investigations is 20 working days. The figure has stabilised at around 216 in November 2018.

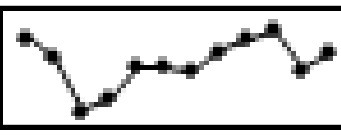
Serious Incidents (SIs) and Duty of Candour (DoC): 12 SIs were reported in November (2 in October). 52 SIs were open on STEIS at the end of November (56 in October). A decrease to 23 (from 27 in October) were overdue for first submission to the CCG. 13 incidents were submitted for review at the monthly closure panel, 6 incidents were closed overall in November. 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 79 complaints in November, a substantial drop from the 94 received in October and against a monthly average for the year of 95 (01/12/17 to 30/11/18). There were 93 complaints closed, with 59% upheld in some way. The top three complaint subjects were staff behaviours where complaints increased to 38 from 21 in October; timeliness where there was also an increase from 18 to 21; however, patient care decreased from 35 to 29. Falls continues to be the top theme with 16 complaints reported, a slight decrease from October when 17 were reported. Complaints response timeliness performance since the end of January continues, with 97% responded to within the Trust's 25 working day timescale this month. November saw an increase in compliments received 159 against 133 in October, this is above the usual monthly trend of circa 130-140.


STEMI Care Bundle performance for July is at 69.4% (from 75%), which continues below the national YTD average of 76.4%. Stroke Diagnostic Bundle performance is now above the national average (97.1%) at 97.9%.

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.

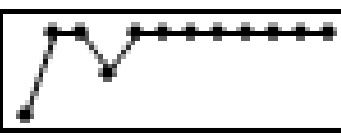
Number of Incidents Reported

	Sep-18	Oct-18	Nov-18	12 Months
Actual	837	716	762	
Previous Year	585	615	665	

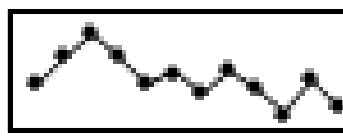
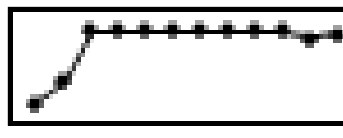
Number of Incidents Reported that were SI's

	Sep-18	Oct-18	Nov-18	12 Months
Actual	8	2	12	
Previous Year	11	6	4	

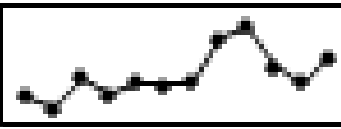
Duty of Candour Compliance (SIs)

	Sep-18	Oct-18	Nov-18	12 Months
Actual %	100%	100%	100%	
Target	100%	100%	100%	

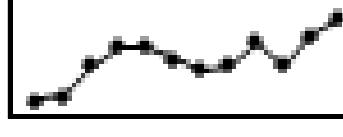
Number of Complaints

	Sep-18	Oct-18	Nov-18	12 Months
Actual	74	96	79	
Previous Year	132	129	107	
Complaints Timeliness (All)	98.8%	92.9%	97.0%	
Timeliness Target	95%	95%	95%	


Compliments

	Sep-18	Oct-18	Nov-18	12 Months
Actual	150	133	159	

Hand Hygiene


	Sep-18	Oct-18	Nov-18	12 Months
Actual %	89%	94%	97%	
Target	90%	90%	90%	

Safeguarding Training Completed (Adult) Level 2

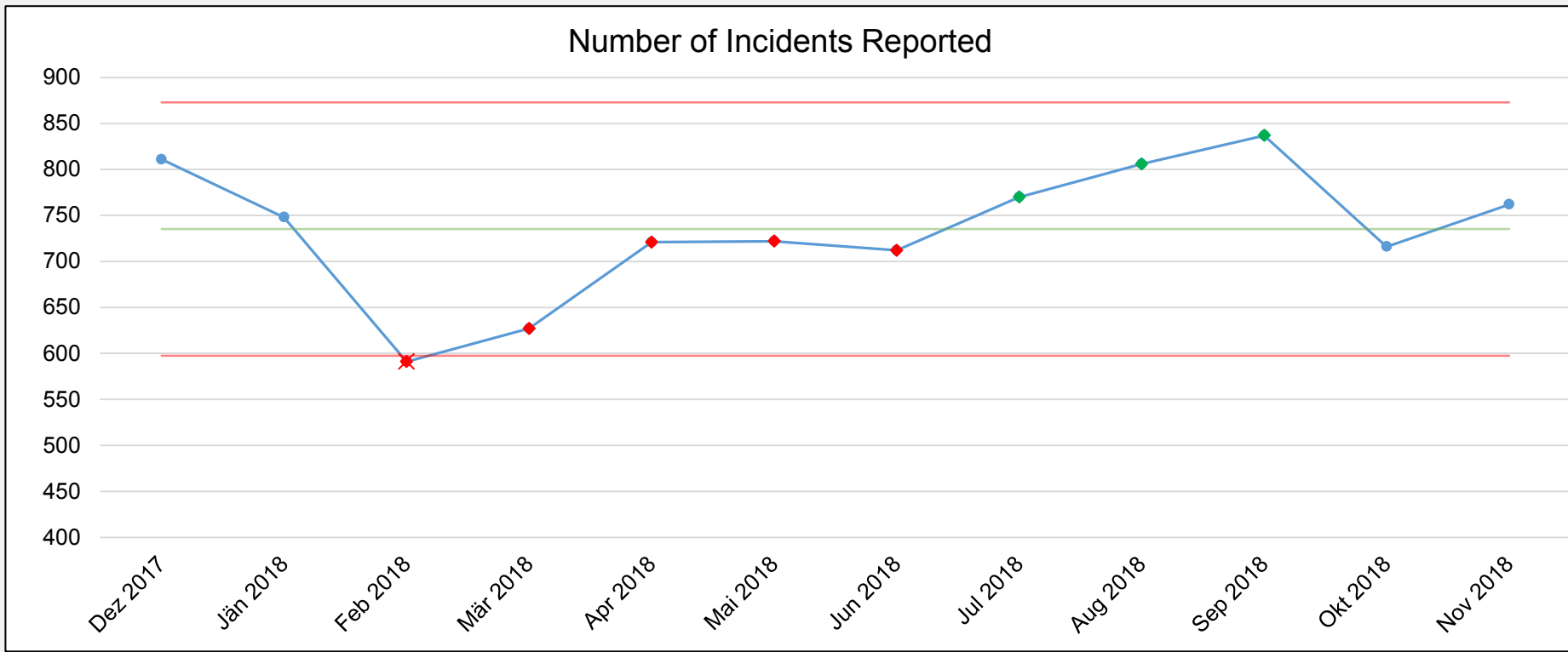
	Sep-18	Oct-18	Nov-18	12 Months
Actual %	77.07%	80.52%	80.14%	
Previous Year %	45.22%	50.82%	55.55%	
Target	85%	85%	85%	

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

Safeguarding Training Completed (Children) Level 2

	Sep-18	Oct-18	Nov-18	12 Months
Actual %	76.20%	79.30%	79.19%	
Previous Year %	46.62%	50.00%	54.70%	
Target	85%	85%	85%	

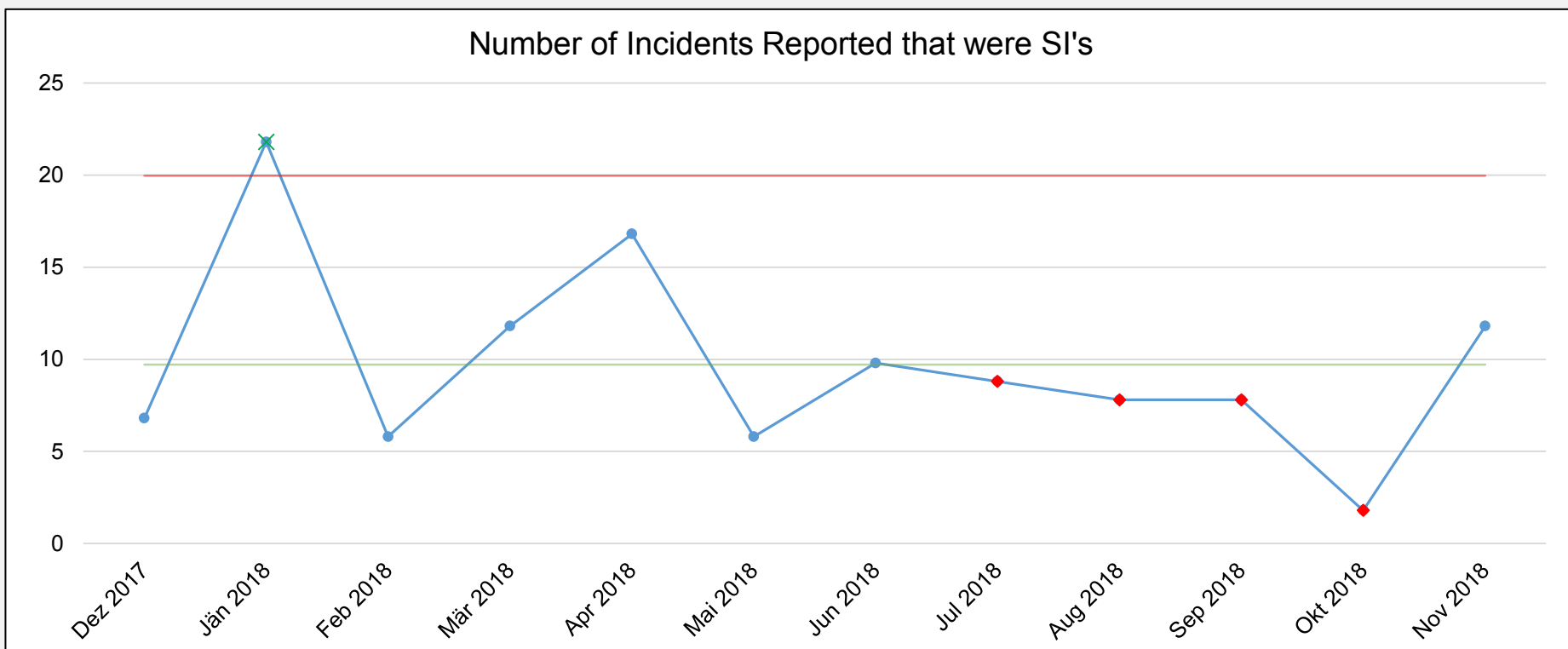
SECAmb Clinical Quality Charts



762 incidents were reported in November. 69 incidents were reported by EOC Clinical with the majority of these being around SMP no send audits. These are compiled for any audit that scores 10 or above.

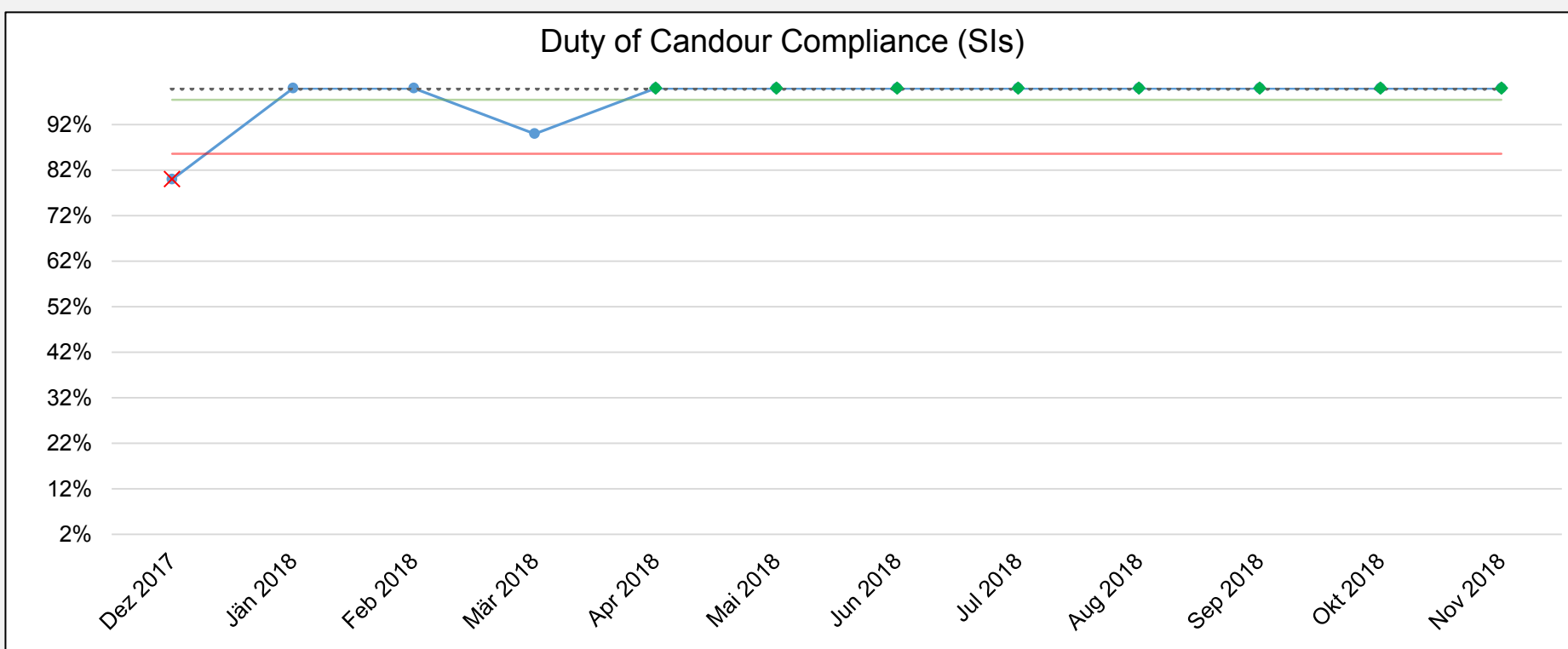
Other notable incidents are around meals breaks and delayed initial resources. In previous months, blue light audits have made up a good proportion of the reports. These were discontinued in November, due to ineffective reporting.

The organisation met the target of 96% of incidents being reported as no/low harm.



12 Serious Incident were reported in November.

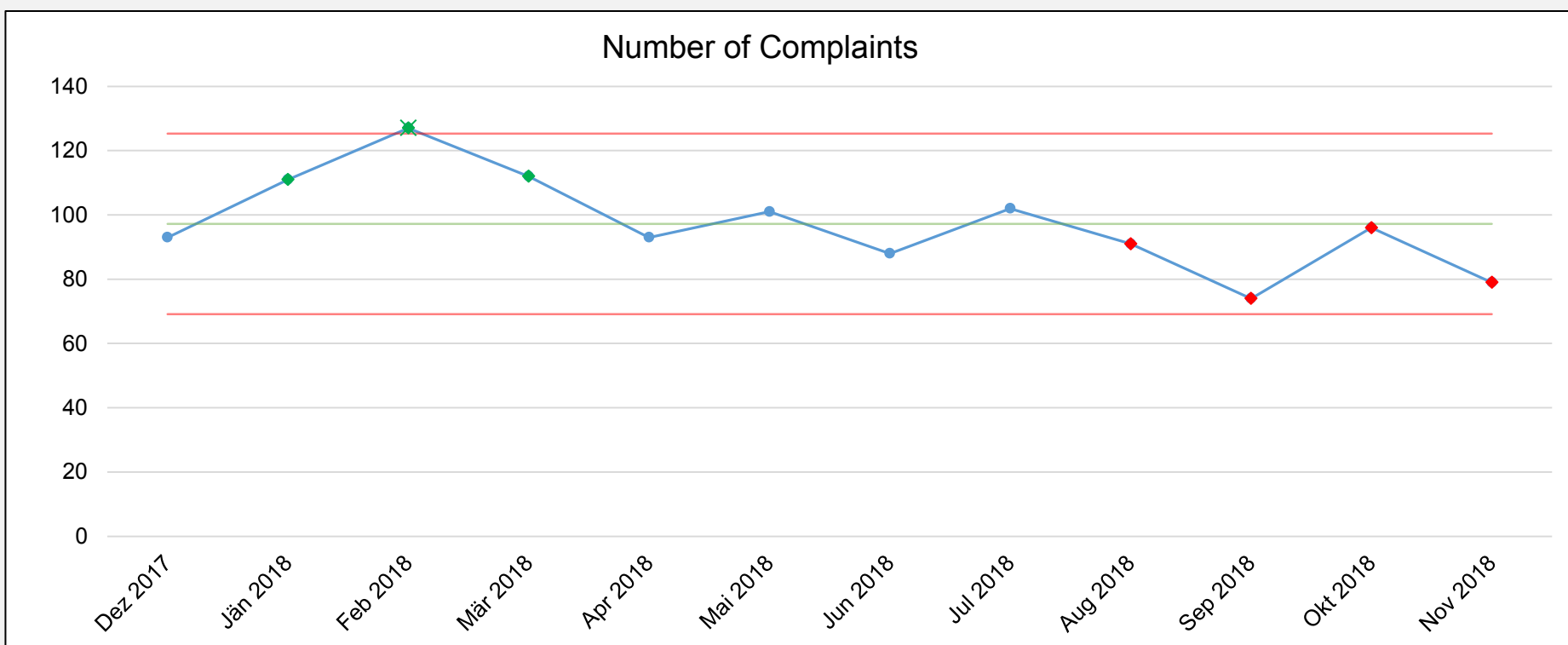
- 5 x Patient Care
- 3 x Timeliness / Delay
- 1 x Attendance Delay
- 1 x EOC Systems
- 1 x Incident affecting Trust
- 1 x Incident affecting Patient/Service User



Compliance with Duty of Candour (DoC) for SIs where DoC was required in November 2018 is: (due in the month)

- SI's reported (where DoC due in November) - 5
- Number where DoC required - 5
- DoC made/attempted within deadline - 5 (100%).

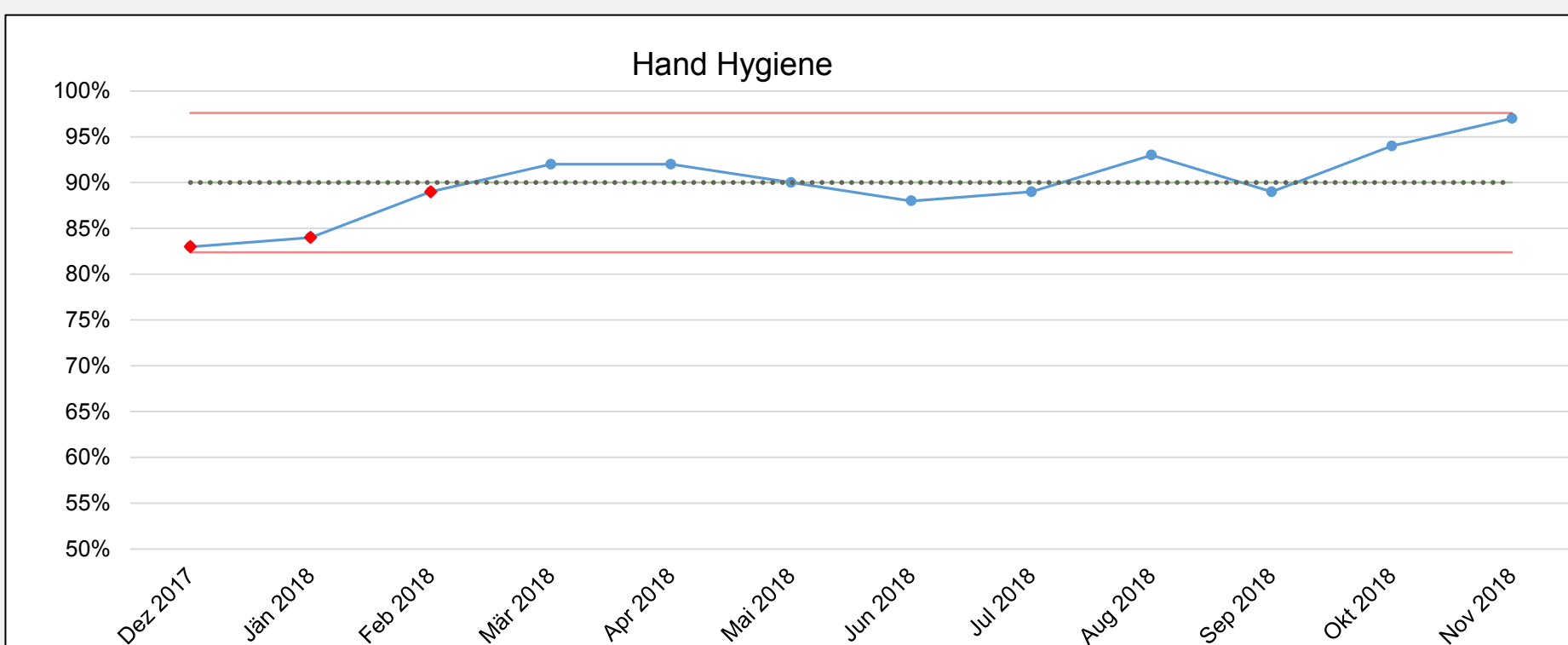
The organisation met the target of 100% of DoC being completed within the 10 working day time scale.



The Trust received and opened 79 complaints in November, a substantial drop from the 94 received in October and against a monthly average for the year of 95 (01/12/17 to 30/11/18).

There were 93 complaints closed, with 59% upheld in some way. The top three complaint subjects were staff behaviours where complaints increased to 38 from 21 in October; timeliness where there was also an increase from 18 to 21; however, patient care decreased to 35 from 29. Falls continues to be the top theme with 16 complaints reported, a slight decrease from October when 17 were reported.

Complaints response timeliness performance since the end of January continues, with 97% responded to within the Trust's 25 working day timescale this month.



November has seen a rise in the number of Hand Hygiene audits completed as well as our best compliance % for the year. The Infection Prevention Team are now able to schedule in more local visits to speak to frontline staff about all IP related issues.

The verified data is not available for this report; it will be included in the next report.

The Health and Safety improvement plan is progressing well. Progress of the improvement plan is monitored every 2 weeks at our Quality Compliance Steering group. In addition to this a Task and Finish group meet every 2 weeks to review progress. The task and finish group consist of key internal stakeholders that contribute to the overall plan.

The Health & Safety team are preparing three new E-learning modules which will be available in April 2019.

Module 1 is a revised version of standard Health & Safety training for all employees.

Module 2 is a Risk Assessment training package which will further assist our Managers.

Module 3 is a specific training package for our fleet staff and is tailored around key hazards which are present in workshop environments.

The annual Health & Safety audit programme has been implemented. The Health & Safety team will undertake a minimum of 10 audits per month. The audit data will become an agenda item for discussion at our Central Health & Safety group meetings.

Violence and Aggression Incidents - See Figure 1 below

Violence and Aggression incidents reported in November were 54 this is an increase of 17 incidents from the previous month. November 2018 Violence and Aggression incidents are a similar amount when comparing to November 2017 V&A incidents.

Manual handling Incidents - See Figure 2 below

Manual handling incidents reported in November were 20 which is a decrease of 2 incidents from the previous month.

Health & Safety Incidents - See Figure 3 below

Health and Safety incidents reported in November were 32 which is a decrease of 7 incidents from the previous month.

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

RIDDOR incidents reported in November were 10 with 5 incidents reported late to the Health & Safety Executive. The internal incident forms were completed late at local level which resulted in the late reports to the HSE. Further improvement work is required to educate our workforce in the requirements to comply with the RIDDOR regulations.

Figure 1

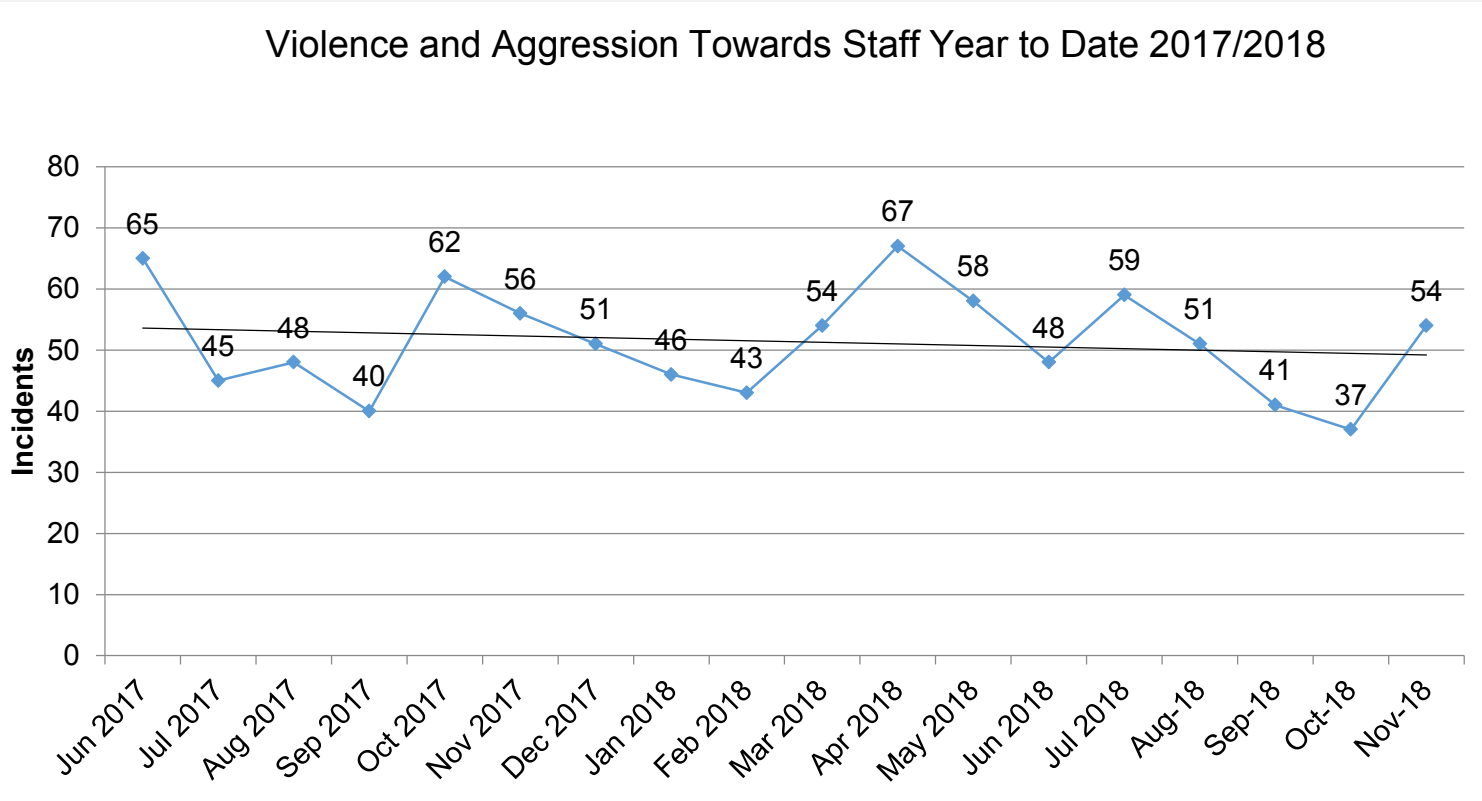


Figure 2

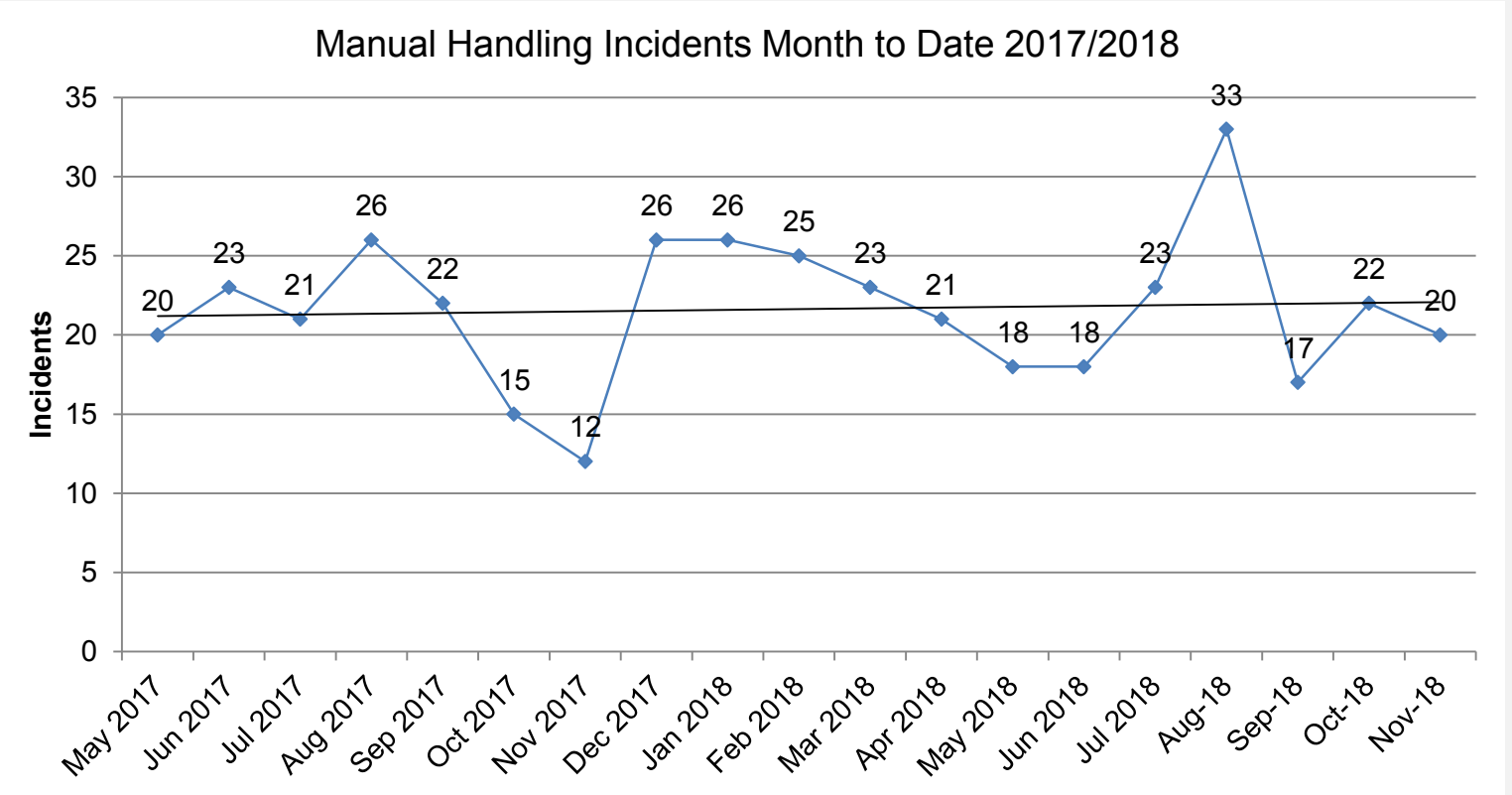


Figure 3

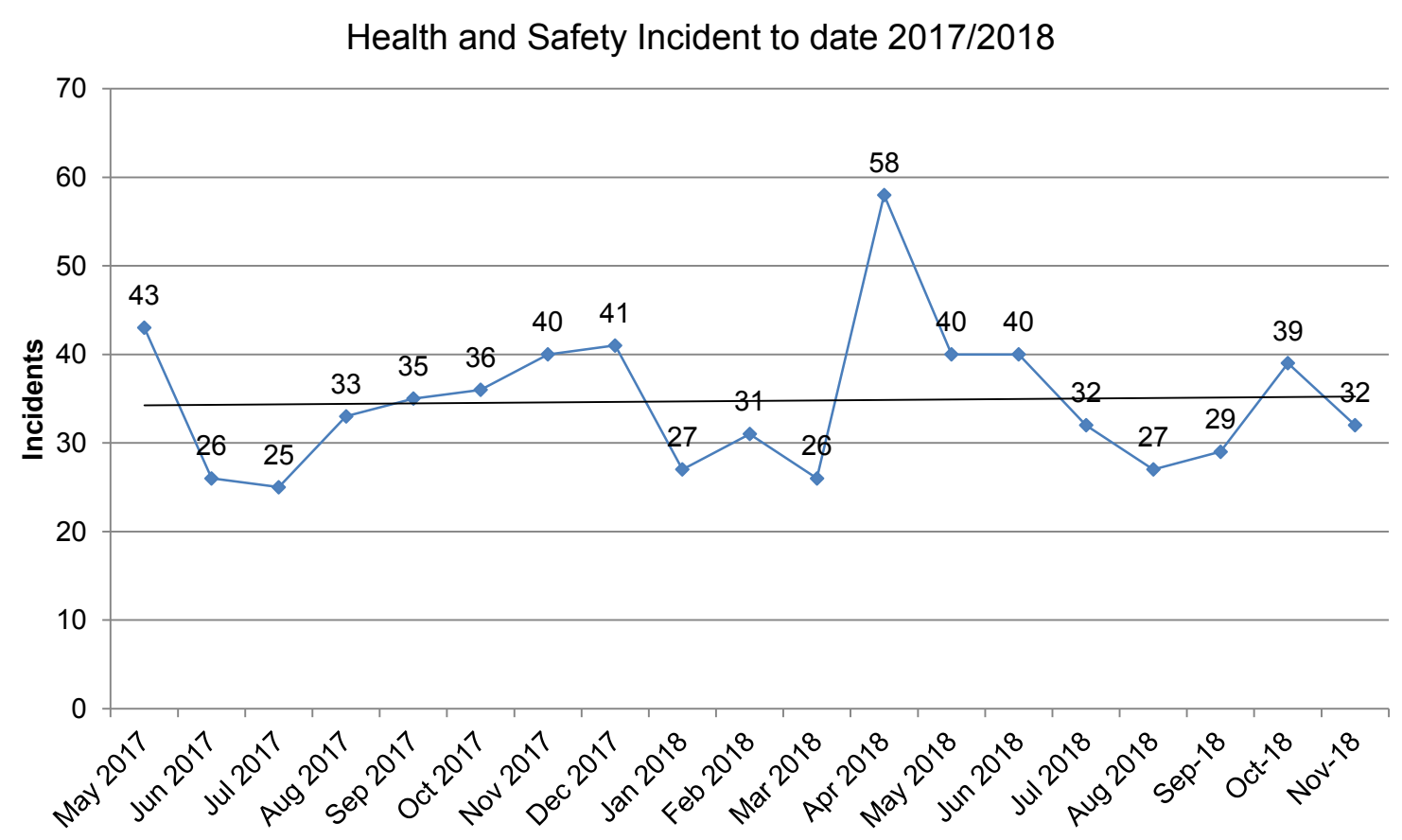
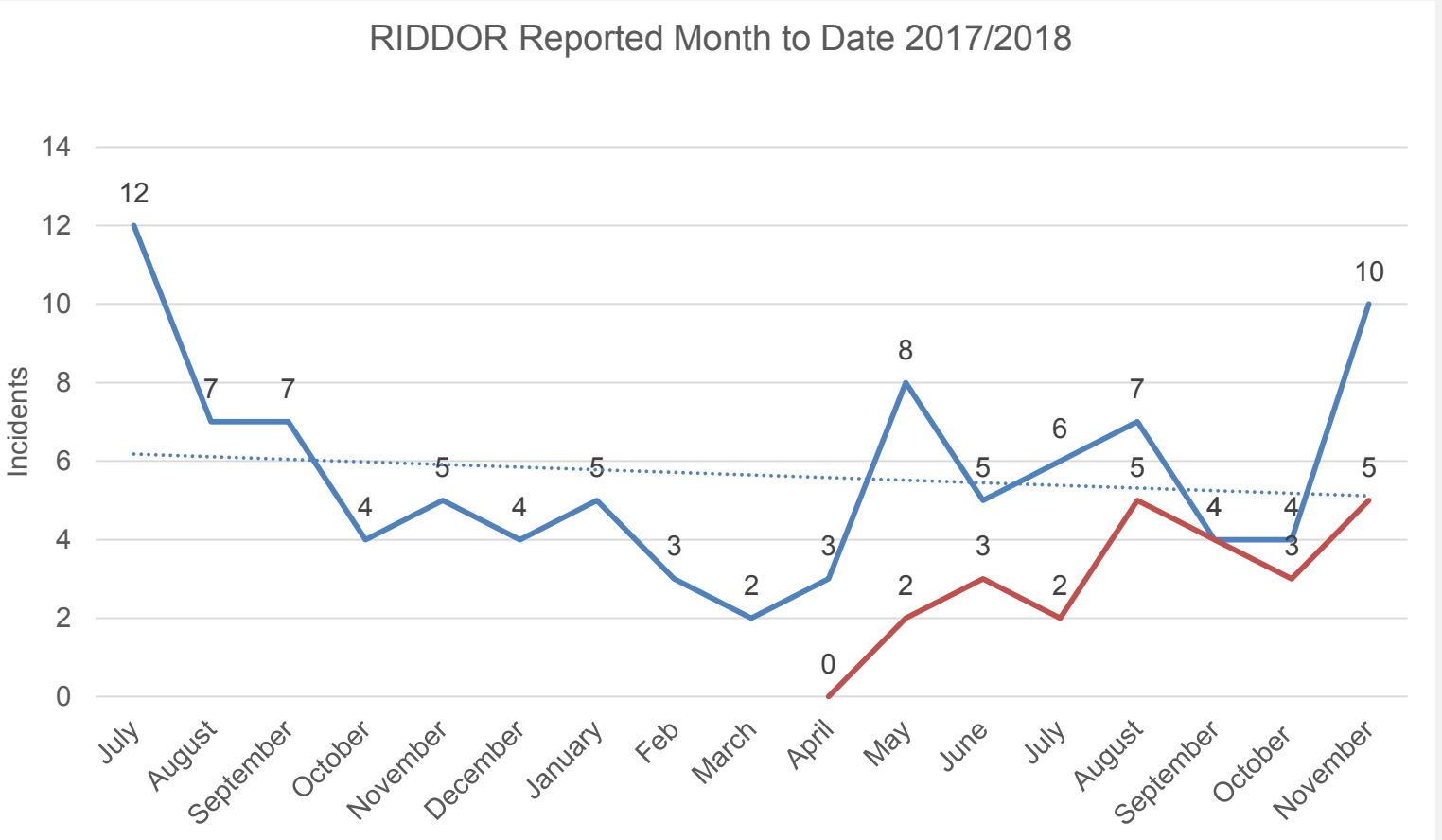


Figure 4



Call Handling

	Sep-18	Oct-18	Nov-18	12 Months
5 Sec Performance (95% Target)	81.8%	85.5%	89.4%	
Mean Call Answer Time (secs)	15	12	8	
95th Centile Call Answer (Secs)	88	71	43	
National Mean Call Answer	8	7	6	
National 95th Centile Call Answer	45	42	36	

Category 1 Performance

	Sep-18	Oct-18	Nov-18	12 Months
Mean (00:07:00)	00:07:41	00:07:30	00:07:31	
90th Percentile (00:15:00)	00:14:13	00:13:56	00:13:59	
Mean Resources Arriving	1.71	1.71	1.73	
Count of Incidents	3385	3458	3536	
National Mean	00:07:20	00:07:13	00:07:11	

Category 1T Performance

	Sep-18	Oct-18	Nov-18	12 Months
Mean (00:19:00)	00:10:12	00:10:23	00:09:50	
90th Percentile (00:30:00)	00:18:54	00:19:40	00:18:35	
Mean Resources Arriving	1.77	1.74	1.73	
Count of Incidents	2101	2201	2183	
National Mean	00:11:31	00:11:15	00:11:11	

Category 2 Performance

	Sep-18	Oct-18	Nov-18	12 Months
Mean (00:18:00)	00:19:15	00:19:24	00:19:24	
90th Percentile (00:40:00)	00:36:01	00:36:36	00:36:44	
Mean Resources Arriving	1.12	1.12	1.11	
Count of Incidents	28425	29905	31036	
National Mean	00:21:41	00:21:17	00:21:56	

Category 3 Performance

	Sep-18	Oct-18	Nov-18	12 Months
Mean	01:25:30	01:21:35	01:23:05	
90th Percentile (02:00:00)	03:12:40	03:10:21	03:13:49	
Mean Resources Arriving	1.06	1.07	1.07	
Count of Incidents	19521	19964	20242	
National Mean	01:02:28	01:00:30	01:03:16	

Category 4 Performance

	Sep-18	Oct-18	Nov-18	12 Months
Mean	01:51:08	01:59:04	01:50:32	
90th Percentile (03:00:00)	04:06:21	04:38:29	04:12:29	
Mean Resources Arriving	1.05	1.05	1.01	
Count of Incidents	774	781	813	
National Mean	01:24:15	01:23:41	01:25:38	

Health Care Professional

	Sep-18	Oct-18	Nov-18	12 Months
HCP 60 Mean	01:31:07	01:46:00	01:37:18	
HCP 60 90th Percentile	03:01:22	04:02:54	03:43:06	
HCP 120 Mean	02:10:59	02:12:48	02:09:16	
HCP 120 90th Percentile	04:35:17	04:42:46	04:39:12	
HCP 240 Mean	03:19:34	02:46:04	03:10:25	
HCP 240 90th Percentile	07:03:18	06:00:05	06:14:14	

Call Cycle Time

	Sep-18	Oct-18	Nov-18	12 Months
Avg Allocation to Clear at Scene	01:15:22	01:14:59	01:15:54	
Avg Allocation to Clear at Hospital	01:46:07	01:46:10	01:46:56	
Handover Hrs Lost at Hospital (over 30mins)	4138	4413	4312	
Number of Handovers >60mins	361	430	427	

Incident Outcome AQI

	Sep-18	Oct-18	Nov-18	12 Months
Hear & Treat	5.7%	5.6%	5.4%	
See & Treat	33.5%	32.4%	32.8%	
See & Convey	60.8%	62.0%	61.6%	

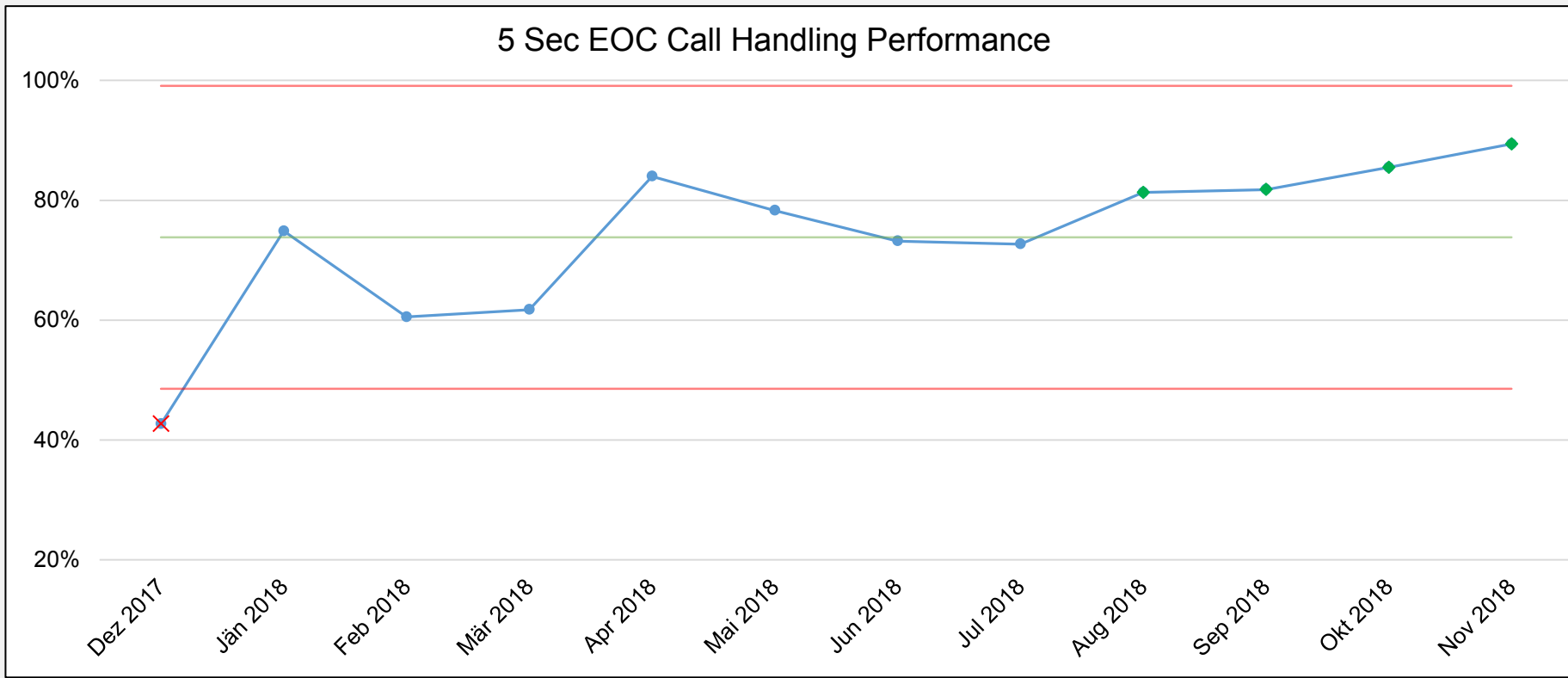
Community First Responders

	Sep-18	Oct-18	Nov-18	12 Months
Volume of Incidents Attended	1450	1385	1418	

Demand/Supply AQI

	Sep-18	Oct-18	Nov-18	12 Months
Calls Answered	63200	63761	63111	
Incidents	57222	59471	60863	
Transports	34788	36870	37595	

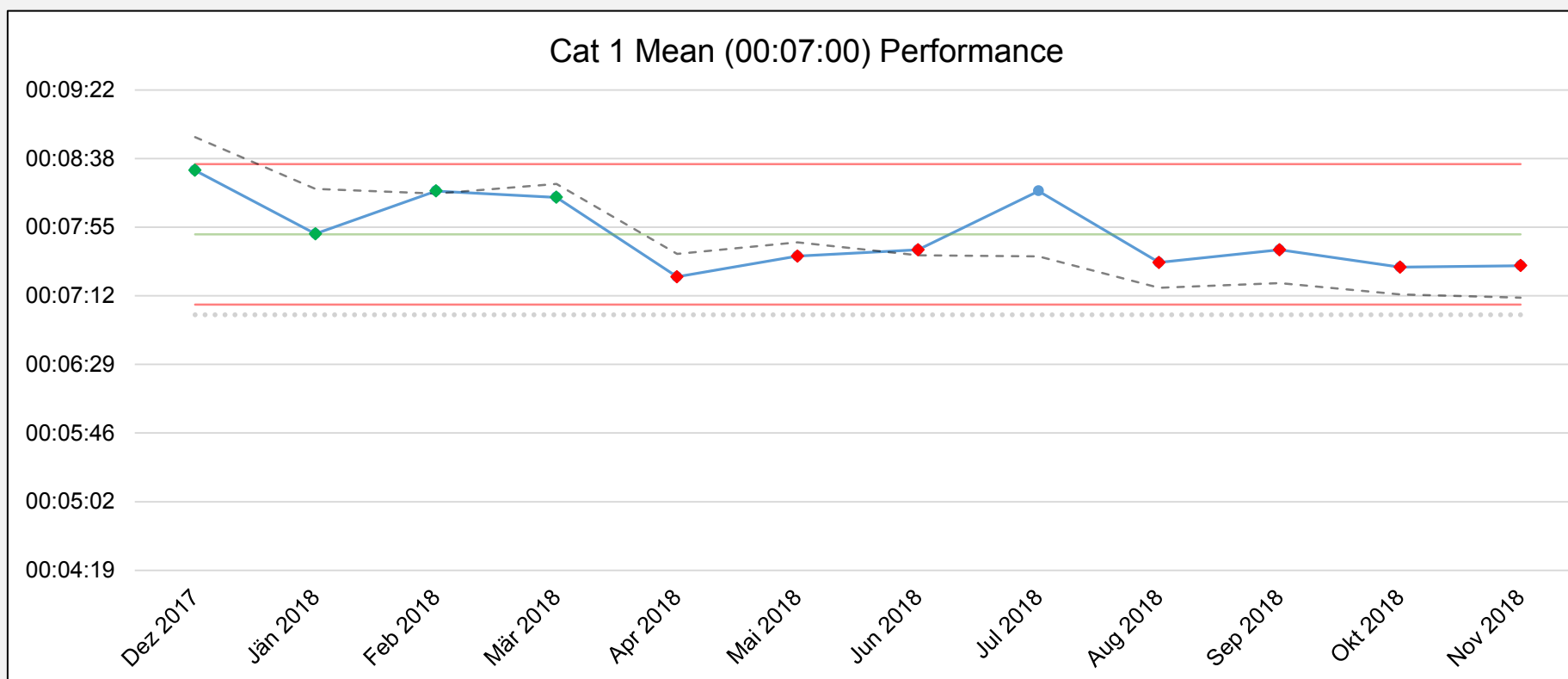
SECamb 999 Operations Response Time Performance Charts



Call answering performance for November continues on an upward trajectory in performance with an average of 89% and the highest average since the introduction of ARP. This is the fourth consecutive month of improved performance.

The volume of duplicate calls regarding ETA of responses continues to make a significant contribution to increased call volumes. Abstraction rates continue to be scrutinised to deliver maximum unit hours, with the planned reduction in annual leave being commenced.

Call answer performance is covered in detail in the EOC action plan that is tracking the actions of the EOC task and finish group.

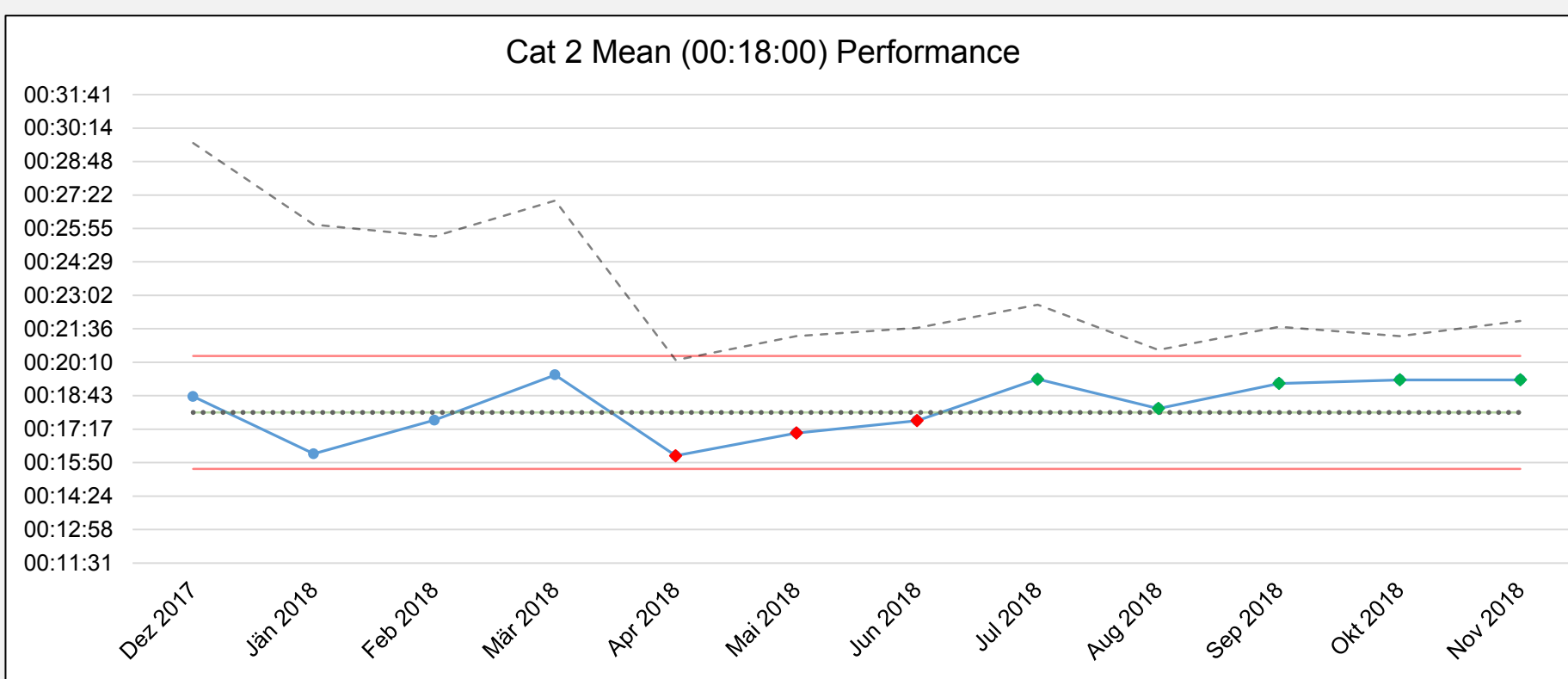


As shown in the graph the Cat 1 mean response performance remained static during October and November.

Whilst, the Trust 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.

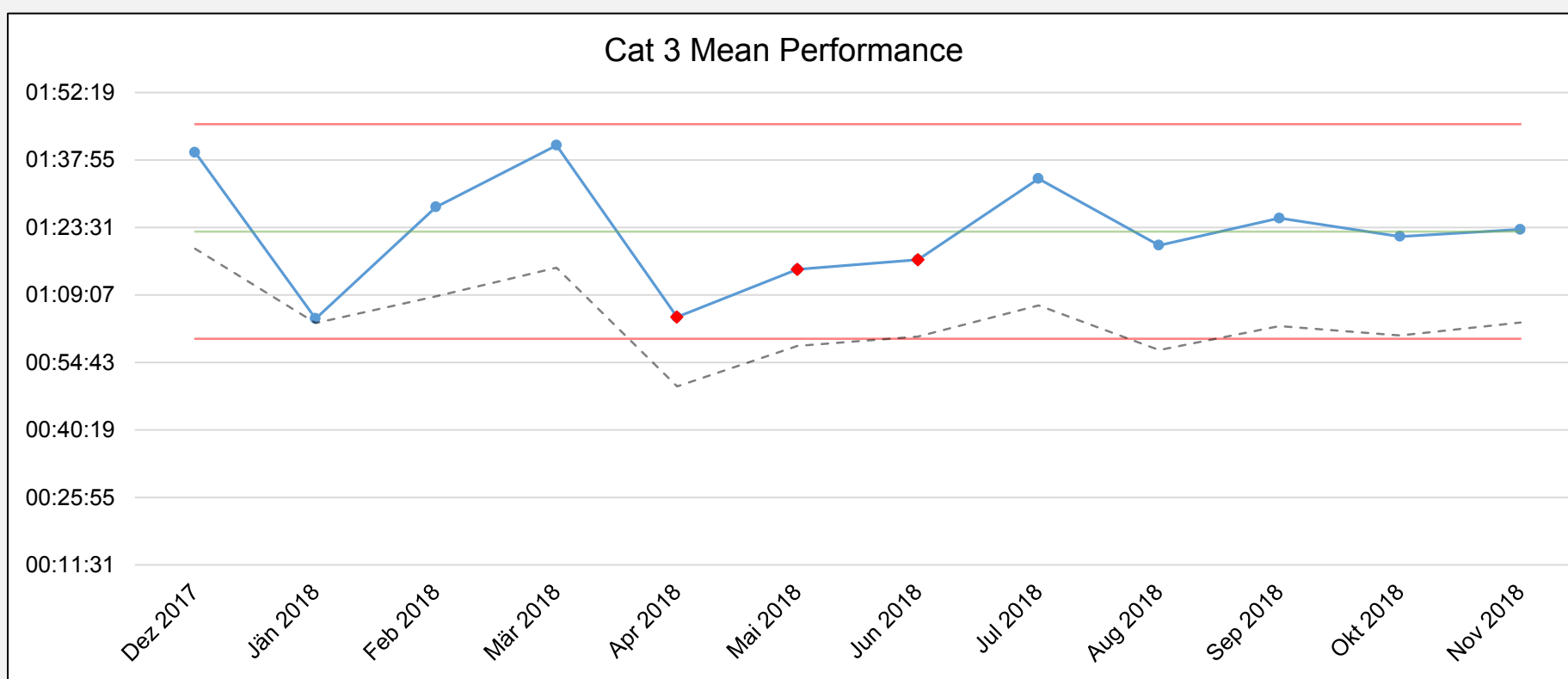
----- National Mean



November Cat 2 Mean Performance was 19.24, (the same as October) with a further increase of over 1400 incidents over the month. Performance remains significantly above mean National Performance by 2.32 minutes.

The improvement in performance can be in part attributed to the increase in the number of new front line staff joining the trust and a direct improvement in operational hours.

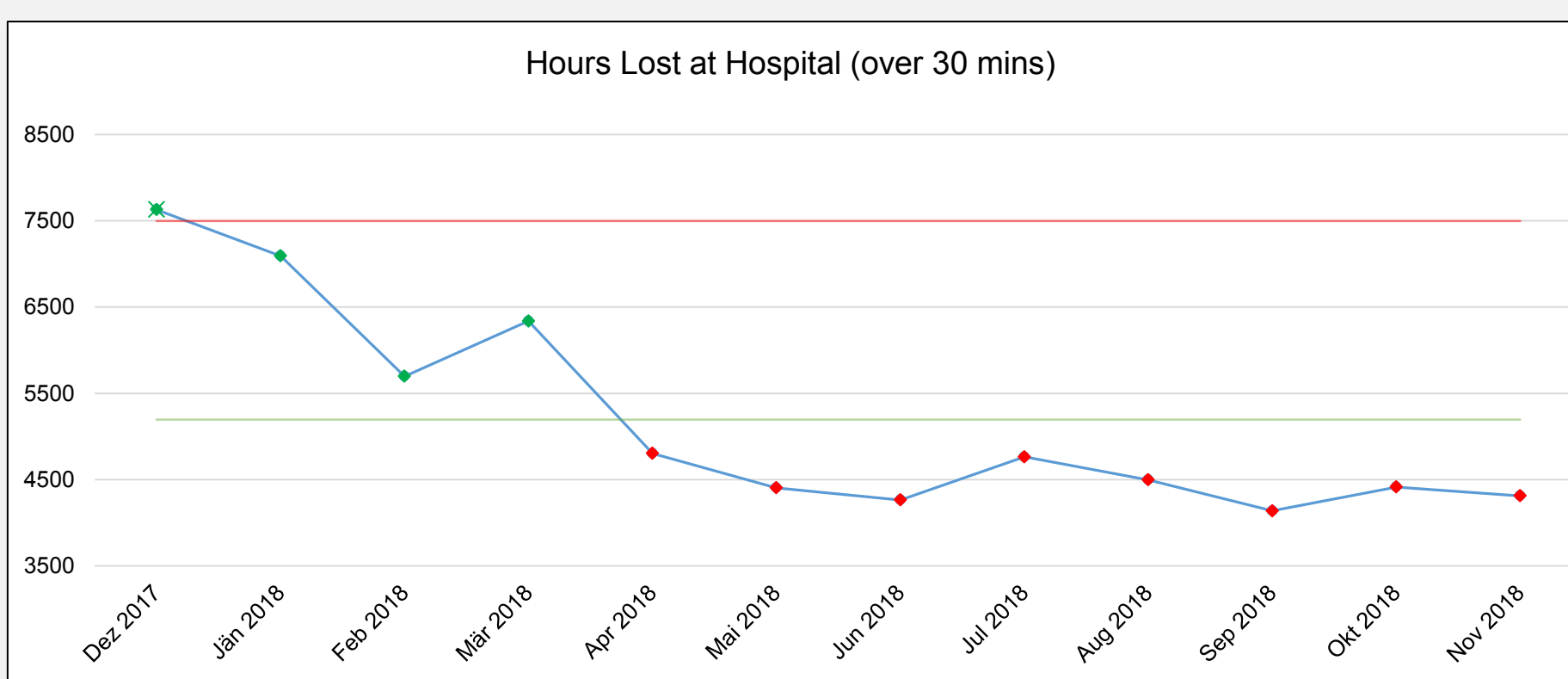
----- National Mean



Cat 3 mean has been included to provide the Board with oversight on the significant pressure against the performance requirements for this patient group. Response to this Category of patients is below ARP target. The average performance remains approximately 20 minutes above the national average, which all ambulance trusts are challenged to achieving.

The 30 second-hand Non-Emergency Transport (NET) vehicles are currently being commissioned with the roll out starting in December 2018 with a planned roll out of 3 vehicles a week.

----- National Mean



Hours lost to operational response capability through hospital delays in November are 4354 hours compared to October at 4434. This is a decrease of 80 hours. Overall good progress has been made this month with 21% less hours lost in November 2018 compared with November 2017. There are however outliers where there are increases in hours lost in November compared to last year, they are: Darent Valley Hospital, Maidstone and Tunbridge Wells Hospitals and Royal Sussex County Hospital. Additional support is being provided at these sites. The two (East and West) operational groups have now been stood down over the winter period and the chairs will join the steering group. Local site based joint operational groups will however continue. The focus on the winter months will be to maintain improvements that have already been made, with an aim of achieving as many hospital handovers <15 minutes and crew to clear >15 minutes. In order to address the additional winter pressures, the individual hospital sites will also be focusing on having clear triggers and actions (both in internal, and system wide escalation plans) to prevent ambulance handover delays, and actions needed if ambulances start to queue.

SECamb Weekly Operational Performance - 7th January 2019

CAT 1				
	17/12	24/12	31/12	Last 13 Weeks
Mean	00:07:43	00:06:50	00:07:15	
90th Centile	00:14:47	00:12:50	00:12:51	
RPI	1.73	1.80	1.78	
Count of Incidents	875	956	906	

CAT 1T				
	17/12	24/12	31/12	Last 13 Weeks
Mean	00:09:55	00:09:27	00:09:20	
90th Centile	00:18:46	00:18:17	00:18:38	
RPI	1.75	1.84	1.81	
Count of Incidents	552	580	570	

CAT 2				
	17/12	24/12	31/12	Last 13 Weeks
Mean	00:20:37	00:20:08	00:18:13	
90th Centile	00:39:35	00:38:35	00:34:43	
RPI	1.11	1.10	1.10	
Count of Incidents	7610	7554	7859	

CAT 3				
	17/12	24/12	31/12	Last 13 Weeks
Mean	01:46:04	01:38:12	01:20:41	
90th Centile	04:05:02	03:56:22	03:03:27	
RPI	1.07	1.06	1.06	
Count of Incidents	4350	4383	4833	

CAT 4				
	17/12	24/12	31/12	Last 13 Weeks
Mean	02:17:21	02:01:59	01:53:47	
90th Centile	04:46:13	04:23:05	04:18:33	
RPI	1.03	1.06	1.07	
Count of Incidents	173	176	211	

HCP 60				
	17/12	24/12	31/12	Last 13 Weeks
Performance	26.3%	30.0%	40.0%	
Count of Incidents	19	20	15	

Call Cycle Time				
	17/12	24/12	31/12	Last 13 Weeks
Clear at Scene (hh:mm)	01:14	01:12	01:13	
Clear at Hospital (hh:mm)	01:48	01:46	01:47	
Hours Lost at Hospital	1165	1185	1344	

HCP 120				
	17/12	24/12	31/12	Last 13 Weeks
Performance	56.8%	62.8%	62.5%	
Count of Incidents	333	288	360	

Call Handling				
	17/12	24/12	31/12	Last 13 Weeks
Pickup 5 Second Performance	82.7%	93.6%	95.9%	
Average Call Pickup Time (Seconds)	10	5	3	
Call Pickup Time 95th Percentile (Seconds)	73	19	3	
Call Pickup Time 99th Percentile (Seconds)	128	95	72	
Average Call Length (seconds)	366	374	373	
Abandon Rate	0.80%	0.60%	0.60%	
Staff Hours Provided Against 4865 Hours	108.09%	106.25%	110.07%	

HCP 240				
	17/12	24/12	31/12	Last 13 Weeks
Performance	64.5%	68.3%	73.4%	
Count of Incidents	62	60	64	

Community First Responders				
	17/12	24/12	31/12	Last 13 Weeks
Volume of Incidents Attended	209	294	316	
Hours Provided				

Incident Outcome				
	17/12	24/12	31/12	Last 13 Weeks
See and Convey	61.3%	60.3%	60.8%	
See and Treat	33.0%	33.8%	34.2%	
Hear and Treat	5.7%	5.8%	5.0%	

Demand/Supply				
	17/12	24/12	31/12	Last 13 Weeks
Call Volume	15969	14664	14974	
Incidents	13531	13555	14385	
Transports	8787	8690	9205	
Staff Hours Provided Against 63000 Hours	105.08%	102.05%	111.46%	

SECamb 111 Operations Performance Scorecard

Calls Offered

	Sep-18	Oct-18	Nov-18	12 Months
Actual	84650	87344	90785	
Previous Year	80053	84639	82468	

Calls answered in 60 Seconds

	Sep-18	Oct-18	Nov-18	12 Months
Actual %	70.9%	72.5%	73.5%	
Previous Year %	80.2%	75.3%	72.9%	
Target %	95%	95%	95%	

Calls abandoned - (Offered) after 30secs

	Sep-18	Oct-18	Nov-18	12 Months
Actual %	6.0%	5.4%	5.1%	
Previous Year %	2.0%	2.8%	3.6%	
Target %	2%	2%	2%	

Combined Clinical KPI

	Sep-18	Oct-18	Nov-18	12 Months
Actual %	63.8%	69.3%	73.1%	
Previous Year %	69.5%	78.2%	75.3%	
Target %	90%	90%	90%	

999 Referrals

	Sep-18	Oct-18	Nov-18	12 Months
999 Referrals % (Answered Calls)	11.3%	11.7%	12.6%	
999 Referrals (Actual)	8825	9457	10645	
National	11.5%	12.0%	12.6%	

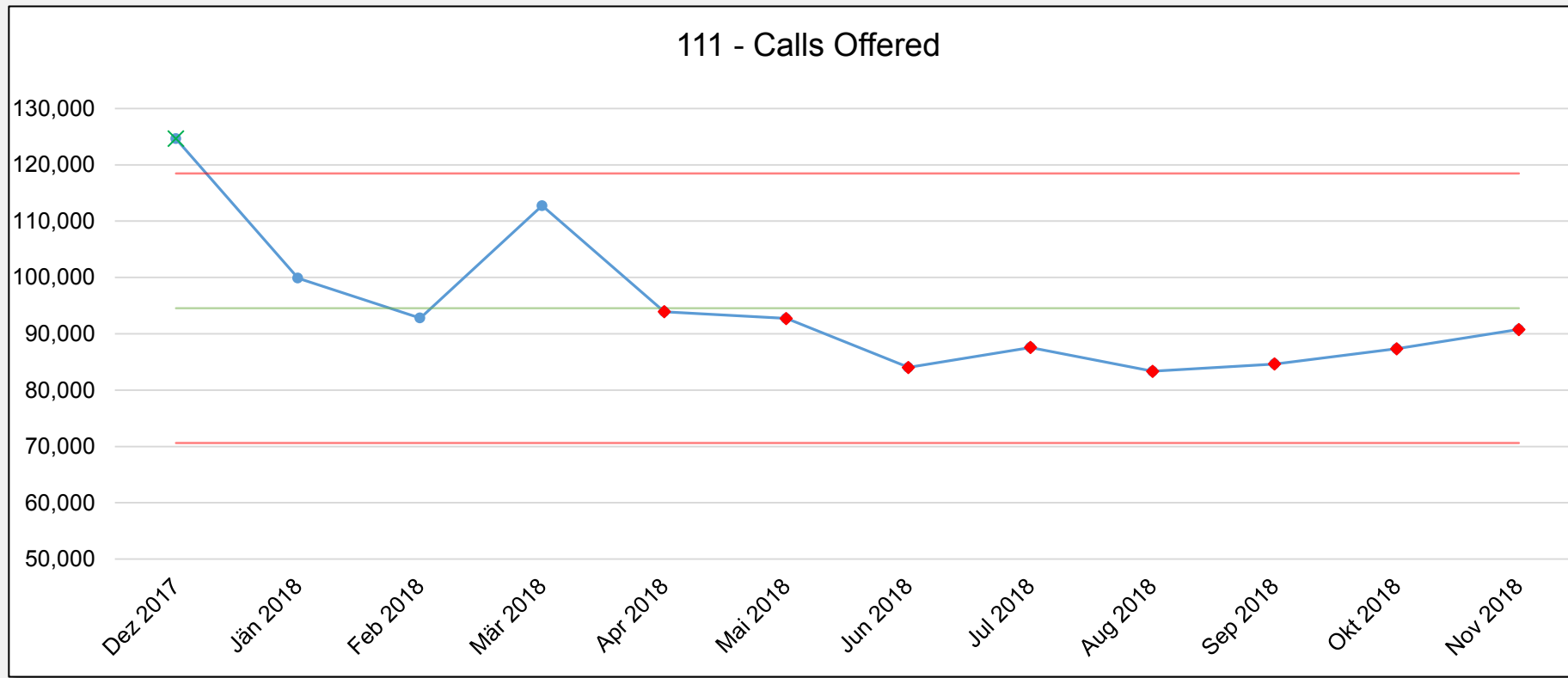
A&E Dispositions

	Sep-18	Oct-18	Nov-18	12 Months
A&E Dispositions % (Answered Calls)	7.9%	8.2%	8.3%	
A&E Dispositions (Actual)	6154	6666	7003	
National	8.3%	8.1%	8.3%	

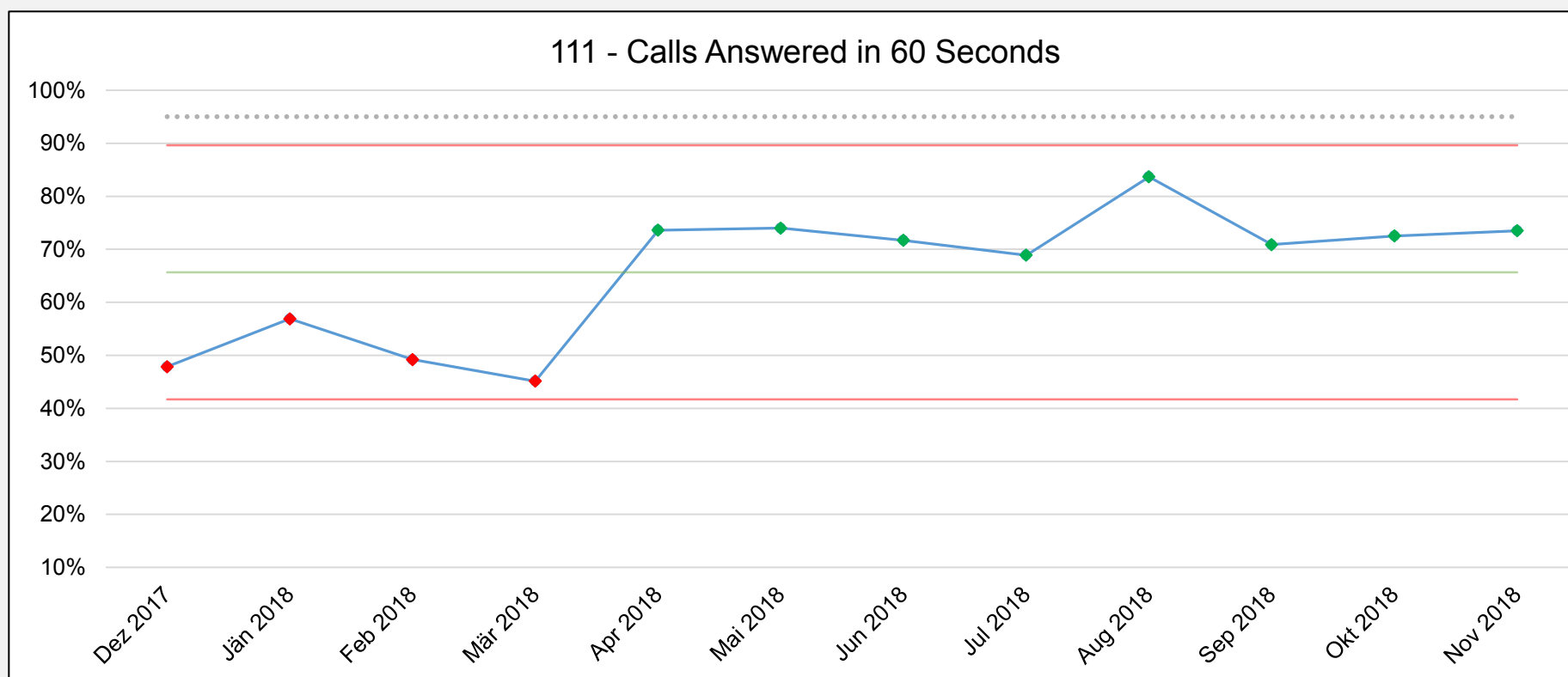
Home Management

	Sep-18	Oct-18	Nov-18	12 Months
Actual %	5.7%	6.2%	7.5%	

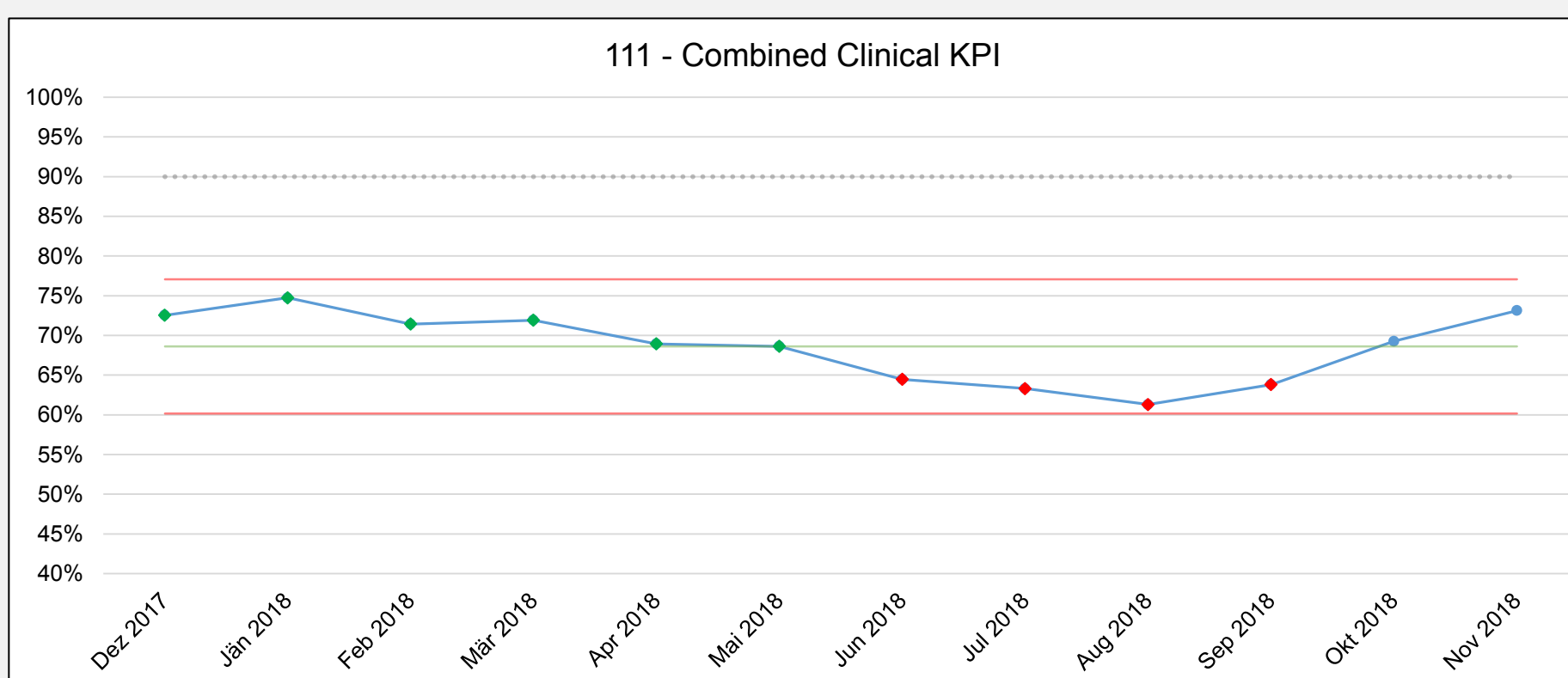
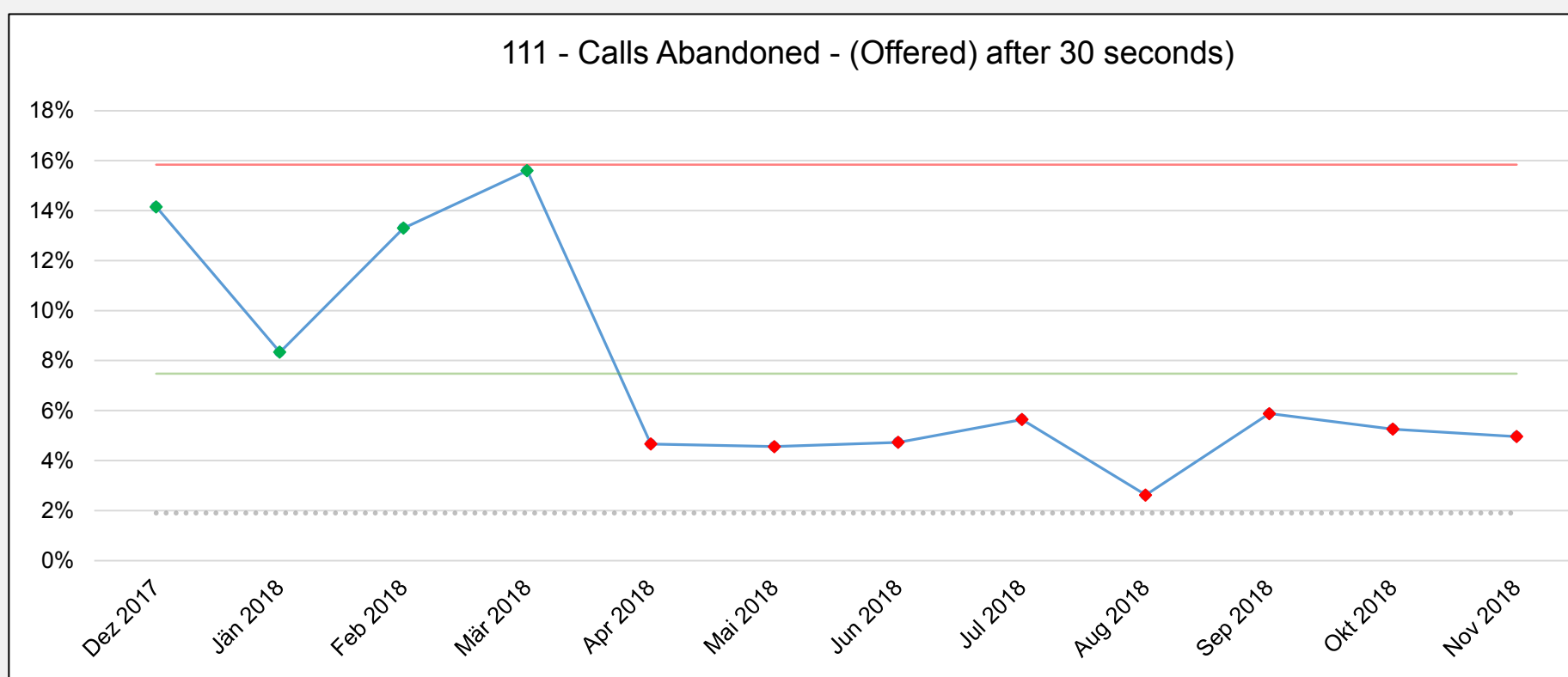
SECAmb 111 Operations Performance Charts



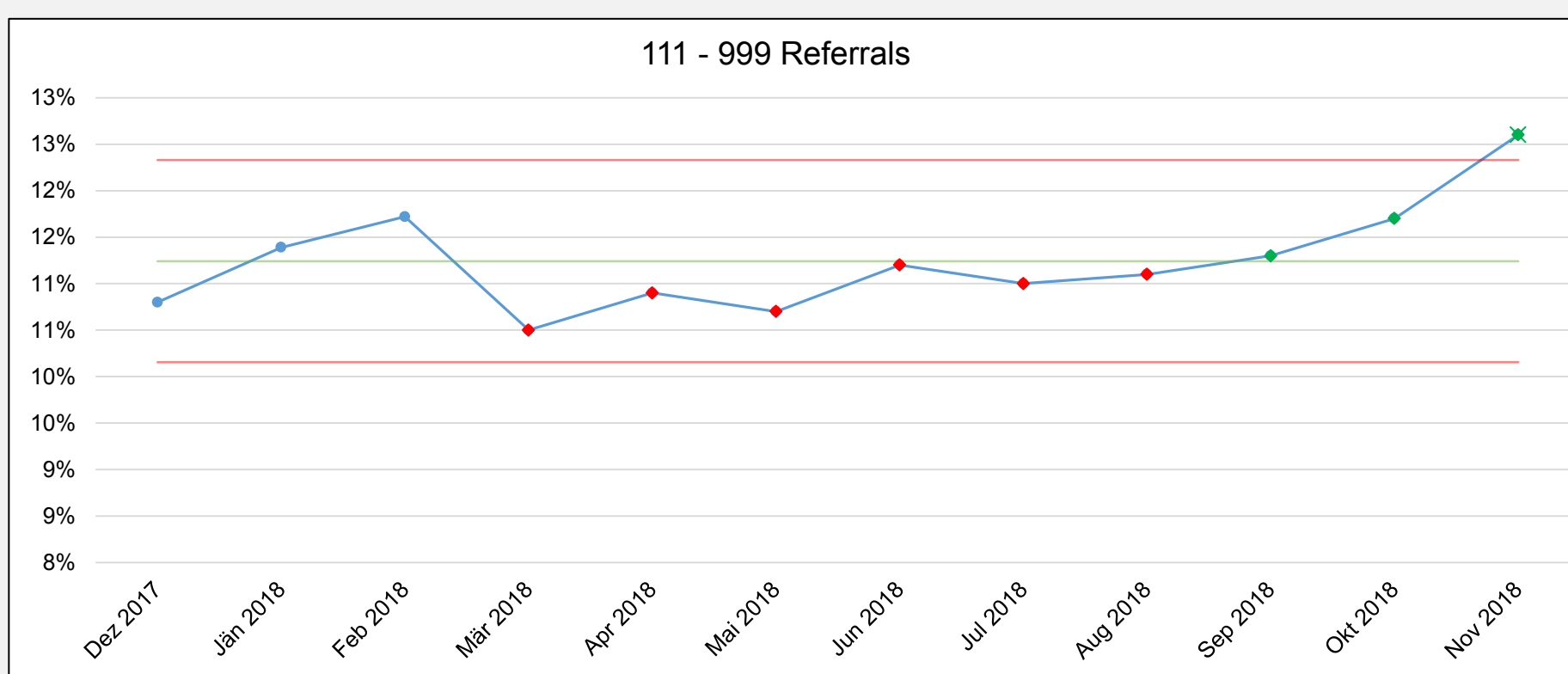
The Calls Offered volume of 90785 represented a 10% increase against the same month last year.



Despite this increase in activity, our Service Level fell only slightly to 73.5%. The Call Abandonment rate was stable at 5.1%, as was the Average Speed to Answer (72 seconds).



The service's best performance coincided with days when SECAmb did not declare SMP Level 3 or 4.



Our Clinical performance climbed to over 73%, considerably above the national benchmark for November.

Workforce Capacity

	Sep-18	Oct-18	Nov-18	12 Months
Number of Staff WTE (Excl bank & agency)	3215.4	3300.9	3387.4	
Number of Staff Headcount (Excl bank and agency)	3477	3575	3665	
Finance Establishment (WTE)	3837.50	3837.50	3837.50	
Vacancy Rate	16.21%	13.70%	11.73%	
Vacancy Rate Previous Year	13.90%	13.51%	13.09%	
Adjusted Vacancy Rate + Pipeline recruitment %	9.12%	6.50%	7.30%	

Workforce Compliance

	Sep-18	Oct-18	Nov-18	12 Months
Objectives & Career Conversations %	48.09%	48.44%	50.47%	
Target (Objectives & Career Conversations)	80%	80%	80%	
Statutory & Mandatory Training Compliance %	75.50%	79.10%	79.08%	
Target (Stat & M and Training)	95%	95%	95%	
Previous Year (Stat & M and Training) %	65.46%	76.06%	71.06%	

* 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

	Sep-18	Oct-18	Nov-18	12 Months
Annual Rolling Turnover Rate %	14.88%	14.62%	14.57%	
Previous Year %	17.77%	18.17%	18.05%	
Annual Rolling Sickness Absence	5.10%	5.08%	5.04%	
Target (Annual Rolling Sickness)	5%	5%	5%	

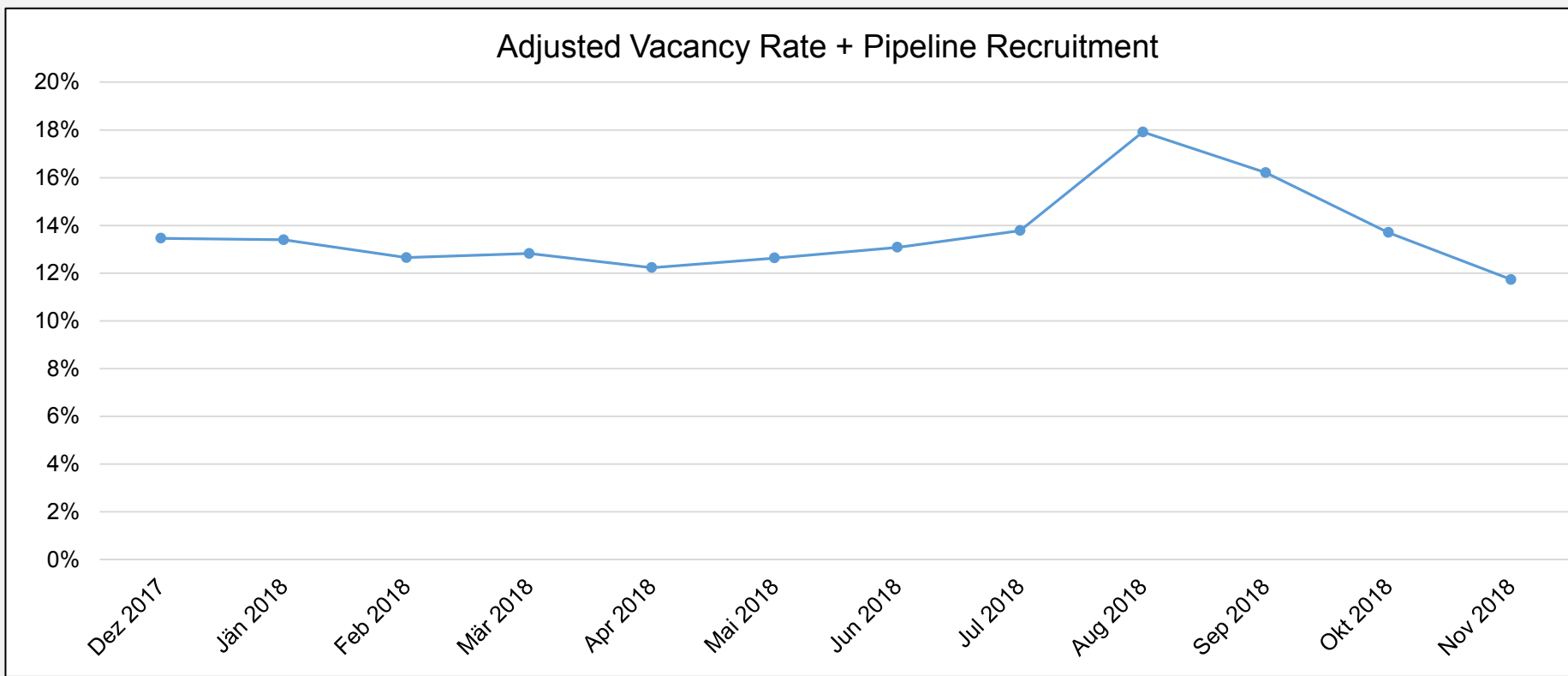
Employee Relations Cases

	Sep-18	Oct-18	Nov-18	12 Months
Disciplinary Cases	4	10	4	
Individual Grievances	6	1	4	
Collective Grievances	0	1	2	
Bullying & Harassment	2	1	0	
Bullying & Harassment Prev Yr	1	2	2	
Whistleblowing	0	0	0	
Whistleblowing Previous Year	0	0	0	

Physical Assaults (Number of victims)

	Sep-18	Oct-18	Nov-18	12 Months
Actual	9	25	30	
Previous Year	8	17	20	
Sanctions	1	1	18	

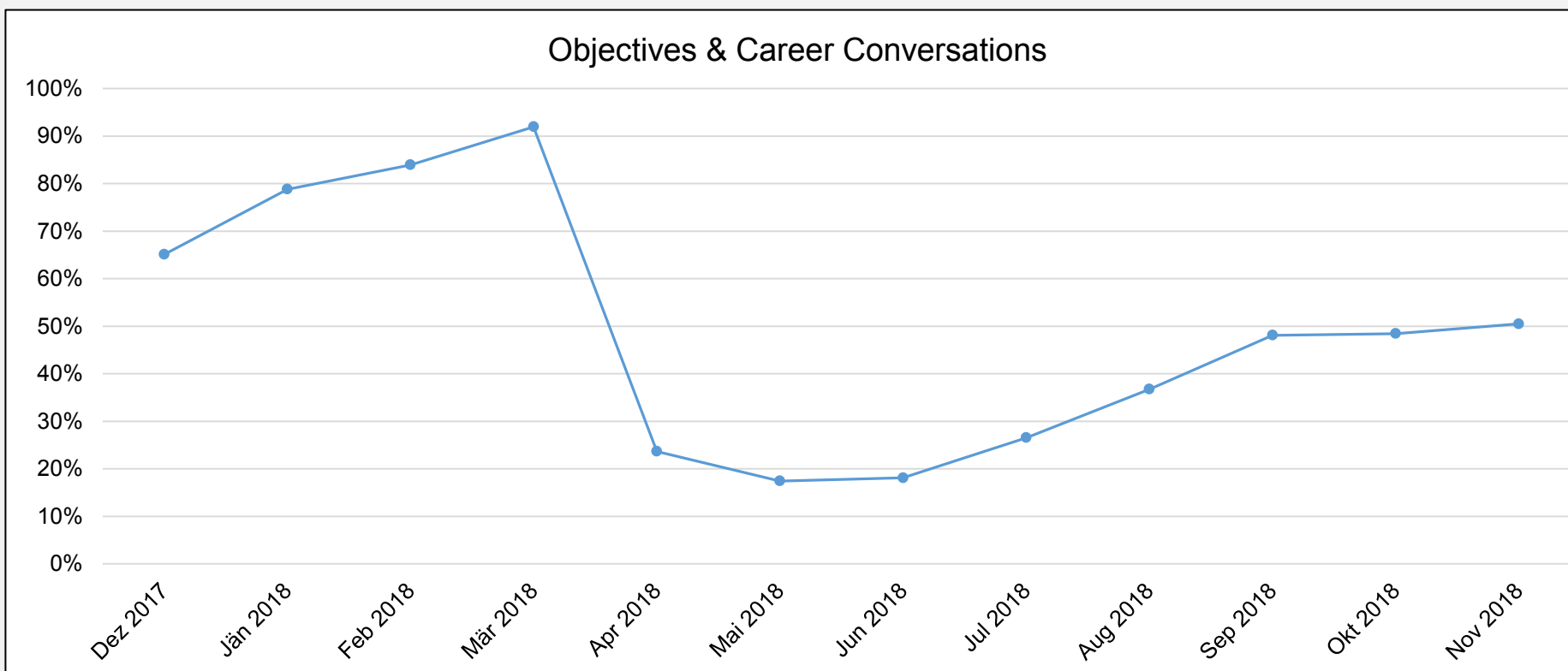
SECamb Workforce Charts



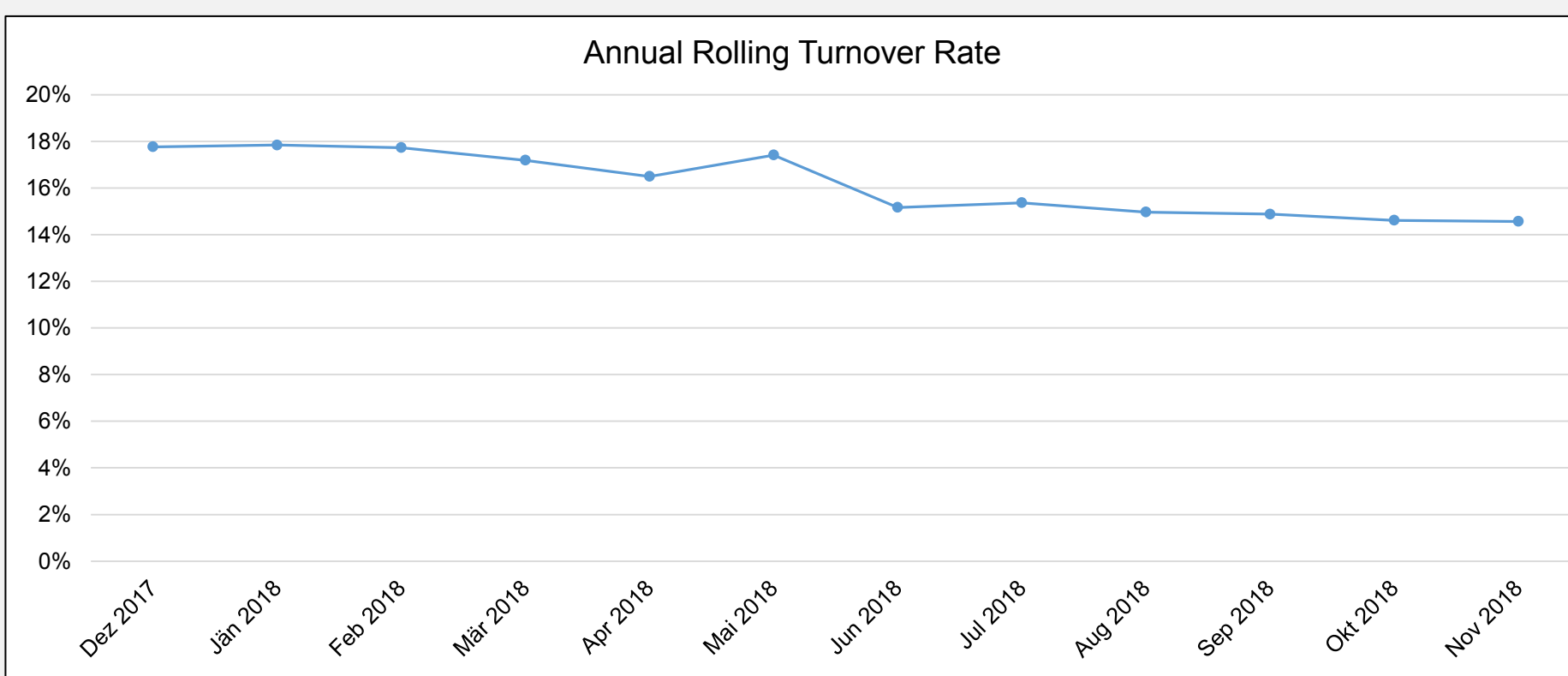
In November we recruited 102 new staff into the Trust. Our adjusted vacancy rate increased slightly to 7.3%

We have 21 EMAs due to start in December and have filled the pipeline of EMAs for West up until February 2019. We have a talent pool of candidates for West. Our focus is on East EOC recruitment.

We had 34 new ECSW start in November. Our pipeline for ECSW is currently 38 new joiners for January



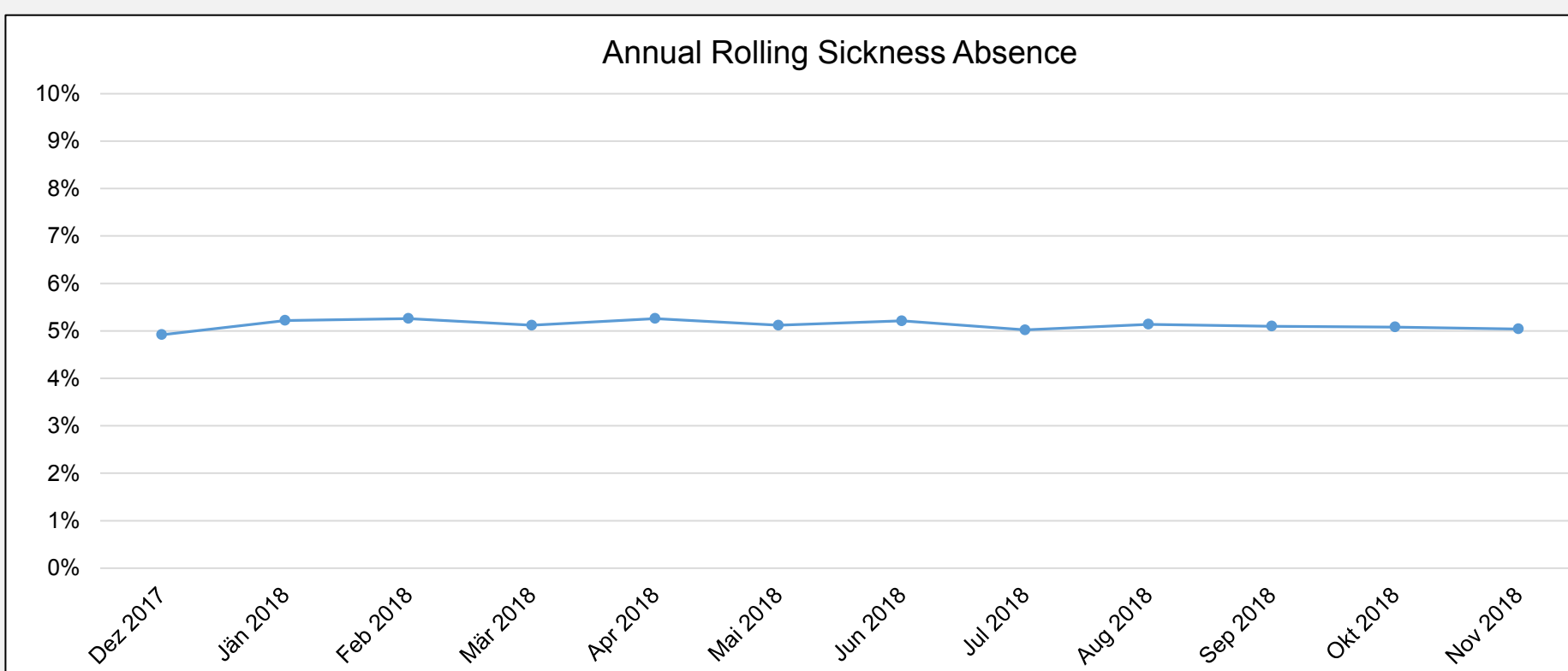
There is a continued increase in appraisals being published which shows activity in some areas of the organisation. The appraisal percentage has increased to 48.09% from 36.73%, from the previous month. However this representation is only for published appraisals on the performance management system and we need to view the combined activity of appraisals which are in-progress as well. This reflects an actual figure of 63.74%, which at this time last year we are on target to achieve our target, at the projected rate of 10% each month.



We can now report a clear downward trend in our annual rolling turnover rate, which is excellent news. Turnover now stands at 14.6% compared to 18.05% a year ago.

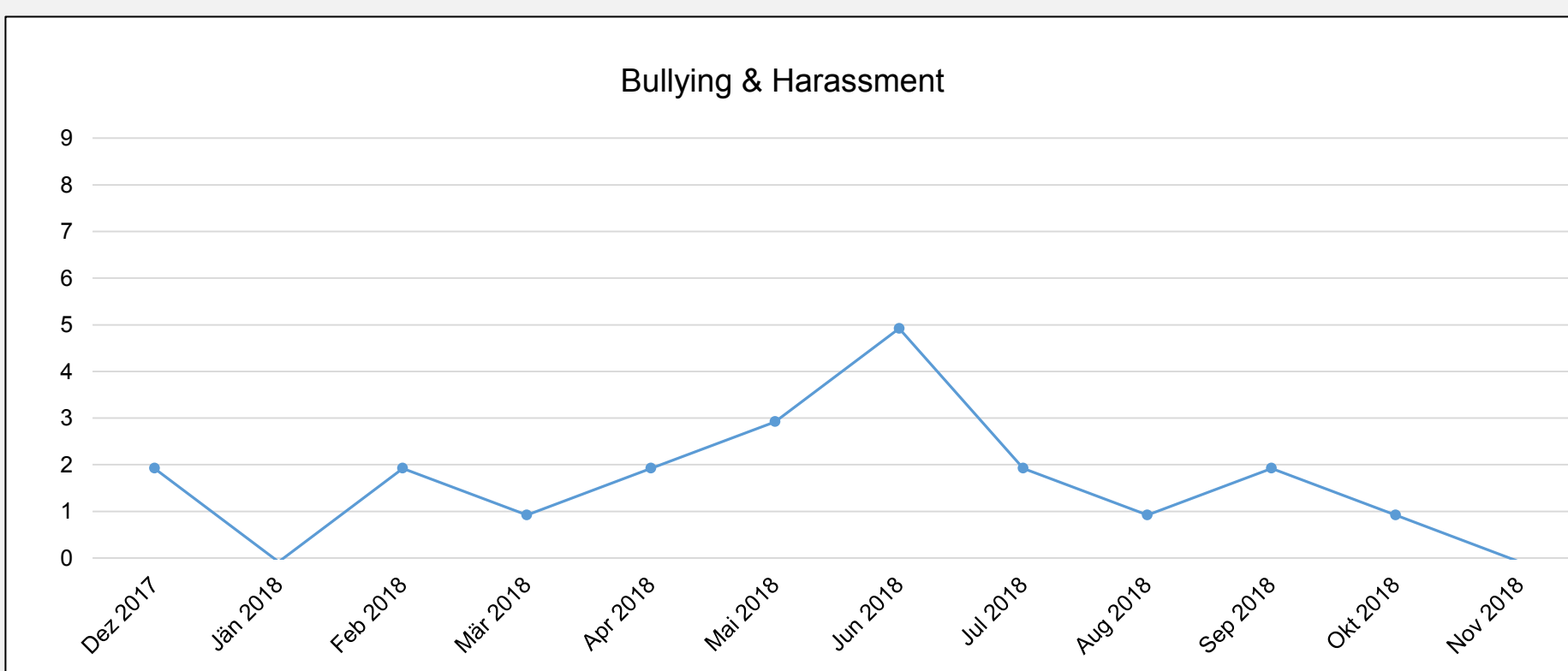
November has seen the lowest turnover of the last 12 months.

We continue to focus on the two Emergency Operations Centres (EOC's) and 111 over the next 3-months should enable a continued downward trend in turnover.



Sickness absence hit target (5.0%) for the first time in 11 months which is excellent news.

Sickness Absence Management continues to be a key focus on the HR Advisors and the Line Managers they support.



There was no reported cases of Bullying and Harassment (B&H) in November bringing the rolling total to 25 cases.


There has been a number of very complex cases which has taken a significant amount of time to investigate, complicated by suspensions and sickness.

HR Advisors and HR Business Partners spent a significant amount of time bringing our ER Tracker System up to date and we have now introduced a rolling monthly review meeting with the Director of HR and OD


We are in the next stages of our plan to eradicate Bullying and Harassment in SECamb which we hope to have completed for a New Year launch

On January 9th 2019 we held a workshop for Senior Leaders and Executives with our employment lawyers.


Income

	Sep-18	Oct-18	Nov-18	12 Months
Actual £	£ 17,589	£ 18,398	£ 20,453	
Previous Year £	£ 16,716	£ 16,329	£ 16,493	
Plan £	£ 17,226	£ 18,034	£ 18,051	


Expenditure

	Sep-18	Oct-18	Nov-18	12 Months
Actual £	£ 18,402	£ 18,029	£ 20,344	
Previous Year £	£ 17,319	£ 16,623	£ 16,501	
Plan £	£ 18,055	£ 17,674	£ 17,951	

Capital Expenditure

	Sep-18	Oct-18	Nov-18	12 Months
Actual £	£ 555	£ 598	£ 405	
Previous Year £	£ 450	£ 375	£ 554	
Plan £	£ 501	£ 308	£ 551	
Actual Cumulative £	£ 3,617	£ 4,215	£ 4,215	
Plan Cumulative £	£ 3,920	£ 4,228	£ 4,779	

Cost Improvement Programme (CIP)

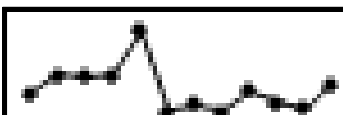
	Sep-18	Oct-18	Nov-18	12 Months
Actual £	£ 1,242	£ 965	£ 961	
Previous Year £	£ 1,330	£ 1,304	£ 1,459	
Plan £	£ 1,223	£ 947	£ 947	
Actual Cumulative £	£ 4,179	£ 5,144	£ 6,105	
Plan Cumulative £	£ 4,087	£ 5,034	£ 5,981	

CQUIN (Quarterly)


	Q1 18/19	Q2 18/19	Q3 18/19
Actual £	£ 871	£ 870	£ 1,161
Previous Year £	£ 850	£ 846	£ 855
Plan £	£ 870	£ 870	£ 870

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


Surplus/(Deficit)

	Sep-18	Oct-18	Nov-18	12 Months
Actual £	-£ 813	£ 369	£ 109	
Actual YTD £	-£ 3,610	-£ 3,241	-£ 3,241	
Plan £	-£ 829	£ 360	£ 100	
Plan YTD £	-£ 3,734	-£ 3,374	-£ 3,274	

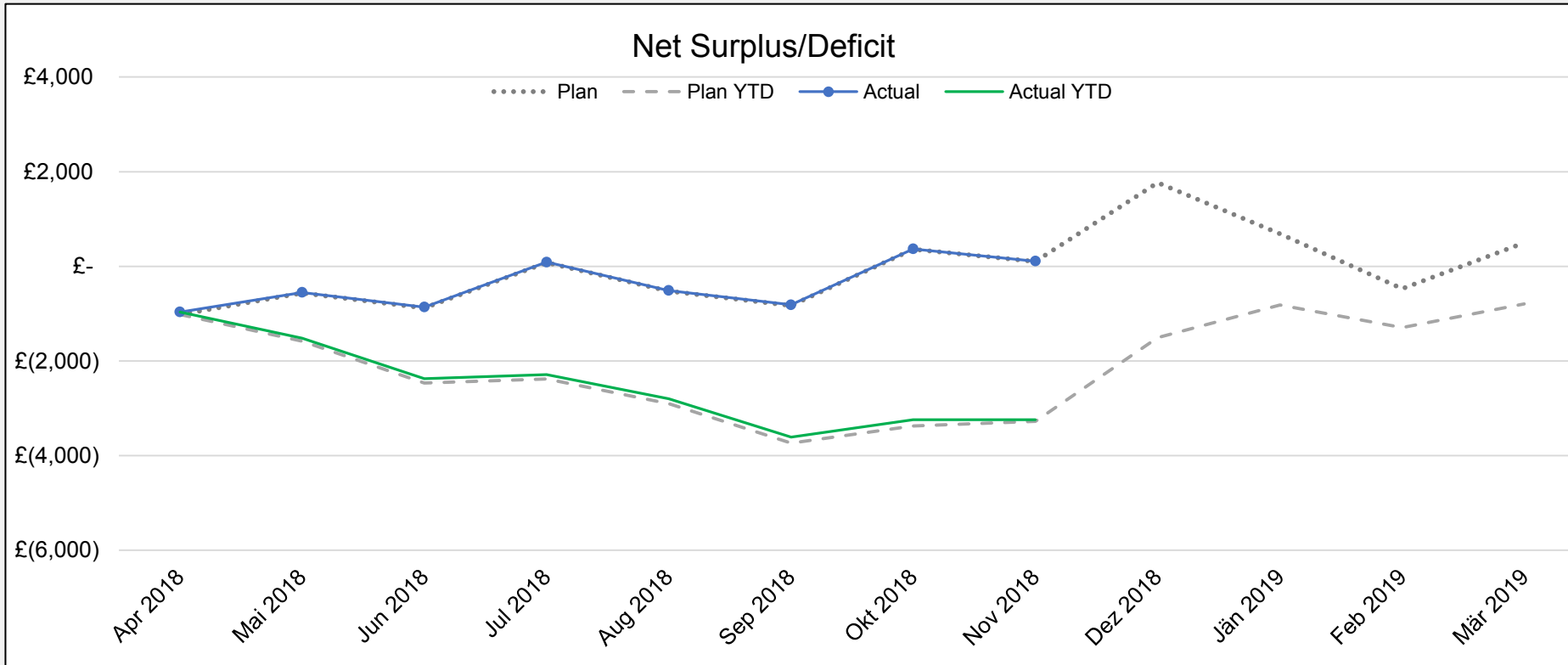
Cash Position

	Sep-18	Oct-18	Nov-18	12 Months
Actual £	£ 22,032	£ 21,971	£ 26,656	
Minimum £	£ 10,000	£ 10,000	£ 10,000	
Plan £	£ 14,749	£ 14,693	£ 14,402	

Agency Spend

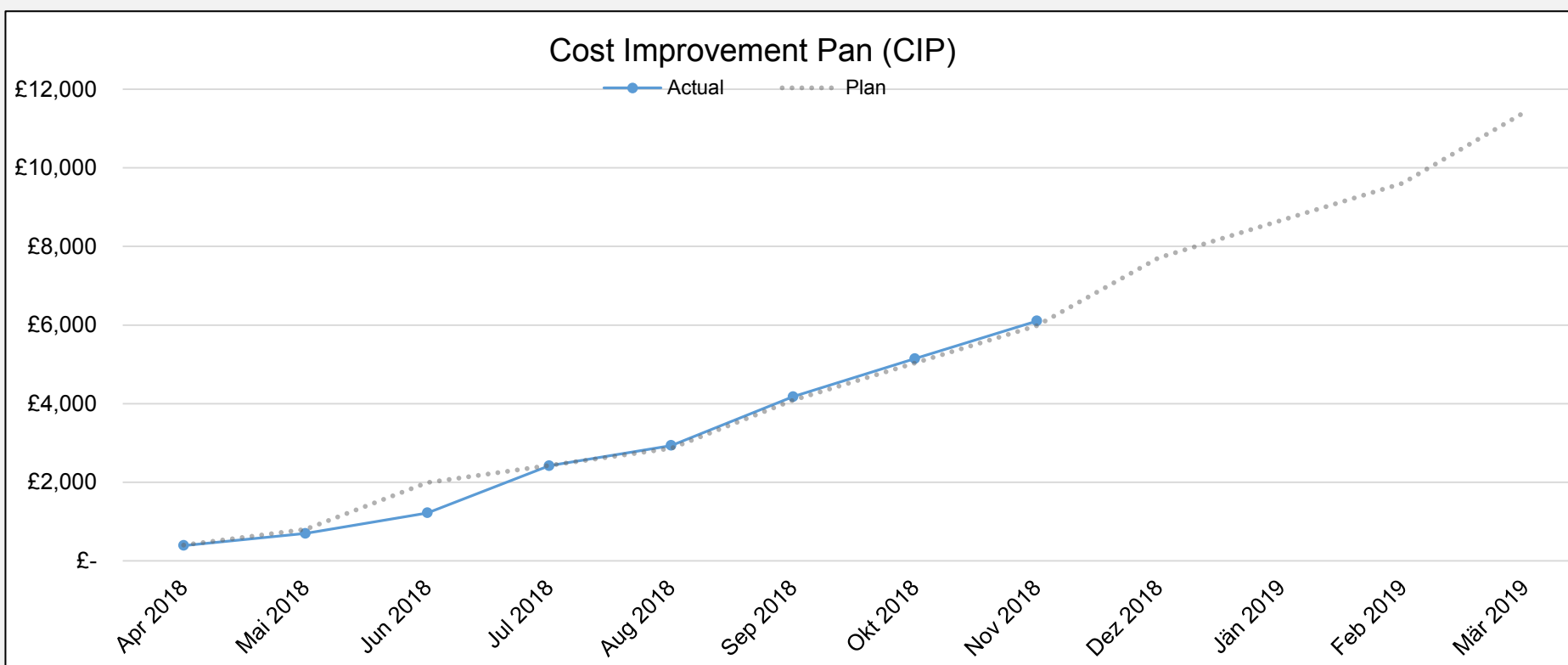
	Sep-18	Oct-18	Nov-18	12 Months
Actual £	£ 322	£ 357	£ 430	
Plan £	£ 222	£ 218	£ 215	

SECamb Finance Performance Charts



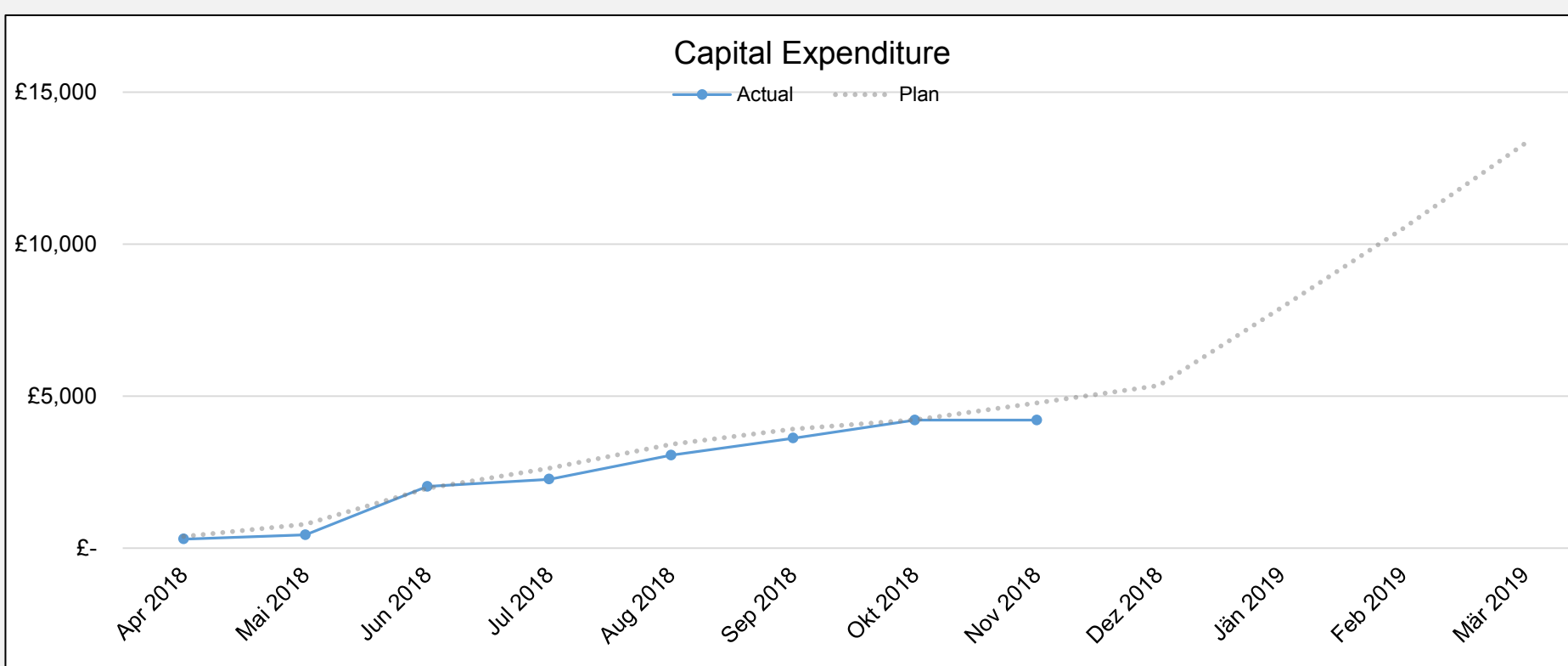
The Trust's I&E position in Month 8 was a surplus of £0.1m, in line with plan.

This reduced the cumulative deficit to £3.1m, which is a £0.1m improvement above plan



CIPs to the value of £1.0m were achieved in the month, as planned. Achievement to date is £6.1m, which is slightly ahead of plan.

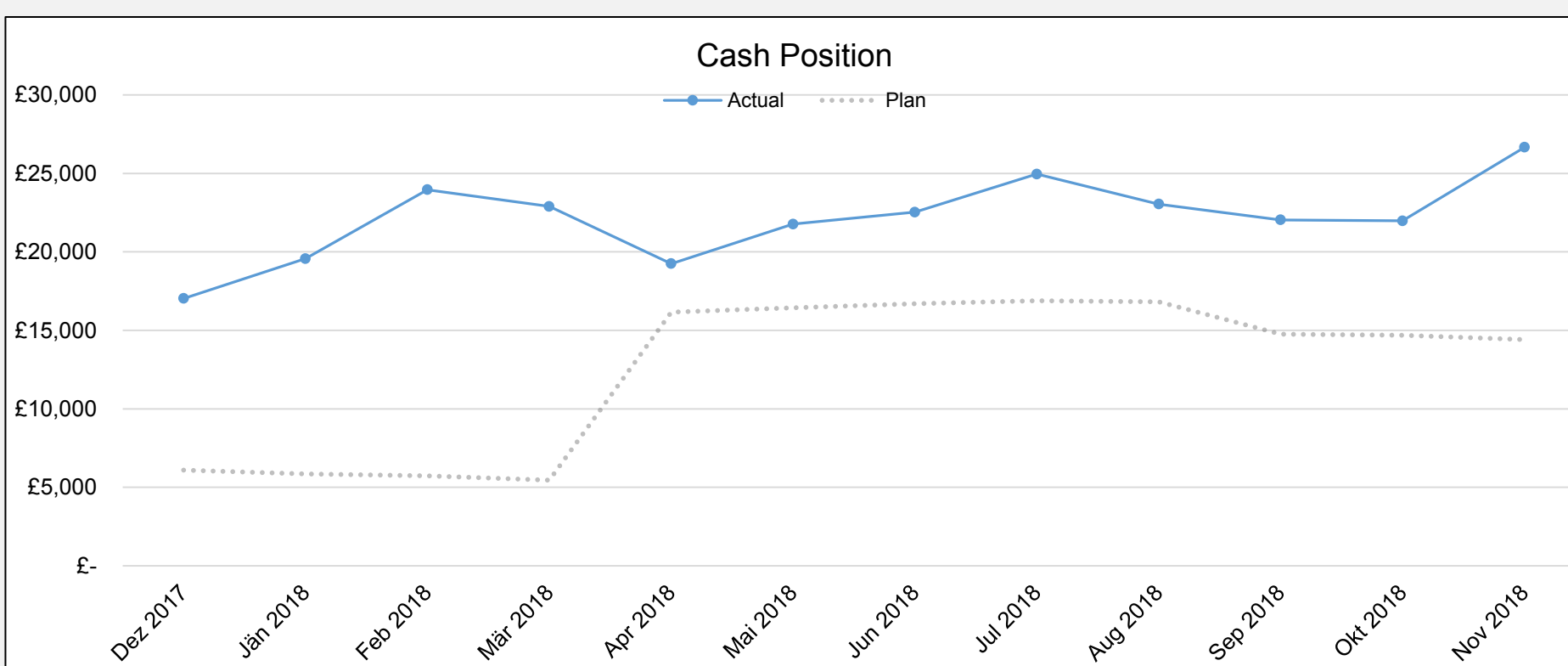
It is projected that the full year target of £11.4m will be met, but there remain challenges to achieving this. £10.3m of schemes were fully validated, with a total of £13.9m identified schemes on the pipeline tracker as at month 8



Capital expenditure in the month was £0.4m and cumulative spend is just £0.2m behind plan. The forecast for the year is a spend of £12.9m against a plan of £13.3m, the shortfall is due to the delay in the delivery of some of the 43 Mercedes box chassis beyond 31 March and spend on the new ePCR, partly offset by the substitution of 111 implementation.

In November it was announced that £12.3m of capital funding has been awarded to the Trust for 3 make ready centres in Brighton, Medway and Worthing. A further £6.7m has also been recently awarded for developments at the Nexus House Headquarters. The Trust has been unsuccessful with a bid for new ambulances.

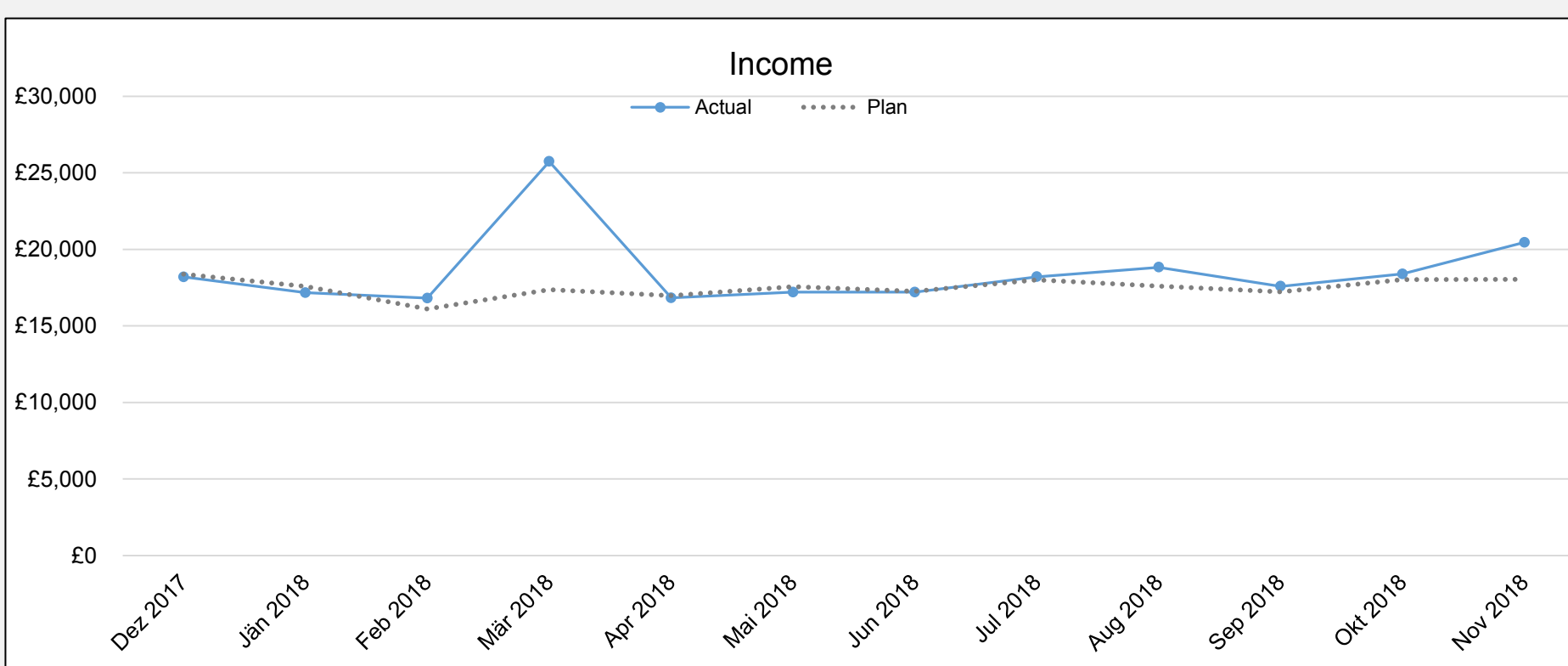
The above funding is subject to formal approval of a business case and recommendation to DHSC (Department of Health and Social Care) by NHSI.



The cash position at 30 November increased to £26.7m. This is £12.3m better than plan and £3.8m above the balance at 31 March. The main cause for the increase in month is receipt of funds following the 999 contract variation.

In line with good practice, the Trust produces cash forecasts for a three-year period. The latest projection shows, based on forecast capital requirements and I&E performance, cash could fall to below £15.0m by June 2020. This reflects the Trust's investment plans for the estate and frontline vehicles, any impact from the capital bids will be included once business cases have been fully approved.

Performance against the 'Better Payment Practice Code' for payment of suppliers declined slightly this month, falling year to date to 93.3% by value, against a target of 95.0%.



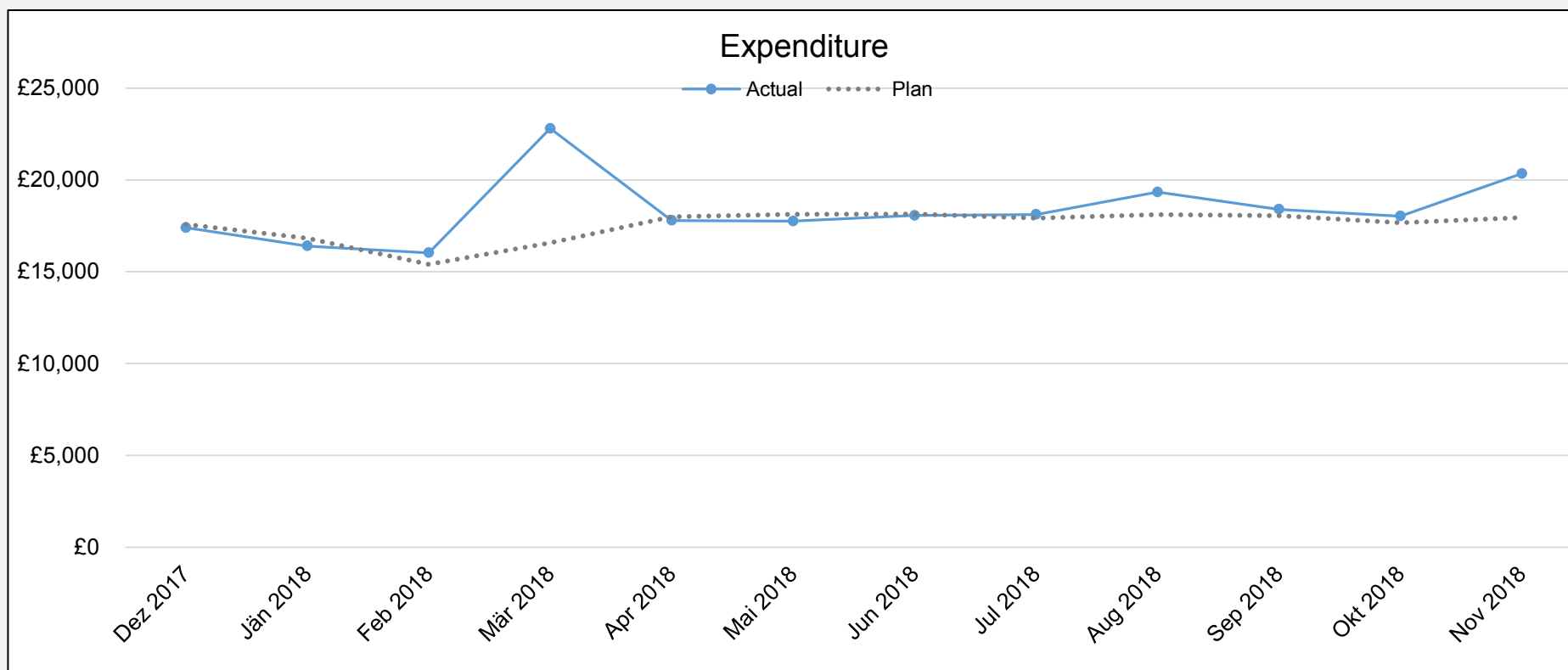
Total Income in the month was £20.4m, which was £2.4m better than plan.

This resulted in a cumulative favourable variance against plan of £4.0m.

The main reason for the improvement in the month was the recognition of £2.0m from the 999 contract variation arising from the successful conclusion of the demand and capacity agreement with commissioners. This includes an additional £0.4m for the Helicopter Emergency Medical Service (HEMS). A further £0.1m represents the impact of the new contract variation for 111 and £0.5m funding for the new pay deal.

The Trust has assumed full achievement of planned core PSF income in the first eight months at £1.0m. The full year value is £1.8m, funding being weighted towards the latter part of the year. Receipt of this funding is contingent on meeting I&E trajectories on a quarterly basis. Funding of £0.6m for quarters one and two has been confirmed

SECamb Finance Performance Charts



Total Expenditure exceeded plan by £2.4m in month

Cumulatively expenditure is £3.9 above plan.

Pay costs in the month were above plan by £1.3m, moving the cumulative position to a £2.1 overspend. The main reason for this is the £0.5m impact of the new pay deal, £0.2m in Operations due to the respective recognition of the approved re-banding uplift for Technicians and increasing hours over plan, £0.5m transfer from reserves to support approved business cases.

Non-pay costs were £1.1m above plan in the month, bringing cumulative costs to £1.3m overspent. The main area of overspend was for £0.4m HEMS support (reflecting the additional income reported above), £0.2m uniforms and £0.2m for estates improvements.

Non-operating costs were £0.1m greater than plan in month.

SECAMB Board

QPS Committee Escalation report to the Board

Date of meetings	06 December 2018 & 18 January 2019
Section 1 Overview of issues/areas covered at the meeting:	<p>The committee has met twice since the last Board meeting. This report therefore covers some of the key issues (not every areas covered during the two meetings).</p> <p>Firstly, the committee considered a number of Management Responses (<i>response to previous items scrutinised by the committee</i>), including:</p> <p>Internal Safeguarding (DBS checks) (Partially Assured)</p> <p>In December the executive was assured with the significant progress made; all staff confirmed to have an initial DBS check. It noted the Trust policy is to undertake checks again after 3 years, and that there is significantly reduced backlog of less than 30 staff.</p> <p>However, in January an issue was raised by the executive which highlighted that the controls still require embedding. Therefore it could not be fully assured and has added DBS checks to its annual cycle and will seek assurance on the controls during 2019/20.</p> <p>NRLS reporting</p> <p>The Committee has examined the issue of classification of deaths (SECamb responsibility vs not SECamb) and potential over reporting of numbers. This management response provided further detail on the actual numbers. It was noted that the classification of the Sis went through the process in place at the time. Given that this process has been significantly improved it was agreed that 5 cases should be reviewed again against the current process. The Committee also heard that there may be other cases under the old system that require review. A piece of work is currently being completed by CQC and this will inform what we do.</p> <p>999 NHS Pathways (Not Assured)</p> <p>The committee noted the steps taken by management to ensure robust management of pathways audits to ensure 100% compliance. It was able to determine at the January meeting that the underlying risk to compliance is the capacity of staff. As a consequence of the prioritisation of completing audits, we don't have a system of learning. Detailed questioning also revealed some current 999 auditors do not meet the standards required for the role (still need to take a set number of calls themselves). The overall compliance and issues are subject to an action plan but are of concern. The committee escalated this to the executive management board – see section 4 below.</p> <p>Mobilisation of Kent and Sussex 111 (Assured)</p> <p>The committee was assured by the level of work going on to ensure the mobilisation is well managed. It will review the Go Live criteria in February, to ensure the relevant patient safety considerations are sufficiently met.</p> <p>The meetings also considered a number of Scrutiny Items (<i>where the committee</i></p>

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

PAPs (Partially Assured)

The committee has looked at this issue at both meetings to reach a decision it was partially assured by the governance in place to ensure safe use of private providers. The Committee looked in more detail at the clinical rationale for continuing to use SSG despite it being placed in special measures. It received evidence to demonstrate the decision was based on a robust consideration of the risks and our own governance processes, in particular, our PIN system. SECAMB is the only ambulance trust using a PIN login system for private providers so we are assured that all SSG staff working SECAMB shifts are suitably trained and meet our standards. A robust improvement plan is in progress and is closely monitored. A further management response has been requested to provide more clinical data, further assurance on meds management, key actions and dates.

Infection Prevention and Control (Partially Assured)

In December there was scrutiny of how we are doing against the plan and the strategy launched earlier this year. The plan is on track but there was concern about one area of non-compliance, in particular; vehicle cleanliness. In January the management response set out the main cause being the pressure of vehicle turnaround, which is linked to the increase in front line staff hours. Management explained the balance of risk considered by operational leaders, which the committee acknowledged. Some comfort was gained by confirmation that there have been no related issues to date from swab testing results. The committee also noted the planned arrival of more vehicles, which would improve the situation.

Non Registered Clinicians Scope of Practice (Partially Assured)

The paper set out the different roles and scope of practice for the non-registered clinicians. There is clearly some lack of clarity among the workforce in part due to some legacy issues HR issues. The paper helpfully laid out the complexity and the proposed actions to ensure all roles are clear, safe and understood.

The committee explored how the scope of practice is followed and the related risks and mitigations. It was helpful to get this clarity and the stated recommendations were supported by the committee. It will monitor the action plan. It was noted that a recent patient safety and leadership walkabout had identified exactly the issues described in the paper.

This item is returning to QPS in 3 months.

EOC Clinical Safety (Partially Assured)

Pre-Christmas, the committee explored the clinical support available in the EOC over the Christmas / New Year period, and the different steps being taken to ensure this would be sufficient. It noted all the various steps being taken, which reflected a much better position this year than last year.

The committee thanked management for a clear and honest appraisal of the position. Pre-Christmas, there were still a number of issues to resolve to ensure sufficient staff and so the committee asked for an update by email and then confirmation in January

	<p>of the extent to which the gap was closed. The look back took place in January where the positive impact of the clinical navigator was highlighted. The Committee noted that although staffing levels were not at the level ideally required, they were above the levels expected. The Committee asked for details of incidents and was informed there were serious incidents in relation to lack of welfare calls but the number of incidents did not spike in the same way as in 2017. The Committee will look at the Sis as part of its ongoing assurance of incident management.</p> <p>CFR (Partially Assured)</p> <p>The committee agreed that progress continues to be made and reviewed evidence on a range of developments and improvements. However the Committee challenged how the progress was perceived by CFRs. Concerns remain about the way we monitor CFR performance and quality measures, how CFRs are supported at a local level and how we can ensure compliance with instructions. The committee challenged management to be clearer about what it wanted from CFRs now and in the future. The committee will seek this clarification at its April meeting, together with a clear set of actions and time line. The committee also asked that further work is completed to provide clarity on the CFR strategy, separately from any wider community and volunteer engagement/strategy.</p> <p>Internal audit – medical gases</p> <p>The Committee received the internal audit report covering this topic which had been under considerable scrutiny over the past months at QPS. The Committee was concerned to learn of a new issue regarding the tagging of equipment and a historical decision to alter the service dates. The Committee has asked for a response detailing what happened and why so it can be assured on learning and authorisation processes.</p> <p>The committee also received a number of reports:</p> <ul style="list-style-type: none"> ▪ Clinical Audit Quarterly Report – this showed an improving picture especially on care bundles. The committee was assured the plan is on track. ▪ Medicines Governance Quarterly Inspections – the results were reviewed and the committee was assured that management is aware of the issues and have corrective actions in place. ▪ Mortality and Morbidity Bi-Annual Review – there have been two deep dive reviews in the period relating to delays and calls from care line. The committee challenged the executive to include more of the learning in future reports to reflect all the work we are doing.
<p>Section 2 Reports <i>not</i> received as per the annual work plan and action required</p>	<p>The committee asked for an update over Christmas confirming the extent to which the gaps in clinicians was being closed. This was not provided, in the way it was requested.</p>
<p>Section 3 Changes to significant risk profile of the</p>	<p>N/A</p>

<p>trust identified and actions required</p>	
<p>Section 4 Weaknesses in the design or effectiveness of the system of internal control identified and action required</p>	<p>Learning from Pathways Audits There is no systemic process of learning from pathways audits, save for that arising from incidents and complaints. Acknowledging that a business case is being developed to improve staff (audit) capacity in EOC, the committee has asked EMB to ensure immediate action is taken in the meantime, to ensure a system of learning from pathways audits and that auditors meet the required standard.</p>
<p>Section 5 Any other matters the Committee wishes to escalate to the Board</p>	<p>R&D Strategy The committee considered the strategy and recommends it to the Trust Board (agenda item 147-18). In exploring the various elements, the committee noted that externally, the Trust is well recognised in terms of research, but yet this is somewhat less visible internally. The Committee noted and supported, the development of a business case to strengthen R&D.</p> <p>Learning from deaths The committee is receiving a deep dive presentation in February.</p>

SECAMB Board

Summary of the Extraordinary Finance and Investment Committee (FIC) Meeting of 22nd November 2018

<p>Date of meeting</p>	<p>22 November 2018</p>
<p>Overview of issues/areas covered at the meeting:</p>	<p>The key areas covered in this additional meeting related to Financial Performance and Business Cases for approval.</p> <p>Too many Papers were submitted late to this meeting. The executive was asked to review with the Chair the number, timing and format of FIC meetings to ensure that the FIC can best support the Trust whilst providing appropriate scrutiny and challenge on behalf of the full Board.</p> <p>The committee advised the executive that there were significant opportunities to improve the quality of papers in some cases.</p>
<p>Business Cases</p>	<p>Whilst FIC is prepared to consider urgent one-off businesses case on an exceptional basis, the committee re-iterated its expectation that future business cases would normally be expected to consider their impact on post longer term financial projections.</p> <p>Currently FIC has no formal approval powers, so the word “approval” below should be understood to mean “FIC recommends to the full Board that the project be approved”</p> <ul style="list-style-type: none"> • HART team leader re-banding. This was approved; however, FIC suggested that future proposals of this nature might better considered at WWC • Fleet Strategy. The paper was withdrawn. FIC offered the executive advice on how best to take it forward. The Committee was again grateful to Al Rymer for offering to be the non-executive lead on Fleet matters • HR Transformation. Once assured that the content of the program was supported by WWC, this was approved • IT Re-Structure. This was approved <p>The Executive advised that proposals in respect of Executive and/or Board Committee authorisation powers would be brought forward soon. FIC advised that as part of that review the Executive should consider guidance / rules set for financial analysis to ensure that costs and benefits are included in the analysis with an over-riding principle that financial analysis should be economically robust.</p>

Financial Performance	<p>A brief PowerPoint summary and interpretation of month 7 /year to date financial was included in the papers for this meeting.</p> <p>Whilst the committee ran out of time to discuss performance, the committee re-iterated that meeting dates should be reviewed to ensure that FIC has the opportunity to consider/review/challenge both an interpretative summary and a full finance pack at each ordinary meeting.</p>
Financial Planning	<p>The committee ran out of time to consider this paper but offered guidance that Planning for this year should</p> <ul style="list-style-type: none">• Meet NHS standards / guidance• Should extend 3 to 5 years to incorporate the Service Transformation program• Should place less focus on CIPS for the next year in the context of the Efforts that will be required to deliver the Service Transformation program and the substantial efficiency benefits expected therefrom.
Control Total Incentivisation	<p>The committee supported the proposal that SECAMB join the NHSI Control Total Incentivisation scheme for 2018/19.</p>

SECAMB Board

Summary of the Finance and Investment Committee (FIC) Meeting of 17th January 2019

Date of meeting	17 January 2019
Overview of issues/areas covered at the meeting:	The key areas covered in this meeting related to Conduct of FIC, 111, Operational Performance, Financial Performance, Brexit contingency and Business Cases for approval.
Business Cases	<p>Whilst FIC is prepared to consider urgent one-off businesses case on an exceptional basis, the committee re-iterated its expectation that future business cases would normally be expected to consider their impact on longer term financial projections.</p> <p>Currently FIC has no formal approval powers, so the word “approval” below should be understood to mean “FIC recommends to the full Board that the project be approved”</p> <ul style="list-style-type: none"> • Increase in Call Handling Capacity. This was approved • CCP/PP Re-banding. This was approved.
Financial Performance	The Committee was assured following discussion and challenge of a full report on month 8 /year to date financial performance.
Operational Performance	<p>The committee noted with pleasure our best performance over the Christmas/New Year period for at least three years and acknowledged:</p> <ul style="list-style-type: none"> • the hard work and planning throughout this year that has enabled and delivered such performance. • The additional financial contributions (following the Demand and Capacity review) that have enabled SECamb to field additional vehicles and staff. <p>The Committee/Executive agreed that the trust should continue to be creative with shifts/rostering to enable/enhance staff motivation and better retention.</p>
Financial Planning	The Executive is on track to present a financial plan (consistent with previous FIC guidance) to the next meeting of FIC, possibly preceded by informal discussion with members.
Fleet Strategy	The Executive is on track to present a Fleet Strategy proposal to the next meeting of FIC. The forthcoming (shorter) paper will focus on key strategic principles and will be set in the context of the Carter Review.
Conduct of FIC	<p>The Committee agreed to move to 6 meetings a year (in alternate months to AuC) to better support the trust during the Service Transformation program. Key points were</p> <ul style="list-style-type: none"> • Service Transformation update at each ordinary FIC meeting • A plan for regular “deep dive” reviews of Finance Dept, Fleet, Procurement, Estates,

<p>Brexit</p> <p>111</p> <p>IT</p> <p>Estates Update</p>	<p>IT and Other Corporate services on a rolling cycle</p> <ul style="list-style-type: none"> • Benefits realisation reviews should take place for at least FIC approved projects and be presented to AuC <p>The Committee received a verbal update on preparations for Brexit</p> <p>The Committee received an update on the 12-month 111 extension program. The Executive are confident that the financial envelope will eventually settle within existing Board guidance, but there is some risk. The Committee noted that the existing guidance/red-lines expressed by the Board might relax a little following publication of the new 10 -ear NHS Strategy</p> <p>The Committee received and was generally assured by an update paper on IT, subject to comments and recommendations made</p> <p>The Committee is grateful to colleagues and government for success with GBP19m of Capital bids; however, detailed business cases must be approved by NHSI before works can commence – this may be an issue with urgent projects such as the Brighton MRC build</p> <p>Whilst much work is underway/planned, the Committee was concerned that the paper did not give a comprehensive picture of the standard of all parts of the Estate. A further paper will be brought to the next FIC.</p>
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SECAMB Board

Summary Report on the Workforce and Wellbeing Committee Meeting of 18 January 2019

Date of meeting	18 January 2019
Overview of issues/areas covered at the meeting:	<p>The key areas covered in this meeting related to Diversity & Inclusion, the Wellbeing Hub, Brexit HR Risks, and updates on Service Transformation & Delivery (STAD) and HR Transformation.</p>
Diversity and Inclusion	<p>The WWC received a comprehensive report from Asmina Islam Chowdhury, the Trust’s Inclusion Advisor, which demonstrated that the Trust has a highly motivated and competent focus on Diversity and Inclusion. The report covered 4 key areas:</p> <ul style="list-style-type: none"> • Compliance with Public Sector Equality Duties: the report provided Assurance that the Trust was meeting its obligations. • The Workforce Race Equality Standard (WRES): the report provided Assurance that the Trust is engaged in and is monitoring progress against the WRES and its 9 key indicators. The Executive, on behalf of the Trust had identified an overarching Equality objective: “The Trust will improve the diversity of the workforce to make it more representative of the population we serve.” This is supported by an action plan. Overall, WWC was Partially Assured - the issues were understood and were being co-ordinated appropriately, but, similar to other Ambulance Trusts, we fall short of the standard in a number of areas. More comparative information was being received and the WWC asked that a summary be brought to the Board. • Pay Gap Reporting – Gender and Ethnicity: the report provided Assurance that the Trust was recording Gender and Ethnicity Pay Gap data, but highlighted that the mean/median gaps had widened between Mar 17 and Mar 18 and further analysis is required to understand the reason(s) for this. <p>In discussion a number of anecdotal examples of lack of awareness of diversity and inclusion requirements during recruitment and advancement processes had been observed. It was agreed that a particular focus must be paid to championing of the WRES and Diversity & Inclusion agenda at all levels, including Board, and that more work and focus was needed to integrate its principles into all the Trusts policies, planning and processes. It was discussed that this would be further supported by the appointment of a Non-Executive Board Champion alongside the Executive Board Champion for Diversity and Inclusion.</p>
Wellbeing Hub	<p>WWC received a comprehensive report from Angela Rayner which gave Assurance that the Wellbeing Hub initiative was being well managed. WWC thanked Angela and her team, on behalf of the Board, for their commitment and progress with this initiative.</p> <ul style="list-style-type: none"> • The report provided qualitative and quantitative evidence that the hub is providing a very positive contribution to the wellbeing of our workforce as well as delivering a number of efficiencies and improvements. • However, it was noted the current usage of the Hub’s facilities and services is placing a heavy demand on the existing staff. This was being assessed and a forthcoming business case makes the case referred to EMB to consider any recommendation for

	<p>an uplift in Wellbeing Hub staffing.</p> <ul style="list-style-type: none"> • An NHS Employers Health and Wellbeing self-assessment had been completed which is to be submitted to NHSI, demonstrating that the Trust is well placed in its approach to Wellbeing. It also highlighted potential areas for improvement, including training, the frequency and nature of reporting to the Board, and the opportunity for increased championing by Board/Exec members. • WWC asked that the completed self-assessment together with appropriate Board dashboard Wellbeing information be brought to the Board.
BREXIT	<p>WWC noted that sensible HR considerations were being included in the Trust wide management of risks associated with BREXIT.</p>
STAD	<p>Discussion focussed on the considerable progress made to date in increasing recruitment, especially for EOCs and of ECSWs. WWC congratulated a hard pressed resourcing team on progress to date. Partial Assurance was provided with a number of specific concerns:</p> <ul style="list-style-type: none"> • Continuing challenges with obtaining C1 driving licences and getting new recruits into the front line due to the availability of vehicles were openly and thoughtfully raised. These were slowing “on-boarding” but were being addressed. • The challenge of managing a workforce with a higher proportion of new recruits was highlighted. This was placing additional pressures on OUs, EOCs etc as well as adding to the pressure on HR specialist staff. • A workforce presentation demonstrated the great potential of Power BI for analysing workforce data to improve planning and make adjustments. WWC asked to review the presentation outside the meeting as it appeared to show a significant step forward in capturing workforce planning interdependencies. It was felt that this might form the basis of a long-awaited “Workforce Plan” which would argue not only “what” we need to do to meet D&CR workforce projections, but “how” and “why”. • WWC noted that an expected briefing on the Trust’s intended approach to improving retention had been delayed. Anecdotal examples were offered and the committee asked that a substantial discussion was brought to the next WWC.
HR Transformation Programme	<p>WWC was Partially Assured by a brief on HR Transformation:</p> <ul style="list-style-type: none"> • Whilst a new approach to work on “Culture” was being captured in a mandate and plan (due Feb 19) this was running in parallel with other direction emerging from a Board Development group. WWC asked that the 2 strands be brought together with urgency. • Process Improvement had now mapped and analysed most “as-is” processes. Recommendations would be brought to the Board (and committees) (by March tbc) supported by business cases as required. • The progress of a People Strategy had been slowed. A draft had yet to be reviewed by EMB, by WWC (out of committee initially so as not to delay) and the Board.
Workforce/HR Dashboard	<p>The WWC heard that a proposed revision of the Workforce/HR dashboard had been delayed but offered guidance that the focus should be on a small number of additional reports to capture KPIs for STAD, workforce development and HR transformation. WWC noted a</p>

	<p>number of positive trends and a number of concerns:</p> <ul style="list-style-type: none"> • Progress towards at least 80% completion of Appraisals and Objective Setting by 31 Mar 19 had slowed putting the target at risk unless the Board, Exec and senior managers all stressed the importance of prioritising this important aspect of staff engagement and morale. • Notwithstanding the great progress with ECSW recruitment the WWC noted the continuing (anticipated) high vacancy rates for Dispatchers (c22-25%), Paramedics (inc NQP) (21%, CCP (22%) and PP (41%). The plan for recovery from these figures towards a new clinical workforce structure must be central to the new Workforce Plan. • WWC noted high levels of employee relations casework, grievances and appeals and the potential impact these were having in a number of cases on industrial relations.
<p>Review of Risks and Policies</p>	<p>The paper was received, but discussion was deferred due to time constraints.</p>

SECAMB Board

Summary Report on the Audit & Risk Committee (AUC) Meeting of 3rd December 2018

Date of meeting	3 December 2018
Overview of issues/areas covered at the meeting:	<p>This Meeting of The Committee was observed by Felicity Dennis on behalf of the Board of Governors.</p> <p>The key areas covered in this meeting were</p> <ul style="list-style-type: none"> • Progress with outstanding Internal Audit actions • Audit Reports on Duty of Candour and the Medical Asset Register • A Local Counter Fraud Report • KPMG External Audit Plan for the year ending 31 March 2019 • Discussion as to the linkages between AUC and other Board Committees • Proposals in respect of Governance & Assurance Framework • Declarations of Interest <p>In general, and subject to the minutes of the meeting and the commentary below, AUC observed good progress</p>
Internal Audit	<p>AUC was pleased to note continuing good progress with outstanding Audit actions.</p> <p>Duty of Candour Audit (partial assurance) AUC scrutinized the report in detail and in particular the effectiveness of Datix. AUC emphasised the importance of building staff confidence and trust in the system through appropriate training.</p> <p>Medical Asset Register Audit (partial assurance). The main themes were clarity on procedures and decision making, particularly in respect of servicing. AUC was assured that the agreed actions on governance and authority would be scrutinised by the Board QPS Committee</p> <p>Linkage between AUC and other committees was discussed. AUC took the view that the inclusion of the Chairs of other committees within AUC was sufficient; however, AUC encouraged the Executive and/or Internal Audit to discuss findings with other Board Committees directly if/as appropriate</p>
Risk Update Report Governance & Assurance Framework Proposal	<p>AUC reviewed the risk update paper. Whilst some good direction was noted, the Committee asked for more focus on emerging themes, specific risks and deep dives.</p> <p>AUC considered a paper which described a proposed framework that the Board could use to help assure sustainable and quality provision of service. Detailed discussion and guidance to the executive followed. A revised draft will be presented to AUC and/or the Full Board in due course.</p>

Declarations of Interest Policy	Subject to amendments discussed at the meeting, The Committee was assured
Counter Fraud Report	AUC noted and was assured by the good work undertaken.
External Audit	KPMG presented their plan in respect of the year ending on 31 March 2019. Following detailed discussion, the Committee was assured. KPMG noted AUC sensitivity surrounding Value for Money

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

E – Council meetings 2019-20

1. Introduction

- 1.1. The Trust currently holds 12 formal Board meetings per year and 6 formal meetings of the Council of Governors.
- 1.2. From April 2019, the Trust will move to 6 Board meetings per year, and use the intervening months for Board development work and workshops etc.
- 1.3. It makes sense, then, to consider whether we currently hold the right number of Council meetings, and whether we make the best use of the time available.
- 1.4. This paper sets out considerations which were discussed at the GDC in December and the GDC's recommendation to the Council.
- 1.5. Meeting dates for 2019-20 for the Council, its Committees, Board and other relevant advisory groups (Inclusion Hub Advisory Group and Staff Engagement Forum) are included as an appendix to this paper.

2. Considerations

- 2.1. The Council and Board might derive more benefit from closer working together during the year.
- 2.2. We have taken steps to reinvigorate relations between Governors and NEDs at formal Council and development/discussion sessions following the formal meetings. We could do more to enable the full Board and Council to work together.
- 2.3. It would be possible to utilise the six days currently expected of the Council for formal meetings in different ways.
- 2.4. One example of how Council time could be used would be to hold quarterly formal meetings plus two additional meetings with the Board each year (one of which should include annual planning).

3. The GDC's view

- 3.1. The GDC were keen to spend more time with the Board, and to ensure annual planning was done together each year.
- 3.2. With this in mind, the proposal to move to four (quarterly) formal Council meetings per year plus two meetings with the Board per year was endorsed by the GDC.
- 3.3. The GDC also discussed the lack of Governor attendance at the afternoon sessions following formal Council meetings.

3.4. It was recognised that it would always be hard for Governors who worked full-time to attend all afternoon sessions, however the GDC felt it was important to reinforce the requirement of Governors to attend for six full days a year, whenever possible.

4. Recommendations

4.1. The Council is asked to endorse the GDC's recommendation that:

4.1.1. From April 2019, the Council meets formally on a quarterly basis;

4.1.2. The Council and Board do annual planning together and use one other day for joint working each year.

4.2. The Council is also asked for its views on:

4.2.1. Making best use of afternoon sessions following formal Council;

4.2.2. Ideas for joint working between the Board and Council that would be most productive.

Izzy Allen

Assistant Company Secretary

Appendix 1

2019/20 Meeting dates for the Council of Governors

2019 Date	Meeting	Time	Venue
31-Jan	Formal CoG	9.30am - 4pm	McIndoes Crawley HQ
15-Feb	GDC	2pm - 4pm	McIndoe 3 Crawley HQ
18-Feb	MDC	10.30am - 3pm	McIndoe 3 Crawley HQ
22-Feb	SEF	10am - 5pm	McIndoes Crawley HQ
28-Feb	Board	10am - 1pm	McIndoes Crawley HQ
14-Mar	Formal CoG	9.30am - 4pm	Holiday Inn Maidstone-Sevenoaks Kent
26-Mar	NomCom	2.30 -4.30pm	Curie Room Crawley HQ
28-Mar	Board	10am - 1pm	McIndoes Crawley HQ
11-Apr	IHAG	9.30am - 4pm	McIndoes Crawley HQ
18-Apr	NomCom	2pm - 4pm	McIndoe 3 Crawley HQ
19-Apr	GDC	2pm - 4pm	McIndoe 3 Crawley HQ
02-May	Joint CoG & Board workshop	9.30am - 4pm	McIndoes Crawley HQ
07-May	MDC	10.30am - 3pm	McIndoe 3 Crawley HQ
16-May	SEF	10am - 5pm	McIndoes Crawley HQ
23-May	Board	10am - 1pm	McIndoes Crawley HQ
06-Jun	Formal CoG	9.30am - 4pm	Venue TBC
21-Jun	GDC	2pm - 4pm	McIndoe 3 Crawley HQ
04-Jul	NomCom	2pm - 4pm	McIndoe 3 Crawley HQ
08-Jul	IHAG	9.30am - 4pm	McIndoes Crawley HQ
25-Jul	Board	10am - 1pm	McIndoes Crawley HQ
12-Aug	SEF	10am - 5pm	McIndoes Crawley HQ
22-Aug	GDC	2pm -4pm	McIndoe 3 Crawley HQ
20-Sep	Formal CoG & AMM	9.30am - 4.30pm	Venue TBC
26-Sep	Board	10am - 1pm	McIndoes Crawley HQ

04-Oct	IHAG	9.30am - 4pm	McIndoes Crawley HQ
10-Oct	NomCom	2pm - 4pm	McIndoe 3 Crawley HQ
24-Oct	GDC	2pm - 4pm	McIndoe 3 Crawley HQ
04-Nov	SEF	10am - 5pm	McIndoes Crawley HQ
07-Nov	Joint CoG & Board workshop	9.30am - 4pm	McIndoes Crawley HQ
19-Nov	MDC	10.30am - 3pm	McIndoe 3 Crawley HQ
28-Nov	Board	10am - 1pm	McIndoes Crawley HQ
03-Dec	Formal CoG	9.30am - 4pm	Venue TBC
12-Dec	GDC	2pm - 4pm	McIndoe 3 Crawley HQ

2020 Date	Meeting	Time	Venue
16-Jan	NomCom	2pm -4pm	McIndoe 3 Crawley HQ
30-Jan	Board	10am - 1pm	McIndoes Crawley HQ
12-Feb	IHAG	9.30am - 4pm	McIndoes Crawley HQ
13-Feb	GDC	2pm -4pm	McIndoe 3 Crawley HQ
17-Feb	MDC	10.30am - 3pm	McIndoe 1 Crawley HQ
05-Mar	Formal CoG	9.30am - 4pm	McIndoes Crawley HQ
26-Mar	Board	10am - 1pm	McIndoes Crawley HQ

Key:

CoG Council of Governors – Governors should attend these meetings.

CoG & Board Joint Council & Board Workshop – Governors should attend these meetings.

Board Public Board meeting – Governors are welcome to observe

MDC Membership Development Committee – Governors should attend these meetings

GDC Governor Development Committee –Governors should attend these meetings

NomCom Nominations Committee – Governors stand for election to this committee.

SEF Staff Engagement Forum – Staff Governors should attend these meetings. Other Governors can request to observe*

IHAG Inclusion Hub Advisory Group- All Governors can request to attend these meetings*

*Please let Katie.Spendiff@secamb.nhs.uk know.



South East Coast
Ambulance Service
NHS Foundation Trust



Developing Our Community Engagement Strategy:

Our Strategic Intent

2019/20 – 2022/23



Introduction

This document represents “our future strategic intent”. Following its publication we will work with patients, carers, volunteers, staff, and other stakeholders to co-design/co-produce our final volunteering strategy, which will be published in 2019.

We will hold a six-week period of engagement from 1 March 2019 to 15 April 2019, the main purpose of which will be to ensure that we fully address the needs of patients, carers, volunteers, our staff, and also of the wider NHS in the South East.

We want to make sure that our volunteering strategy is fit for purpose, understood and believed in, as well as in keeping with the general strategic direction of the wider NHS system. We have based our engagement approach on best practice guidance in NHS Improvement’s [Strategy Development Toolkit](#)¹.

We will also closely look at the Care Quality Commission’s guidance as to how they expect strategy development to be carried out and we are ensuring that we are meeting all of those expectations.

Outcomes

Across the groups we are engaging with there are five key outcomes that we would like to achieve:

- 1** Spreading understanding of our volunteering & community engagement ambition and future strategic intent (e.g. ensuring CFRs are sufficiently trained, supported and utilised to be able to provide maximum benefit to SECAMB’s patients)
- 2** Co-designing/co-producing our community engagement and volunteering strategy, seeking and providing feedback and ideas on how we can improve our service to patients in the future.
- 3** Support for adoption of best practice models (e.g. federated entity &/or charity, - better in responding to volunteers needs & attracting external funds to provide the best facilities & services).
- 4** Alignment with local, regional and national NHS strategies & increasing SECAMB’s people resources to compliment other significant increases in front-line workforce levels during 2019. SECAMB’s team has around one third of the administrative capacity of neighbouring trusts of a similar demographic
- 5** Fostering collaborative compassionate multi-disciplinary team working in line with SECAMB’s values. Embracing challenges positively & celebrating significant successes and achievements to accelerate service improvements

Engagement will be led by our new Head of Community Engagement (HoCE) and supported by our Trust Board & workforce, with board members involved in discussions with volunteer representatives, patients, staff and other stakeholders whenever possible.

Following the end of the six-week engagement period we will publish a summary of the key themes that emerged.

Volunteer, Patient and Public Engagement

Having learned from national best practice models, we are committed to working with:

- A soon to be created Volunteers Consultative Forum to increase engagement opportunities;
- A possible new SECAMB Charity &/or a federated model entity;
- Existing Patients' Forums;
- Existing Healthwatch services;
- Other voluntary & third sector organisations

This will ensure that our services are responsive to patients' needs and that patients are always at the centre of our transformation into an excellent urgent and emergency care provider.

Patient, volunteers and public participation in the design & co-production of our strategy is critical to ensure we deliver a service that is responsive to patients' needs. The Trust have already started work (Oct 2018) with a group of 14 CFRs during an engagement workshop in co-producing its over-arching strategy and we will be co-designing further events, open to patients and the public, to share and seek feedback on our ambition and emerging strategy and to discuss options for development.

We will be holding a patient and public engagement event between **14:00 and 16:00** on **Sunday 07 April 2019** (with catering).

Joint Staff and Volunteer Teambuilding Engagement

We want to make sure that our staff are fully engaged in the development of our new CE&V strategy so that there is a broad understanding of the direction the organisation is going. Crucially, once we have the buy in from our staff we can utilise the in depth knowledge of our staff in order to make our CE&V strategy a better one for them and for patients.

We have developed an engagement approach to provide a variety of ways for staff to get involved with the development of this strategy, including:

- **Chief Executive/NED/HoCE roadshows** – giving volunteers & staff the opportunity to hear from leaders first-hand about their ambitions for the organisation
- **Staff engagement event** – centralised events bringing large numbers of staff together from across the organisation to hear about and discuss the emerging strategy
- **Ten Operating Unit based sessions** – we will be holding a CE&V strategy engagement event in each of the 10 OUs during the 6-week engagement period from 1st March
- **Live interactive webinar** – this will give staff & volunteers (including staff who are also CFRs) who cannot attend the above, an opportunity to hear about and ask questions about our strategy
- **Drop-in surgery sessions** – these will allow volunteers & staff who want to know more, have questions, or want to give their views to come and speak to a member of the Strategy Team at one of our main sites
- **Survey** – reaching as many staff as possible, we will devise a short survey to get views and reactions on our strategy. We want to make the development of our new strategy something which is done in public, with our staff, so that there is a shared vision and shared ownership as we move into the implementation phase. Our full staff engagement schedule, including the dates and locations of each of the OU based sessions, will be published in the SECAMB Weekly Bulletin

External Stakeholder Engagement

As part of this period of engagement we will be engaging with a variety of external stakeholders. We are obliged to comply with NHSE & Governmental driven priorities.

It is therefore imperative that our CE&V strategy is aligned with the NHS Five Year Forward View, the strategic intent of the various Sustainability and Transformation Partnerships (STPs), the NHS system and the emergency services sector.

We have identified the following organisations as the key external stakeholders that we will look to engage with over the engagement period:

National health bodies	Regional and local health bodies	Regional 999 partners	Providers from other sectors	Regional Local Authority Body
Department of Health	STPs	Police	Medical Schools	Elected Councillor Health Leads
NHS England	CCGs	Fire and Rescue Services	Nursing Colleges	MPs
NHS Improvement	NHS acute and mental health providers	Neighbouring ambulance services	Universities	
Care Quality Commission	NHS 111 providers		Local Colleges	
Health Education England	NHS primary care providers		Regional or City School Governors Associations	
	Healthwatch SEC branches		National Charities	

Table: External stakeholders

We will be holding a stakeholder conference between **14:00 and 16:00** on **Friday 05 April 2019**

Voluntary Services Key Milestones

2017-2022



South East Coast
Ambulance Service
NHS Foundation Trust



Key



Staffing &
Resilience



Clinical
Governance



Communications
& Engagement



Corporate
Governance

September 2017

Mike and Echo training courses suspended due to lack of governance



October 2017

Tim Fellows begins role as Operating Unit Manager for voluntary services



December 2017

Ratification of the CFR policy



December 2017

Audit of CFR personal details, including DBS checks and HR processes. Records and DBS compliance found to be excellent when compared with the Trust averages.



December 2017

New 5-day training course signed off by the clinical education with oversight from medical directorate



December 2017

First cohort of CFR TRiM practitioners trained to provide face to face support to other volunteers following traumatic incidents



January 2018

CFRs issued with specific SECAmb CFR Microsoft Email addresses



March 2018

Medical device management audit started: Serial Numbers of all CFR AEDs requested



March 2018

Tympanic Thermometers introduced to CFR scope of practice



March 2018

Salbutamol temporarily withdrawn from CFRs due to lack of governance. Communication to CFRs from Medical Director.



April 2018

Introduction of a new and formally approved 5 day CFR course (33 new CFRs were trained between April and June 2018)



April 2018

CFRs no longer to respond to paediatric C1 calls following national guidance

May 2018

Roll-out of swipe access identity cards to CFRs beings



May 2018

Sue Orchard takes over as interim Operating Unit Manager for voluntary services



May 2018

A significant achievement: all medical devices issued / used by CFRs were audited and an asset register created



May 2018

Investing in volunteers assessment. Originally met criteria for award with (significant) conditions. Conditions not met by data of subsequent inspection.



June 2018

Exit interview questionnaire created for leavers



June 2018

Community Partnership Lead East recruited



June 2018

Agreed new equipment load list for CFRs in line with new training course



July 2018

All CFRs who left the network between January and June 2018 given the opportunity to complete an exit interview



July 2018

New interim incident reporting arrangements introduced for volunteers, populated directly into Datix



August 2018

Interviews for new Head of Community Engagement (HoCE)



October 2018

Contract offered to new HoCE



October 2018

EOC can dispatch Community First Responders to Paediatric C1 calls with immediate effect



October 2018

A significant achievement, Over 11,000 members of the community, including schools, trained in lifesaving skills as part of the Restart a Heart campaign



October 2018

Agreement with ROMs to allocate an CFR OU lead 18.75 hours weekly in each OU as directed by Joe Garcia



October 2018

Confidentiality agreement circulated to all CFRs for signature and return



November 2018

Working group established with EOC to improve CFR dispatch desk function and CFR utilisation



November 2018

Volunteer focus group established to produce a volunteer agreement



December 2018

Medicines SOP consultation closed, final amendments are being made.



Reintroduction of Salbutamol planned for April 2019.



December 2018

New HoCE takes charge of voluntary services



December 2018

A significant achievement, 10 new training courses completed, training 72 candidates, meaning we can now commence external recruitment



January 2019

Presentation of clinical and quality assurances to QPSC and CoG



January 2019

External recruitment to be opened now the backlog of internal training has been completed



January 2019

Surge Management Plan (SMP) to be revised, taking on board feedback and suggestions from key stakeholders



January 2019

Rollout of annual CPD programme for CFRs, a significant step in improving CFR training and development opportunities



February 2019

Explore opportunities for charity model of volunteering, based on known successes in other Trusts using this approach



March 2019

Full survey of volunteers to be started by external agency to complement pulse surveys




March 2019

Identify process / policy changes to improve social media communications



March 2019

Strategy consultation sessions throughout March and April

 This document is optimised for BoardPad and on-screen viewing
Please only print where necessary

Voluntary Services Risks

ID	Title	Opened
330	Community First Responders (CFRs) medicines governance requirements	09.02.2018

372	Storage of oxygen in Community First Responder (CFR) and personal vehicles and Reponse Capable Manager (RCM) personal vehicles	23.04.2018
743	Voluntary Services - Team Capacity	04.01.2019

	744 Voluntary Services - Morale	04.01.2019
	745 CFR - Lone Working	04.01.2019
	746 CFR - Equipment delays	04.01.2019

747	CFR - Financial Management	04.01.2019
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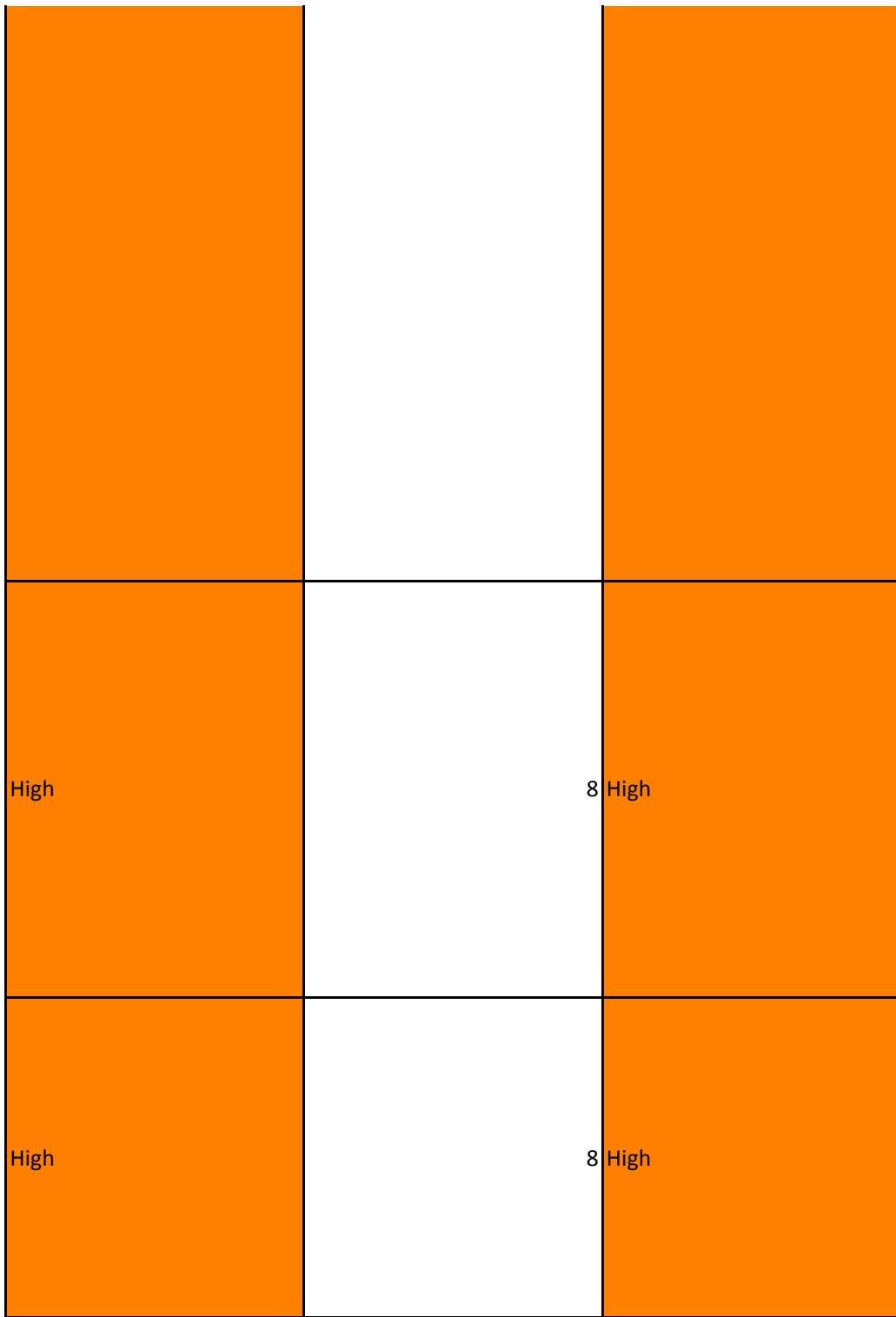
Principle Risk Lead	Description	Group/Board
Davies-Jones, Carol-Anne	There is no governance in place around the use of Prescription only medicines (POMs) in CFR workforce. Currently CFRs administer POMs in the form of Salbutamol 5mg/2.5ml nebulas. The medicines training package needs updating and currently there is no audit on their use of medicines.	Medicines Management

Nazir, Amjad	<p>Cylinders of oxygen are stored in CFR and RCM personal cars without a fire extinguisher on board. The British Compressed Gas Association (BCGA) states it is a mandatory requirement to carry a 2KG size fire extinguisher. However the HSE does not state that this is a mandatory requirement. There is a requirement for a business to conduct a health and safety assessment, which should include a fire risk assessment.</p>	Central Health and Safety
Stamp, Mr Chris	<p>There is a risk that the voluntary services team do not have enough capacity to deliver an ambitious strategy.</p> <p>This may lead to delays in delivery and cause further challenges with staff engagement.</p>	Resilience and Specialist

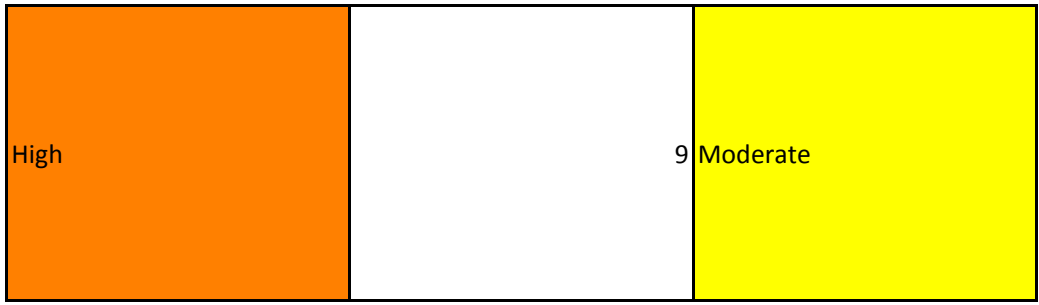
Stamp, Mr Chris	There is a reputational risk that a small minority of volunteers may attempt to discredit the Trust in a public forum as a result of low morale over perceived or actual issues.	Resilience and Specialist
Stamp, Mr Chris	There is a risk that CFRs may be deployed to an incident that could become violent, or pose a risk to their safety as a result of communications issues which may lead to harm.	Resilience and Specialist
Stamp, Mr Chris	There is a risk that CFR equipment may be delayed as a result of an inability to order through established channels or stores which may lead to a reduced capacity for CFRs to deliver the right care to patients. Delays can be up to a year for some equipment.	Resilience and Specialist

Stamp, Mr Chris	There is a risk of SECamb being unable to reclaim funds from, or provide charitable funding to CFRs as a result of minimal governance over CFR team's charitable accounts. This may lead to legal challenges and reputational damage.	Resilience and Specialist
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Risk grading (inherent)	Rating (inherent)	Risk grading (residual)
High	12	High



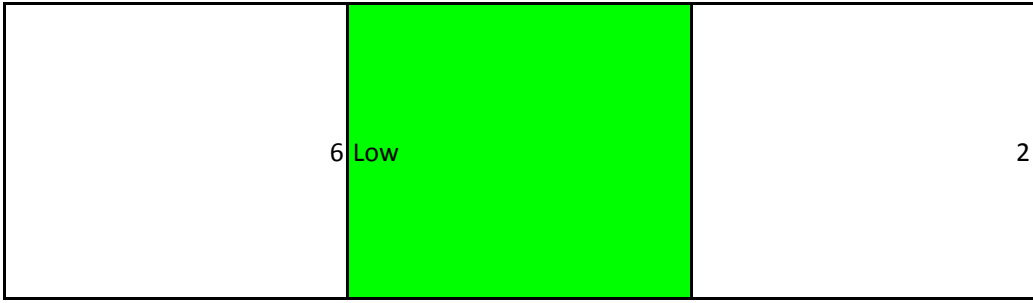
High		10 High
High		12 Moderate
Moderate		6 Moderate



Rating (residual)	Risk grading (Target)	Rating (Target)
	9 Low	2

	8 Low	2
	8 Low	2

	8 Low	2
	6 Low	3
	6 Low	2



Last review date	Next review date	Controls in place
19.12.2018	18.01.2019	1. Salbutamol withdrawn from CFRs after Chief Pharmacist and Consultant Paramedic produced a paper for Trust Board around governance gaps with CFRs 2 Governance and assurance sought from the Medicines Governance Group

30.11.2018	31.01.2019	1. Risk assessments have been completed for CFR personal vehicles and Trust owned vehicles. Julia Brown (Health and Safety Manager) has been informed and was involved in risk assessment.
04.01.2019		Nil

04.01.2019		<ul style="list-style-type: none"> • Made two permanent substantive managerial appointments • Developed a new 5-day course and commenced delivery in April 2018. • Issued Community First Responders with CFR email addresses, to enable easier, and more secure communication • Issued Community First Responder teams with tympanic thermometers • Began the introduction of ID/access cards to CFRs • Completed a CFR personal details audit • Undertook an audit of CFR equipment and created an asset register • Introduced new incident reporting arrangements for CFRs • Reinstated CFR attendance at paediatric C1 incidents
04.01.2019		<p>Exclusion criteria - CFRs cannot attend:</p> <ul style="list-style-type: none"> • Mental health incidents • Incidents of suspected violence • Incidents of suspected drug/alcohol use • Road traffic collisions <p>Man-Down facility on Trust issued CFR telephones</p>
04.01.2019		

04.01.2019		Rapid escalation and remuneration in any instances where a financial matter may otherwise be referred to 3rd party (*Reduces severity, but not frequency of incidents)
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Mitigating actions planned / underway	Progress notes	Closed date
<p>1. Training package on medicines underway for CFRs but e-learning package yet to be produced and signed off.</p> <p>2. Audits to commence in 2018/19 plan</p> <p>3. CFR clinical representative to work with medicines training package yet to be identified, due to staff changes - Sue Orchard in post now</p> <p>4. Incident reporting to be identified for CFRs</p> <p>5. SOP written for medicine pouch process for CFRs (out for consultation July 2018).</p> <p>6. Board paper to be written for the 15th January 2019.</p>	<p>[Biddlecombe, Georgia 30/05/18 11:09:02] Board paper written by Chief Pharmacist and Consultant Paramedic to cease the use of salbutamol in this volunteer workforce and to focus on medicines governance in relation to their process and systems.</p> <p>new meds training package in development.</p> <p>SOP been written on how they order and replace medicines pouches.</p> <p>Audits to commence on medicines administrations.</p>	
	<p>[Davies-Jones, Carol-Anne 28/08/18 15:51:58] Salbutamol protocol written for CFRs for Trust Board approval.</p> <p>elearning and face to face medicines training packages all in development.</p> <p>meeting set up for 10th September 2018 to discuss the above.</p>	
	<p>[Davies-Jones, Carol-Anne 03/10/18 17:45:03] Chief Pharmacist set up a meeting with CFR leads on the 10th September. Names and action owners now assigned. Protocol in final draft, e-learning to be updated and SOP for pouch process will go out for consultation in October 2018.</p>	

	<p>[Davies-Jones, Carol-Anne 12/11/18 08:24:58] SOP for medicines pouches and CFR processes around this out for 3 week consultation. CFR protocol for salbutamol written. Trust Board paper to be written for the January agenda on improved medicines governance and training for CFRs.</p>	
<ol style="list-style-type: none"> 1. Risk assessment required for RCM vehicles 2. Identify what fire training is received around oxygen use in CFRs and RCM. 3. Signage requirements for CFR and RCM vehicles. 4. Work underway to identify what type of devise is suitable to hold fire extinguisher in personal vehicles as an action out of medical gas subgroup. 5. Medical gas subgroup to inform MGG and update on risk assessments. 	<p>[Davies-Jones, Carol-Anne 28/08/18 15:59:09] Medical Gas subgroup meeting to take place on 11th September. Risk is standing agenda item for discussion</p> <p>[Davies-Jones, Carol-Anne 03/10/18 17:50:18] continues to be discussed in medical gas subgroup. HSE have not enforced mandatory requirement yet.</p> <p>[Lyons, Andy 16/10/18 11:46:11] risk reviewed with Chief Pharmacist and revised accordingly.</p>	
<p>Map team size against comparable Trusts with a similar geography.</p> <p>Determine appropriate roles for delivery of strategy and continued engagement.</p>		

<ul style="list-style-type: none"> • Commence external recruitment in January 2019 • Review the function of the EOC CFR desk • Improvements to CFR training • Improvements to CFR utilisation and patient experience • Regular pulse surveys • Introduce wider opportunities for face to face contact • Develop a community engagement and volunteering strategy 		
<ul style="list-style-type: none"> - Scope more robust telecommunication facilities for CFRs - Ensure telecommunications device provides an easily activated emergency transmission option 		
<p>VS team to meet with procurement and determine actions required to mitigate risk</p>		

Work to develop a charity, with appropriate financial governance and oversight		
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SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

Annual planning: integrating the views of the Council

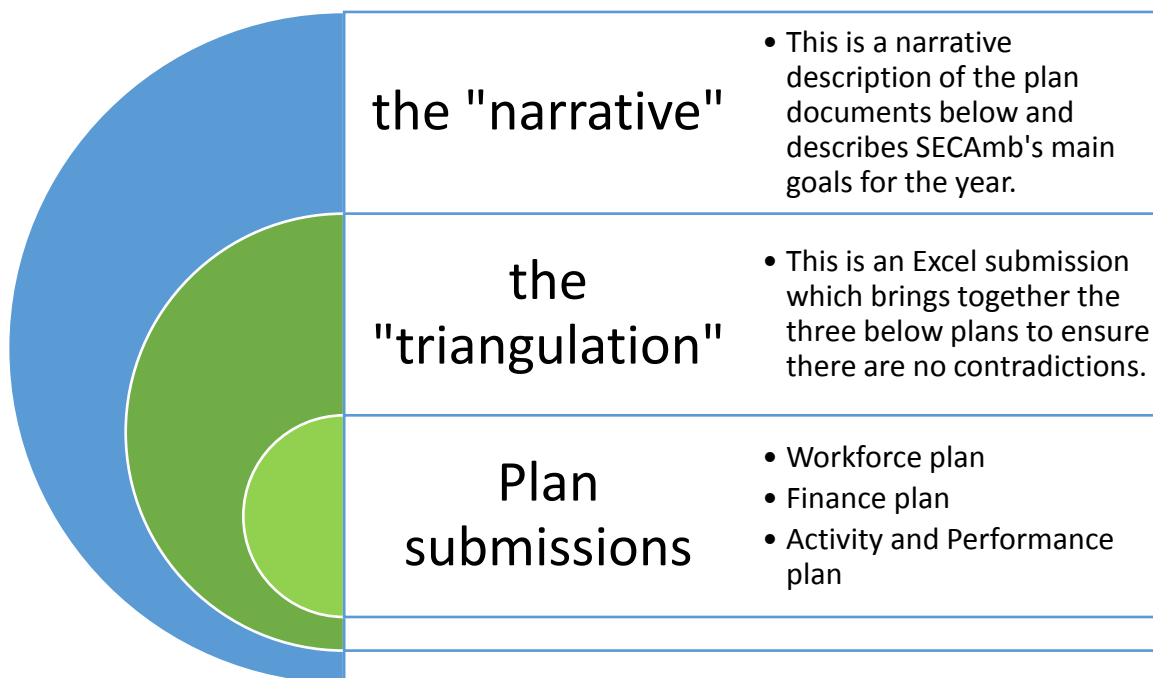
Background

This paper sets out the SECamb process for completing the annual plan and how the planning team will seek and incorporate the views of the Council of Governors (CoG).

The 2018/19 plan was focussed on the delivery of the CQC “must dos” and the need for the demand and capacity review. In 18/19, SECamb’s CQC rating was changed from “inadequate” to “requires improvement” and the demand and capacity review reported back leading to investment from commissioners to deliver the required staffing and improvements.

The investment and improvement plan form the Service Transformation & Delivery Programme (STAD). The 19/20 plan will be largely focussed on delivery of the STAD programme, the Carter recommendations and the NHS long-term plan.

As a Foundation Trust, we are responsible for producing and submitting the following documents:



(green being excel submissions, blue being narrative)

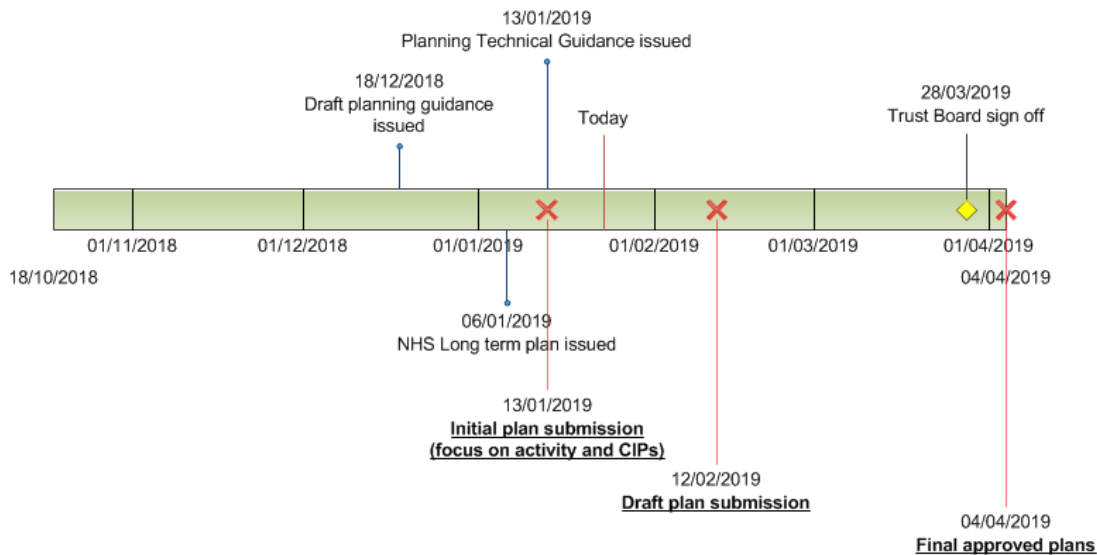
Planning team

Rory Collinge (Strategy and Partnership Manager) and Phillip Astell (Associate Director of Finance) are leading the planning process.

A Business Planning Group has re-formed to create the plan. The group consists of members from:

- Strategy
- Finance
- Fleet
- Operations
- Quality
- HR
- IMT
- Estates and Procurement
- PMO
- Information

Timeline



The timeline is extremely constrained.

Council of Governors

The incorporated views of the Council of Governors are critical to the annual plan. In order to deliver this:

- The CoG will be surveyed on the key themes and priorities of the 19/20 plan in the upcoming week (week beginning 28th January);
- In addition, our Foundation Trust members, via the Inclusion Hub Advisory Group and Staff Engagement Forum will also be surveyed; and
- The feedback will be presented to the Business Planning Group to inform the final plans.

The planning leads will attend the March CoG meeting to present the plan prior to Board sign off at the end of March.

Rory Collinge (Strategy and Partnership Manager)

South East Coast Ambulance Service NHS Foundation Trust

G - Membership Development Committee Report

1. Introduction

- 1.1. The Membership Development Committee is a committee of the Council that advises the Trust on its communications and engagement with members (including staff) and the public and on recruiting more members to the Trust.
- 1.2. The MDC meets three times a year. All Governors are entitled to join the Committee, since it is an area of interest to all Governors.

2. MDC Meeting summary

- 2.1. The MDC met on the 20th November. At the meeting, feedback from the Annual Members Meeting (AMM) was reviewed and early canvassing of ideas for the 2019 event took place. Positive feedback was received for the competition to visit EOC, display vehicles and presentations at the AMM. The live streaming of the event had worked well, with nearly 500 views so far, and staff had fed back to KS that they had watched it online.
- 2.2. The MDCs Terms of Reference came to the meeting for review. A proposal to expand the membership of the committee was discussed and has been included in the tracked changes version of the document enclosed as Paper G1 for the Councils review today.
- 2.3. The election communication plan was reviewed by the MDC and key recommendations to include in campaign materials to members included: being explicit about the time commitment, having an interest in keeping yourself up to date by reading papers and being able to ask questions in a public forum. It was also noted that the support and training available should be detailed upfront.
- 2.4. Initial planning for 2019 member engagement and recruitment was discussed by the MDC. The MDC were keen for information events and membership sign ups to take place at existing large scale Patient Participation Groups across the county as this had proved successful in Surrey in 2018 with one person even standing in the Governor elections after this event. It was agreed that there should also be a continued focus on developing our BME membership and that the MDC would work with the Trusts Inclusion Lead on this to explore opportunities.

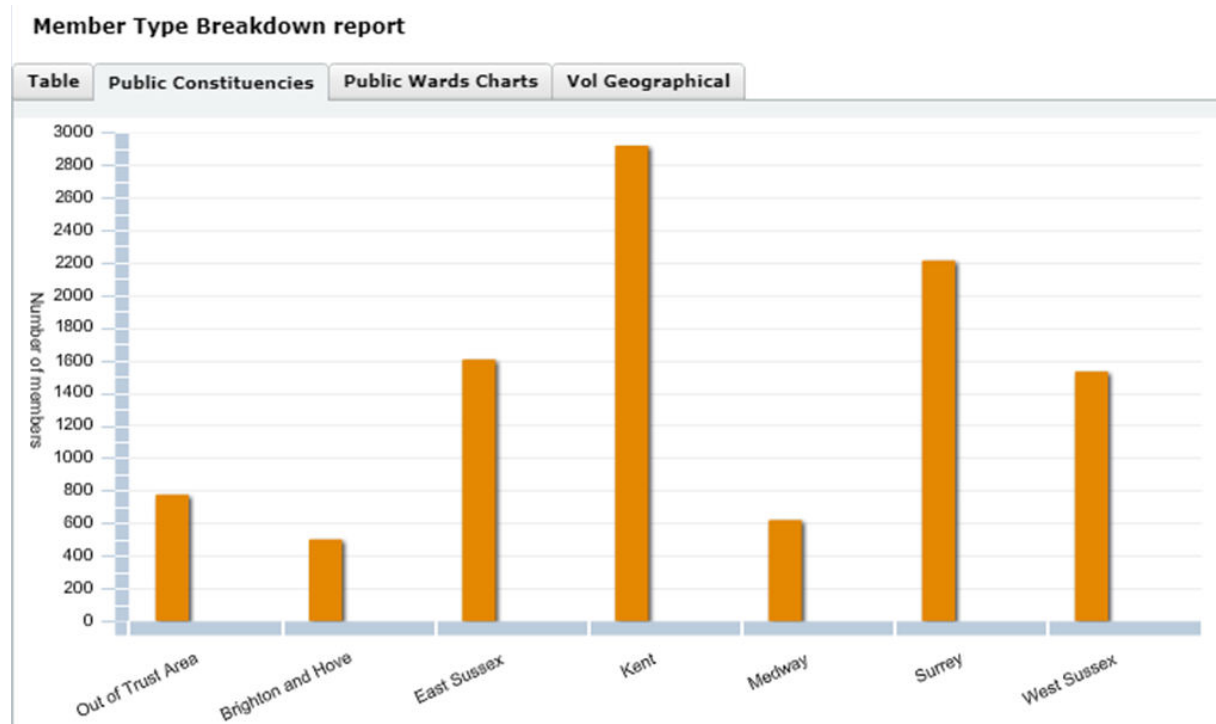
2.5. Suggested content for the next edition of the newsletter were received as detailed further on in the report. The minutes of this meeting are not yet finalised, they will be included in the next MDC report to the Council.

3. Membership Update

3.1. The total staff membership as of 31.12.18 is 3,634, which is up 1.8% since the last report.

3.2. Current public membership by constituency (at 14.01.19) is 10,180.

Constituency	No. of members	Member percentage increase or decrease compared to previous report	Proportion of the population who are members
Brighton & Hove	503	1.37%	0.19
East Sussex	1608	1.34%	0.32
Kent	2920	0.54%	0.22
Medway	623	2.19%	0.24
Surrey	2215	1.24%	0.18
West Sussex	1583	3.15%	0.20
Total	10,180	6.71%	0.22



- 3.3. 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.
- 3.4. We also get return to sender newsletters that are returned to us when people have moved and not notified us.
- 3.5. 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.

4. Membership engagement summary

- 4.1. Attendance at membership engagement events winds down over the winter period. However, some membership engagement events and opportunities did take place as follows:
- 4.2. Election info drop in sessions for FT public and staff members took place in Sussex & Surrey in December. There was no appetite for an event in Kent, which was planned. Thanks to Public Governors Felicity Dennis & Mike Hill for supporting these events.
- 4.3. Public members who were interested in standing for election were invited to the November Council meeting and a number attended. Governors were able to talk with members about the role after the meeting.
- 4.4. A SECAMB Quality Account event with public and staff FT members and other stakeholders took place in November with a follow up event on the 28th January 2019.
- 4.5. Public and Staff FT members were invited to take part in the Chief Executive Recruitment day as part of a focus group.
- 4.6. Joint Council and Inclusion Hub Advisory Group (public FT members) Christmas event for further learning on STPs and the opportunity to informally network with each other and SECAMB Staff.

5. Additional engagement work

- 5.1. 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 by Governors since the last report include:
Rushmoor and Surrey Heath Community First Responders monthly meeting
Governwell Core Skills Module training
Governwell Effective Questioning and Challenge Module

Articles on the work of the Council (top 3 areas of focus at meetings)

continue to be shared in the staff bulletin and the community facebook page to raise the profile of the Council and awareness of our staff Governors.

- 5.2. 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.
- 5.3. 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>



- 5.4. The next member newsletter goes out on the 23rd April to our public FT members and our staff FT members. This edition will likely focus on the appointment of a new CEO, an interview with the Chair, recent election outcomes, member survey outcomes, health tips, the NHS 10 year plan and patient stories. 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.
- 5.5. A substantial election communication plan created by the Membership Office was carried out across a multitude of digital and traditional platforms to staff and public members for the recent round of elections. Despite this, the number of member's choosing to stand in the elections is much lower than previous years. Member voting packs will be issued in early February to the constituencies with enough nominations to hold elections and the results announced on 22nd February 2019.

6. Public Members' Views



6.1. 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.

6.2. Since the last report, the Inclusion Hub Advisory Group of public members met on the 16th January 2019. The minutes of this meeting will be shared in the next report. The minutes from IHAGs October meeting are now available and posted below as Appendix 1. Marguerite Beard-Gould is the Council's representative at IHAG meetings and there is currently one vacancy for a Governor on IHAG. All Governors are welcome to request to observe the IHAG from time to time.

6.3. 16th January 2019 IHAG meeting summary:

6.4. January's meeting was well attended. The IHAG heard about the top risks to the Trust and sought info on how risks were captured and patient and public involvement in reviewing them. IHAG members volunteered to be part of this if required.

6.5. The IHAG received a presentation from Consultant Paramedic Michael Bradfield. Consultant Paramedics teach, carry out research activity, undertake management activity including incident investigations and clinical support to EOC, and keep up their clinical practice by doing shifts on the road.

6.6. The structure of the Medical Directorate was explained and information on recent appointments including Assistant Medical Director and Deputy Medical Director were shared. The IHAG were given an overview of the broad selection patient facing clinical road based roles within SECAMB and asked for information on how experience levels are married to make an effective and safe service. The IHAG asked if appraisal process covered a discussion

on patient interaction/ approach. Michael noted it would be useful for a conversation on this to become part of the appraisal process.

- 6.7. The IHAG reviewed the Trusts Inclusion Strategy 2016 -2021. The IHAG heard that 750 people were involved in the original development of the strategy in 2014 which included a variety of stakeholders and the strategy was formally reviewed in 2016. THE IHAG's views were canvassed on what was working well within the strategy and what could be improved or focussed in on. The IHAG undertook an activity on this, as they form a key strand of the inclusion strategy. Key points included active promotion of the value of IHAG and what's in it for staff. Board level promotion of the FT membership work and language around description of IHAGs work as it is FT membership engagement. Revisit exploring Youth representation to increase the dynamic of the group.
- 6.8. IHAG carried out a self-reflection exercise on what they could do to improve their effectiveness as a group. They also discussed their membership and reviewed representation. There was a consensus that communication should be a two street with emphasis on hearing about patient experience and also the top 3 areas Governors are focussed on. It was agreed that a simple way to achieve this would be to circulate this MDC report to them and other groups listed within it. Further consultation on the strategy review will take place and a survey will be issued for prioritising what areas we focus on.
- 6.9. Initial feedback on draft volunteer strategy proposal was received and this would be fed back to the author - the Head of Community Engagement.
- 6.10. 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.
- 6.11. The next IHAG meeting takes place on the 11th April 2019 at Crawley HQ.

7. Staff Members' Views

- 7.1. 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.
- 7.2. **SEF meeting summary:**
- 7.3. The most recent SEF meeting took place on the 16th November. The notes of this meeting are not yet finalised. At the meeting, the SEF heard from the Trusts Freedom to Speak Up Guardian Kim Blakeburn on her role. An activity took place with the SEF who were asked to feedback on what makes people

feel safe when raising a concern, and also what inhibits people from raising concerns.

7.4. The SEF received a presentation on the work of the Trust's Wellbeing Hub, which launched in January 2018 and provides a single point of access for the Trusts physical and mental health services for staff and volunteers. This well valued resource was made a permanent resource in May 2018 and sees an average of 80-90 referrals per month, proving that it is well needed. The SEF heard how the Wellbeing Team plan to continue to review their effectiveness and the services that are providing to ensure they continue to meet our staff and volunteers needs.

7.5. The Trusts Culture team attended to canvass the perception around completing the staff survey and how they could work with staff to adjust this. The SEF noted there was a common feeling shared by staff that nothing changes even if you complete the survey so it then starts to feel like a pointless task. The SEF heard how the team have been working hard to develop a new system for sharing the results with a focus on "what we have done well in" "what do individual areas of the service do with the results" and "what do we need to do better". Feedback to the culture team was provided on maintaining anonymity when sharing results by Operating Unit and the need to communicate on this to allay any fears and increase confidence in completing the survey.

7.6. 2019 SEF meeting dates are as follows and they take place at Crawley HQ.
Staff Elected Governors should make every effort to attend these meetings:
22nd February 2019
16th May 2019
12th August 2019
4th November 2019

8. Patient Members' Views

8.1. The Patient Experience Group (PEG) last met on the 4th December 2018, a meeting summary is provided below from Felicity Dennis, the Governor Representative on this group.

8.2. PEG meeting summary

8.3. Bethan Haskins Director of Nursing & Quality will chair the meeting going forward.

8.4. The group called for resources to be allocated to improve the Trusts capacity to collect patient and public feedback in light of the CQC Report Nov 2018 which mentioned this as an area for improvement.

8.5. The Trust's Patient Experience Strategy remains in draft & is being reviewed by Jane Phoenix Assistant Director of Strategy to ensure it aligns with other enabling strategies. Wider public consultation will then be led by Jane and Louise Hutchinson.

- 8.6. Scenario based complaints management training continues to be delivered across the Trust in a wide range of locations and is being very well received. The Trust has received improved complaint responses from Operational Team Leaders and is seeing a more positive attitude towards learning from complaints by staff.
- 8.7. New Head of Patient Safety recruited: the post will oversee the areas of risk, patient safety and serious incidents and two other posts recruited to will bring the team to full establishment.
- 8.8. Family and Friends National Survey: Louise Hutchinson is working with the national team to develop a fit for purpose way of gathering feedback on ambulance services.
- 8.9. Public Information & Awareness Raising: the group is keen for a meeting summary to be available on the SECAMB website and have asked the communication team to action.
- 8.10. Future meeting dates: 26th Feb 2019, 30th April 2019.

9. Recommendations

- 9.1. The Council of Governors is asked to:
- 9.2. Note this report; and review any attached minutes for more detail.
- 9.3. Review the Terms of Reference for the MDC and note any additional changes or approval.
- 9.4. 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.
- 9.5. 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

South East Coast Ambulance Service NHS Foundation Trust

Inclusion Hub Advisory Group (IHAG)

Notes of a meeting held on 15th October 2018
at Nexus House, Gatwick Road, Crawley: 09:30 to 16:00 hours

Attendees:

Angela Rayner	(AR)	Leslie Bulman	(LB)	Penny Blackbourn	(PB)
Ann Osler	(AO)	Marguerite Beard- Gould	(MBG)	Sarah Pickard	(SP)
Jane Watson	(JW)	Mike Tebbutt	(MT)	Suzanne Akram	(SA)
Jim Reece	(JR)	Mo Reece	(MR)	Terry Steeples	(TS)
John Anderton	(JA)	Ollie Walsh	(OW)		
Katie Spendiff	(KS)	Paula Dooley	(PD)		

Presenters & Guests:

Bethan Haskin	(BH)	Chris Evans	(CE)	Steve Emerton	(SE)
Judith Ward	(JWa)	Aide Hogan	(AH)		

Secretariats:

Asmina Islam Chowdhury		(AIC)	Joanna Wood	(JWo)
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Apologies:

Ann Wilson	(AW)	Patrick Wolter	(PW)	Rajinder Chetri	(RC)
Dave Atkins	(DA)	Philip Watts	(PWa)	Brian Rockell	(BR)
John Rivers	(JR)	Simon Hughes	(SH)	Francis Pole	(FP)

1 Welcome and introductions

1.1 AR opened the meeting welcoming all present. Round table introductions were made.

1.2 AR tabled apologies as given above.

2 Minutes of the previous meeting

2.1 The notes of the meeting held on 29th June 2018 were reviewed, and agreed as an accurate record by PD seconded by LB.

3 Matters arising & IHAG Action Log Review

3.1 Action 198.3 – Draft meeting etiquette: IHAG agreed that this was a still low priority but would remain on the action log. AR noted that this action was focussing on behavioural meeting etiquette rather than facilities, and it may be

beneficial to also advise the Culture team that this that been raised at the IHAG.

Action: AIC to share details of this action with Culture Team.

Date: Jan 2019

- 3.2 Action 199.2 – Trust Governance update: KS provided an update outlining the strengthened processes that were now in place. A recent review of the Policy & Procedure for the Development of Trust Policies & Procedures has addressed any identified gaps.

The Trust's top risks are now also published alongside Board papers. Members agreed this action can be closed, and asked that Peter Lee be considered for a future agenda item on governance, assurance and Board structure.

Action: AIC to share details of published and add Peter Lee to list of future agenda items.

Date: Jan 2019

- 3.3 Action 213.3 - Patient Experience: PB provided an update from the Patient Experience Group that this action had been superceded and a draft strategy had been produced. Members raised concerns about limited patient and public engagement which had been undertaken in the strategy's development and agreed to discuss with Bethan Haskins, Director of Quality and Safety who was due to attend the meeting later. It was agreed that the action could be closed.
- 3.4 Actions 218.1 – 218.5 – Infection Control hand hygiene audits: AIC advised that AH would be attending the meeting to provide an update at which point the group would be able to agree how these actions should be taken forward and propose any for closure.
- 3.5 Action 222.3 – Diversity in Clinical Education. IHAG members had reviewed some of the diversity elements within Clinical Education, and therefore agreed this action could be closed. Agreed a new action for IHAG members to review proposed content of the modular diversity element of clinical education courses and develop scenarios, which will add value and enhance learning for students.
- 3.6 Action 228.2: Equality Objective review: Action carried forward. AIC advised that Ed Griffin, Director of HR, and Inclusion Working Group Chair recognised the lack of progress being made in this area, and supported the development of a subgroup to meet six weekly between meetings. The group's remit is to provide guidance and support to leads in progressing this area of work.

Action: AIC to share Integrated Equality Objective and WRES action plan with IHAG members and seek a representative to join the subgroup.

Date: Jan 2019

- 3.7 Action 230.3. Kent Resilience Group – Dates received from John Rivers, will be forwarded to relevant Ops team. Action closed.

- 3.8 Action 231.1. Community Guardians – AIC shared the update from John Battersby (JB), that he was now working alongside the Research team to develop academic value of the Community Guardian’s Policy, and are co-drafting a plan to take the project forward. They would be looking to invite stakeholders to a subgroup meeting before Christmas.

MBG noted that the Governors had raised concerns about lack of a volunteer strategy and the experience of our current operational volunteers. Felicity Dennis (Public Governor) has asked for feedback on treatment of CFR’s within the Trust. Members recalled that Chris Stamp had committed to progressing this work stream at the 2017 Annual Members meeting but there has been little progress made.

AR advised that she and Izzy Allen (IA, Assistant Company Secretary) would be meeting with the new Head of Voluntary Services once he commenced in post. KS advised that the Trust Non-Executives are sighted on this and will be holding to account.

<p>Action: AR to escalate concerns about oversight and assurance in the progress of the Community Guardian Project and development of the Volunteer Strategy to Chair, Chief Executive, Chris Stamp and the IWG.</p> <p>Date: Jan 2019</p>
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- 3.9 Action 233.1. Healthwatch and Quality Account – MT advised that all feedback had been channelled to the relevant parties. Action closed.
- 3.10 Action 233.3. HealthWatch – PB advised the lead HealthWatch representative on PEG had not attended the most recent PEG meeting. It was noted that the attendance of a lead Health Watch representative maybe better suited to the discussions at the Patient Experience Group (PEG) than a volunteer representative. PB to discuss with HealthWatch Lead at the next PEG meeting.
- 3.11 Action 234.1. Non-binary staff and service users – PD and AIC to research speakers for a future item at the Inclusion Working Group. Action carried forward.
- 3.12 Action 235.2 Communications Strategy: AIC shared update from Charlie Adler (Staff Elected Governor) confirming that feedback on the development of a Trust Communication Strategy had been shared with Jayne Phoenix (Deputy Director of Strategy and Business Development). Action closed.
- 3.13 Action 236.1: #ProjectA. AIC had forwarded concerns raised by PB with SECamb liaison (Liz Spiers and Dean Rigg) and requested escalation to the national leads. Feedback if and when received will be shared with PB. Action closed.

- 3.14 Action 236.4: Communications Leaflet – Expressions of interest from PB, PD, AO and MR. AIC and KS to agree and circulate a date to take this forward. Action closed.
- 3.15 Action 236.6: IHAG Value – LB advised that he had raised a similar point at the Health Reference group, and that in the process of critically examining role of group they had identified that it was not as effective as could be. Group agreed that this would be undertaken as part of the next meeting.
- 3.16 Members **agreed** to close all other actions that had been noted as completed in the Action Log since the last meeting including: 230.1, 230.2, 231.2, 233.5, 235.1, 236.2, 236.3, and 236.7.
- 3.17 **Bereavement Leaflets:** AR advised that we had been successful in securing funding for 20,000 leaflets to be printed and distributed across the Trust. AR thanked members for their support in developing the leaflet.

<p>Action: AIC to shared electronic copies of the leaflet with members.</p>
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<p>Date: Jan 2019</p>

4 Review of activities undertaken by members

- 4.1 Members updated the group on the activities since the last meeting and these included:
- History Marking Sub Group Meeting
 - Stakeholder group for Chair Recruitment
 - Equality Delivery System 2 review planning Group
 - Patient Experience Group meetings
 - Supporting Volunteers stand at Annual Members Meeting at Lingfield Racecourse
 - Meeting with Clinical Education to review equality and diversity in training.
 - Enei – House of Lords reception.
- 4.2 PD attended Surrey Hills NHS Trust’s listening event meeting which was looking to identify the site of next hospital. PD noted that there had been no mention of how the clinical models interfaced with the ambulance service. AR advised that Jayne Phoenix and Charlie Adler would have more knowledge about how this work was being undertaken as part of the Sustainable Transformation Partnerships, but this also highlighted the key role of the Clinical Commissioning Groups within this.
- 4.3 AR thanked members for continuing to represent the IHAG across a number of work streams and forums.

5 Infection Control Hand Hygiene Audits (AH)

- 5.1 AR welcomed Aide Hogan (AH), Infection Prevention and Control (IPC) Lead, to the meeting.
- 5.2 AH provided some background around the proposed hand hygiene audits, noting the previous CQC inspection noted issues around IPC. Since then, we have had extra funding and as a result have been able to expand both the team and the network of IPC Champions across local operating units. Despite seeing good compliance on audits, the team have identified poor areas of practice when staff are at hospitals despite access to soap and water. It is felt that this has been due to the widespread use of Clinell gel as an alternative.
- 5.3 AH initially came to the IHAG with a proposal for secret shopper style hand hygiene audits, where we would recruit Foundation Trust members to undertake these on our behalf. He took on board the apprehensions of the group, and the project has now moved on from this. The revised plan is that the hand hygiene audits will be integrated within the Quality Assurance Visit's (QAV's) and will be built into the QAV feedback tool.
- 5.4 Members discussed the proposed way forward and the practicalities of how this would work. AH clarified that most QAV's stay at station, but it does help to go to A&E. The QAV's are well received by staff and managers, seen as not a blame game. An added benefit of this model is that there are members of both Clinical and non-Clinical staff including volunteers in attendance at the QAV's, which may provide a truer picture of what is happening. Often when staff see a member of the IPC team they comply with good practice, however it is more important to understand what are the barriers to good IPC and why, so that these practices and behaviours are addressed as part of ongoing learning.
- 5.5 AH shared positive outcome from the identification of barrier at hospital during a recent QAV, and how the suggested changes had been taken on board and implemented, contributing to better patient care and improved compliance. IHAG members were supportive of the new approach.

6 Update from Staff Engagement Forum (SEF)

- 6.1 KS tabled an update from the last SEF meeting on the 4th September. There had been good attendance but some gaps in representation (East Emergency Operations Centre and 111) were identified. Work was ongoing to ensure we get all voices and views. The meeting was also live-streamed to SECamb Community Facebook group
- 6.2 Agenda items had included;
- Presentation from Scheduling which discussed how they match demand against rotas. They also discussed the move to localised scheduling, and both the benefits (more local knowledge and better relationships with staff) and challenges (protecting staff from being placed under pressure to make changes from local staff and managers, and possibility of less collaborative working across operating units).

- Update from Ed Griffin on the Culture work stream, which is looking at behaviours, how to appropriately challenge negative behaviours and reward good behaviours. Toolkit being developed to aid this and members of the SEF offered to test this.
- Eileen Sanderson, Head of PMO gave members an overview of how oversight of all the Trust's projects is achieved. There are over 130 projects in the Trust and the some had been started without appropriate governance. However, processes have been strengthened, and there is a new process for staff who have innovative ideas to share.
- Lastly, David Hammond, Director of Finance gave a presentation on demand and capacity review, and what this meant for the Trust in terms of upscaling the whole organisation, and how the Trust is funded.
- There was a roundtable session to discuss local engagement approaches and what worked well in individual areas.

7 Serious Incidents and how Patient Public Involvement is considered in this. (BH)

7.1 AR welcomed Bethan Haskins (BH), Executive Director of Nursing and Quality to the meeting. BH informed the IHAG members of the areas she is responsible in the Trust which include:

- Compliance
- Governance
- Care Quality Commission (CQC)
- Mental Health
- Freedom to Speak Up
- Serious Incidents (SI's)
- Safeguarding
- Health and Safety
- Freedom of Information
- Private Ambulance Provider Governance
- Risk Management
- Infection Prevention and Control
- Patient Experience

7.2 BH then went on to highlight the process around Serious Incidents. The Trust has a responsibility under the National Framework to investigate incidents where harm was caused or there was potential for harm to be caused, as well as a legal responsibility to report incidents. The Trust encourages staff to declare all incidents if a patient has been harmed as this allows for an investigation to determine the root cause and this can then be learnt from.

7.3 The Trust 60 days before presentation is made to CCGs against each SI. Multi-disciplinary meetings are held every Wednesday where investigation reports are presented to Commissioner's, who are able to challenge the Trust's investigation to ensure that it has been completed to a satisfactory standard. The Trust must declare the number of serious incidents and the reasons for them publically.

- 7.4 Monthly meetings are held to ascertain any themes/ trends from the incidents that have happened and to discuss complaints etc. Timelines of the investigations are reviewed to identify if processes are not working as efficiently as they should be. BH noted that a key theme is around response time delays, with a particular challenge around Category 3 calls where we are achieving only 45% compliance. The harm caused against a category 3 falls patient may only be revealed later as part of a hospital stay. However, the Trust is looking at this as a clear work stream in order to address this and from the perspective of harm taking a whole system approach. This involves BH and Fionna Moore, Medical Director presenting together to healthcare system partners (CQC, NHS England, NHS Improvement) on how we can work as part of a wider system to improve care for these patients.
- 7.5 11% of SECamb's demand is subcontracted to Private Ambulance Providers (PAP's). BH confirmed that all PAP's are held to the same standards as SECamb staff, and we anticipate an increase in private providers whilst the Trust recruits more staff.
- 7.6 In addition to weekly and monthly meetings, there is a quarterly Morbidity and Mortality review, which provides a deep dive on key trends/ themes that have been identified such as response time delays or care line calls. The group will look to identify how the cause of these themes can be addressed – working with other agencies and the wider community to develop an effective solution.

Currently there are 900 calls per week to care line, but many of these are false. BH informed all that SECamb are looking to trial CFR's responding to care line calls. They would be able to then confirm if the situation is false or if it is serious and warrants an ambulance response.

- 7.7 BH stated that none of the three groups mentioned have either a Non-Executive Director representative or a Patient/Public representative and this is something she would like to change. BH sought guidance of members present at which stage they thought a patient/public representative would be most beneficial?

IHAG members agreed that neither the weekly or monthly meetings felt appropriate, however it was suggested 2/3 members of IHAG should be involved in the Mortality and Morbidity quarterly meeting.

- 7.8 AR thanked BH for the invitation to members and BH invited the group to use the remaining time to raise any other issues relating to her areas of responsibility.

Action: BH to confirm theme for next Mortality and Morbidity group for circulation IHAG members.
Date: Oct 2018

- 7.9 **Patient Experience Strategy** PB stated the Patient Experience strategy had been presented to the Patient Experience Group. Questions were raised about

the process for producing the strategy, which appears to have been developed without any engagement beyond the PEG.

Members expressed concern at the lack of engagement with patients and the public. They noted that a consultation that relied on the involvement of just two patient representatives, an IHAG member, and a Governor in the development of the strategy was wholly inadequate, especially in light of existing concerns that patient experience in SECamb only focuses on those that contact the Trust.

- 7.10 Discussion took place and the group requested that their concerns about the lack of meaningful engagement in the strategy development and lack of progress with regard to Patient Experience be escalated to the IWG.
- 7.11 **Mental Health** - BH highlighted that there is Board support for recruiting more staff to support mental health of our staff and our patients. Approval has been given to recruit a team to support the Consultant Nurse Mental Health and a business case is in progress for recruiting two Mental Health Nurses to provide 24/7 support for patients in both the East and West EOCs.
- 7.12 **Supporting partially sighted individuals:** Members noted feedback via the PEG regarding lack of training for operational staff on how to support and guide people correctly. AIC advised that Clinical Education are using Stacey Stockwell of Beans training on the more recent courses on how to appropriately support patients with a disability.
- 7.13 **Becoming Dementia friendly:** AIC and AR noted that a number of resources have been developed across the ambulance sector to support patients with Dementia, and a number of Trust's were working towards becoming Dementia friendly organisations, however despite good intentions we had not been able to find a directorate willing to champion this agenda within the Trust. BH agreed that this was something that SECamb should also be aspiring to, and agreed to raise this with the Executive team and take on the role of Executive Champion. Dementia friendly toolkit is available for ambulance services. AIC and AR thanked BH for her support.

Action:	AIC to send Ambulance Dementia Resources toolkit to BH.
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Date:	Jan 2019
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8 999 Message Engagement

- 8.1 AR welcomed Chris Evans (Head of EOC Systems) to the meeting. CE noted how they had listened to the suggestions provided at the Dec 2017 Christmas meeting and wanted to sense check their revised proposals which they would look to implement as part of the new phone system. The new phone system is due to go live on the 12th December.

- 8.2 CE summarised the feedback from December, including concerns at the complexity of the messaging and confirmed the revised message will be professionally recorded, will allow for different messages to be played based on demand, and will also alternate 'on hold' messages.
- 8.3 Concerns were raised about high acuity calls which were in the queue, and CE advised that BT Operators had access to a secondary line via which they could escalate a call to next in queue, based upon their judgement of the caller's distress. CE confirmed that no script or training is provided to the operators for this escalation, and this was part of BT's contract to provide the emergency services line.
- 8.4 A brief workshop session was undertaken and the following feedback collated;
- Revised message advised people to contact 111 if the patient's life was not at risk, this was felt to be inappropriate as this requires the caller to make a judgement. This means that the risk lies with patient/ caller- they are making judgement if life threatening, and could negatively impact vulnerable groups (e.g. those with mental health problems / people with learning disabilities).
 - 111 option should be offered later in the messages.
 - The most important message is "do not hang up"
 - It was felt that the original message was more appropriate than the revised option offered at this meeting.
 - Hold messages could identify themselves as ambulance service.
 - Voice should be; calm, professional, authoritative, does not need to be male, tone should be 'non-sales-like'.
 - Repetition should be kept simple; it is likely the caller may not necessarily notice a difference.
 - Remove 'life at risk' it is unfair to ask a person to make judgement on behalf of someone else's condition.
- 8.5 The following options were suggested as alternatives for consideration.

"You are connected to the ambulance service. Do not hang up. We will answer your call as soon as we can. Please consider calling 111 if this is not life-threatening"

"We also have a non-emergency service which you can call on 111 if needed"

- 8.6 Due to time constraints the group offered to meet again with CE should he feel a further subgroup was required, and the following actions agreed;

Action: CE to share the IHAG's concerns about lack of training for BT call operators in escalating calls.

Date: Nov / Dec 2018

Action: CE to feedback on ownership of risk if patients are de-escalating and contacting 111.

Date: Nov / Dec 2018

9 Demand and Capacity Review

- 9.1 AR welcomed Steve Emerton, Director of Strategy and Business Development to the meeting. SE introduced himself and then went on to give IHAG members an update on the Demand and Capacity Review.

The Demand and Capacity Review has provided an acknowledgement that SECamb are underfunded, and require additional funding to enable them to meet national Ambulance Response Plan targets. A breakdown of these is provided below;

- **Category 1** –Target ambulance response is 7 minutes. Includes life threatening health issues (not breathing).
- **Category 2** – Target ambulance response is 18 minutes. Aim to get patient to hospital within 1 hour. Includes stroke and other serious health issues.
- **Category 3** –Target ambulance response is 2 hours. Includes frail and elderly falls (injured). SE acknowledged that Category 3 is where SECamb struggles most and takes too long to get to people.
- **Category 4** –Target ambulance response is 4 hours. Includes all other issues; transport, falls (not injury).

- 9.2 SE outlined how the Trust had worked with Commissioners to ensure the demand and capacity review was based on a targeted dispatch model, which took into account the activity of the last few years, fluctuations (in demand/ handover delays at hospitals) and seasonality. Thereby giving the most accurate representation of data. Targeted dispatch aims to get patients the right treatment, at the right time within the right timescale. Currently targeted dispatch is fragmented so this is a clear development opportunity for the Trust, and SECamb is committed to working with partners to develop, in the patients' eyes, seamless care pathways. Based on this model, in future SECamb should be able to meet category 1 and 2 calls, and to provide a much better category 3 service. This will be as a result of more resources, staff and better pathways.

SE confirmed that clinical teams and clinical leads had played a big part in developing the model. However, the model will need operationalising which is a huge task. The model also takes into consideration the contribution made by Community First Responders (CFR's) currently and feedback had been sought from CFR's how they could be better utilised going forwards.

- 9.3 SE spoke of current priorities which include;
- Development of multi-disciplinary teams within each EOC to provide 'hear and treat' patients with more specific advice. SECAMB recently introduced the Maternity Line, a dedicated desk of midwives in the West EOC to handle calls to maternity wards in the Surrey area. This has proved very well received.
 - Increasing the number of staff and wheels on the road, which require a focus on recruitment and retention of staff. SECAMB need to ensure the Trust is attractive to both those looking to join the ambulance service and those who wish to develop in order to retain current staff.
- 9.4 AR thanked SE for attending the meeting and noted that this was a good precursor for the Christmas event where the focus would be on SECAMB's position within STP's and a lever in the health care sector, and invited SE to join members at the event.

10 Quality Account- setting the scene

- 10.1 AR welcomed Judith Ward (JW), Deputy Director of Nursing. JW informed the group she has a nursing / CCG background and was aware of some of the issues SECAMB were experiencing when she joined.
- 10.2 JW stated her three main aims are:
- To develop an understanding of the ambulance service
 - To provide support to her teams; Mental Health, Infection Prevention, Patient Experience, Safeguarding, etc.
 - To support Serious Incidents team to clear the backlog and develop a revised process. Current backlog is 34 cases, with some patients have been waiting a long time for a resolution. However, investigation quality has improved.
- 10.3 JW is leading on the Quality Account (QA) and explained the QA is a report published annually about the quality of services offered by SECAMB, as an NHS healthcare provider. The quality of the service is measured by looking at patient safety, the effectiveness of treatments patients receive and patient feedback about the care provided.
- 10.4 JW welcomed feedback from IHAG members as to 'What engagement in the Quality Account might look like'. She is aware that last year it was not one of SECAMB priorities and considering what was going on at the time rightly so. However, this year SECAMB is in a much better position, more focused on improvement, and able to embrace the opportunity provided by the QA.

Members requested the following considerations;

- Use of the QA as an enabler, addressing issues raised by staff.

- Clear plans on what needs to happen before, during and after the QA event. There is also a need to understand how we assess the process ahead of the event to demonstrate its robustness.
- Engagement with staff to seek their input into what should be considered as part of the QA.
- Transparency around how and why priorities are identified and what engagement has taken place at each stage of the process.
- Need to determine how we can measure our role in the patient journey and the measures for effectiveness for identified priorities.
- Clarity around how identified priorities fit into the Trust long term strategy.

10.5 JW thanked members for their thoughts and advised that she would be setting up a steering group to progress this work, and is keen to ensure that patients/public are represented within this group. Expressions of interest from IHAG members will be sought at the end of the meeting.

Action:	IHAG members wishing to be part of the Quality Account steering group to express their interest.
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Date:	Oct/ Nov 2018
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11 Open Session

11.1 **Non-Gender binary speaker** – PD clarified that the aim of a speaker on non-gender binary would be to increase awareness. AR agreed and asked that once a speaker is confirmed, PD attend the relevant IWG meeting.

11.2 It was agreed that the actions relating to the IPC hand hygiene audits could now be closed as a result of the update from AH.

11.3 AR felt the meeting today has been very encouraging, and reflected the number of improvements made across the Trust.

12 Horizon Scanning

12.1 Suggestion made for future agenda item examining the role of paramedics in multi-disciplinary services, and how to improve retention within SECamb. AR suggested it might be useful to invite the new Consultant Paramedics to speak on the paramedic pathway.

Action:	AIC to invite Consultant Paramedic to speak at a future meeting.
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Date:	Nov 2019
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12.2 Members showed concern over the sudden increase in staff recruitment in such a short space of time, particularly with regards to the implications an influx of staff would have on the wider organisation, in terms of recruitment/ training/

rotas etc. AR informed the group that Clinical Education is looking at a number of options including more localised delivery of training.

- 12.3 AIC asked for expressions of interest for the following groups:
- History Marking Appeals panels (by teleconference, ad-hoc) – AO, OW, JW, PB
 - Quality Account Steering Group – PD, PB, JW
 - Morbidity and Mortality Carelines Meeting- JW and JR

13 AOB

- 13.1 Christmas Event Reminder: AIC informed members that 14th December is the IHAG Christmas event.
- 13.2 Quality Assurance Visits: Members were asked to consider the available dates and advise AIC if they are able to support any.
- 13.3 Trans Z-Cards: AIC circulated the new resource created by the National Ambulance LGBT network (NALGBTN) in collaboration with SECAMB and Yorkshire Ambulance Service. It aims to provide crews with information to help them support Transgender staff and service users.
- 13.4 Sussex Patient Transport Service Transition Board: PB informed members that, South Central Ambulance Service have acknowledged the need for patient engagement in this work. A meeting is set up for 17th October at Pacific House, Easter Island Place. Members were invited to participate in this meeting
- 13.5 AR suggested a patient story (either positive or negative) be played at all future IHAG meetings.

14 Meeting Effectiveness

- 14.1 Members asked for the name of the speakers to be added to the bottom of each agenda in future.

Action: Name of speaker to be added to IHAG agendas in future
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Date: January 2019

- 14.2 Suggestion made and agreed that the lunch should be reduced at future meetings to 40 minutes.
- 14.3 Members suggested feedback from speakers should be sought to identify if the speaker got what they needed from the group and if not, what that would have looked like. It would also be good to know what they got that they were not expecting. This could then be fed back to members at the next IHAG meeting.
- 14.4 JR noted the difficulties with the acoustics in the McIndoe rooms still.

Action: AIC to confirm the availability of a hearing loop in the McIndoe rooms with Estates.

Date: Jan 2019

- 14.5 The date of the next meeting to is scheduled to take place on **16th January 2019**, 09:30 to 16:00 hours.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Membership Development Committee (MDC)

Terms of Reference

1. Constitution

1.1. The Council of Governors hereby resolves to establish a Committee of the Council to be known as the Membership Development Committee (MDC), referred to in this document as 'the Committee'.

2. Purpose

2.1. The purpose of the Committee is to make recommendations and report to the Council about membership recruitment, communications, involvement and representation. The Committee is not responsible for the delivery of all decisions but will work with the Council to facilitate its delivery.

3. Membership

3.1. The Committee shall not have less than five members. One of the members will be appointed Chair of the Committee and one Deputy Chair by the members of the Committee.

3.2. Membership of the Committee is open to all Governors. Governors are encouraged to join a meeting to establish whether they wish to become members.

3.2. Membership is also extended to include representation from key staff leads who are involved in staff engagement, inclusion and equality and diversity work.

3.3. The minimum membership comprises:

- Elected governor (Chair)
- Governors x 4
- Inclusion Lead x 1
- Staff Engagement Advisor x 1

4. Quorum

4.1. The quorum necessary for formal transaction of business by the Committee shall be four members and shall include two public governors.

5. Attendance

5.1. The Assistant Company Secretary and/or Corporate Governance & Membership Manager Services Coordinator — Membership and Governors shall attend meetings.

5.2. Other organisational managers and officers may be invited to attend meetings for specific agenda items or when issues relevant to their area of responsibility are to be discussed.

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5.3. The Corporate ~~Governance Services~~-Team will provide secretarial duties to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

5.4. Members and officers unable to attend a meeting are asked to send their apologies to the Corporate ~~Governance Services~~-Team as far in advance as practicable.

5.5. The Chair of the Committee will follow up any issues related to prolonged non-attendance with the member concerned.

5.6. Attendance at Committee meetings will be disclosed in the Trust's Annual Report and Accounts.

6. Frequency

6.1. Meetings of the Committee will be held at least three times each year. Meeting dates will be diarised on a yearly basis and Extraordinary meetings may be called between regular meetings to discuss and resolve any critical issues arising. The venue for the meetings will rotate around the region or be central to the Committee Members.

7. Authority

7.1. The Committee has no powers other than those specified in these Terms of Reference.

8. Duties

8.1. The subject matter for meetings will be wide-ranging and varied but in particular it will cover the following:

8.1.1. Advise on and develop strategies for recruiting and retaining members to ensure Trust membership is made up of a good cross-section of the population

8.1.2. Plan and deliver the Council's Annual Members Meeting

8.1.3. Advise on and develop strategies for effective membership involvement and communications

9. Reporting

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

10. Support

10.1. The Committee shall be supported by the Corporate ~~Governance Services~~-Office and duties shall include:

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

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

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

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

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

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

10.1.4. Recording formal minutes of meetings and keeping a record of matters arising and issues to be carried forward, circulating draft minutes to the Chair for approval within a reasonable time frame.

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

11. Review

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

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

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

Review Date: ~~July-November 2020-18~~

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

I – 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 13 December 2018 to plan this Council meeting. The minutes are provided for the Council as an appendix to this paper.

1.6. Governors are strongly encouraged to read the full minutes from the GDC meetings.

1.7. The GDC meeting covered: feedback from the previous Council meeting, setting the agenda for the next Council meeting, reviewing the effectiveness of the GDC and its Terms of Reference, and discussing proposals to change the way Council meetings are held in the coming year.

2. Feedback from the previous CoG

2.1. The GDC noted a marked improvement in the discussion, contribution of the NEDs and quality of both holding to account and assurance provided at the meeting.

2.2. This had been David Astley's first meeting as Chair and the GDC had been impressed with the way his facilitation allowed for good interaction between NEDs and the Council.

2.3. The GDC agreed that it was useful to continue to have a pre-meet but that Governors should also be encouraged to ask questions during the meeting as they wished, even if not discussed at the pre-meet. It was felt important that Governors were able to ask things based on what they heard at the formal meeting.

3. Agenda setting for January's meeting

3.1. The GDC prioritised understanding the impact of the additional monies from the Demand and Capacity Review, and in particular the improvements in patient care that the Council should expect to see, and an update on progress with the volunteer strategy and support for and deployment of CFRs. There was nothing pressing identified for an afternoon session following the January Council meeting.

4. Reviewing the effectiveness of the GDC

- 4.1. The GDC used a template developed for reviewing management group effectiveness to consider its own effectiveness over the year. In general, it was felt that the GDC fulfilled its remit well, however it might do more to address the training and development aspects of its function.
- 4.2. The action log and papers were felt to be fit for purpose.
- 4.3. The GDC would consider ways to make ongoing discussion about meeting effectiveness more meaningful, perhaps sending out a survey link following each meeting, for example.

5. GDC Terms of Reference

- 5.1. Following discussion, the GDC Terms of Reference have been updated to reflect more clearly its core purposes. See lightly revised Terms of Reference enclosed, which the Council is asked to approve as fit for purpose.

6. Meetings in 2019-20

- 6.1. The Council has a separate paper in front of it to address much of this discussion.

7. Recommendations:

- 7.1. The Council is asked to:
 - 7.1.1. note this report, and
 - 7.1.2. **approve** the revised GDC Terms of Reference as fit for purpose.
- 7.2. Governors are invited to join the next meeting of the Committee on Friday 15 February at 2pm in Crawley.

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

See below for the minutes of the GDC meeting

South East Coast Ambulance Service NHS Foundation Trust

Minutes of the Governor Development Committee

Crawley HQ – 13th December 2018

Present:

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
Marian Trendell (MT) Appointed Governor Sussex Partnership NHS FT
Marianne Phillips (MP) Public Governor for Brighton & Hove
Peter Lee (PL) Company Secretary
David Astley (DA) Trust Chair

Minute taker: Katie Spendiff – Corporate Governance & Membership Manager

Apologies: James Crawley, Izzy Allen.

1. Welcome, apologies and declarations of interest

- 1.1. MH welcomed members to the meeting. Apologies for absence were noted from James Crawley who was on a training course and Izzy Allen who was unwell. The GDC wished Izzy Allen a speedy recovery.
- 1.2. There were no declarations of interest.

2. Minutes from the previous meeting and action log

- 2.1. The minutes of the previous meeting were taken as accurate. The action log was reviewed as follows.
- 2.2. Action 123 on the internal and external communications review. PL noted he had raised it with the Chief Executive recently and advised that he may wait until the new CEO is in place in respect of any changes that may be made. PL noted it should be kept on the log for now.
- 2.3. Action 137 on helping the Council understand what considerations should be made regarding Non-Executive Director (NED) performance. DA noted this was in hand as part of the NED appraisal process.
- 2.4. Action 140 was now complete. The volunteer services team structure was handed out at the meeting and KS advised she would circulate it to the wider council. The GDC reviewed this. FD queried if the interim volunteer services manager Greg Smith was a newcomer or previous member of the team. KS advised that Greg was previously a Community Partnership Lead for the voluntary services team.
- 2.5. Action 142 on the call tail detail being included on the Board Integrated Performance Report (IPR). PL noted this was being considered as part of a full review of the content in the IPR by the Board. The IPR did include some info from the 95th percentile call statistics. The review was due to be completed and the new format for the report in place for new financial year. This action could therefore be closed.

3. Discussion of any feedback from the previous Council meeting

- 3.1. PL noted he felt the previous Council meeting had been good and very effective, the GDC widely agreed. FD noted that the meeting dialogue had improved and the Chair had facilitated the NED involvement effectively. DA noted that the NEDs had done a sterling job in fully participating in the meeting and understanding their relationship with the Council. PL felt that moving the IPR away from Chief Executive for NEDs to report on had worked really well. PL noted that the NEDs in attendance had come to him to prep for the meeting, which showed their commitment to getting things right for delivery at the Council meeting. The GDC agreed.
- 3.2. DA noted there was perhaps a future piece of internal work on clarification on roles and understanding how they interlink around NED, Exec and Governors to build on these relationships. DA noted he was pleased with the NEDs' performance at the meeting. MBG noted there had been blurred lines between NED and Exec roles previously and that it was vital the Chair was sighted on this and able to manage this so as not to revisit those times. The GDC agreed. MT noted the stability of a substantive Executive Team was welcome.
- 3.3. PL sought the GDCs views on the effectiveness of the pre-meet. MH noted it proved helpful in ordering the line of questioning and preventing duplication. MBG noted that the meeting served as a good prompt for key areas of discussion and focus. DA encouraged Governors to ask questions outside of what was agreed at pre-meet as well. MT noted this encouragement was welcome. DA noted his personal view that debate should not be stifled, but Council must be mindful of time keeping and subject matter. MP noted she found this reassurance helpful as had held back from asking a question because she had missed the pre-meet and was still finding her feet as a new Governor.
- 3.4. MH noted his personal view that the Lead Governor encouraged all Governors to take part in the meeting and ensured as many as possible were given the opportunity to ask questions as part of the pre-meet.

4. Agenda items for the Council meeting on 31 January

- 4.1. The GDC discussed the listed agenda items on the paper. The GDC were keen for an item on the Demand & Capacity Review/finances & future planning to come to the public Council meeting, and would like to hear from the Executive Lead Steve Emerton on this alongside any NEDs we are involved. FD keen to understand what the operating model will look like as part of this. PL noted that Joe Garcia would be working on the operating model. DA noted that the call stack was an ongoing concern and proposed the presentation be linked to how the funding may improve that. FD queried which NED had oversight of the Demand & Capacity Review. PL noted this was to be confirmed but two NEDs would sit on the project board. The GDC were keen for NEDS on the Demand & Capacity project Board to come to a future Council meeting to present their view too. MT felt it was important to compare the outcomes of the review to what the Trust was actually doing.
- 4.2. The GDC discussed whether a further session on demand and capacity was required for the afternoon session and noted they felt it was not necessary on this occasion and that the update could be provided in the public session. NEDs could then come to a future meeting and provide an update on their levels of assurance once they had attended project board meetings for it.
- 4.3. The GDC were very keen for the voluntary services agenda item to come to the January Council meeting. MT noted the Council had been hearing about challenges in this area of the service for 8 years. PL noted that it would be useful if the Quality and Patient Safety Committee Chair could come to the January Council as they had received a paper on this area of the business at their committee and had oversight. The GDC agreed.
- 4.4. FD noted she was keen to see a plan for fully supporting Community First Responders (CFRs). MBG noted CFRs were feeling frustration around management style and a lack of

engagement with CFRs by the Trust. MBG noted CFRs had filled the gap from a lack of management themselves and it was now up to the Trust to properly review this as a service. The GDC were advised that the Head of Community Engagement had pre-booked leave and was unable to attend the meeting. The GDC noted they were content to receive a paper on this and for Joe Garcia as Exec Lead to be invited to attend to provide background on this. PL noted the need to balance the level of information required by the Council and not to be too granular.

- 4.5. Regarding the Risk and Assurance workshop - DA noted he was keen to standardise committee-reporting style and agendas before committee chairs came to report to the Council on their areas of work. DA was keen to park this until further into the financial year.
- 4.6. If any further subject matters were required to fill the agenda, the GDC noted they were open to having the Trust's Infection Control Lead along for 15mins on this including an update on Flu jab data, hand wash audits etc.
- 4.7. MT noted medicines management was an area the Trust had seen significant improvement. MT noted need to communicate effectively what we do well in public. GDC agreed this should stay on the list of suggested items for a future public meeting so it is recorded.

5. GDC Terms of reference and effectiveness review

- 5.1. The GDC agreed the proposed changes and had some suggested revisions to the stated purpose. MT noted need to re-establish purpose of GDC in first instance. The meetings she had attended seemed to be focussed on agenda setting rather than development. The GDC debated the name of the committee but made no further recommendation on this. The GDC were keen for the language used to describe the remit of committee to be very specific. The GDC noted this was covered in detail in the duties section but felt it could be clearer in the lines on the purpose of the committee. The GDC noted a preference for the terms of reference to be updated to better reflect regular agenda content.
- 5.2. PL asked the GDC to review the enclosed self-assessment form and noted he sought the GDC views on the questions detailed.
- 5.3. Q1 A, B, & C on the review of the terms of reference are as per the discussion above. MT noted need to re-establish purpose of GDC in first instance – focussed on agenda setting rather than development.
- 5.4. Q2 A asked if the agendas reflect the terms of reference – the GDC noted the terms need revising as detailed above.
- 5.5. Q2 B was on meeting effectiveness and whether this was considered at meetings. The GDC noted that this was often a straight 'yes' answer so wondered if a revision to the wording asking for the information was needed. PL noted reflection was important and that some people needed time to be able to do this. The GDC discussed what this could look like including suggestions of a survey monkey link asking questions on the meetings effectiveness to go out 48 hrs later. This could be sent out post all meetings to capture feedback and also offered an anonymised response for total honesty. PL noted it would be useful to think about how to do this effectively and how the feedback would be reviewed.
- 5.6. Q3 A, B the GDC noted that the action log was clear with timelines and owners of actions and actions were reviewed and kept on top of.
- 5.7. Q4 A, B, C the GDC noted the papers were more succinct in style. MP noted need to address the paper to the audience.
- 5.8. It was noted that the GDC was operating effectively and that small tweaks to the terms of reference and the way meeting effectiveness was reviewed would be welcomed by the GDC. It was further noted that pending the decision by Council regarding its number of

formal meetings this would likely affect the volume of GDC meetings required.

ACTION:

**Updated terms of reference for the GDC to go to a future Council meeting.
Consideration around a process for collecting feedback on meeting effectiveness.**

6. Council meetings 2019-2020

- 6.1. PL introduced the paper for discussion. PL noted that the Board was planning from meet formally every other month from April 2019. The alternate month would be used for development days/ non-public board meetings.
- 6.2. PL asked the GDC if they felt the Council needed to meet bi-monthly or could the Council move to quarterly and have joint days with the Board for development. MT noted she was supportive of moving to four Council meetings and two days working with the Board. DA noted it would be healthy for Council and Board to meet and work together. PL noted he had seen this format work well in other Trusts.
- 6.3. MBG queried the change from twelve to six Board meetings and if DA was comfortable that it was the right move for the Trust at this time. MBG noted meetings had been moved to monthly due to the controls needing to be exerted within the Trust. DA noted the Board would still be meeting just not in public every month. DA noted there was the flex to have more meetings in public if required.
- 6.4. On point 2.4 in the paper the GDC were keen for joint sessions to include the annual planning. PL noted dates could be scheduled in and the agenda for these meetings could be discussed with both parties. The GDC agreed they were content for this proposal to be taken to the Council.
- 6.5. On point 2.5 around attendance at the afternoon sessions of the Council meeting the GDC discussed this. MH noted that it appeared that Governors in full time employment could not give up the full day to attend. MBG noted ambivalence from the Council towards attendance at the afternoon sessions; MBG suggested a working lunch for afternoon session so it finished earlier. As discussed for January's Council meeting – an afternoon session is not always required. PL wondered whether the Trust moving to four Council meetings might mean an increase in full day attendance.
- 6.6. The GDC agreed the need to stipulate that a full day was required for Council meetings to new and existing Governors. The GDC noted it had found previous informal afternoon sessions on getting to know individual NEDs useful and suggested this may be an area to revisit. The GDC were keen to understand the current NEDs' background and experience and understand why they chose to be a NED with the Trust. MBG noted she was keen to expand her knowledge of NEDs' previous experience and what they brought to the role and the nuances of their lives.

ACTION:

Proposal on suggested changes to the volume of Council meetings to go to the January Council meeting.

7. Any other business

- 7.1. MT raised the issue of parking at the HQ; she had spent 15 minutes trying to find somewhere to park. MT queried what parking was available and where when the onsite carpark was full. MT noted this would be vital on combined Board and Council meeting days as parking would be tight. KS noted that Board and Council combined meetings could

be held offsite if needed. PL noted parking was a challenge and that it would be useful to share any local parking options with the Board and Council.

- 7.2. MH noted there had been a media release from NHS England on Clinical Commissioning Groups forming alliances to assist in joint purchasing etc. and shared this for information.
- 7.3. DA noted that the new ten year NHS plan was due out and that Governors should keep an eye out for it. DA noted the media might overlook it with Brexit plans dominating the headlines.
- 7.4. DA noted that Charlie Adler Staff Governor had a recent new addition to his family, the GDC noted their congratulations. The GDC formally noted their sadness at Brian Rockell (Public Governor for East Sussex) passing away recently. It was noted that many would truly miss Brian.

ACTION: Local parking details to be circulated to the Council for when the HQ carpark is full.

8. Review of meeting effectiveness

- 8.1. The meeting was deemed to have been effective and finished early.

Signed:

Name:

Date:

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Governor Development Committee (GDC)

Terms of Reference

1. Constitution

1.1. The Council of Governors hereby resolves to establish a Committee to be known as the Governor Development Committee (GDC) referred to in this document as 'the Committee'.

2. Purpose

2.1. The purpose of the Committee is to provide advice to the Trust on Governors' wishes in relation to the Council of Governors, including but not restricted to proposing Council agenda items, advising on ways of working, and advising and planning to address Governors' training and development needs in order to fulfil the Governor role.

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~~2.1. make recommendations propose agenda items for upcoming Council meetings. The Committee also and report to the Council about Governors' information, training and development needs to support them in being able to discharge their statutory duties effectively. development needs, including training, information about the Trust, interaction with the Trust and the ability of Governors to fulfil the role. The Committee is not responsible for the delivery of all decisions but will work with the Council to facilitate its delivery.~~

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2.2. The Committee will not be expected to act on proposals from meetings, but will work with the wider Council and Corporate Governance Team to enact proposals as necessary.

3. Membership

3.1. The Committee shall not have less than three Governor members, plus the Assistant Company Secretary.

3.2. Membership of the Committee is open to all Governors. Governors are encouraged to join a meeting to establish whether they wish to become members.

3.3. The Lead Governor shall Chair the Committee meetings. In the Lead Governor's absence the Deputy Lead Governor shall Chair the Committee meetings. In the absence of both Lead and Deputy Lead, the Committee shall select another member to Chair the meeting.

3.4. The minimum membership comprises:

- Lead Governor (Chair)
- Deputy Lead Governor (Deputy Chair)
- An additional Governor
- Assistant Company Secretary

3.4 The Trust Chair shall attend the Committee when relevant.

4. Quorum

4.1. The quorum necessary for formal transaction of business by the Committee shall be three members and shall include at least two Governors.

5. Attendance

5.1. Other organisational managers and officers may be invited to attend meetings for specific agenda items or when issues relevant to their area of responsibility are to be discussed.

5.2. The Corporate ~~Services-Governance Team~~Office will provide secretarial duties to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

5.3. Members and officers unable to attend a meeting are requested to provide an update to the Committee members, when relevant, at least two working days beforehand. Members and officers are expected to attend these Committee meetings.

5.4. The Chair of the Committee will follow up any issues related to the unexplained non attendance of members. Should non-attendance jeopardise the functioning of the Committee the Chair will discuss the matter with the members and if necessary seek a substitute or replacement.

6. Frequency

6.1. Meetings of the Committee will be held at least quarterly. Meeting dates will be diarised on a yearly basis and Extraordinary meetings may be called between regular meetings to discuss and resolve any critical issues arising.

6.2. The venue for the face to face meetings will rotate around the region or be central to the Members. Some meetings may take place using phone conferencing facilities.

7. Authority

7.1. The Committee has no powers other than those specified in these Terms of Reference.

8. Duties

8.1. The subject matter for meetings will be wide-ranging and varied but in particular it will cover the following:

8.1.1. Advise on and develop strategies for ensuring Governors have the information and expertise needed to fulfil their role, including training and development for Governors;

8.1.2. Propose agenda items for Council meetings;

8.1.3. Advise on the content of development sessions of the Council; and

8.1.4. Advise on and develop strategies for effective interaction between Governors and Trust staff.

~~8.1.5.1.1.1. Propose agenda items for Council meetings~~

9. Reporting

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

10. Support

10.1. The Committee shall be supported by the Corporate Services Office Governance Team and duties shall include:

10.1.1. Agreement of the meeting agendas with the members of the Committee;

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

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

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

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

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

10.1.4. Recording formal minutes of meetings and keeping a record of matters arising and issues to be carried forward, circulating draft minutes to the Chair for approval within a reasonable timeframe;

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

11. Review

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

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

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

| ~~Review Date~~Due for review: July 2018 January 2021

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

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

05.07.18	Observation of the EOC team in Crawley. Marianne says: This provides an excellent insight to the demanding work of the EOC team and how they interact with the public. Their patience and compassion is outstanding.	Marianne Phillips
04.10.18	Governwell Core Skills Module – contributed views, learned new skills and about the role of Governor. Marianne says: The training day provided an excellent insight into my role and responsibilities as a public governor and I would recommend it to anyone taking on the role of governor in the future. It also gave me ample opportunity to share experiences with other health service governors from around the country.	Marianne Phillips
26.10.18	Quality Account Stakeholder Workshop – contributed views and learned about the service. Felicity says: The event was hosted by Judith Ward Deputy Director of Nursing and its aim was to make public engagement in choosing quality metrics for next year more effective than previously. We had in-depth presentations on improvements and progress in the 3 current quality priority areas from the project leads: learning from incidents and complaints/ Cardiac arrest improving outcomes/ safeguarding training & reporting concerns. Presentation from Jane Phoenix on the refreshing of the Trust Strategy. CQC Inspection update from the Director of Nursing and Quality. The launch of the Clinical Strategy from the Medical Director.	Felicity Dennis

	The group requested that our input going forward should be meaningful with clear guidance to assist our decision making. Next meeting January 2019. I would recommend that governors engage in this and will share the slides from the day ASAP	
03.12.18	Rushmoor and Surrey Heath Community First Responders monthly meeting – gave a talk about SECAMB and membership and talked to CFRs about their experience of being in the role and issues they find challenging being part of SECAMB. Felicity says: It was very useful to make links into my local CFR community, to talk to them about SECAMB as an organisation from my perspective and my role as a Trust Governor. I welcomed the chance to speak to them about their experience of Responding. Going forward I will be linking with the group to confirm any improvements discussed at CoG will impact positively on the team at a local level, and am happy to receive feedback from them.	Felicity Dennis
04.12.18	Governwell Effective Questioning and Challenge Module - contributed views, learned new skills and about the role of Governor. Marianne says: This was the second Governwell training day I attended and, yet again, it was an informative and extremely useful event. I would recommend attendance to fellow governors as it helped me gain further insight into my role and helped me to build confidence to contribute to Council meetings more effectively.	Marianne Phillips

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.

Guidance around the use of charitable donations on the Trust website doesn't seem correct. Can I check whether this is right and what the guidance is for the Trust in using its charitable funds?	David Hammond removed the text from the website and it will be replaced by more accurate text.
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<p>I read with interest the draft Community Guardian Policy led by John Battersby but I am very concerned about the success of such an initiative given the many unresolved issues with the CFR volunteers. Please could I ask if the NEDs are assured that SECamb as an organisation has the will and capacity to start another Volunteer programme?</p> <p>Surely it would be much better to get the CFR programme running successfully rather than start another one. Given all the ongoing issues we hear about relating to the volunteer CRF team, my level confidence in its success would be very low indeed .</p>	<p>Email sent to Tricia McGregor (as QPS Lead) 03.12.18. Tricia was unsure if QPS had been advised and said she would seek further information and assurance as appropriate. The issue was subsequently covered at the QPS in January so Tricia may have an update at Council.</p> <p>The Governor also responded to project lead John Battersby's request for feedback, as set out in the Staff Bulletin of 07.12.18. John Battersby replied to the Governor to say that the Community Guardian project had been put on hold for the time being.</p>
<p>I am aware of the impact of a poorly managed NHS 111 service can have on SECAMB and I would like some assurance that SECamb will have appropriate arrangements in place to have a robust dialogue with Surrey Heartland CCGs who have commissioned this provider, to provide feedback if issues like over referral to 999 calls start to occur.</p>	<p>Email sent to Tricia as Chair of QPS and copied to Charlie Adler. Charlie's detailed response:</p> <ul style="list-style-type: none"> • absolutely right that an effective 111 service is important to provide excellent patient care and to minimise impact on other services. • The service that has been procured for Surrey Heartlands (and East Surrey) will be required to meet the NHS England Integrated Urgent Care Service specifications. As such it is anticipated that patients will receive an enhanced 'consult and complete' service with a reduction in the amount of calls which are transferred outside of the service to other providers for resolution. • IUC is accessed by dialling 111 but this is legitimately a new service in its own right which incorporates Out of Hours GP provision and a multi-professional Clinical Assessment Service (CAS) that will be able to make direct booking requests into a range of services as well as electronic prescribing. • The service will be subject to national performance monitoring and local commissioning contractual standards so there will be clear mechanisms to monitor the positive or negative impact of the service. • In summary, service users dialling 111 in Surrey Heartlands and East Surrey should therefore expect to receive a better experience from this service. Similarly, SECamb looks forwards to working with Care UK as we each learn more about the new dynamics that will develop between 111 and 999. • It should be noted that service users in Surrey

	<p>Heath will receive a similar service provided by South Central Ambulance Service.</p> <p>The full NHS England Specification is attached, as is the covering letter that provides more detail.</p>
<p>What impact had there been the number hours being offered by CFRs following the change in deployment policy to only use them for c1 calls in surge management levels 3 and above, and what is the resulting drop in number of deployments of CFRs across the trust.</p> <p>Second question. What are the average number of hours the trust is in SMP3 and above and what times of days do those surges normally occur ?</p>	<p>Response received from Operations Directorate and sent to the enquirer. Response can be shared with the Council if required.</p>

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