South East Coast Ambulance Service NHS

NHS Foundation Trust

Council of Governors Meeting to be held in public

14 March 2019 10:00-12:50

NOTE VENUE:

Holiday Inn Maidstone-Sevenoaks, London Road, Wrotham Heath, Kent, TN15 7RS

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction and matters arising					
114/18	10:00	Chair's Introduction	-	-	David Astley (Chair)
115/18	-	Apologies for Absence	-	-	DA
116/18	-	Declarations of Interest	-	-	DA
117/18	-	Minutes from the previous meeting, action log and matters arising	A A1	-	DA
Statutory duties: performance and holding to account					
118/18	10:15	Chief Executive's Report (February): - ePCR update - Service transformation and delivery update - Questions from the Council	B	Information and discussion	Daren Mochrie (CEO)
119/18	10:40	Assurance from the NEDs: - Integrated Performance Report (February data)	C	Holding to account, assurance and discussion	All Non-Executive Directors present
120/18	11:05	Board Assurance Committees' escalation reports to include the key achievements, risks and challenges: Quality and Patient Safety Committee - 18th February 2019	D1	Holding to account, assurance and discussion	All Non-Executive Directors present
11:25 Comfort break					
121/18	11:35	Overview of NEDs' activities and areas of interest and involvement	-	Holding to account	All Non-Executive Directors present
122/18	11:40	Mental health and patient care: - Section 136 transfers - Quality improvement - Joint working to achieve results	-	Information and discussion	Gary Davies-Ebbsworth (Mental Health Lead) and Matt England (Blue Light Collaboration Manager). All NEDs present
Statutory duties: member and public engagement					

123/18	12:20	Membership Development Committee Report: - Membership and public/staff engagement	E	Information	Katie Spendiff (Corporate Governance and Membership Manager)
Committees and reports					
124/18	12:30	Governor Development Committee Report	F	Information	James Crawley (Lead Governor and Public Governor Kent)
125/18	12:40	Governor Activities and Queries Report	G	Information	James Crawley (Lead Governor and Public Governor Kent)
General					
126/18	12:45	Any Other Business (AOB)	-	-	DA
127/18	-	Questions from the public	-	Public accountability	DA
128/18	-	Areas to highlight to Non-Executive Directors	-	Assurance	DA
129/18	-	Review of meeting effectiveness	-	-	DA
		Date of Next Formal 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.

12:50 Part Two Council meeting – a short Part Two meeting will be held in private following the formal meeting in public. The agenda has been provided to the Council separately.

13:15 Lunch will be provided – an opportunity to get to know each other and talk to the Non-Executives and other guests present.

13:45-14:45 AFTERNOON SESSION for Governors

All newly elected Governors are invited to stay with us following lunch for reflections and feedback on your first Council meeting.

This will help inform further induction needs and enable a debrief while the meeting is fresh in minds.

Other Governors are welcome to stay but the focus will be on reflections from the new members of the Council.

14:45 finish

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 31 January 2019

Present:

David Astley	(DA)	Chair
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
Nigel Willmont-Coles	(NWC)	Staff-Elected Governor (Operational)
Peter Gwilliam	(PG)	Public Governor, East Sussex
Mike Hewgill	(MHe)	Appointed Governor – East Kent Hospitals
Graham Gibbens	(GG)	Appointed Governor – Local Authorities
Marian Trendell	(MT)	Appointed Governor – Sussex Partnerships
Felicity Dennis	(FD)	Public Governor, Surrey & N.E. Hants – by phone
Charlie Adler	(CA)	Staff-Elected Governor (Operational) & Deputy Lead Governor – by phone

In attendance:

Daren Mochrie	(DM)	Chief Executive
Lucy Bloem	(LB)	Senior Independent Director & Non-Executive Director
Terry Parkin	(TP)	Non-Executive Director
Peter Lee	(PL)	Company Secretary

Presenting:

Joe Garcia	(JG)	Director of Operations
Chris Stamp	(CS)	Regional Operations Manager
Greg Smith	(GS)	Volunteering Manager
Steve Emerton	(SE)	Director of Strategy
Rory Collinge	(RC)	Strategy and Partnership Manager

Minutes:

Isobel Allen	(IA)	Assistant Company Secretary

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95. **Introduction and welcome**
    95.1.   DA welcomed Governors and members to the meeting.
    95.2.   He noted that it was the last meeting for three Governors not standing for re-election: Mike Hill, Charlie Adler and Peter Gwilliam and there would be a presentation at the end of the meeting.
    95.3.   Two colleagues were also standing for re-election: James Crawley and Nigel Willmont-Coles and DA wished them good luck.

95.4.   DA advised that he had been able to attend the funeral of Public Governor for East Sussex, Brian Rockell alongside a number of Governors and SECAmb Board members, past and present.

95.5.   Brian had been a true public servant. DA had been privileged to represent the Board. It was a lovely service, where Brian's contribution to public life had been celebrated. A book of memories of Brian had been sent to his widow, Fay, on behalf of the Trust.

96. **Apologies for absence**

96.1.   Apologies were received from Matt Alsbury-Morris and Stuart Dane.

97. **Declarations of interest**

97.1.   There were no new declarations of interest.

98. **Minutes of the previous meeting and the action log**

98.1.   The minutes of the previous meeting were taken as an accurate record.

98.2.   The action log was reviewed and updated.

98.3.   On action 223, TP confirmed Meal Breaks were on the next Workforce and Wellbeing Committee (WWC) agenda.

98.4.   On action 240 on Section 136, MT confirmed that she was meeting with commissioners following this meeting. Over the 8 years MT had been with SECAmb and been concerned about mental health patients, she hoped colleagues knew that she cared passionately about patients. In Q3 in Sussex, 76% of patients detained under Section 136 had been conveyed by Sussex Police rather than an ambulance. SECAmb statistics did not show this disparity. There was still a huge data gap. MT advised that this was not about her lack of understanding of the data or lack of understanding within the Trust. She acknowledged that there was a lot of activity that SECAmb were not paid or commissioned to respond to and she hoped that the meeting that afternoon would move things forward.

98.5.   DA agreed that patient care was ultimately the important thing, and he hoped that we were all working together to do our best. He asked MT to continue to work with us on this and to continue to speak up.

98.6.   LB noted that the Quality and Patient Safety Committee (QPS) had this topic coming to it regularly.

98.7.   RL thanked MT. He asked what happened for patients in Kent and Surrey? MT advised that she linked in with her counterparts in Surrey and Kent. The position in Surrey was much better. Kent experienced similar issues to Sussex.

98.8.   RL had heard about issues in Kent where the police were taking people to hospital. FD noted that at the Quality Account workshop on Monday, Gary Davies-Ebbsworth (Mental Health Lead) had spoken about this and the amount of work going on in this area. MT agreed that there had been huge amounts of work going on.

98.9.   DA advised that since QPS was actively engaged in this, it may be worth bringing an item to the Council to get an overview of the work going on.

DA knew that the police seconded staff to work in other agencies and we might learn from the good work out there to provide the best response to patients.

ACTION: Governor Development Committee to consider inclusion of Mental Health/Section 136 conveyance to the agenda of a future Council meeting

98.10.   On action 245 regarding bank staff completing the NHS staff survey, IA advised that it was stipulated by NHS England who the survey was sent to, however the Trust might make representations to extend this.

98.11.   On action 246 around data quality assurance, there was an action from a recent Finance and Investment Committee (FIC) to scrutinise data quality broadly and LB confirmed that Audit Committee had already scrutinised the Ambulance Response Programme data reporting and confirmed that everything was as it should be. This item could be closed.

98.12.   On action 247 regarding bank staff and private providers having access to the new electronic Patient Clinical Record (ePCR), LB reported that IT had found a solution to enable people to log in and log out of iPads so that the data was not visible to any other user. Further work was ongoing to test this but if successful, a pool of iPads could be made available for use by bank staff and our operational volunteers.

98.13.   On private providers, LB advised that a request had been put in private providers should make iPads available as part of their contractual requirement.

98.14.   On action 248 regarding implementation of Patient Demographic Search in EOC, LB advised that when trialled, using this had caused a 3 second call delay, so it was decided not to run it around Xmas and a trial was being run presently. A further update could be provided to Council.

98.15.   On action 249 regarding colour-coding frontline skill sets to help with rostering, NWC advised that there was now a colour-coded data available but this wasn't available on the Global Rostering System (GRS) so could not currently help with rostering. He had been advised that the move to local rostering would resolve the issue. This action could be closed.

98.16.   DA further advised that on meal breaks, he had spent time with a Dispatcher in Coxheath and had been heartened to see the effort they went to in order to ensure the crews had a break.

99. **Chief Executive's Report**

99.1.   DM highlighted his external engagement since the previous Council. Performance over Xmas and the New Year had been relatively good and in particular call-answering was very good. DM thanked all staff and volunteers for all their hard work.

99.2.   DA noted that our call-answering time over that period was second best in the country.

99.3.   DA advised that Board members had visited different parts of the Trust over the holiday period, in addition to their normal visits.

99.4.   DM noted that as the cold had ramped up demand so the system and SECAmb pressures were now increasing. There were mitigation plans in place but we could not be complacent.

99.5.   The Executive Management Board (EMB) had been focusing on our strategy and work on the Service Transformation plan and the Carter Review.

99.6.   A new telephony platform went live in early December which had been relatively smooth and we were seeing the benefits.

99.7.   DM was leading on two groups as part of the Association of Ambulance Chief Executives' group. He would also be looking at safe staffing levels.

99.8.   Pleasingly, significant capital investment had been secured to go into our estate at Medway and Brighton and improve other parts of our estate.

99.9.   FD wanted to also commend staff on performance over Xmas. She wanted to understand how Non-Emergency Transport (NET) vehicles would help category 3 patients. DM advised that a number of pilots were underway in line with the strategy to target specific resources at specific patients.

99.10.   There were set criteria to deploy care assistants in a NET vehicle to perhaps lift someone off the floor, for example. FD was keen to understand where the pilots were in place.

ACTION: DM to provide information about where the NET pilots were taking place.

99.11.   DE asked about Brexit and whether the Board were assured that the Trust was prepared, particularly in relation to transport links.

99.12.   DM advised that there was now a specific team being led by Chris Stamp to make preparations. The issue had been considered specifically by the Resilience Committee of the Executive the previous day. DM would bring back a final EU exit plan to the EMB and Senior Leadership Committee and then to the public Board in February. We were working closely with other colleagues across other organisations on, for example, infrastructure, procurement, and medicines.

99.13.   GG advised that the 6 leaders across Local Authorities had asked him to seek assurance from the NEDs that they are satisfied. TP felt it was difficult for anyone to be confident about Brexit. He was confident that the Executive had taken the prospect of no-deal seriously and looked at the implications. TP noted that the NHS in particular was conscious of the political dimension given the recent Kent Blood Service cancellation being overturned by Government.

99.14.   LB agreed and noted that logistics was a particular consideration.

99.15.   DM noted that there was a lot going on around the same time as Brexit. More resource may need to go into Brexit planning and other things might need to pause or slow down.

99.16.   RL asked about drugs and whether there was a view on stockpiling. DM noted that this was one of the things being currently looked at.

99.17.   JC read out a question on behalf of MAM: the question was regarding parts of West Sussex being sparsely covered by our resources. DM advised that where demand outstripped resources we didn't have the resources to go

to some calls, but the Demand and Capacity Review has taken into account demand relative to postcode and hour of the day etc. and assessed what was needed. Our operating model recommended how to meet the needs of the patients in those areas. Over the next 12 months we would develop the Trust to the right size to address any gaps.

99.18.　　DA asked for a written response to be provided.

ACTION: DM to provide a written response to MAM's question regarding West Sussex performance.

99.19.　　JC noted that Councillors had been asking questions and not receiving a response.

ACTION: IA to seek further information regarding questions from Councillors which may have gone unanswered.

99.20.　　MT noted that on Tuesday morning at 08.30 Sussex Partnerships had an unannounced CQC inspection focused on places of safety. They had taken data regarding mental health transfers and were aware of the challenges.

99.21.　　DA summarised that it was good to hear Local Authority leaders raising this issue. MPs in Kent were also speaking up about issues around Brexit and we were making every effort to plan for what could be a national emergency. A lot was going on behind the scenes.

99.22.　　The focus had to be on patient safety and the reputation of the Trust. Governors' help would be sought should we reach this situation. There may be some situations beyond the Trust's control and our staff needed support.

99.23.　　GG thanked DA on behalf of the 6 Local Authority leaders.

100.　**Assurance from NEDs: Integrated Performance Report (IPR)**

100.1.　　GG advised that the Local Authority leaders were concerned about winter capacity across the NHS. He had been pleased to see the Trust's performance, and that we had done better than last year. He asked for assurance that the NEDs were confident the improved performance could be maintained.

100.2.　　LB advised that the QPS Committee regularly reviewed and challenged in these areas. The Committees undertook detailed look backs at issues to learn, and recently looked back at EOC performance and it was clear that things had improved. Medical and Quality and Nursing Directorate staff had done shifts in EOC which provided robustness.

100.3.　　LB advised that we had put out more resource than planned for probably the first time in her experience. TP agreed and noted the integration of planning was the best he had yet seen. He had been impressed with our focus on the things we are in control of. There were some hospitals still struggling and particularly so in Kent and we continued to work with them closely.

100.4.　　TP could not think of more that could be done, however he could not say the system would definitely hold up.

100.5. DM agreed that there had been robust system-wide planning, including representatives from Clinical Commissioning Groups (CCGs) and NHS England. There were not only health pressures but also issues with social care which placed pressure on the system. DA agreed that the issue was around patient flow.

100.6. NH noted that from an operational and EOC perspective, the Trust must not sit on its laurels. Levels of demand were very high with two or three hospitals in Kent extremely challenged at certain times. Integration was much improved but the Trust could not be complacent.

100.7. TP noted that it was not so much winter pressures as a high background demand, so the planning for winter would help across the board. Half term might show whether the wider system can cope as lots of people were off during that week.

100.8. JC had queries about the data, specifically regarding CFR attendances. Data he had been provided with separately seemed to contradict the data in the performance report. JC advised that he would respond to the data he had been sent separately outside the meeting.

101. Board assurance Committees

101.1. MBG noted that she had attended the Quality Account workshop that week. Attendees had been encouraged and impressed by the number of proposals. She wanted to check the NEDs were confident that all the projects being undertaken were captured and they were being properly scrutinised.

101.2. TP advised that QPS now had a very strong grip on the processes within the organisation. He would be surprised if there was something going on without proper governance now.

101.3. LB advised that she had found one project that had not been signed off formally through her QPS scrutiny. This showed the systems worked and the Committee was asking the right questions.

101.4. MP asked about Health and Safety reporting and noted the positive work going on but that RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations: it sets out how and when you should report workplace accidents, occupational diseases and near misses) reporting was quite poor. She asked for assurance. TP advised that WWC had oversight of health and safety. He felt the last 12 months had seen improvement, not least in having a team in place to manage this. He agreed that no RIDDOR report should be missed however the infrastructure was being developed and he was confident of an improving trajectory.

101.5. JC noted that in the Board meeting the Finance Director had stated that we were paying everyone on time. JC believed that there seemed to still be significant issues around incorrect pay to staff and he felt it should still be an area of concern.

101.6. TP believed there had been some significant improvements, but there were still some issues around the timeliness of completing forms and getting them signed off in time. WWC monitored the numbers, which were coming

down. WWC were assured that HR were working on this and it was on the radar for WWC.

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

102.1.   The NEDs present did not have anything to add to the activities already mentioned.

103. Meeting schedule 2019-20

103.1.   PL introduced the item discussing the Council's meeting schedule in the context of the Board reducing the number of its formal meetings by half.

103.2.   The recommendation was that the Council move to formal quarterly meetings and two additional meetings with the Board, with a clear plan for one additional meeting to inform the Trust's annual plan and the other for joint Board and Council development.

103.3.   The Council agreed the proposal.

104. Volunteering Strategy Update

104.1.   Chris Stamp, Greg Smith and Joe Garcia joined the meeting. CS advised that a year ago he had only half a team of 6 in place to support Community First Responders (CFRs) and he was pleased to report he now had a full establishment.

104.2.   CS gave an overview of the current picture. Training had been stopped and a new course created with good governance. A new course was in place with 120 training places.

104.3.   CS was keen to bring two more people into the department.

104.4.   CFR dispatch to C1 calls had been reintroduced.

104.5.   CS advised that the strategic focus would be on developing CFRs' scope of practice, dispatch, C1/C2/C3 calls, clinical support and evidence-based decision-making.

104.6.   The Trust would provide more face to face support to CFRs, more focus on their wellbeing and welfare (23 CFRs had been trained to deliver TRIM), we would empower and better utilise the skills of volunteers, and provide opportunities to develop our volunteers.

104.7.   CS noted that it was important to create a 'one team' ethos, focus on inclusion, work with each other to design services, engage effectively and recognise and celebrate success.

104.8.   CS was keen to have open and honest conversations about what our CFRs can expect and have community-based volunteers with relationships within localities.

104.9.   DA noted that what had been presented was a direction of travel which needed to be expanded into a plan with key milestone dates and deliverables.

104.10.   GS noted that discussions with CFRs would take place in March-April.

104.11.   JC noted that he whole-heartedly supported the words but felt he had heard positive words before: what was needed was action. JC felt that Team Leaders could be used more to help support this work. On C3, we could learn

from South West Ambulance Service and should do so. CS advised that he didn't feel it was necessary for Team leaders to be the main contact point for CFRs: it was more important to have staff who were keen to support them.

104.12.   JC agreed that you didn't need to be an OTL to commit to supporting CFRs, but you did need the time to do it so it needed to be somebody's clear role. JC agreed there had been progress in the past year but there were still little quirks in the system.

104.13.   FD noted it was very heartening to hear. She asked about the recruitment drive: she had been contacted by CFRs in her area who said people had been attending meetings waiting for recruitment to start for over 12 months but they were not being supported to get shortlisted for CFR posts.

104.14.   Greg Smith (Voluntary Services Manager) provided an update. The Trust had stopped recruiting CFRs for 18 months while we put the infrastructure in place. We then were in a position to reopen recruitment in January. Changes to the process were put into place, and there was concern that people had access to buildings and incident information when they were not CFRs. The new system was that all applicants should be invited to apply and then be given a local information evening to meet the teams. Those who had been going to teams already should be encouraged to apply: their presence at team meetings did not guarantee them a place on the training but it would be highly likely. FD understood and supported this strategy but she advised that damage limitation was needed as there was a lot of anxiety and concern about it. GS agreed that he would provide reassurance and that he would work closely with CFR Team Leaders as part of the recruitment process.

104.15.   FD asked how the team would tell prospective CFRs what the role was if this was not yet clear. GS noted that CFRs had a defined role but CS noted it would be useful to clarify this during the strategy consultation.

104.16.   JC noted that there were some tensions around the St John's area. On team meetings, the Trust need to appreciate member of CFR/community teams were not all trained CFRs (for example some people did fundraising) so this would need to be considered. GS agreed.

104.17.   LB noted that NEDs were expecting to receive a holistic view of CFRs, including their scope of practice, recruitment, what it meant to be safe to practice, what duty of care the Trust needed to show CFRs and what support was needed to support that. A strategy was needed to make any case to have more staff to support CFRs.

104.18.   JG advised that this had been a long journey, and the Trust had had to rebuild a lot of structures that weren't quite right. The work was gathering pace and would in future be sound and well-governed. Volunteering was an integral part of the Trust's future operating model.

104.19.   DA welcomed the strategy and the passion with which it was expressed. It was important to note the requirements set out by LB. We were conscious that this had been taking a while but there were many distractions. He thanked the team.

105. Demand and Capacity Review

105.1.   Steve Emerton (Director of Strategy) joined the meeting. SE advised that our Demand and Capacity review had shown that the Trust did not have enough vehicles and people. Through negotiation this had garnered the Trust a higher level of investment in order to achieve our performance targets.

105.2.   SE introduced the targeted dispatch model with options to get the right resource to the right people at the right time.

105.3.   FD asked whether the NEDs were assured that the organisation had the capacity to deliver this. LB agreed that she was assured. Extra resource had been brought in to support SE. Michael Whitehouse (NED) was on the steering committee. FD asked what was meant by making changes to OUs to deliver this. SE noted that previous changes to OUs had been around setting up the OUs themselves, however the service transformation would involve looking at how each OU operated to deliver patient care.

105.4.   MH asked whether it was possible for SECAmb to charge GPs for the training of Paramedics. In his Trust, they had been training pharmacists who would then leave to work in other parts of the system. SE noted that the Trust had experienced this with Paramedic Practitioners (PPs). The current rotational pilot for PPs was helping move people around the different parts of the health service to prove that this was both good for their careers and also financially, and in terms of governance and interoperability.

105.5.   DA noted that a dynamic workforce model was vital.

105.6.   TP advised that if Paramedics worked in a GP Practice as per today's Government announcement they would need clinical supervision so SECAmb could offer this.

105.7.   NWC noted that SECAmb could have taken the opportunity to embed Paramedics in the community before, and was pleased to hear that the Board was passionate about this. He felt we might also need to change our policy around bringing PPs back into the Trust if they have left.

106. Annual Planning

106.1.   Rory Collinge (Strategy Manager) joined the meeting. RC noted that the annual plan consisted of a piece of narrative covering quality, activity and performance, financial planning, stakeholder and partner links, as well as workforce.

106.2.   The plan needed to fit with external and internal plans already in place, including year 1 of the Service Transformation and Delivery plan that SE had outlined.

106.3.   RC advised that he and IA would be summarising the plan and sending out a survey for the Council to seek their views on the draft.

106.4.   IA advised that in the following year we would ensure that we were involving our members in planning earlier and with the Council more effectively.

106.5.   RL asked what happened to the plan. RC noted it would be submitted to and agreed with NHS Improvement and NHS England. The plan should

then be used to inform everything we do. DA reinforced how the Board would have oversight of this.

107. **Membership Development Committee (MDC) report**
   107.1.   MH noted that it was his last Council meeting. He advised that the Committee had worked on contacting patient experience groups and had had a good result.
   107.2.   The next MDC would be 16th February in Crawley.
   107.3.   The Trust would be undertaking a wide consultation on the Patient Experience Strategy that would be ongoing into the Summer.
   107.4.   MH noted that getting feedback from constituents was always difficult. It would be crucial on annual planning to get feedback from the Staff Engagement Forum, Inclusion Hub Advisory Group and trades unions.
   107.5.   The revised MDC Terms of Reference were approved.
   107.6.   MH noted that the committee would potentially lose a lot of Governors following the elections and he wanted to encourage other Governors to get involved.
   107.7.   DA thanked MH for all his hard work on the MDC.

108. **Governor Development Committee (GDC) Report**
   108.1.   JC thanked MH for chairing the GDC for him on this occasion.
   108.2.   He noted the changes to the Terms of Reference, which the Council approved.
   108.3.   The next meeting was Friday 15 February and all were welcome.

109. **Governor Activities and Queries Report**
   109.1.   JC noted that the answers being received to Governors' questions were more impressive in general, with the exception of the one he had mentioned earlier regarding CFRs and surge planning which had not directly addressed the question asked.

110. **Any other business**
   110.1.   No further business was raised.

111. **Questions from the public**
   111.1.   There were no questions from the public.

112. **Areas to highlight to the NEDs**
   112.1.   The Council were comfortable that the key points had already been highlighted to the NEDs throughout the meeting.
   112.2.   DA noted that the volunteer strategy would remain an item of focus for the Board and QPS, but it was important to recognise the workload of the Trust and that things like Brexit were distracting people's time.
   112.3.   The STAD programme was also vitally important and we would need to deliver what we had promised.

112.4. TP noted that because of changes with health and safety it may be worth inviting the new Head of Health and Safety at a future meeting.

ACTION: IA to add health and safety to the Governor Development Committee agenda for consideration as a possible future item for Council.

113. Review of meeting effectiveness

113.1. The meeting was deemed to have been effective and although the agenda had been large Governors were comfortable they had had their say and responses were open.

113.2. Following the meeting, shields and thanks were given to Mike Hill and Peter Gwilliam as it was their last meeting.

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	C	Joe Garcia, Chris Stamp and Greg Smith (Director of Operations, Central Teams Senior Operations Manager, and Voluntarys Services Manager) attended the January CoG meeting to present the latest plans and ask for support to develop a Community Volunteering Strategy.
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	Jul.19	CoG	IP	WWC members can provide an update once it had been taken at WWC. It was due to be considered at the next WWC (18th April).
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	S	See action 251 below.
15.11.18	65.30	245	DM to raise the possibility of staff survey access for bank staff and flexible workers at the Executive Management Board	DM	Jän.19	CoG	C	Update provided at January 2019 meeting. It was stipulated by NHS England who the survey was sent to, however the Trust might make representations to extend this.
15.11.18	66.50	246	Council to receive assurance from the NEDs around data quality, when available	NEDs	TBC	CoG	C	There was an action from a recent Finance and Investment Committee (FIC) to scrutinise data quality broadly and LB confirmed that Audit Committee had already scrutinised the Ambulance Response Programme data reporting and confirmed that everything was as it should be. This item could be closed.
15.11.18	67.10	247	LB to advise Council of how/if private providers and bank staff would be integrated in to using the ePCR system.	LB	TBC	CoG	C	Update provided at January 2019 meeting. LB reported that IT had found a solution to enable people to log in and log out of iPads so that the data was not visible to any other user. Further work was ongoing to test this but if successful, a pool of iPads could be made
15.11.18	67.11	248	The timeline for Patient Demographic Search (PDS) implementation in the EOC to be provided to Council.	LB	TBC	CoG	IP	Update provided at January 2019 meeting. LB advised that when trialled, using this had caused a 3 second call delay, so it was decided not to run it around Xmas and a trial was being run presently. A further update could be provided to Council.
31.01.19	98.90	251	Governor Development Committee to consider inclusion of Mental Health/Section 136 conveyance to the agenda of a future Council meeting	GDC	Mär.19	CoG	C	The GDC discussed this at its meeting in February and it is on agenda for the March 2019 meeting.
31.01.19	99.10	252	DM to provide information about where the Non-Emergency Transport (NET) vehicle pilots were taking place.	DM	Mär.19	CoG	C	The first vehicles were rolled out the week of the 10th December 2019. The plan was to roll out at 3 a week, but this wasn't possible due to some mechanical issues that needed to be addressed. At 22/02/19 there were 26 of the 30 operational.
31.01.19	99.18	253	DM to provide a written response to MAM's question regarding West Sussex performance.	DM	Mär.19	CoG	C	Response provided to the Governor by email.
31.01.19	99.19	254	IA to seek further information regarding questions from West Sussex Councillors which may have gone unanswered.	IA	Mär.19	CoG	IP	Request sent to the ex-Governor concerned to clarify the issue and who they contacted (21.02.19)
31.01.19	112.4	255	IA to add health and safety to the Governor Development Committee agenda for consideration as a possible future item for Council.	IA	Mär.19	CoG	C	H&S was discussed at the GDC in February 19. The relevant minute reads: this was deemed suitable for a meeting later in the year as there was lots of work underway on policies and procedures in this area currently. It remains on the list of potential agenda items for the future.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

CHIEF EXECUTIVE'S REPORT TO THE COUNCIL

1. Introduction

1.1 This report seeks to provide a summary of the key activities undertaken by the Chief Executive and the local, regional and national issues of note in relation to the Trust during January and February 2019.

2. Local issues

2.1 Engagement with local stakeholders & staff

2.1.1 On 17 January 2019, Dr Kathy McLean, Executive Medical Director and Chief Operating Officer for NHS Improvement visited our Crawley HQ. During her visit, she had a meeting with myself and the Chairman, as well as spending time in the EOC and in the QI Hub.

2.1.2 On 12 February 2019, Roy Lilley, health policy analyst, writer, broadcaster and commentator on the NHS also paid a visit to Crawley. Roy, who lives within our region, spent time in the EOC and also met with myself and the Chairman.

2.2 Changes at Board level

2.2.1 On 1 February 2019, the Trust announced that Ed Griffin, Director of HR & OD will be moving on from SECAmb at the end of April 2019 to take on a new role at the Institute for Employment Studies, heading up HR Consulting and Research.

2.2.2 I would like to thank Ed for his hard work during his time with SECAmb and wish him well for the future. During his time with us, we have begun our journey to build an HR function that has the right processes and ways of working to support the Trust and I know that he will continue to focus on achieving this for the remainder of his time here.

2.2.3 The recruitment process to find Ed's successor has now commenced and we will provide up-dates in due course.

2.2.4 The Trust has also announced that, following my departure from SECAmb on 31 March 2019, Dr Fionna Moore will take on the role of Interim Chief Executive whilst the recruitment process for a substantive Chief Executive progresses.

2.2.5 Fionna will be assisted by Joe Garcia and David Hammond as Deputies during this period and by the whole Trust Board, who I know will continue to lead the Trust forwards in this period.

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 on-going delivery of the Service Transformation & Delivery Programme and 111 contractual changes
- Reviewed and prioritised business cases, as part of broader close analysis of the Trust's financial position
- Discussed the on-going planning work as part of preparing for the EU Exit

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 Trust Award Ceremonies

2.4.1 At the time of writing, I am looking forward to attending the first of this year's three Staff Award Ceremonies in Kent, which will be followed by further events in Surrey and Sussex in coming weeks.

2.4.2 The awards ceremonies are great events, when we have the opportunity to acknowledge the many years of service which our staff and volunteers have dedicated to the ambulance sector and wider NHS. We also celebrate the fantastic achievements of staff during the course of the year through awarding of Chief Executive's Commendations. This year I was, once again, overwhelmed by the number and quality of the nominations received.

2.4.3 I am thoroughly looking forward to this year's events, to welcoming many of our staff, volunteers and their friends and family and to meeting as many attendees as possible.

3. Regional issues

3.1 Flu vaccination rates.

3.1.1 I am delighted to share that this year the Trust has achieved its highest flu vaccination rate ever, exceeding the 75% target.

3.1.2 This is great news for our patients and our staff and I would like to thank all of our staff who took the time to be vaccinated and to those who have informed us as to why they have decided not to have it, which is equally as important.

3.1.3 As part of our campaign, this year we have been able to donate hundreds of vaccinations and treatments to those in need in developing countries. Each member of staff who was vaccinated, was able to choose from a number of options and I was pleased to hear that this was well-received by many staff.

3.1.4 Well done to all those involved for their hard work, including Adrian Hogan and the Infection Prevention & Control Team centrally and the OUMs, OMs, OTLs and army of vaccinators across the Trust who made this happen locally.

3.2 Progress in addressing handover issues

3.2.1 As part of the system-wide handover programme that the Trust has been working on during the past year, we have been focusing on improving hospital handover times overall and also on 'crew to clear' times – the time taken for our crews to become clear once the patient has been handed over to the hospital staff.

3.2.2 Reducing handover delays is an issue that affects all ambulance Trusts nationally but as the graph below shows, locally we have seen a marked and consistent improvement in the post-handover standard of crews clearing within 15 minutes, especially since November of last year.

Mean Time From Handover to Clear:
Data Updated: 2019-02-06 04:11:13
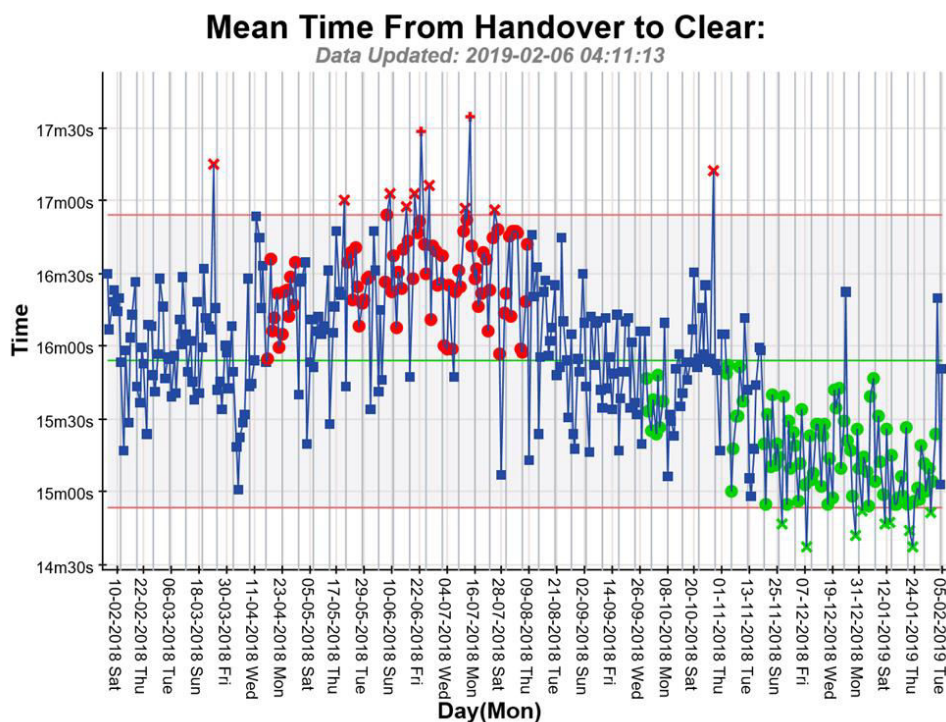
3.2.3 These improvements have been achieved due to the hard work of crews locally and I would like to thank them for their commitment to addressing this difficult issue.

3.2.4 Despite occasional spikes, we have also seen improvements overall in hospital handover times at most sites when compared to last year, which is really encouraging. We will continue to work with our system partners to drive improvements and reductions in handover delays.

4. National issues

4.1 No national issues to report

5. Recommendation

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

Daren Mochrie QAM, Chief Executive

February 2019

NHS
South East Coast
Ambulance Service
NHS Foundation Trust

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
February 2019

Taking Pride

Striving for Continuous Improvement

Acting With Integrity

Demonstrating Compassion and Respect

Assuming Responsibility

Contents Summary

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Operations 111	21
Workforce	23
Finance	25

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 and 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 11/2/19

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 core planned surplus of £1.7m for the month of December. The cumulative deficit of £1.5m 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 £1.7m in the month, which was as planned. 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 1, 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, delivery of CIP targets and resourcing to meet trajectory.

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.

SECAmb Clinical Safety Scorecard

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

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	46.7%	71.9%	56.0%	
Previous Year %	37.9%	54.5%	50.0%	
National Average %	55.9%	55.8%	TBC	

Cardiac ROSC - ALL

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	28.8%	31.9%	31.3%	
Previous Year %	24.4%	25.6%	25.7%	
National Average %	31.9%	32.1%	TBC	

Cardiac Survival - Utstein

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	28.6%	35.5%	17.4%	
Previous Year %	17.2%	40.6%	26.3%	
National Average %	33.9%	28.0%	TBC	

Cardiac Survival - All

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	8.4%	11.7%	8.2%	
Previous Year %	3.6%	10.0%	5.7%	
National Average %	11.8%	10.4%	TBC	

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

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	69.4%	75.0%	66.4%	
Previous Year %	62.9%	64.4%	71.9%	
National Average %	81.2%	N/A	N/A	

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

	Jul-18	Aug-18	Sep-18	12 Months
Mean (hh:mm)	02:14	TBC	TBC	
National Average	02:07	TBC	TBC	
90th Centile (hh:mm)	03:09	TBC	TBC	
National Average	02:51	TBC	TBC	

Stroke - call to hospital arrival

	Jul-18	Aug-18	Sep-18	12 Months
Mean (hh:mm)	01:14	01:13	01:09	
National Average	01:15	01:11	TBC	
Median (hh:mm)	01:04	01:04	01:01	
National Average	01:06	01:05	TBC	
90th Centile (hh:mm)	01:52	01:52	01:44	
National Average	01:52	01:48	TBC	

Stroke - assessed F2F diagnostic bundle

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	97.8%	97.9%	95.8%	
Previous Year %	95.2%	95.6%	93.1%	
National Average %	N/A	98.3%	N/A	

Post ROSC Care Bundle

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	93.3%	91.1%	91.1%	
National Average %	57.3%	N/A	N/A	

Medicines Governance

	Oct-18	Nov-18	Dec-18	12 Months
Total Number of Medicines Incidents	93	79	109	
Single Witness Sig/Inapt Barcode Use CDs Omnicell	17	24	16	
Single Witness Sig/Inapt Barcode Use CDs Non-Omnicell	1	0	3	
Total Number of CD Breakages	16	15	12	
PGD Mandatory Training	20	17	0	
Key Skills Medicine Governance	180	82	0	

Sepsis Care Bundle Compliance

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	82.2%	79.2%	79.9%	

Medicines Management

	Oct-18	Nov-18	Dec-18	12 Months
Number of Audits	169	178	183	
Percentage of Audits	99.4%	99.0%	98.6%	

SECAmb Clinical Safety Charts

Cardiac ROSC - Utstein
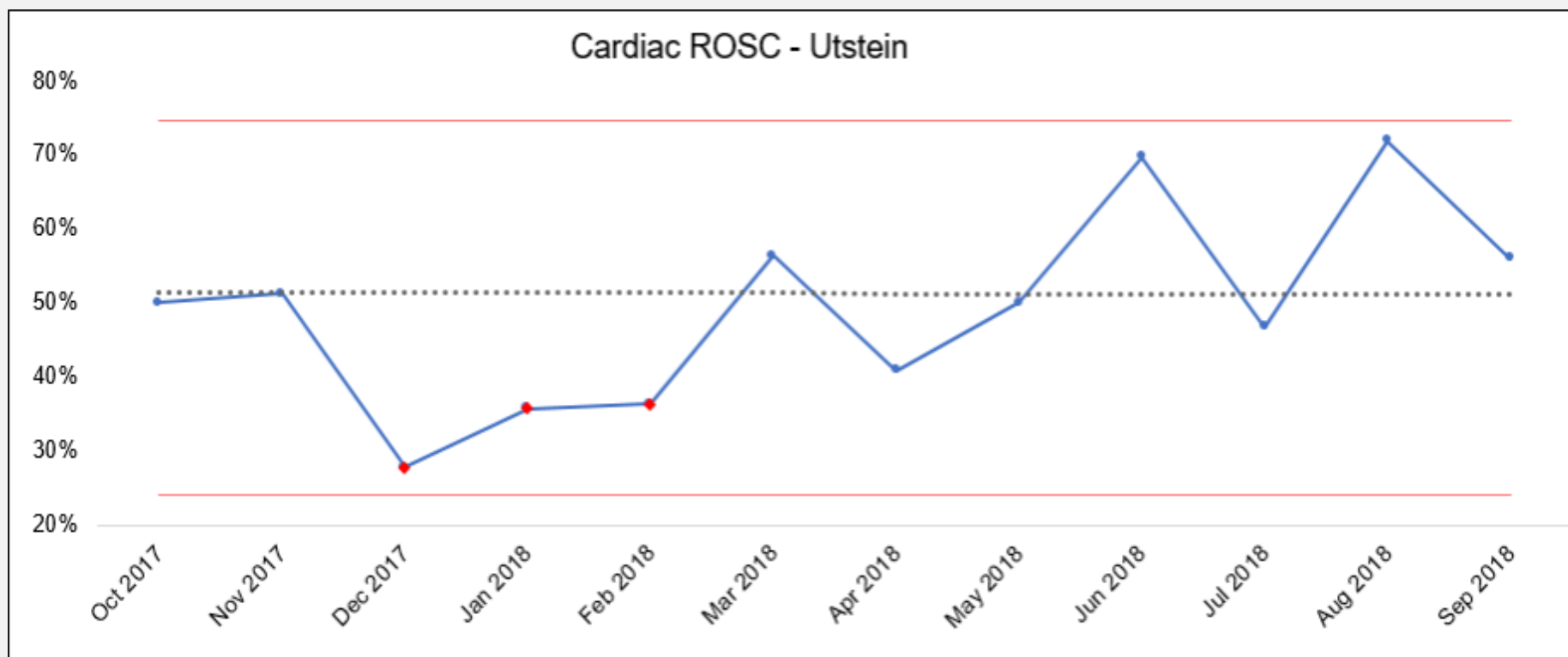
The cardiac arrest charts show the proportion of patients who had a Return of spontaneous circulation (ROSC) at hospital and the proportion who survived to be discharged from hospital after resuscitation was attempted.

The Trust has seen a sustained improvement in the proportion of patients who have a ROSC at hospital. This improvement could be attributed to improvements in response times and/or resuscitation training that was provided in 2018/19 Key Skills.

Survival after cardiac arrest continues to show normal patterns of variation.

Cardiac ROSC - ALL

Cardiac Survival - Utstein

Cardiac Survival - All

Acute STEMI Care Bundle Outcome
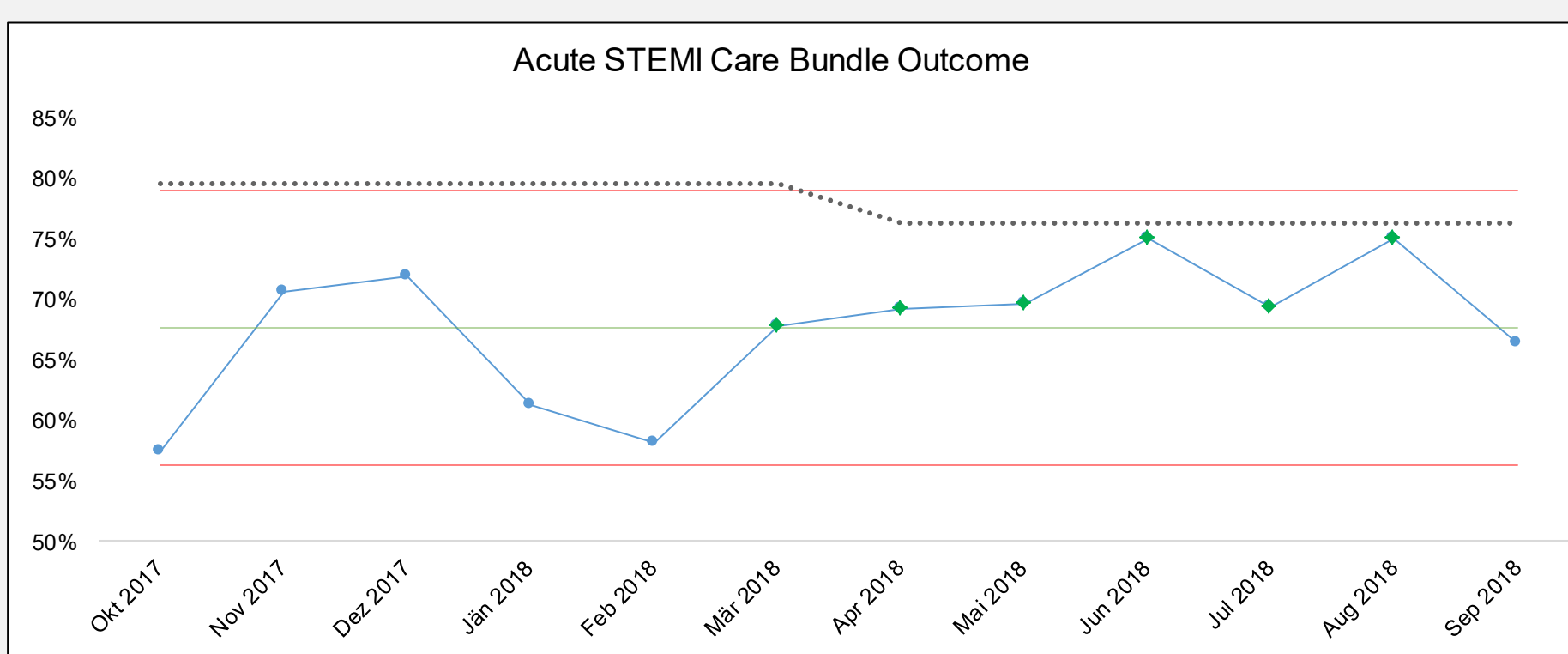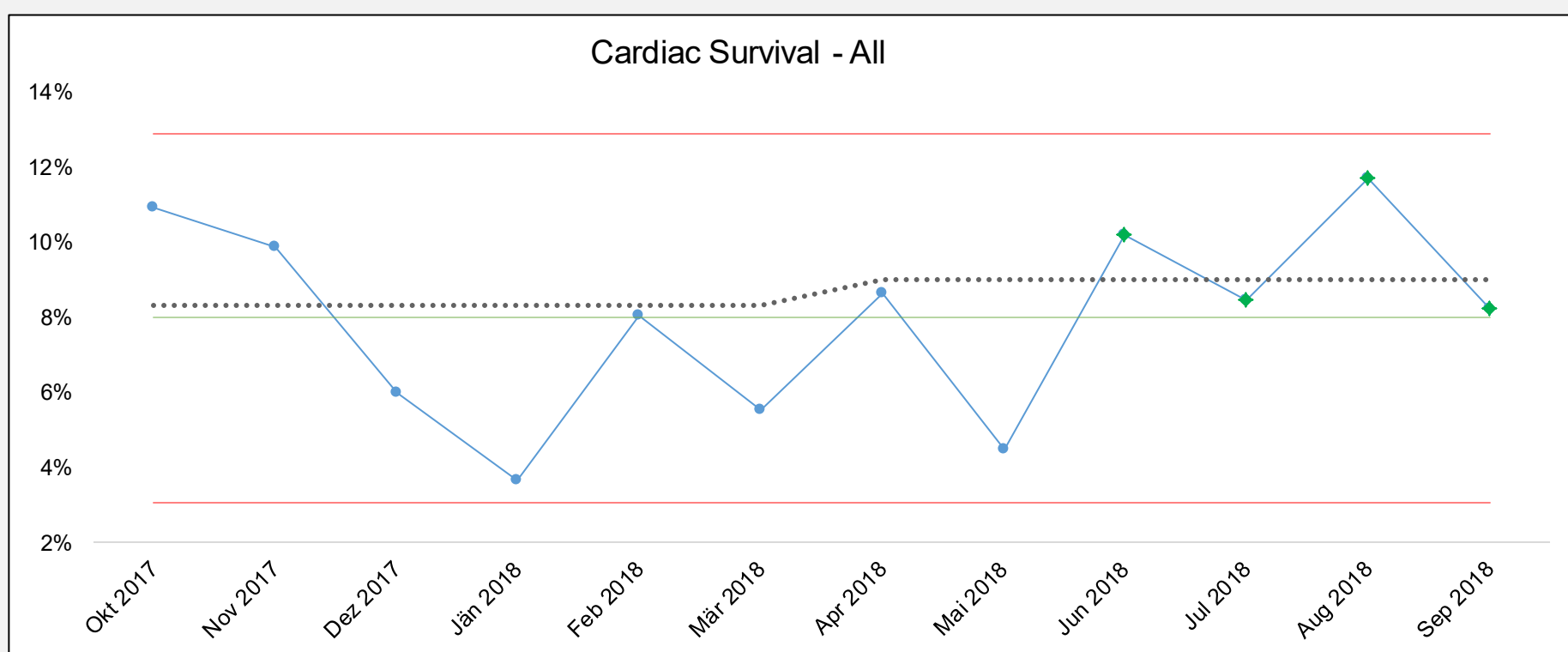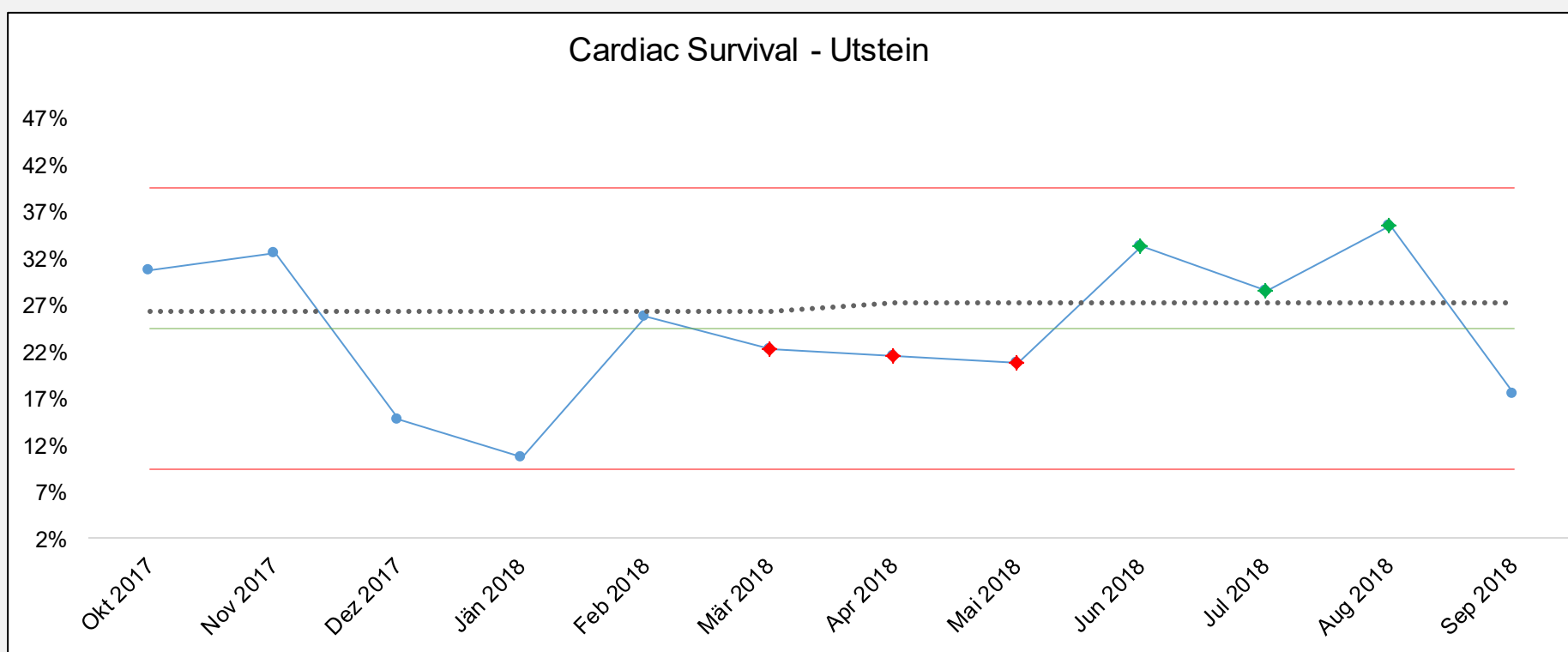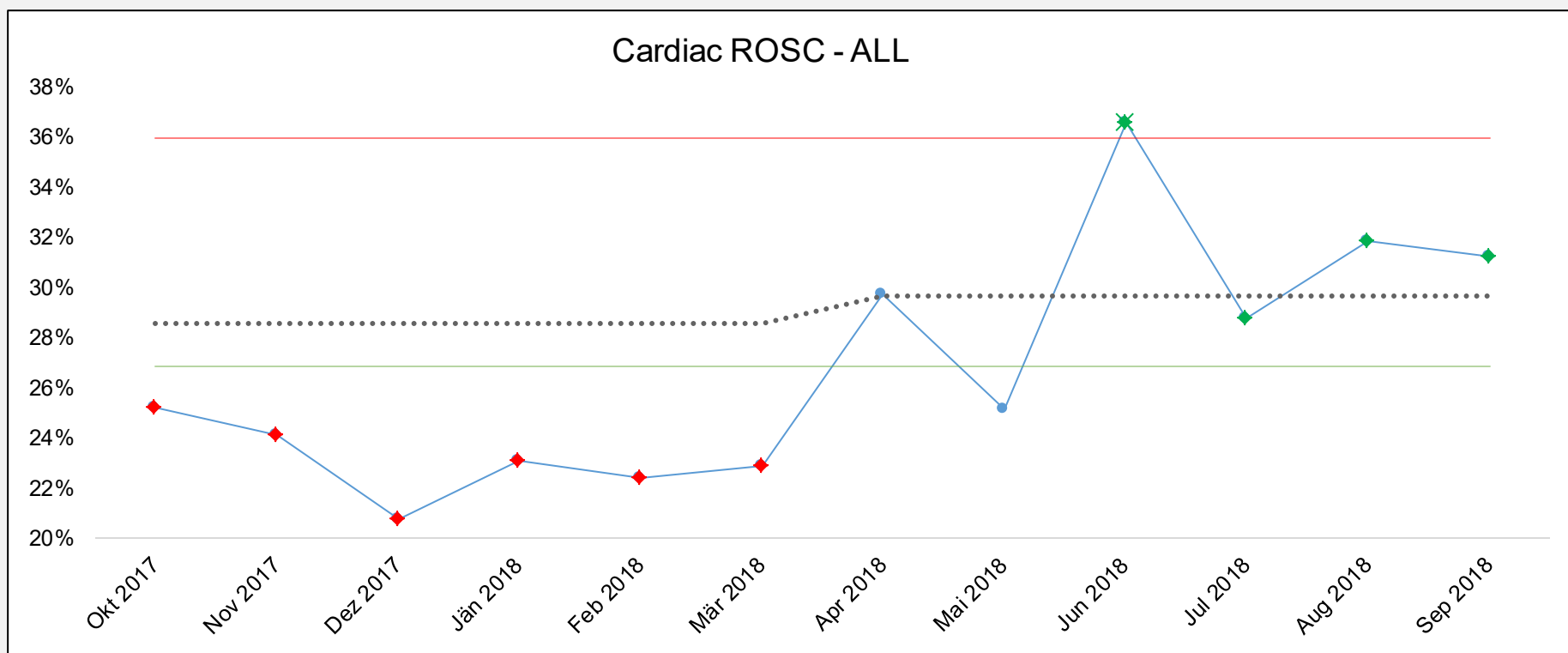
This chart shows the proportion of patients who were suffering a suspected ST-Elevation Myocardial Infarction (STEMI) and received a full care bundle.

There has been a sustained improvement in performance since March 2018. The Trust expects to see further improvements with the introduction of electronic Patient Care Record (ePCR). This system will prompt users to document a full bundle of care where an omission might have been made through error.

Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography (Mean)
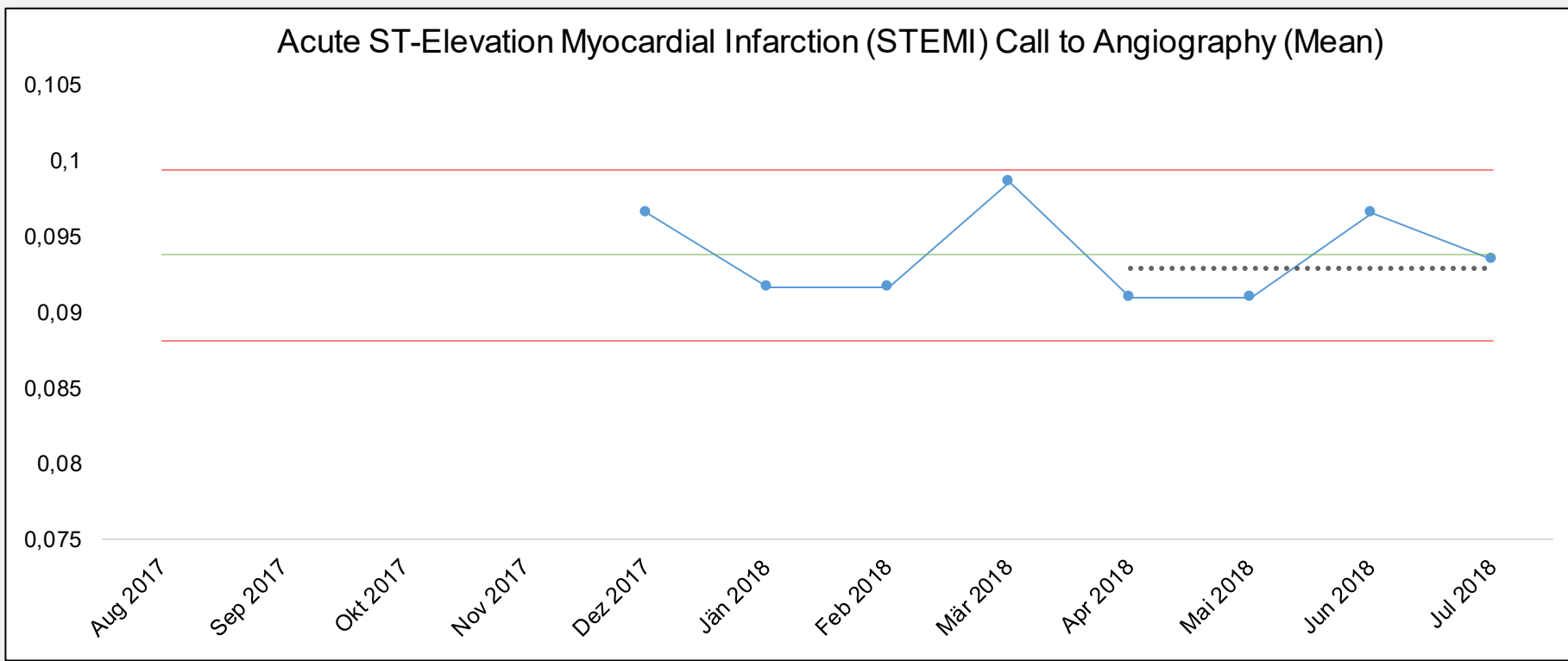
STEMI timeliness charts show the mean and 90th centile call to angiography time for patients who are suffering STEMI.

These measures continue to show normal patterns of variation. Trust performance is broadly in line with national averages.

Key Skills training for 2019/20 will give clinicians strategies for reducing on-scene times for patients in this cohort. It is hoped that this will reduce the overall call to angiography time.

Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography (90th Centile)

Stroke - call to hospital arrival (mean)
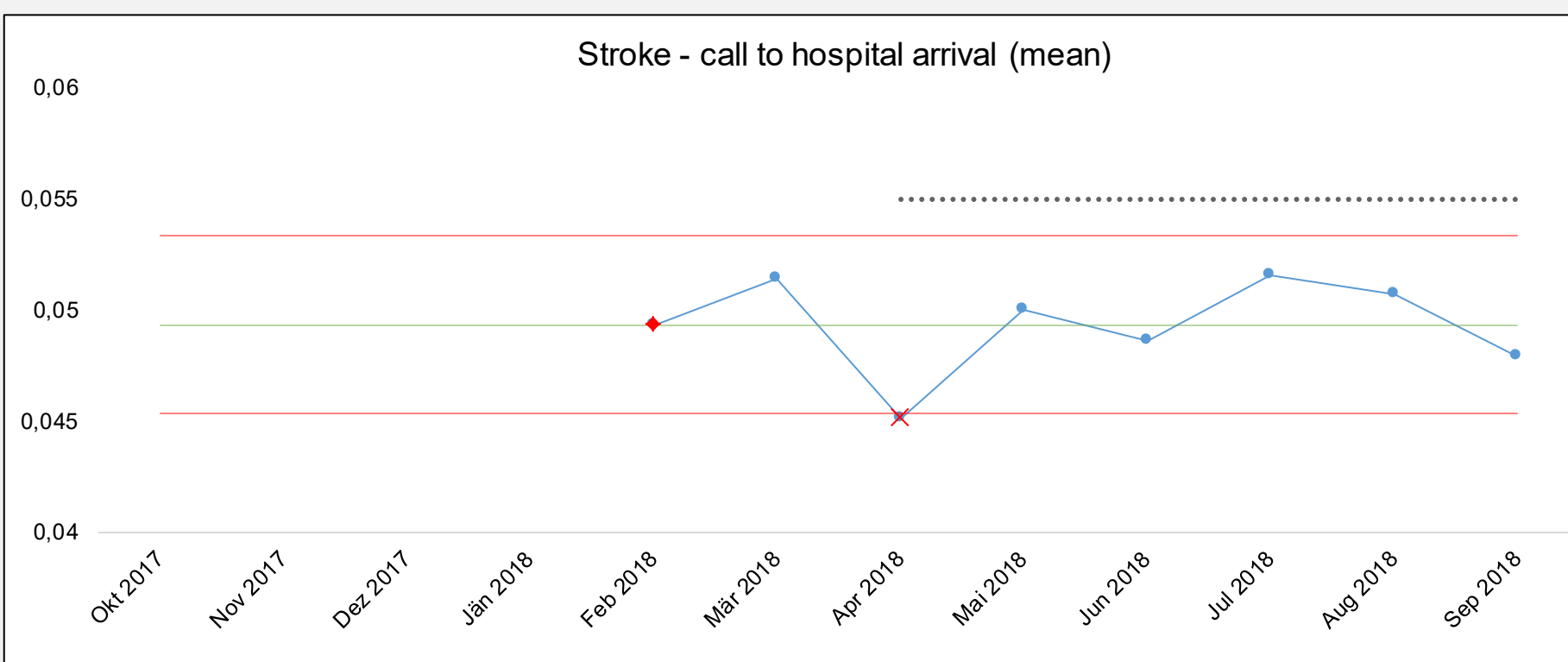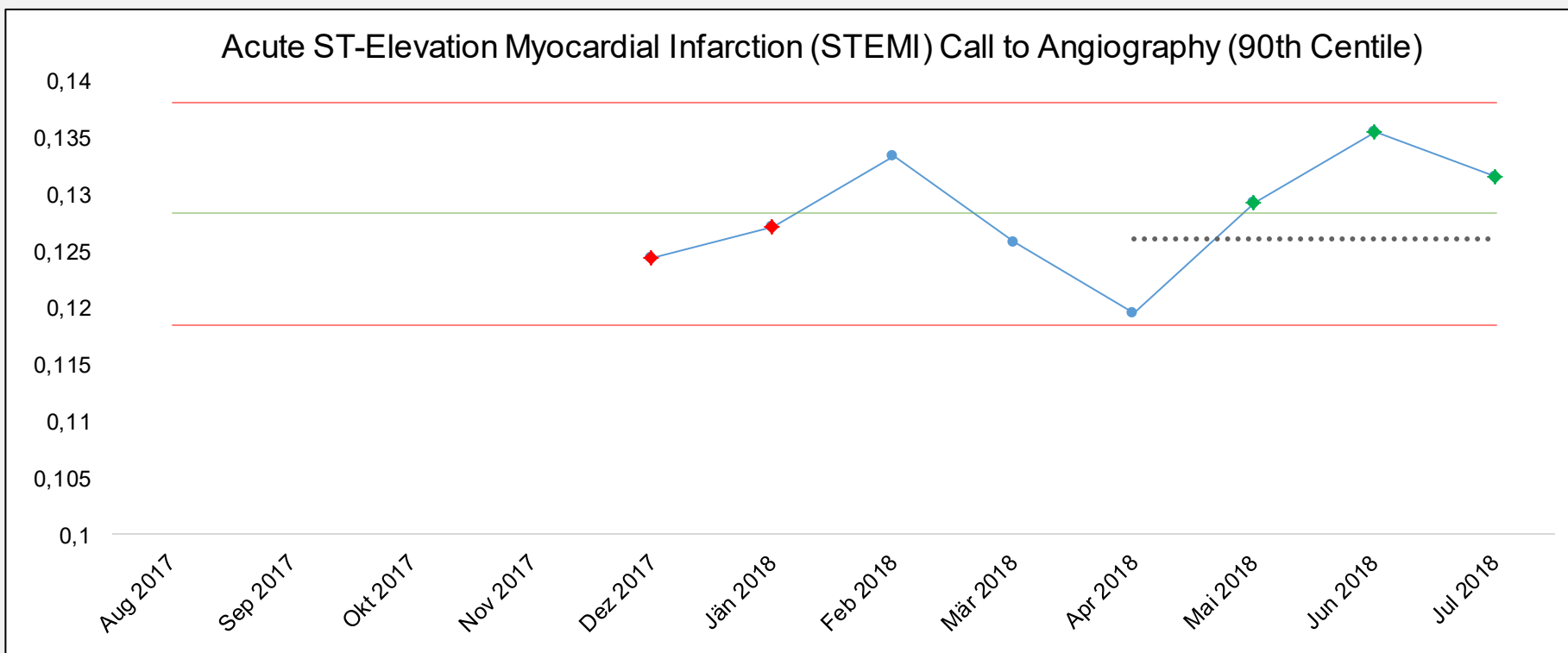
Stroke timeliness charts show the mean, median and 90th centile call to angiography time for patients who are suffering STEMI.

These measures continue to show normal patterns of variation. SECAmb continues to deliver stroke care that is more timely than the national average.

Key Skills training for 2019/20 will give clinicians strategies for reducing on-scene times for patients in this cohort. It is hoped that his will reduce the overall call to hospital time.

Stroke - call to hospital arrival (median)

Stroke - call to hospital arrival (90th centile)

SECAmb Clinical Safety Charts

Post ROSC Care Bundle
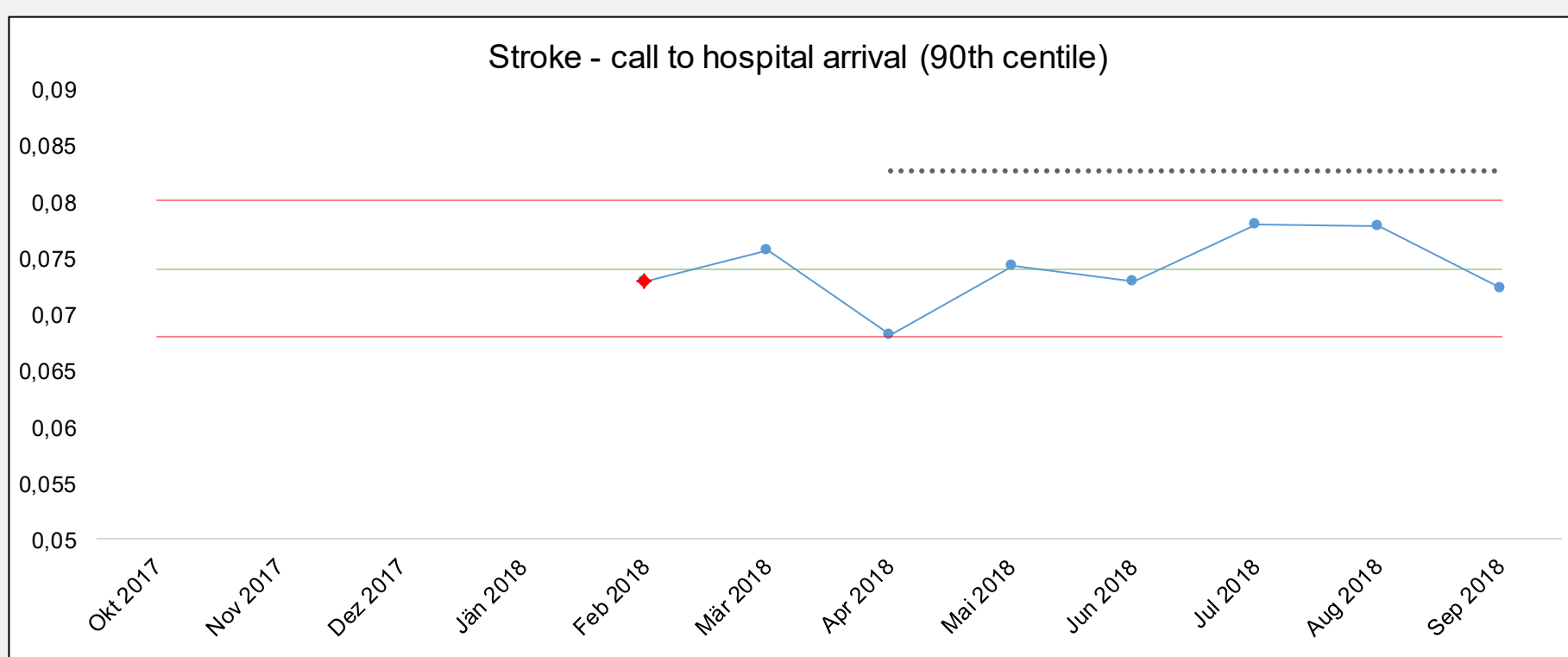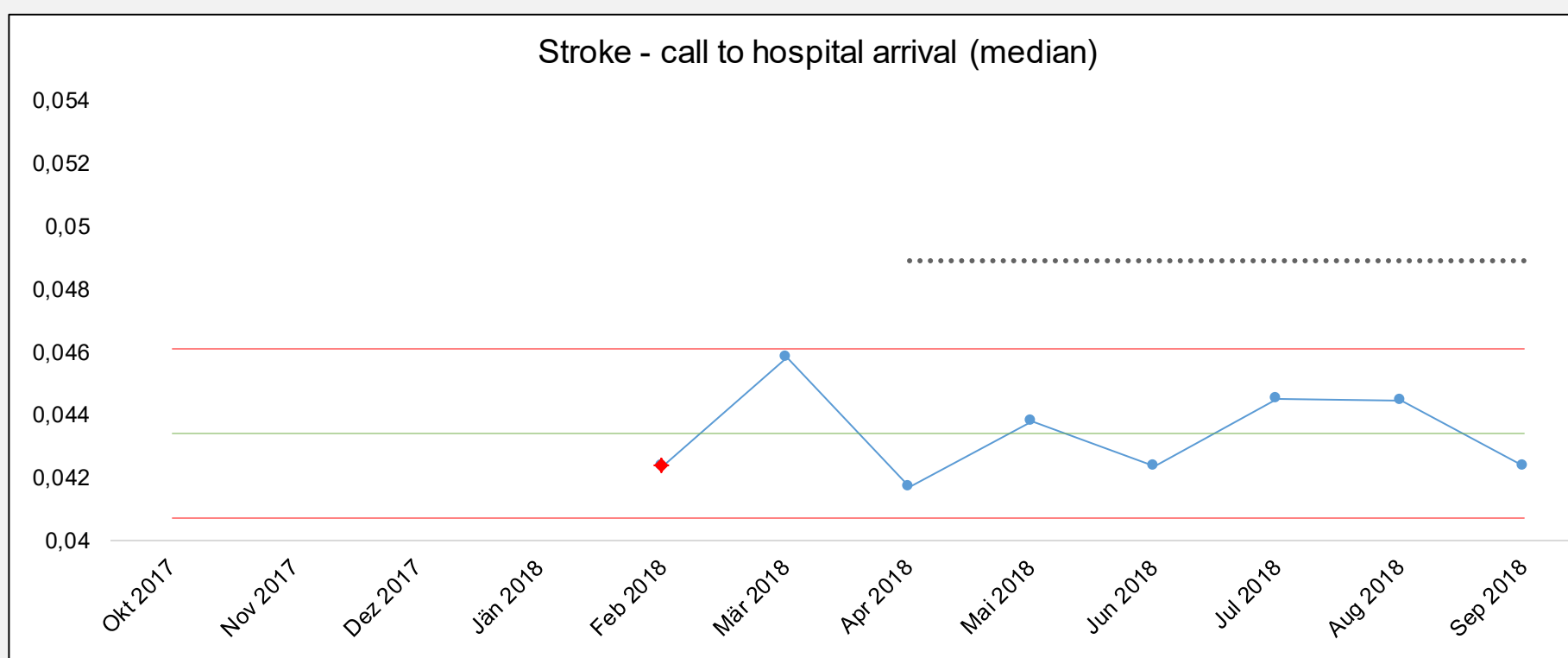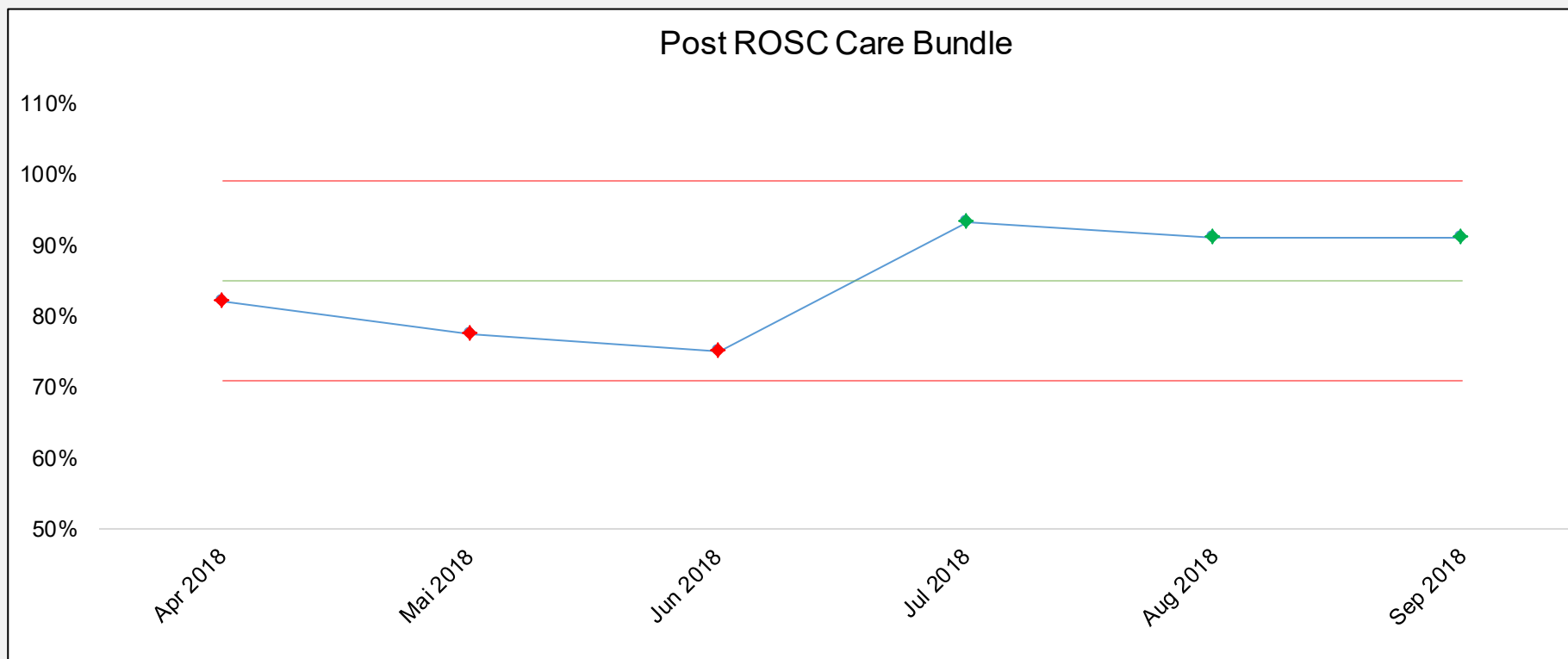
This chart shows the proportion of patients who received a full bundle of care after ROSC was achieved.

The data continue to show normal levels of variation. SECAmb continues to perform above the national average.

The Trust expects to see further improvements with the introduction of ePCR. This system will prompt users to document a full bundle of care where an omission might have been made through error.

Sepsis Care Bundle Compliance
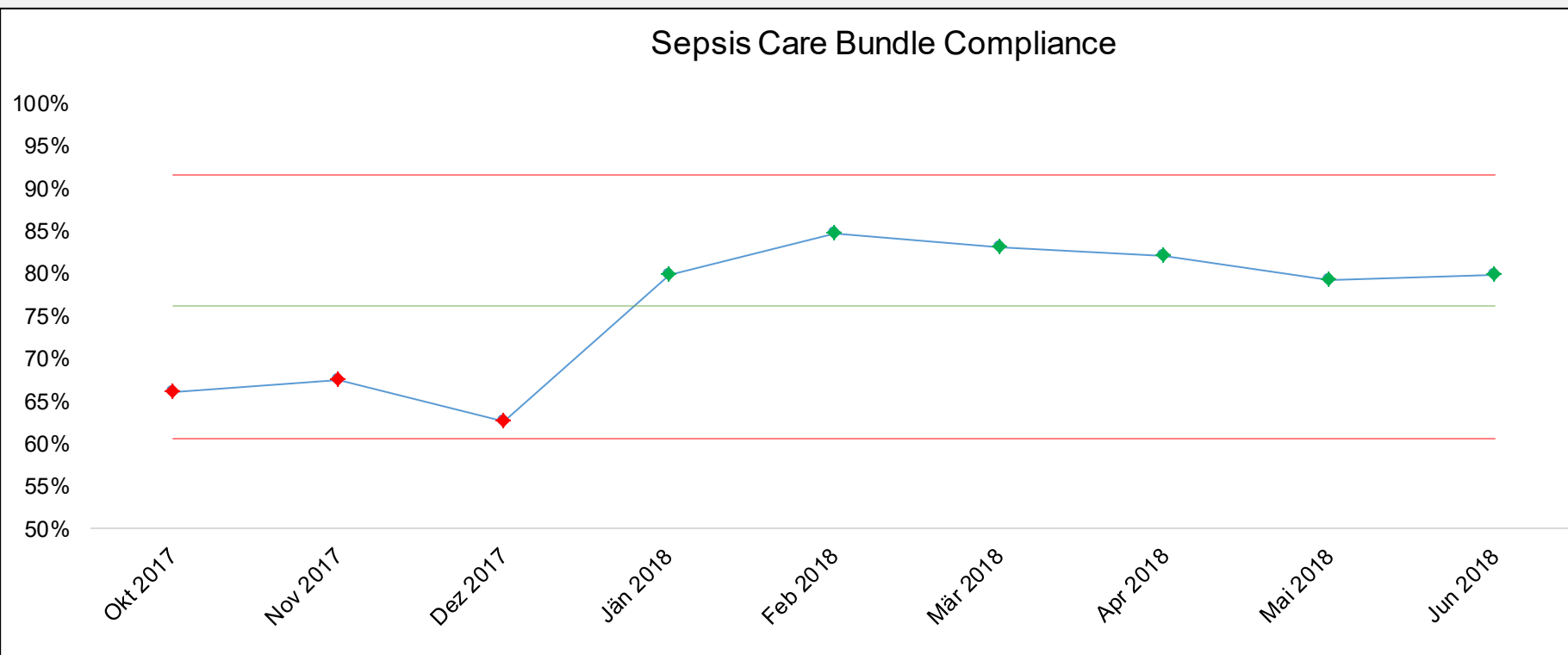
This chart shows the proportion of patients with suspected sepsis who received a full bundle of care.

The data continue to show normal levels of variation. SECAmb continues to perform above the national average.

The Trust expects to see further improvements with the introduction of ePCR. This system will prompt users to document a full bundle of care where an omission might have been made through error.

Stroke - assessed F2F receiving care bundle
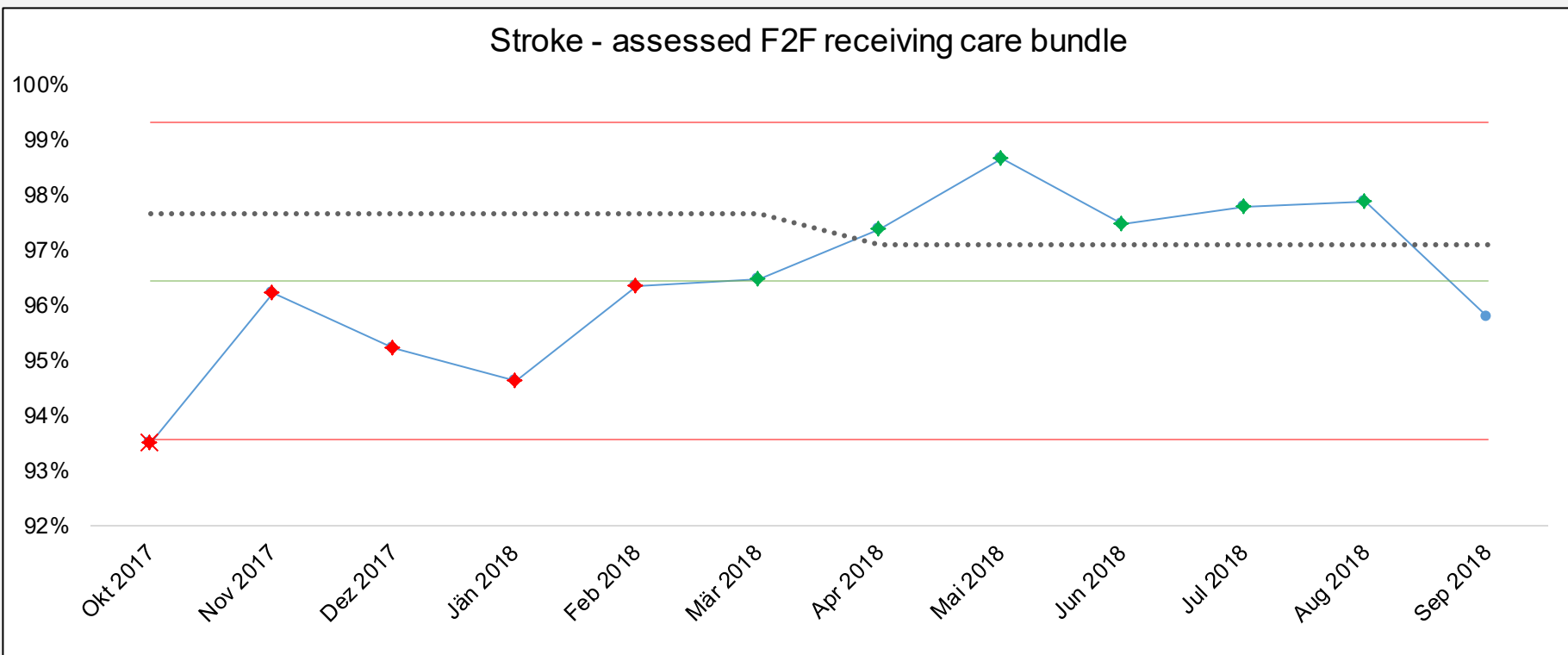
This chart shows the proportion of patients who were suffering a suspected stroke and received a full diagnostic bundle.

There has been a sustained improvement in performance since March 2018.

The Trust expects to see further improvements with the introduction of ePCR. This system will prompt users to document a full bundle of care where an omission might have been made through error.

Number of Medicine Incidents Reported
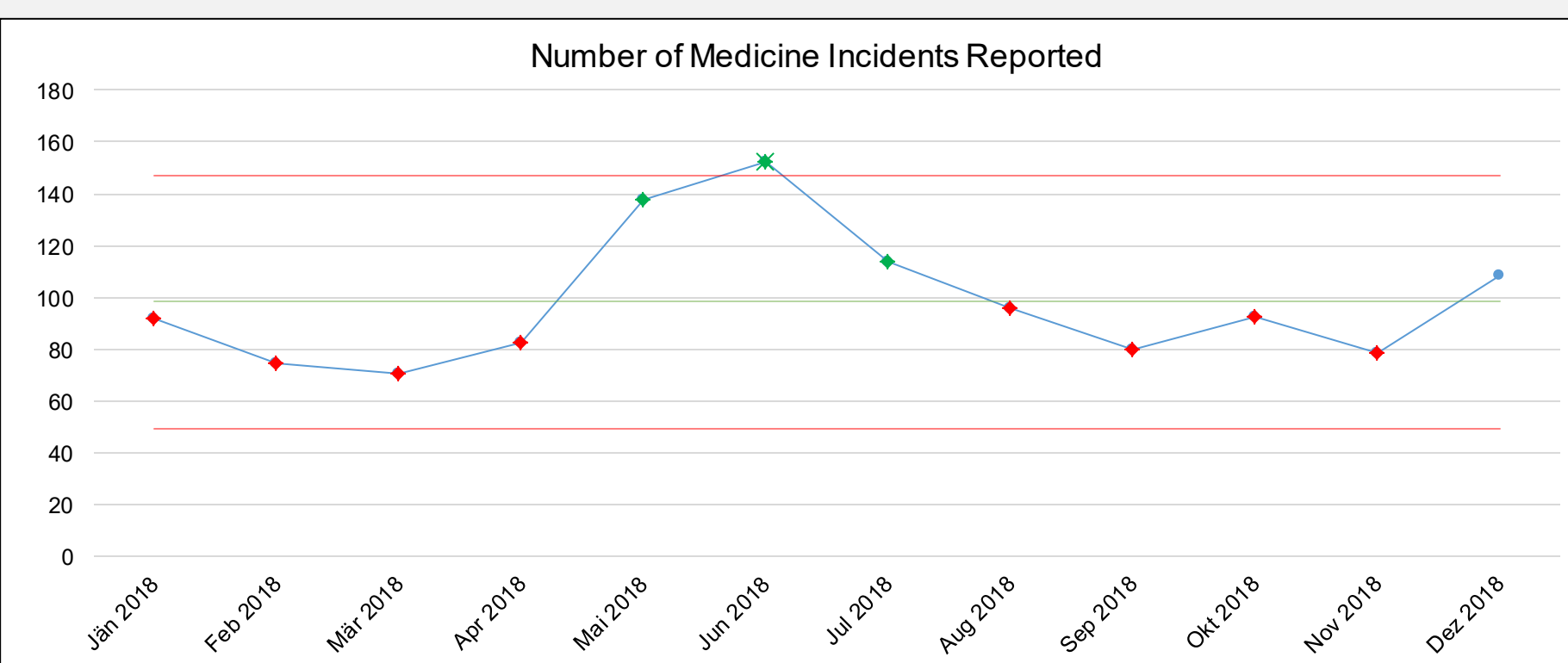
109 medicines incidents were recorded for December 2018. Medicines Governance Team and QI hub are encouraging staff to submit bulk Datix around medicines pouches due to under reporting of these incidents.

During quarterly inspections the Medicines Governance Team are encouraging operational staff to report around medicines governance across the Trust.

Number of Medicine Incidents Reported by Type
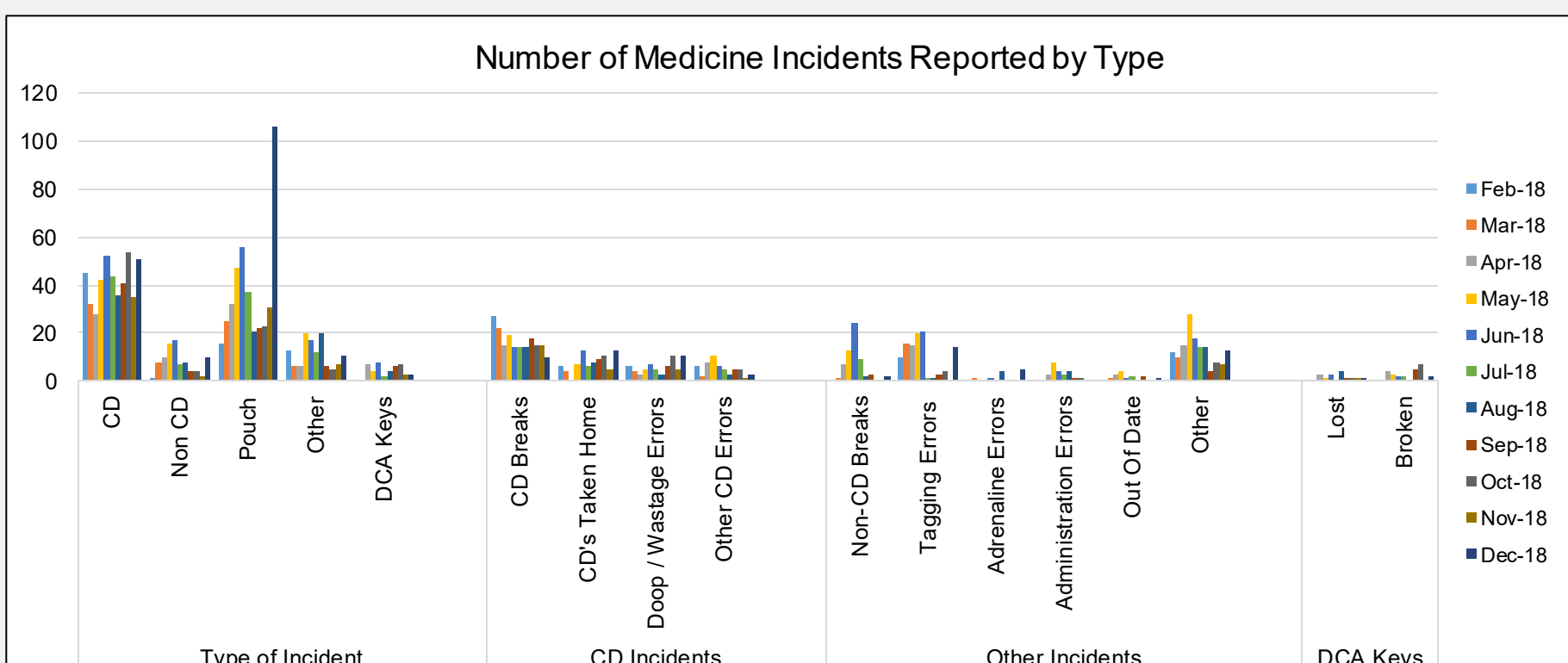
51 the 109 incidents reported for December 2018 were in relation to controlled drugs (CD) governance, breakages and non-adherence to SOPs.

There were 34 incidents reported around medicine pouches, however due to bulk Datix this equates to 106 pouch incidents in total. There was 34 incidents were medicines were missing from pouches. Crews reported 14 incidents around incorrect tagging of pouches, of these there was 6 incidents were medicines were not available for patients due to incorrect tagging by operational crews which is not in line with medicines optimisation for our Trust. 31 incidents were reported for incomplete paperwork in medicines pouches. Resources have been identified for medicines pouch review project in the medicines team and interviews will take place in February 2019.

There was no Datix recorded for temperature excursions during December 2018 which is encouraging that our estates and medicines room upgrades are maintaining the temperatures of our medicines for our patients.
There were 3 incidents in relation to lost DCA keys, these are being investigated at a local level.

Single witness signature/inappropriate Bar Code use CDs Omnicell & Non-Omnicell
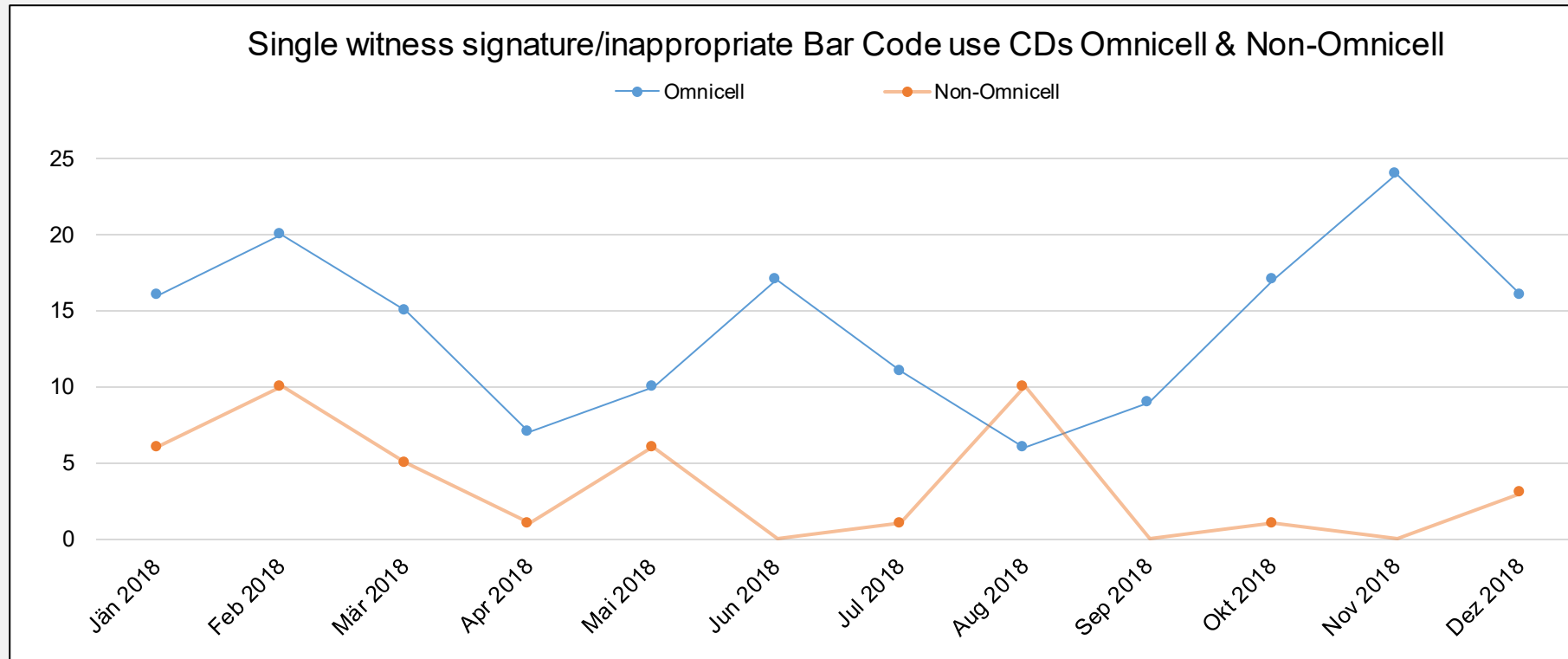
Dartford and Medway, Gatwick and Redhill showed highest incidents of non-authorised single witness signatures for Controlled Drugs (CDs). Work is continuing around the investigations into these single signatures. Encouragingly on the non-omnicell sites staff are reporting these non-authorised single signatures through Datix system. In comparison to November 2018 data there is a reduction in this non-authorised CD activity.

Number of CD Breakages - by Drug
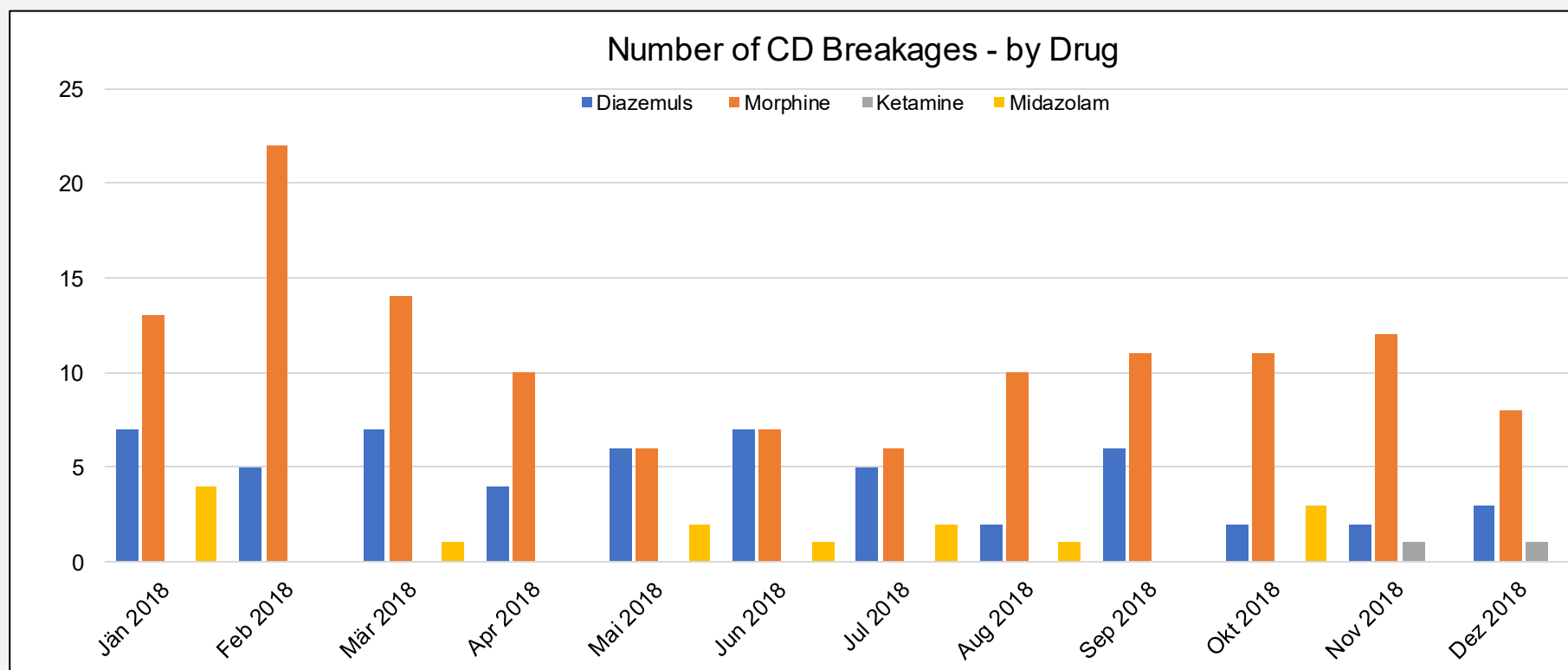
December 2018 reported 12 CD breakages. This is consistently low across the Trust due to increase in CD governance and safe and secure handling.

8   Morphine
3   Diazemuls
1   Ketamine

Breakages occurred in the following areas: 5 ampoules broken during issue/return, 4 shattered whilst opening, 2 dropped accidently and 1 ampoule had protective seal broken.

PGD Mandatory Training
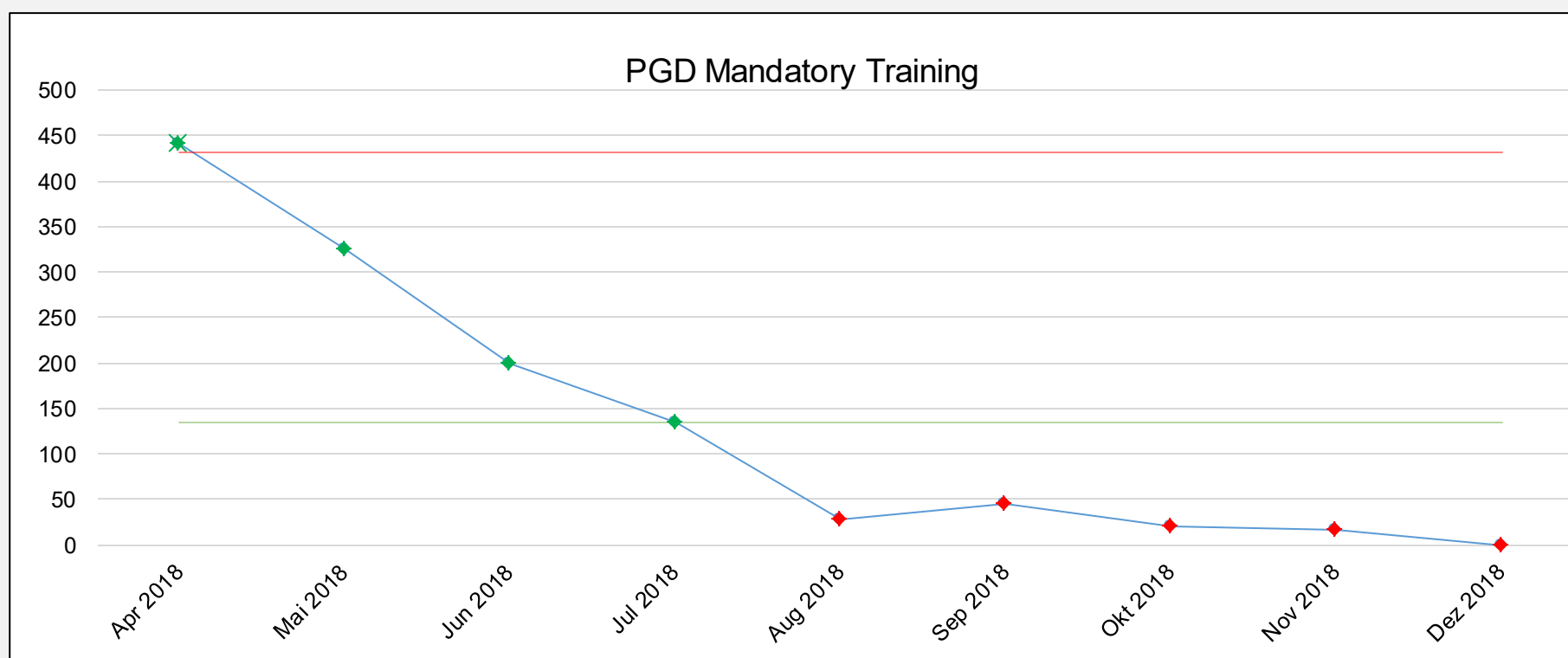
Most staff have now completed their mandatory key skills training and Patient Group Directions (PGD) e-learning package.

Key SkillsTraining
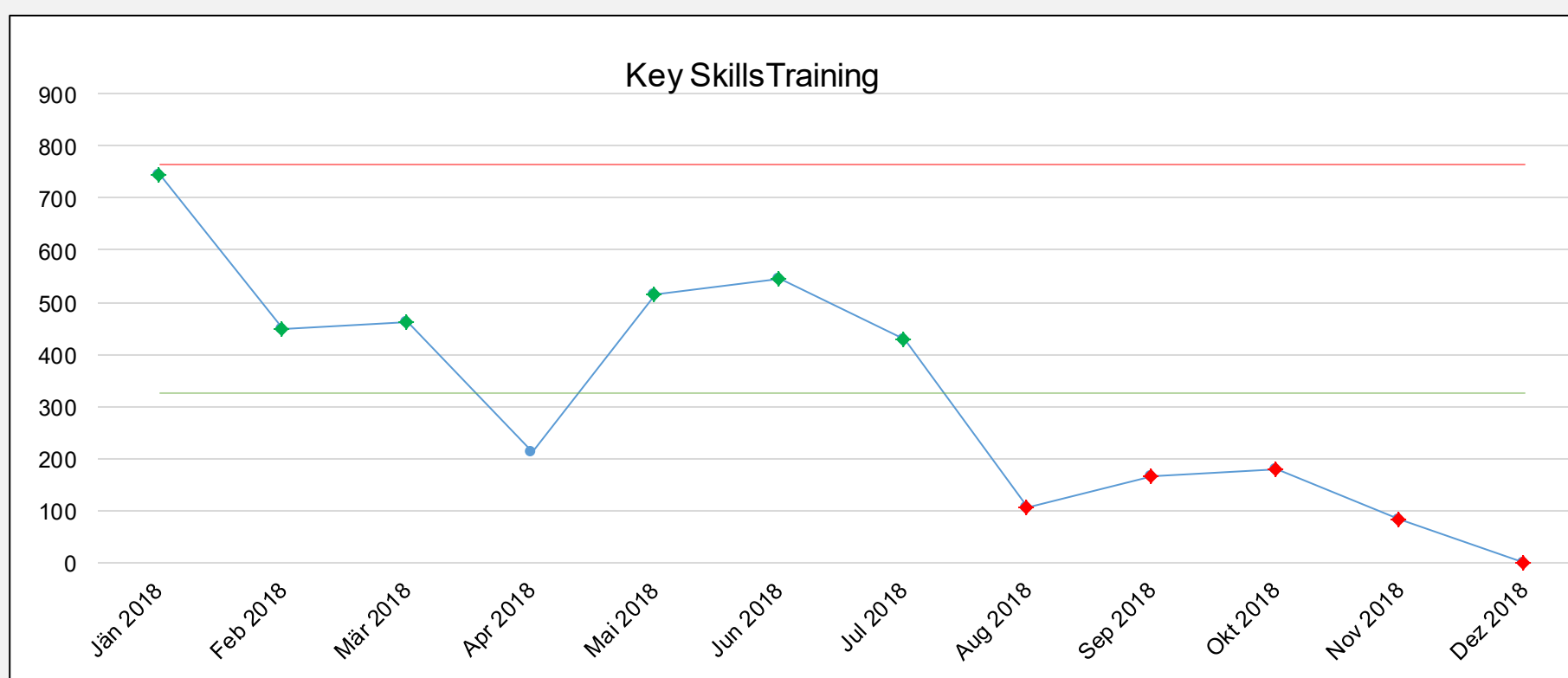
Most staff have now completed their mandatory key skills training and PGD e-learning package.

Analysis of Cardiac Arrest Data - August 2018

Total number of cardiac arrests identified = 569

Number of resuscitation attempts = 226
excluding DNACPR 34, DOA 289, No Resus by SECAmb 11,
In hospital arrest 0, Post arrest 8 , ADRT 0, Did Not Convey 1

Utstein definition	Non ROSC Definition
Bystander witnessed Presenting rhythm VF Cardiac in origin	Patients transported to hospital in cardiac arrest with resuscitation still in progress
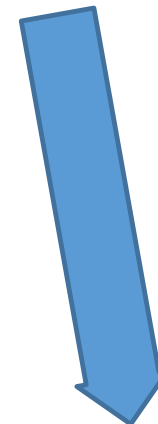
Cardiac Arrests (Utstein incidents) = 32 (14%)

Cardiac Arrests (All incidents) = 226 (100%)

ROSC sustained to hospital (Utstein) = 23 (72%) + 1 non ROSC	ROSC sustained to hospital (All) = 72 (32%) + 15 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients		
Utstein	Details	Overall
11	Patient survived to discharge	26
12	Patient died in hospital	58
0	Patient still in hospital*	0
1	Outcome unknown* (Patient identifiable data incomplete)	3

**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) = 11 (35.5%)	Survival to Discharge (All) = 26 (11.7%)

Additional Information - Resuscitation Attempts

Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	112 (50%)	12	100
PEA	48 (21%)	19	29
VF	49 (21%)	32	17
Non-shockable	4 (2%)	1	3
Not recorded	13 (6%)	8	5

CPR Bystander - 129
EMS Witnessed arrest - 28

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

Analysis of Cardiac Arrest Data - September 2018

Total number of cardiac arrests identified = 545

Number of resuscitation attempts = 224
excluding DNACPR 76, DOA 226, No Resus by SECAmb 3,
In hospital arrest 1, Post arrest 10, ADRT 4, Did Not Convey 1

Utstein definition	**Non ROSC Definition**
Bystander witnessed Presenting rhythm VF Cardiac in origin	Patients transported to hospital in cardiac arrest with resuscitation still in progress
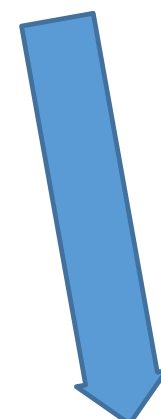
Cardiac Arrests (Utstein incidents) = 25 (11%)

Cardiac Arrests (All incidents) = 224 (100%)

ROSC sustained to hospital (Utstein) = 14 (56%) + 4 non ROSC	ROSC sustained to hospital (All) = 70 (32%) + 11 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients		
Utstein	Details	Overall
4	Patient survived to discharge	18
12	Patient died in hospital	58
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) = 4	Survival to Discharge (All) = 18

Additional Information - Resuscitation Attempts

Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	119 (53%)	22	97
PEA	53 (24%)	17	36
VF/VT	45 (20%)	28	17
Non-shockable	3 (1%)	2	1
Not recorded	4 (2%)	2	2
CPR Bystander - 137			
EMS Witnessed arrest - 27			

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

Analysis of Cardiac Arrest Data by Area - 2018

Number of resuscitation attempts = 224

Cardiac Arrests (Utstein) East = 14 (6%)	Cardiac Arrests (All) East = 118 (53%)
Cardiac Arrests (Utstein) West = 11 (5%)	Cardiac Arrests (All) West = 106 (46%)

ROSC sustained to hospital (Utstein) East = 8 (57%) + 2 non ROSC	ROSC sustained to hospital (All) East = 39 (34%) + 7 non ROSC
ROSC sustained to hospital (Utstein) West = 6 (55%) + 2 non ROSC	ROSC sustained to hospital (All) West = 31 (29%) + 4 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients

Area	Utstein	Details	Overall
East	1	Patient survived to discharge	6
West	3		12
East	8	Patient died in hospital	36
West	4		22
East	0	Patient still in hospital*	0
West	0		0
East	1	Outcome unknown* (Patient identifiable data incomplete)	4
West	1		1

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

Survival to Discharge (Utstein) East = 1 (8%)	Survival to Discharge (All) East = 6 (5%)
Survival to Discharge (Utstein) West = 3 (30%)	Survival to Discharge (All) West = 12 (11%)

MENTAL HEALTH CARE (December 2018 data)

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

Overall RAG Rating =
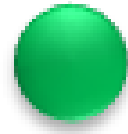
The mental health indicator has been rated **GREEN** as the mean response measures are within cat 2 standard.
Cat 2 = 00: 17:24
90th Centile= 00:38:35

Mental Health Response Times (Section 136 MHA)

During December 2018 there were 111 Section 136 related calls to the service.89 of these calls received a response (80%) (91.6% in November) resulting in a conveyance to a place of safety by an ambulance on 81 (72.9% of total calls; in November this was 86.6% of total calls) on these occasions.

The overall performance mean shows a response time across the service as 00.17.24 (November was 00.18.55). Against the 90th centile measure, the response was 00.38.35 (November was 00.38.27).

There were 4 transports of under 18's (3 during November).

There were 22 occasions when SECAmb did not provide a response. This is up from 10 in November. 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 4 Total responses 3 Total transports 3
Performance Mean 00.00:13.27 90th centile 00:15.36

Cat 4: Total calls 0 Total responses 0 Total transports 0
C60 HCP: Total calls 1 Total responses 1 Total transports 1
Performance Mean 01:06:09 90th centile 01:06:09
C120 HCP: Total calls 5 Total responses 1 Total transports 1
Performance Mean 02:43:54 90th centile 02:43:54

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 :

Medicines management: compliance for safe and secure handling weekly audits by Operational Team Leaders (OTLs) ranged between 83% and 100% on station sites for December 2018. The Trust average for compliance was 98.31%. Thirteen stations achieved 100% compliance each week for December. Four sites missed a weekly report in December. The monthly audits have remained at 100% for those submitted by the Operating Unit Managers (OUMs). Compliance for the monthly checks remained at 93%. There have been 109 incidents associated with medicines management, with the highest category in relation to controlled drugs (CD) governance, breakages and non-adherence to Standard Operating Procedures (SOPs). Drugs missing from medicines pouches was also a significant trend and is being managed by the medicines governance group.

Infection prevention and control (IPC): Hand Hygiene (HH) compliance was just above target this month at 91%, but staff compliance to 'Clinically Ready' was well above target at 97%. 288 audits were carried during the month. Make Ready Centre (MRC) and Vehicle Preparation Programme (VPP) Deep Clean rates were both very low , which was due to operational demand throughout the month and staffing resources at some of the sites. IPC Level 2 training is below the monthly target of 19% this month and currently stands at 85.3%. Environmental Cleanliness audit completion was again above the target of 85%, but we did see a slight drop of 4% from the previous month. The IPC and Estates Team continue to hold a monthly meeting with the contractors to discuss any concerns raised locally concerning cleaning standards.

Safeguarding referral rates continue to increase. In December, the Trust made 979 safeguarding referrals on adults and 204 referrals on children. Given the Trust's significant commitment to delivering safeguarding training during 2017/18, it is likely that the increase in overall referral activity is a direct response to this improved safeguarding profile across the Trust. All operational staff are expected to complete both child and adult safeguarding training at Level 2 as an e-learning element of their key-skills. Since the start of the 2018/19 a total of 79.19% of staff have completed the safeguarding children course and 80.14% of staff have completed the adult safeguarding course (QR1(b)).

Incidents: Incident reporting is now rated **GREEN** due to the incident reporting rate remaining above the 20% target and a reduction in the backlog for Serious Incidents. The Trust has reported 760 incidents for December 2018. From October to December 2248 incidents were reported. (174 less then previous quarter). The reduction is likely to be due to the cessation of blue light driving incident reporting. Throughout November and December there has been a sharp rise in the number of failed clinical tail audit and SMP no send incidents raised. In November, 8 were reported followed by 26 clinical tail audits in December 2018. The back log of incidents not investigated within timescales has started to reduce with 169 now overdue compared to 177 in November 2018. The clinical tail audits have contributed significantly to the backlog and methodology has been agreed to review these in clusters

Serious Incidents (SIs) and Duty of Candour (DoC): 9 SIs were reported in December 69 SIs were open on Strategic Executive Information System (STEIS) at the end of December 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 77 complaints in December. Timeliness in response to the patient was the most notable trend. Two other trends were also noted: patient care and concerns about staff. The Trust responded to 99% of complaints within the Trust's 25 working day timescale this month. The Trust received 147 compliments in December.
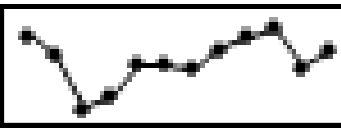
STEMI Care Bundle: In November 2017, the method for measuring the timeliness of care delivered to STEMI patients changed to a measure of mean and 90th centile call to angiography (the procedure used to visualise the blood vessels that supply the heart). This measure is no longer collated internally and is taken directly from the national Myocardial Ischaemia National Audit Project (MINAP) database of confirmed STEMIs. The latest available measure is from July 2018 . Performance for July is at 69.4% (from 75%), which continues below the national Year to date (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 continues to be on track and national requirements for the collection and submission of data are being met

Learning from Deaths: The Trusts Learning from Deaths Policy had been approved and published in January 2018, but had not been fully implemented. This was noted in the late 2018 Care Quality Commission (CQC) review and subsequent reports to the Trust regarding Learning from Deaths. An organisational risk regarding this has been added to the Trusts Risk Register (no 723). In October/November 2018 NHS Improvement announced that Learning from Deaths was likely to be mandated for Ambulance Trusts from April 2019 and further guidance applicable to the sector was under development, expected to be published during Q4 2018/19. This guidance is awaited at the time of writing. Further to which the Trust policy will be revised as necessary. A Learning from Deaths Action Plan has been developed and approved at the Quality Compliance Steering Group in early January 2019. Reporting is via the Clinical Governance Group and Quality and Patient Safety Committee to the Board. To support the development of the Action Plan, a Task & Finish Group has also been established (first meeting 23 January 2019).
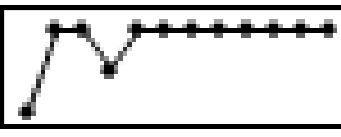
SECAmb Clinical Quality Scorecard

Number of Incidents Reported

	Oct-18	Nov-18	Dec-18	12 Months
Actual	716	762	762	
Previous Year	615	665	811	
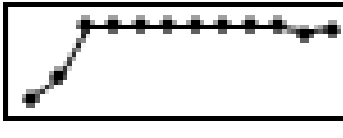
Number of Incidents Reported that were SI's

	Oct-18	Nov-18	Dec-18	12 Months
Actual	2	12	9	
Previous Year	6	4	7	
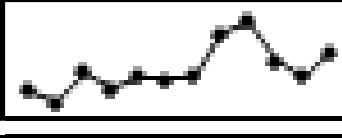
Duty of Candour Compliance (SIs)

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

Number of Complaints

	Oct-18	Nov-18	Dec-18	12 Months
Actual	96	79	69	
Previous Year	129	107	93	
Complaints Timeliness (All	92.9%	97.0%	99.0%	
Timeliness Target	95%	95%	95%	

Compliments

	Oct-18	Nov-18	Dec-18	12 Months
Actual	133	159	137	

Hand Hygiene

	Oct-18	Nov-18	Dec-18	12 Months
Actual %	94%	97%	91%	
Target	90%	90%	90%	

Safeguarding Training Completed (Adult) Level 2

	Oct-18	Nov-18	Dec-18	12 Months
Actual %	80.52%	80.14%	83.59%	
Previous Year %	50.82%	55.55%	59.65%	
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

	Oct-18	Nov-18	Dec-18	12 Months
Actual %	79.30%	79.19%	83.24%	
Previous Year %	50.00%	54.70%	59.07%	
Target	85%	85%	85%	

SECAmb Clinical Quality Charts

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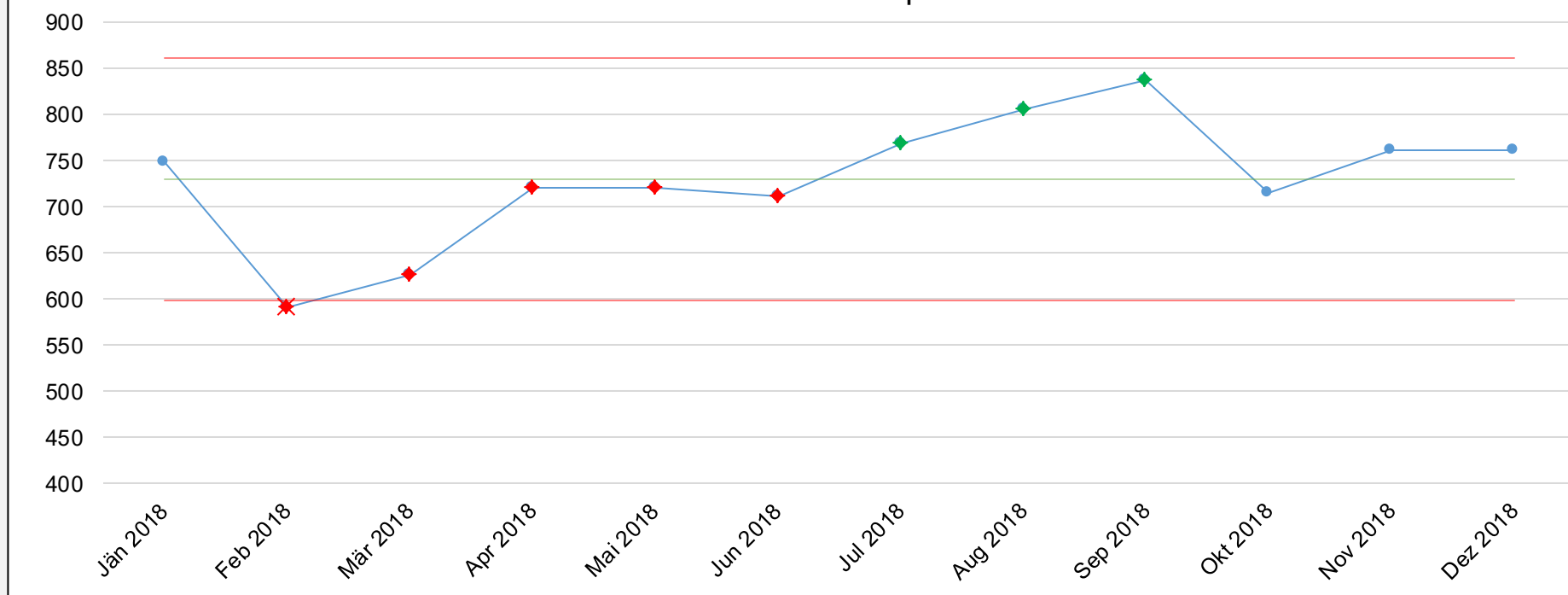
762 incidents were reported in November. 69 incidents were reported by EOC Clinical with the majority of these being around SMP no send audits. These are compiled for any audit that scores 10 or above.

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.

Number of Incidents Reported that were SI's
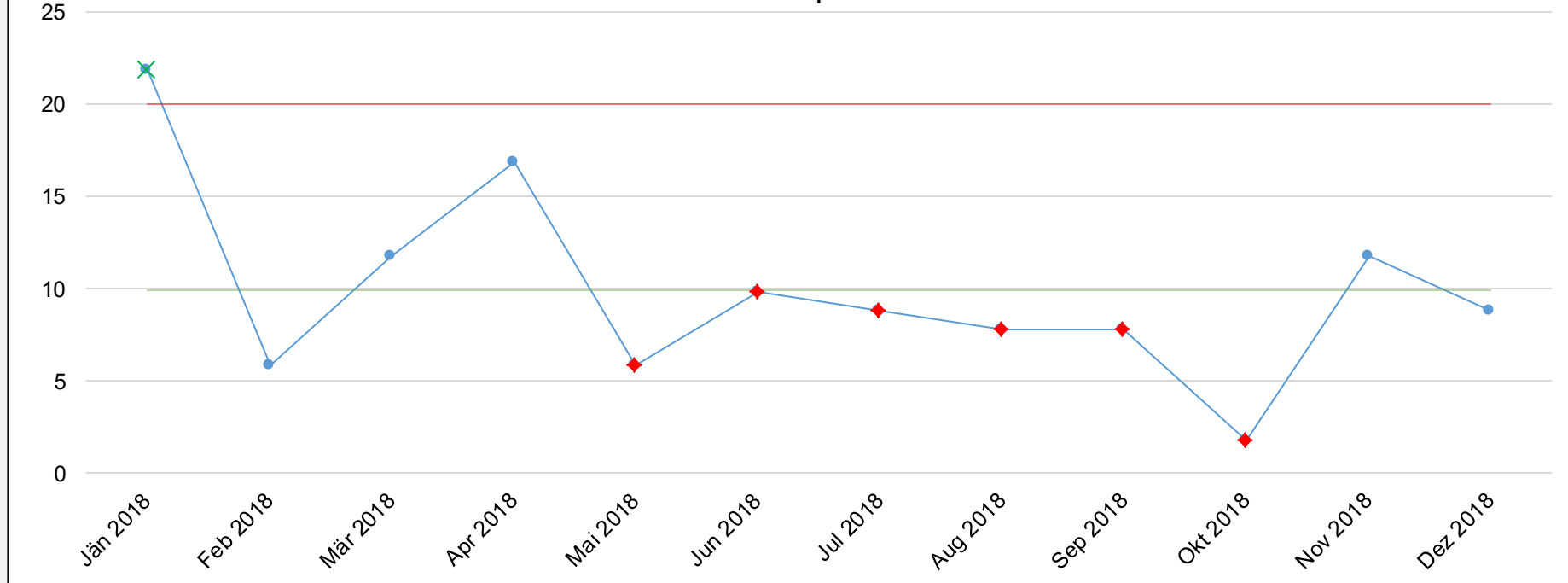
9 Serious Incident were reported in December.

3 x Delayed Dispatch / Attendance
3 x Triage / Call Management
1 x Power/ Systems failure
1 x Incident affecting Trust
1 x Timeliness/Delay

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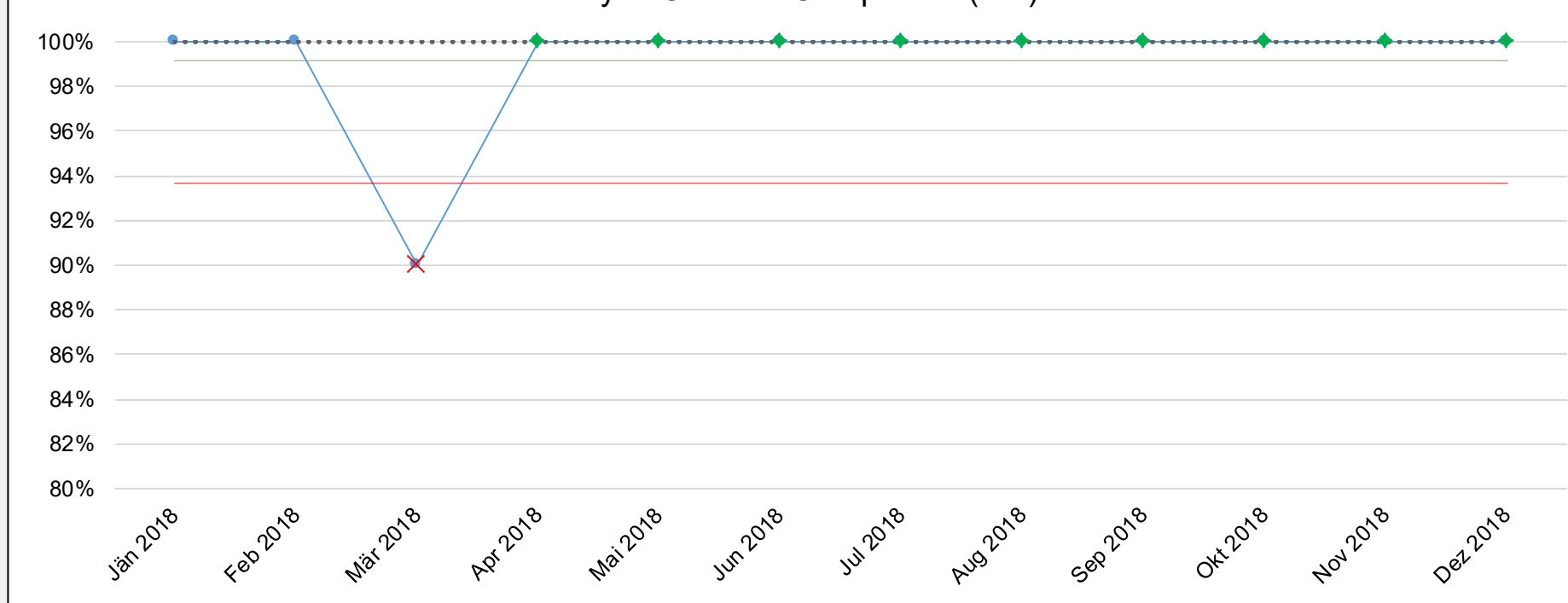
Compliance with DoC for SIs where DoC was required in December 2018 is: (due in the month)

SIs reported (where DoC due in December) - 7
Number where DoC required - 7
DoC made/attempted within deadline - 7 (100%).

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

Number of Complaints
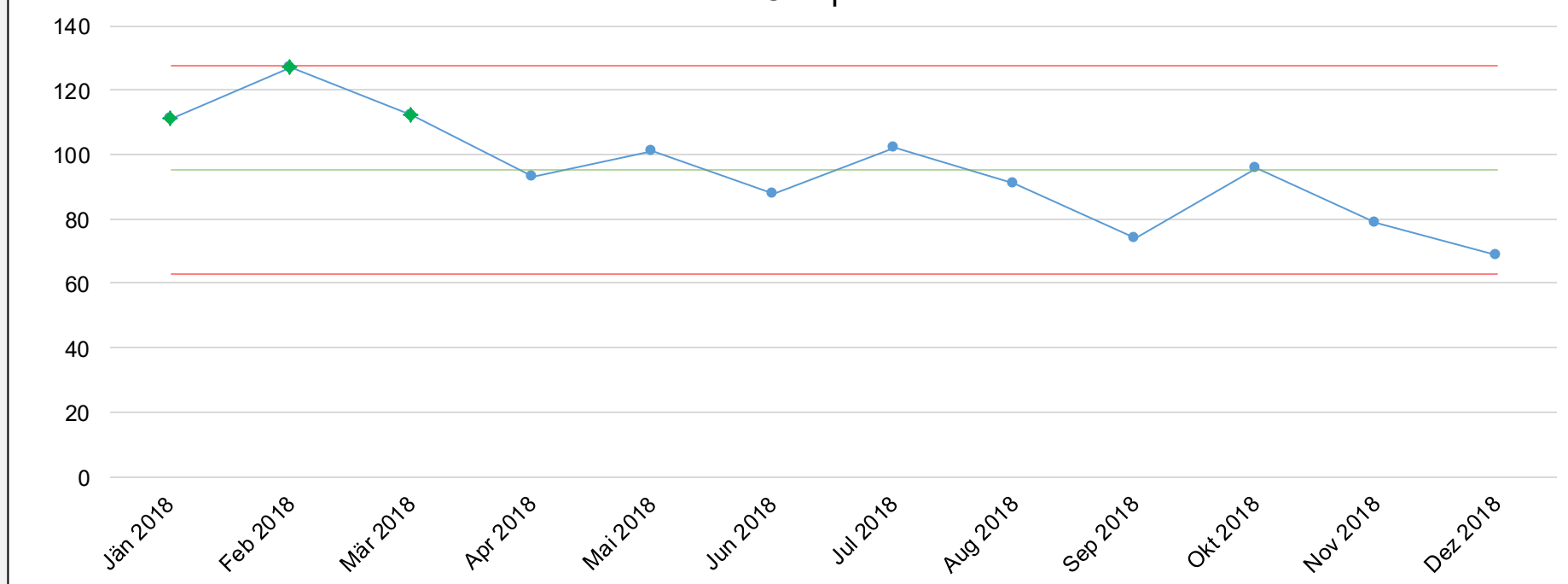
The Trust received and opened 77 complaints in December.

Timeliness in response to the patient was the most notable trend. Two other trends were also noted: patient care and concerns about staff. The Trust responded to 99% of complaints within the Trust's 25 working day timescale this month.

Hand Hygiene
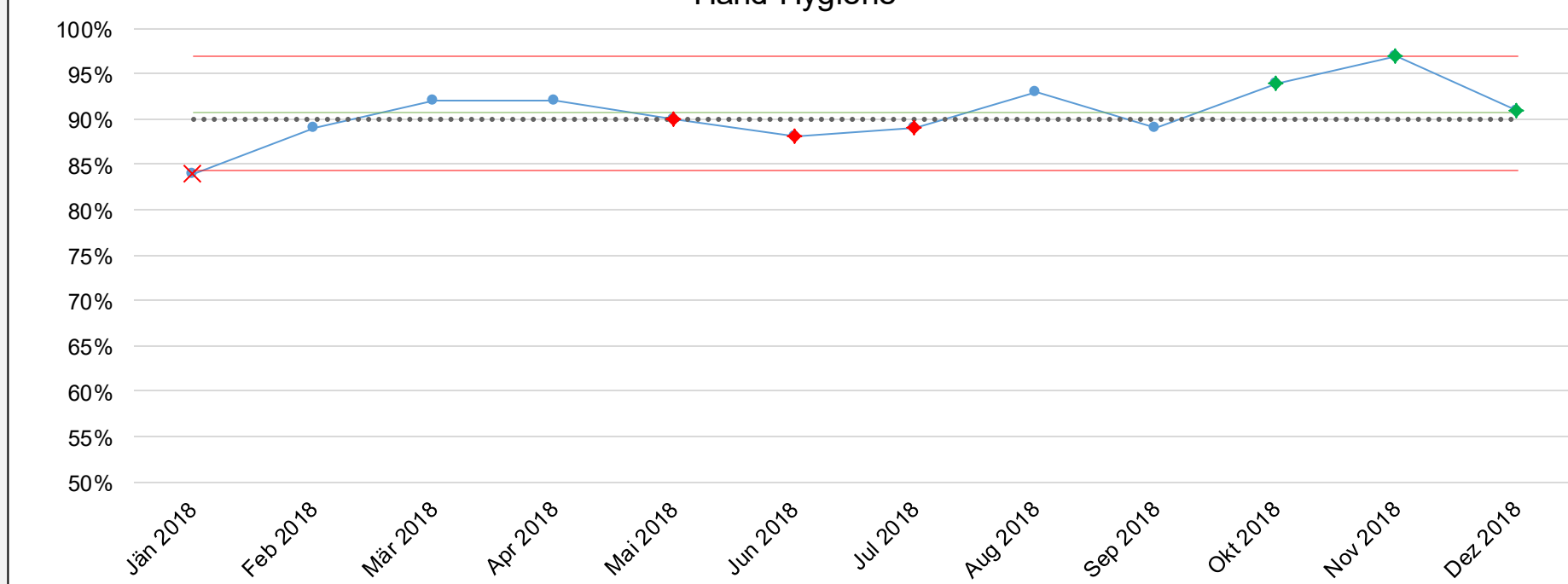
December saw a dip from the previous month, but still just above the 90% compliance target. Clinically Ready compliance was 97% and the IPC Team have observed staff compliance to the procedure during the latest Quality Assurance Visits which provides further assurance that staff are compliant.

At the last IPC Sub group meeting the group discussed a possible rise to the compliance target, which is being considered and we will inform all staff once we review this.

The IPC Team are planning some Roadshows for Q1 of 2019 / 2020 to help support the new IP Ready Procedure and embed the key messages for IPC.

There has been a change in compliance criteria for Duty of Candour and Moderate Harm after an audit in to Duty of Candour in the Summer of 2018. A new process is in place. The A Serious Incidents Group (SIG) meet weekly and agree whether DOC requirements are met.

In December the Trust achieved 100% compliance for Duty of Candour in relation to serious incidents specifically. Trust compliance overall for attempting or undertaking Duty of Candour within timescales was also achieved.

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.

The Health & Safety team are preparing three new E-learning modules. All three training modules are on track for implementation in April 2019.

Health & Safety training dates are now published internally for the next three months. This is for class room based training covering Fire Warden and display screen equipment (DSE) Assessor training. The training is delivered by the department Health & Safety trainer.

The annual Health & Safety audit programme went live in January 2019 and 10 audits have been completed. The Health & Safety team have a key performance indicator (KPI) to undertake 10 audits per month.

Violence and Aggression Incidents - See Figure 1 below
Violence and Aggression incidents reported in December were 47 which is a decrease of 7 incidents from the previous month.

Manual handling Incidents - See Figure 2 below
Manual handling incidents reported in December were 26 which is an increase of 6 incidents from the previous month.

Health & Safety Incidents - See Figure 3 below
Health and Safety incidents reported in December were 25 which is a decrease of 7 incidents from the previous month. When comparing the same period last year December 2017 reported incidents were much higher with 41 incidents.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) - See Figure 4 below
RIDDOR incidents reported in December were 9 with 4 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.
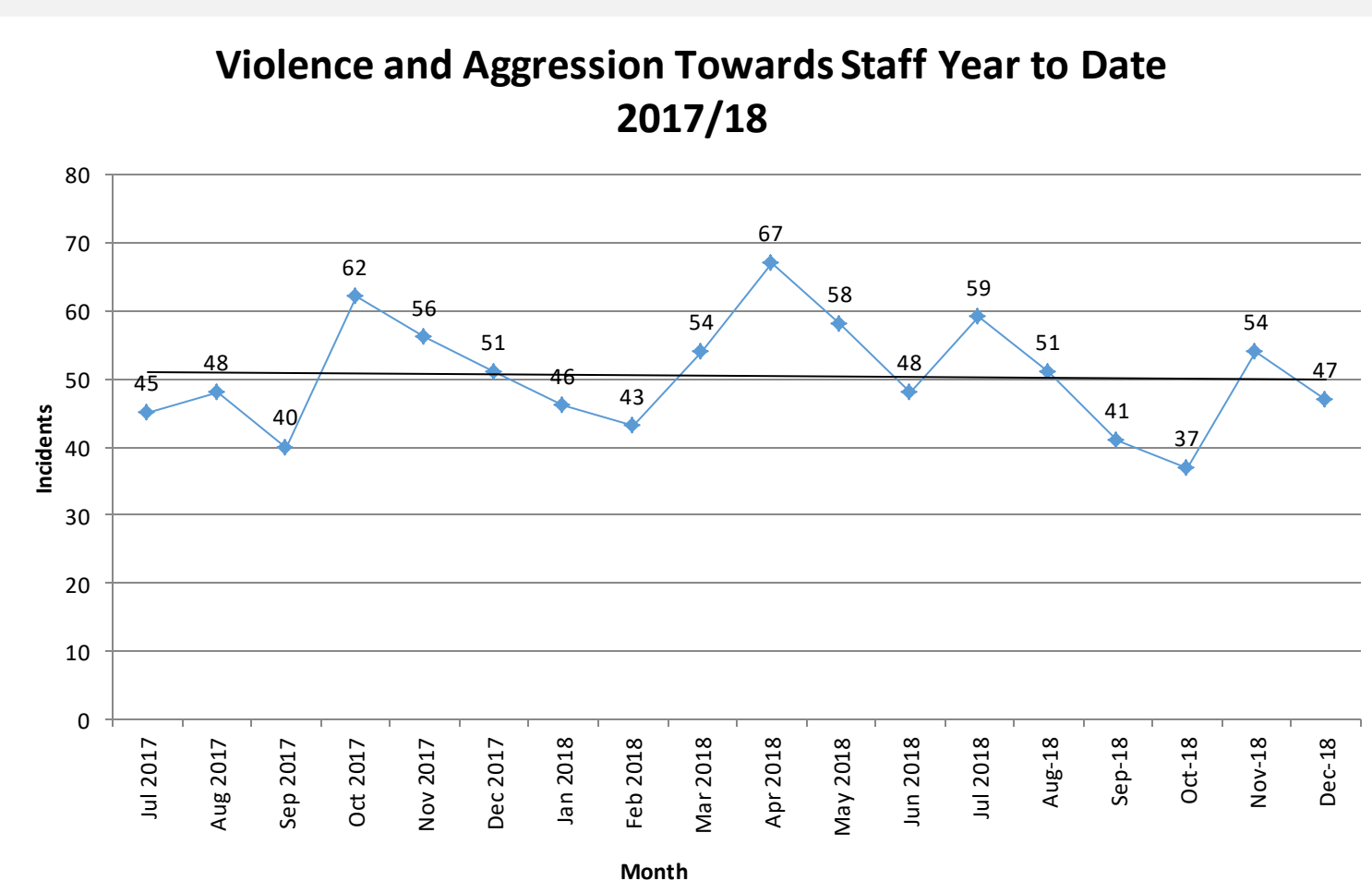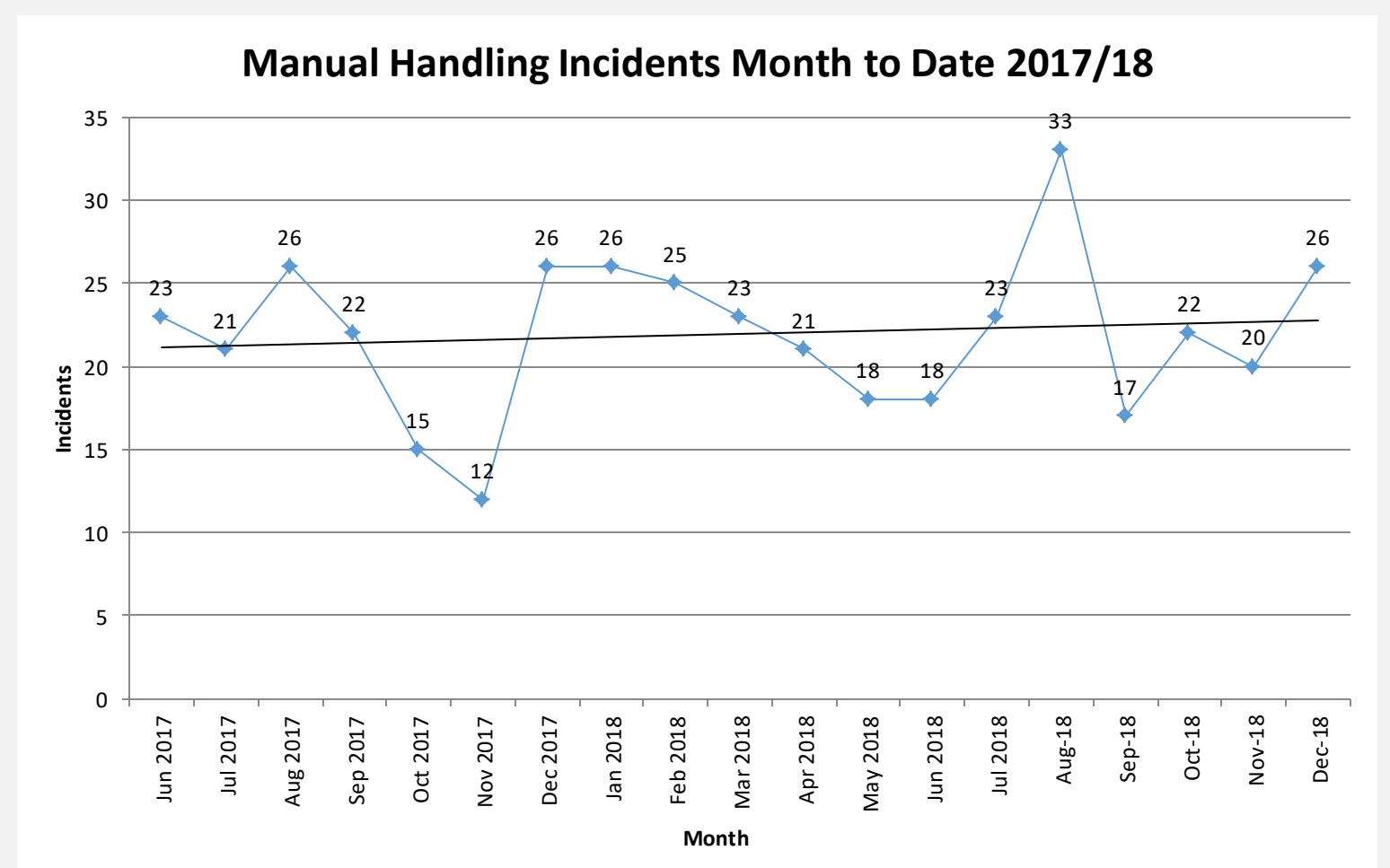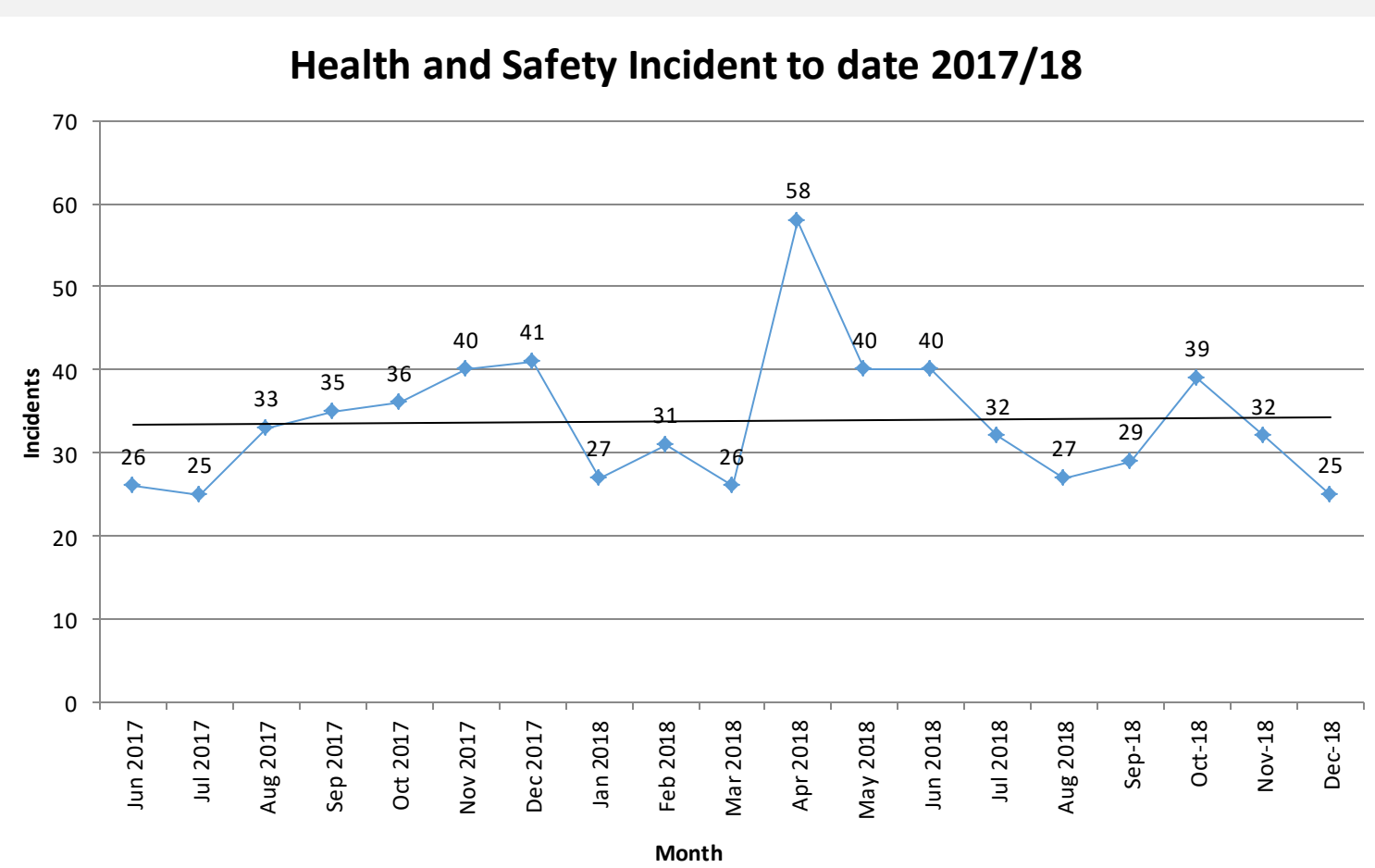
Figure 1

Violence and Aggression Towards Staff Year to Date 2017/18

Figure 2

Manual Handling Incidents Month to Date 2017/18

Figure 3

Health and Safety Incident to date 2017/18

Figure 4

RIDDOR Reported Month to Date 2017/18

SECAmb 999 Operations Response Time Performance Scorecard
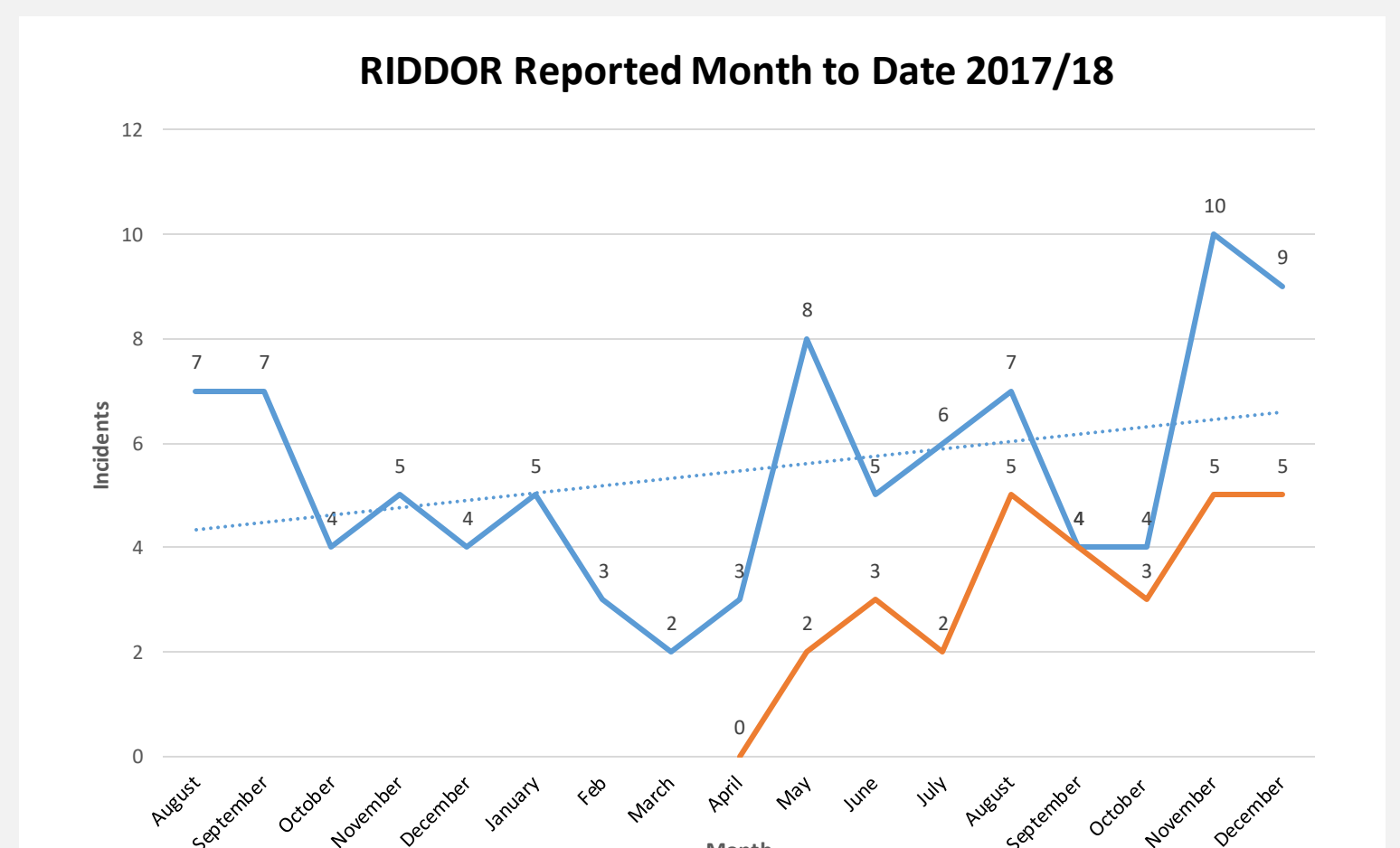
Call Handling

	Oct-18	Nov-18	Dec-18	12 Months
5 Sec Performance (95% Target)	85.5%	89.4%	83.7%	
Mean Call Answer Time (secs)	12	8	12	
95th Centile Call Answer (Secs)	71	43	75	
National Mean Call Answer	7	6	6	
National 95th Centile Call Answer	42	36	32	

Category 1 Performance

	Oct-18	Nov-18	Dec-18	12 Months
Mean (00:07:00)	00:07:30	00:07:31	00:07:44	
90th Percentile (00:15:00)	00:13:56	00:13:59	00:14:13	
Mean Resources Arriving	1.71	1.73	1.70	
Count of Incidents	3458	3536	3957	
National Mean	00:07:13	00:07:11	00:07:06	

Category 1T Performance

	Oct-18	Nov-18	Dec-18	12 Months
Mean (00:19:00)	00:10:23	00:09:50	00:10:01	
90th Percentile (00:30:00)	00:19:40	00:18:35	00:18:44	
Mean Resources Arriving	1.74	1.73	1.72	
Count of Incidents	2201	2183	2480	
National Mean	00:11:15	00:11:11	00:10:56	

Category 2 Performance

	Oct-18	Nov-18	Dec-18	12 Months
Mean (00:18:00)	00:19:24	00:19:24	00:20:24	
90th Percentile (00:40:00)	00:36:36	00:36:44	00:38:59	
Mean Resources Arriving	1.12	1.11	1.10	
Count of Incidents	29905	31036	33915	
National Mean	00:21:17	00:21:56	00:22:22	

Category 3 Performance

	Oct-18	Nov-18	Dec-18	12 Months
Mean	01:21:35	01:23:05	01:42:37	
90th Percentile (02:00:00)	03:10:21	03:13:49	03:57:30	
Mean Resources Arriving	1.07	1.07	1.06	
Count of Incidents	19964	20242	19393	
National Mean	01:00:30	01:03:16	01:06:07	

Category 4 Performance

	Oct-18	Nov-18	Dec-18	12 Months
Mean	01:59:04	01:50:32	02:08:29	
90th Percentile (03:00:00)	04:38:29	04:12:29	04:40:58	
Mean Resources Arriving	1.05	1.01	1.00	
Count of Incidents	781	813	759	
National Mean	01:23:41	01:25:38	01:24:13	

Health Care Professional

	Oct-18	Nov-18	Dec-18	12 Months
HCP 60 Mean	01:46:00	01:37:18	02:01:49	
HCP 60 90th Percentile	04:02:54	03:43:06	04:21:15	
HCP 120 Mean	02:12:48	02:09:16	02:22:33	
HCP 120 90th Percentile	04:42:46	04:39:12	04:51:05	
HCP 240 Mean	02:46:04	03:10:25	03:23:30	
HCP 240 90th Percentile	06:00:05	06:14:14	06:52:06	

Call Cycle Time

	Oct-18	Nov-18	Dec-18	12 Months
Avg Allocation to Clear at Scene	01:14:59	01:15:54	01:16:32	
Avg Allocation to Clear at Hospital	01:46:10	01:46:56	01:47:24	
Handover Hrs Lost at Hospital (over 30mins)	4413	4312	4962	
Number of Handovers >60mins	430	427	659	

Community First Responders

	Oct-18	Nov-18	Dec-18	12 Months
Volume of Incidents Attended	1385	1418	1156	

Incident Outcome AQI

	Oct-18	Nov-18	Dec-18	12 Months
Hear & Treat	5.6%	5.4%	6.1%	
See & Treat	32.4%	32.8%	32.7%	
See & Convey	62.0%	61.6%	61.1%	

Demand/Supply AQI

	Oct-18	Nov-18	Dec-18	12 Months
Calls Answered	63761	63111	68228	
Incidents	59471	60863	63656	
Transports	36870	37595	38998	

5 Sec EOC Call Handling Performance
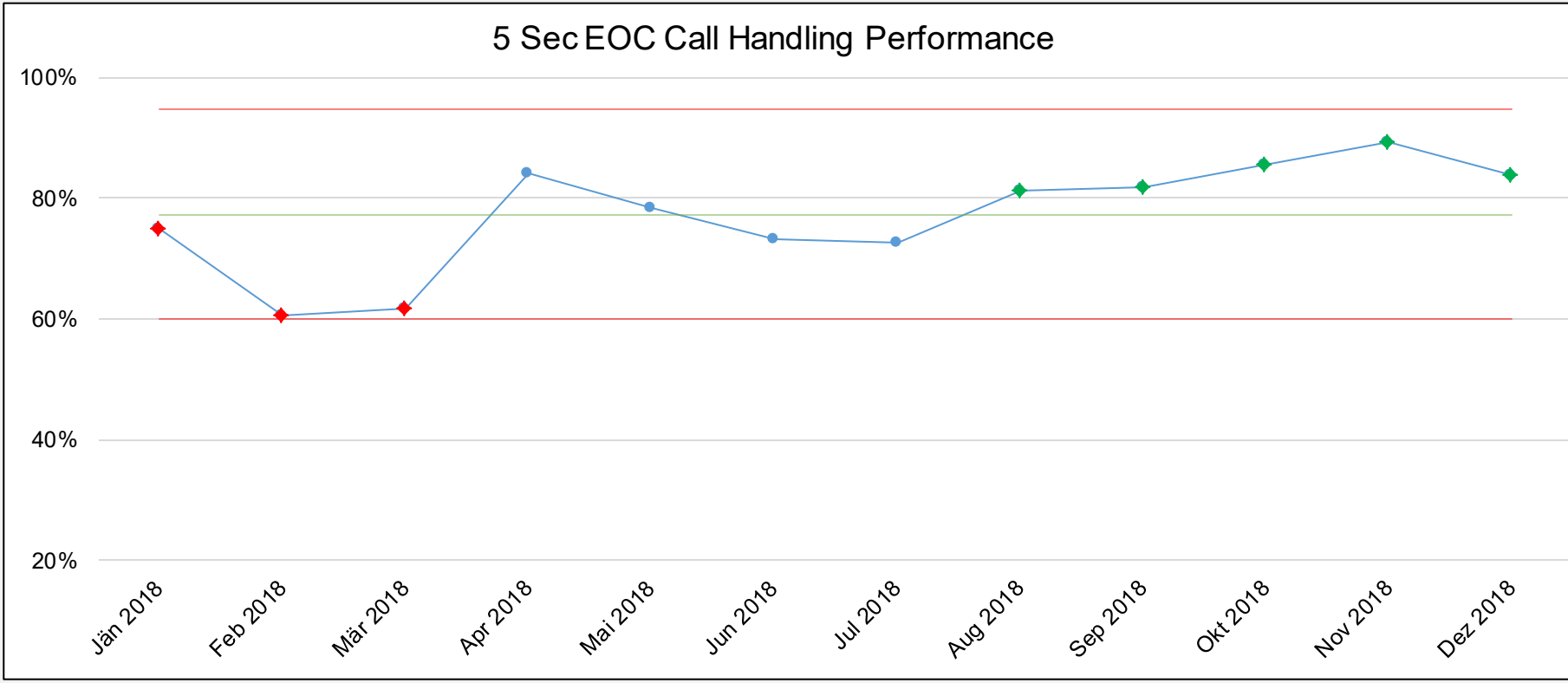
Call answering performance for December worsened on average. However it should be noted that during the Christmas/New Year period, National Call Answer performance showed that the Trusts performance was joint second in the overall picture, which demonstrates the significant efforts applied by all to meeting this challenging period.

The volume of duplicate calls regarding estimated time of arrival (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 emergency operations centre (EOC) task and finish group.

Cat 1 Mean (00:07:00) Performance
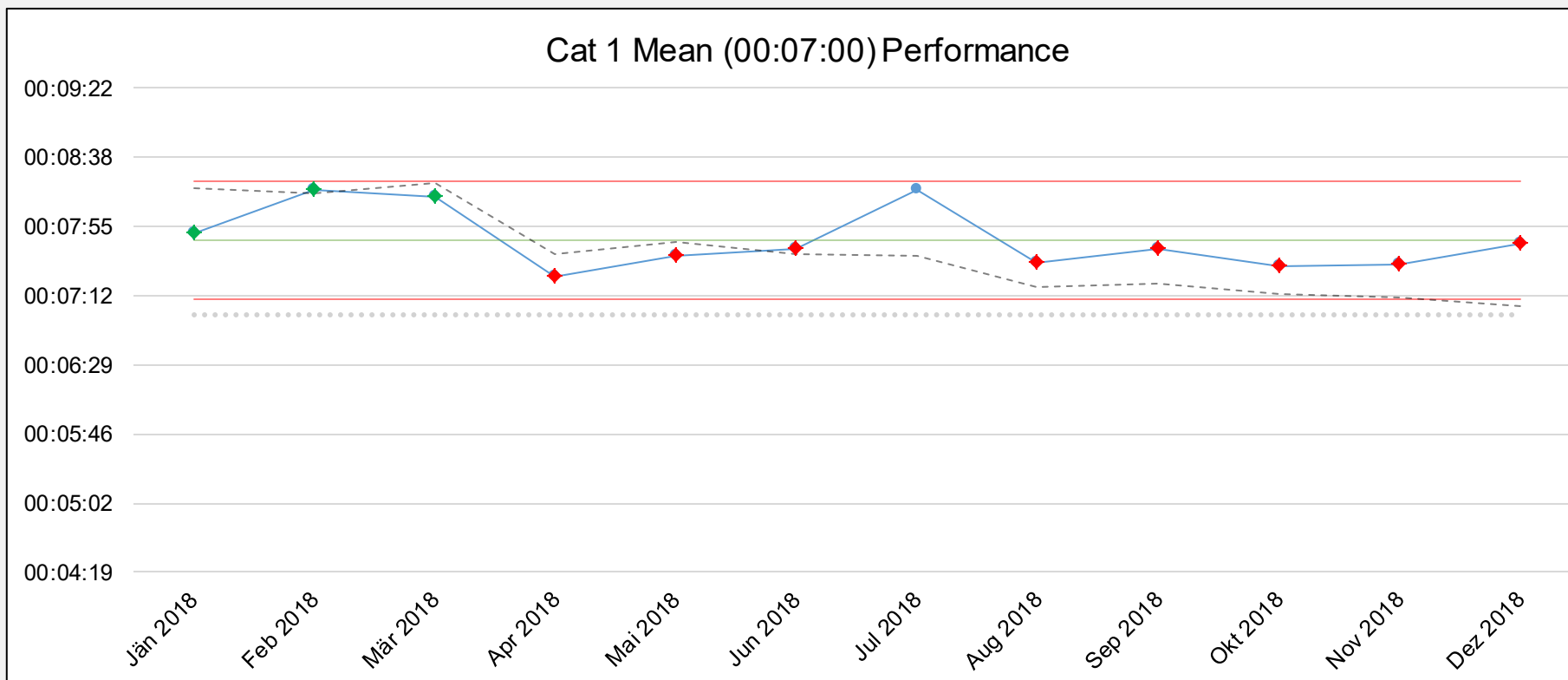
Cat1 mean response was an average of 7.44, an increase in 13 seconds on prior month. The number of incidents attended saw an increase of approximately 80 incidents for the same period.

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.

There remains significant focus given to this high acuity patient groups.

----- National Mean

Cat 2 Mean (00:18:00) Performance
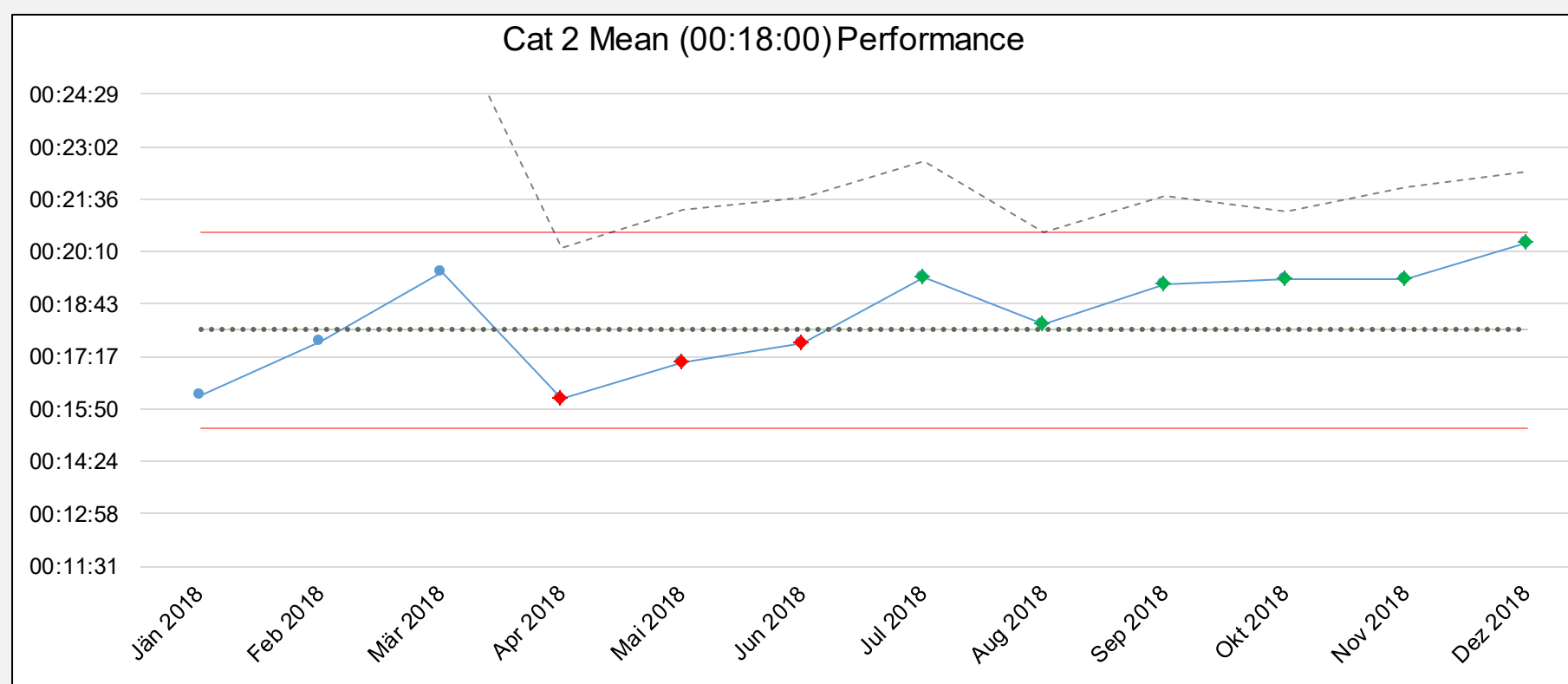
November Cat 2 Mean Performance was 20.24 minutes, which has increased by one minute. The Trust has experienced an increase in incidents by a further 1100.

New front line staff continue to join the organisation and whilst contributing to the overall increase in field staff numbers, they will not be fully functional as they are inducted into the Trust and complete the relevant training.

----- National Mean

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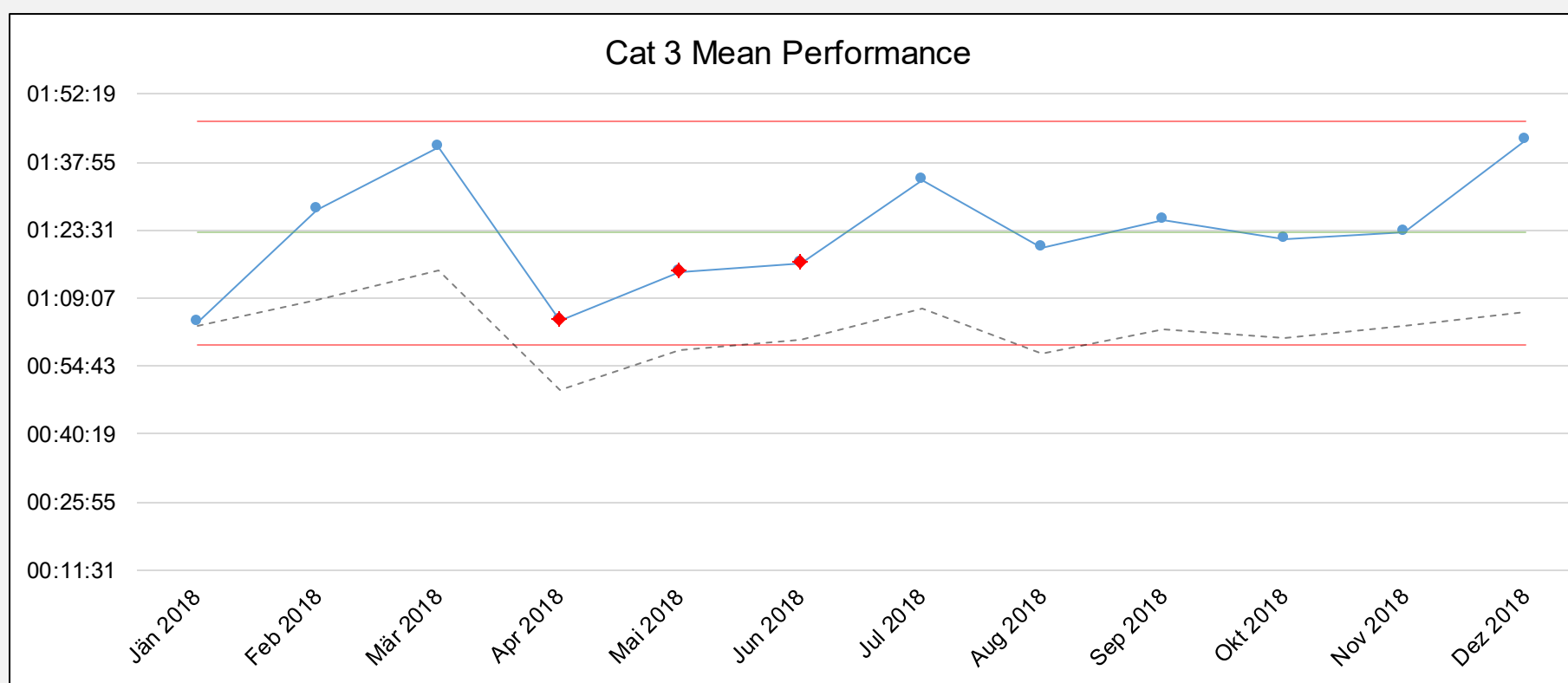
Cat 3 mean has been included to provide the Board with oversight on the significant pressure against the performance requirements for this patient group.

Response to this Category of patients is below ARP target and remains a challenge to 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 and be available for deployment has been delayed due to some vehicle issues, with the roll out starting in December 2018 with a planned roll out of 3 vehicles a week. There is a delay to some of these vehicles being available due to mechanical issues
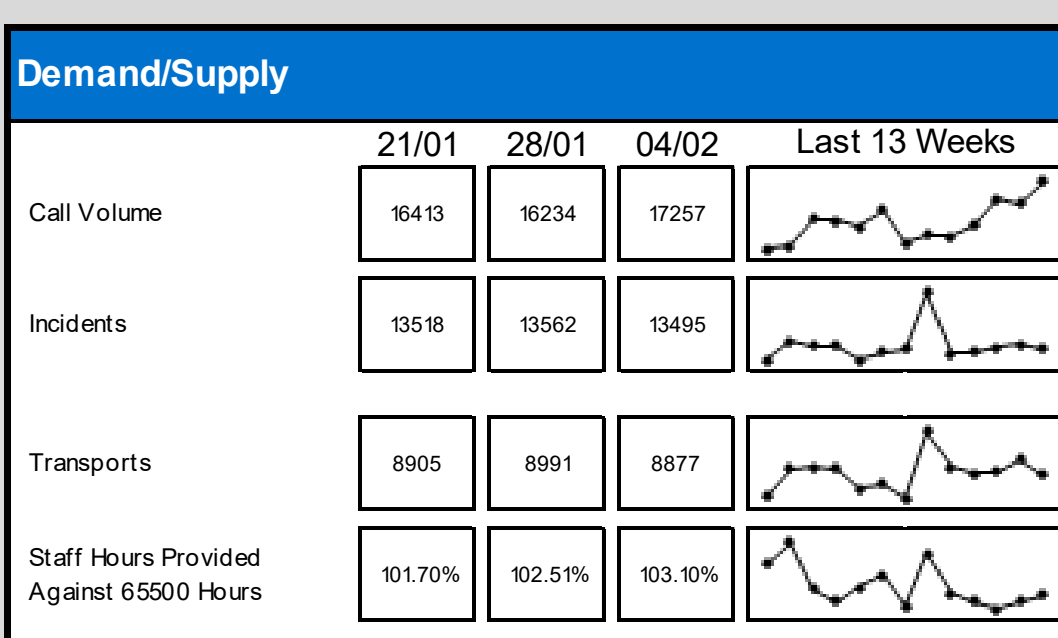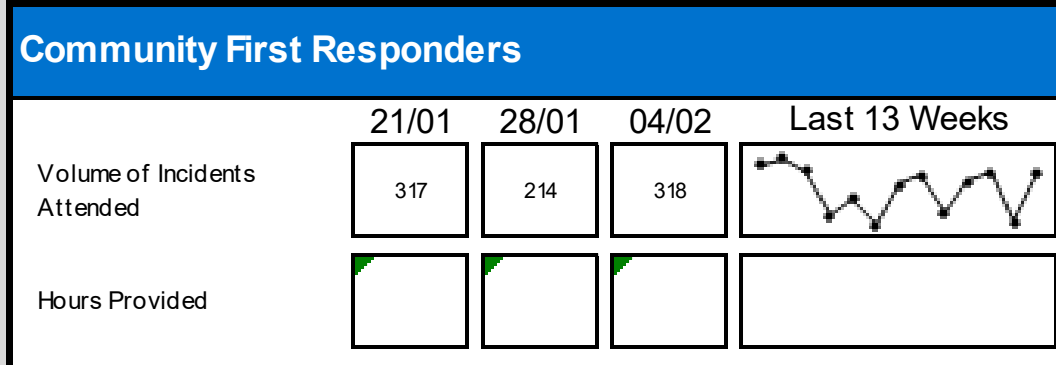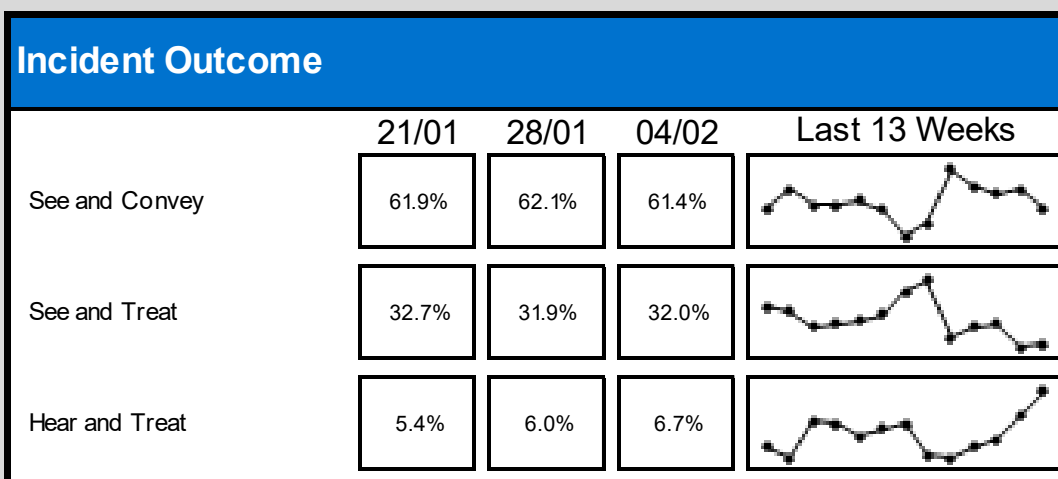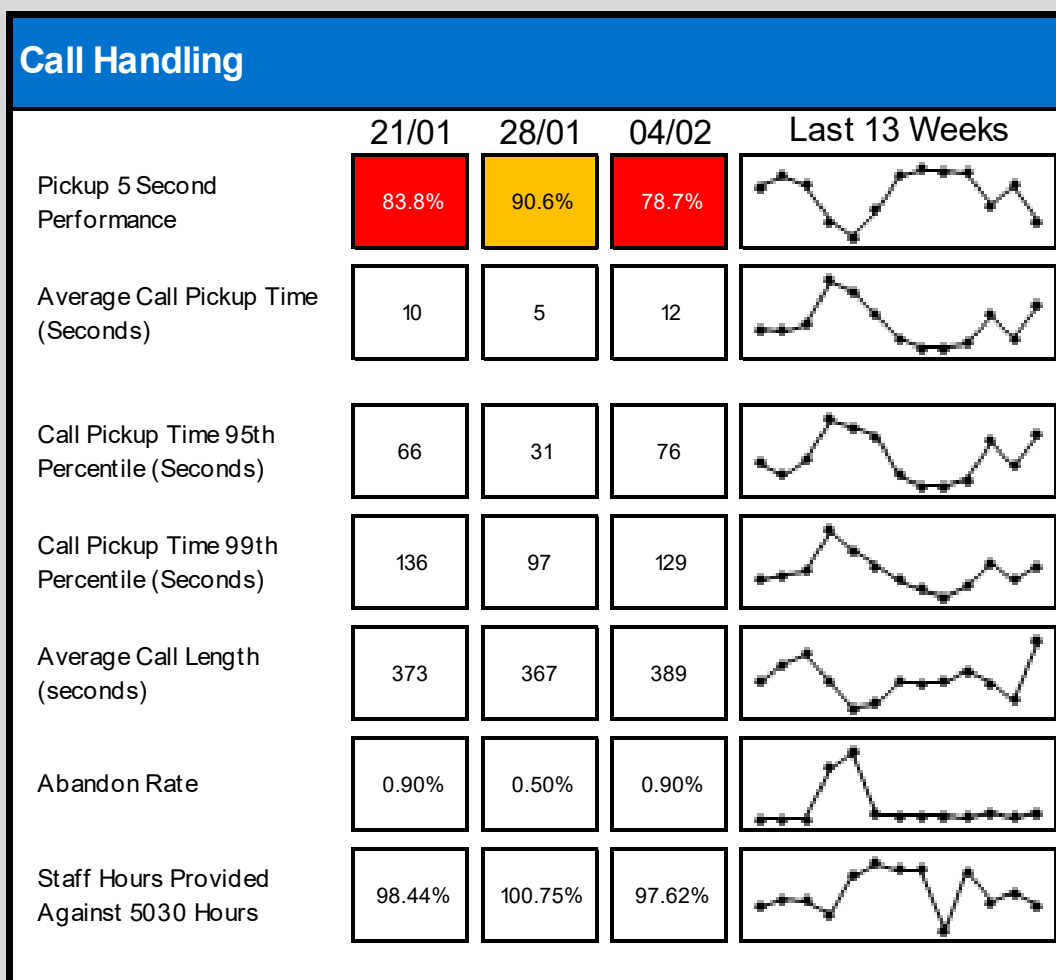
----- National Mean

Hours Lost at Hospital (over 30 mins)
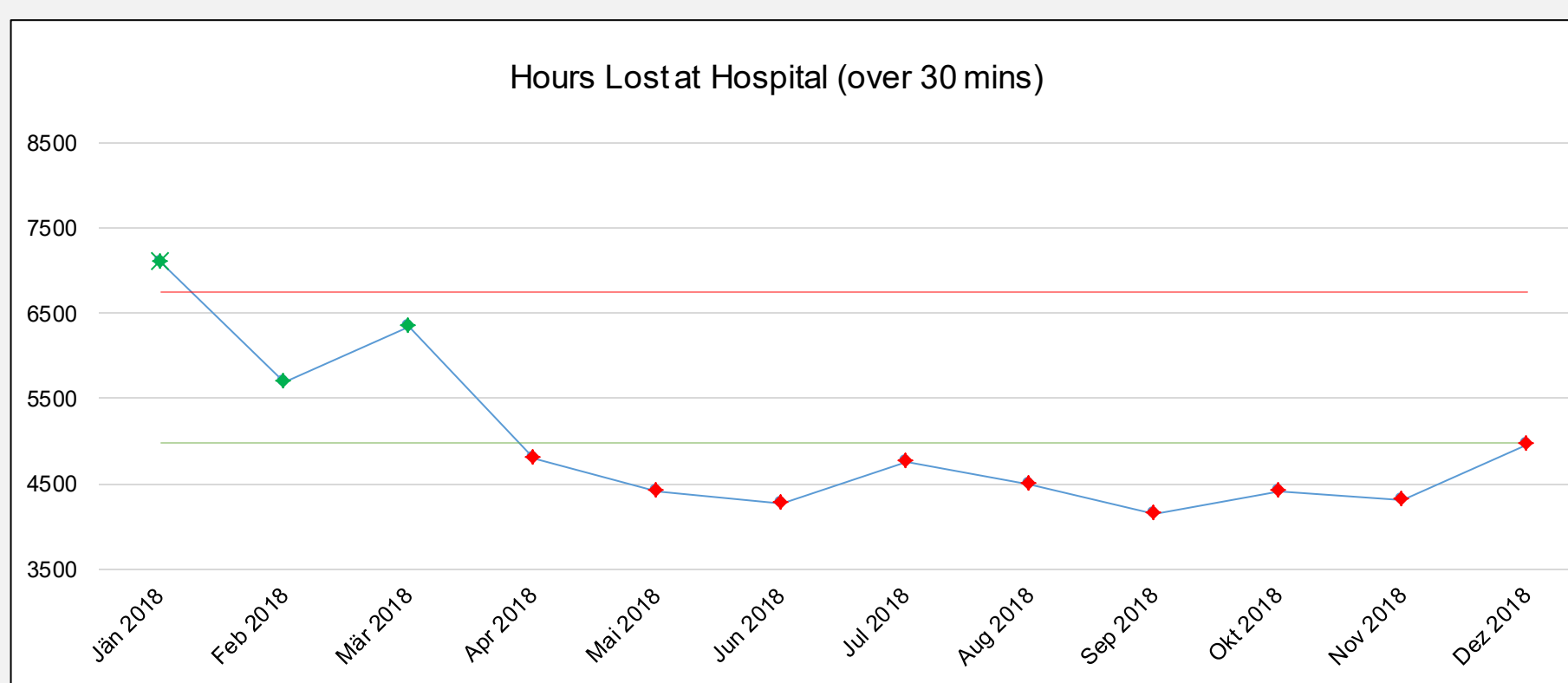
There was an increase of 622 hours in hours lost >30 minute turnaround in December compared to November. This trend is in line with the previously recorded seasonal variation.
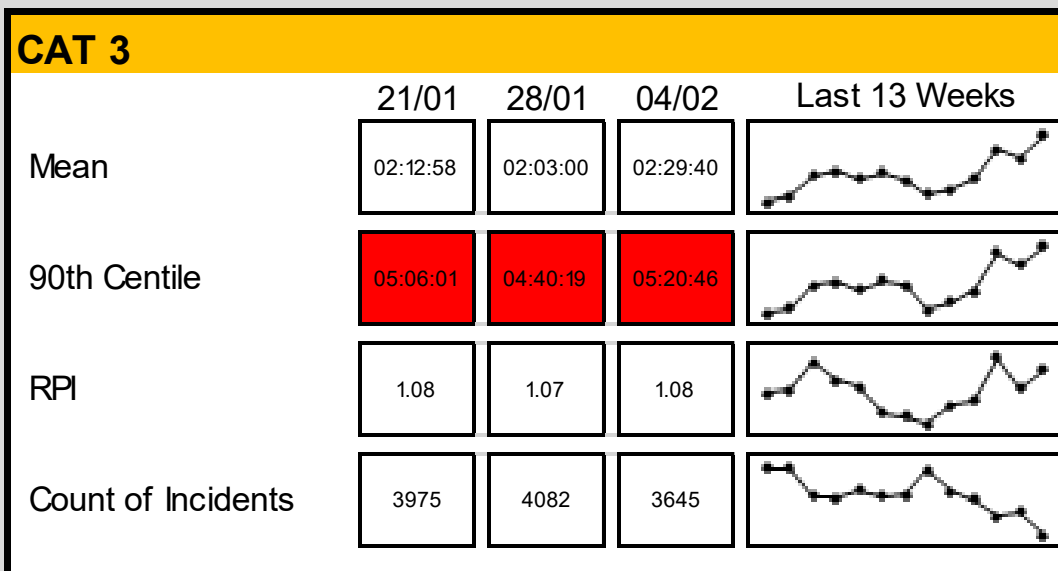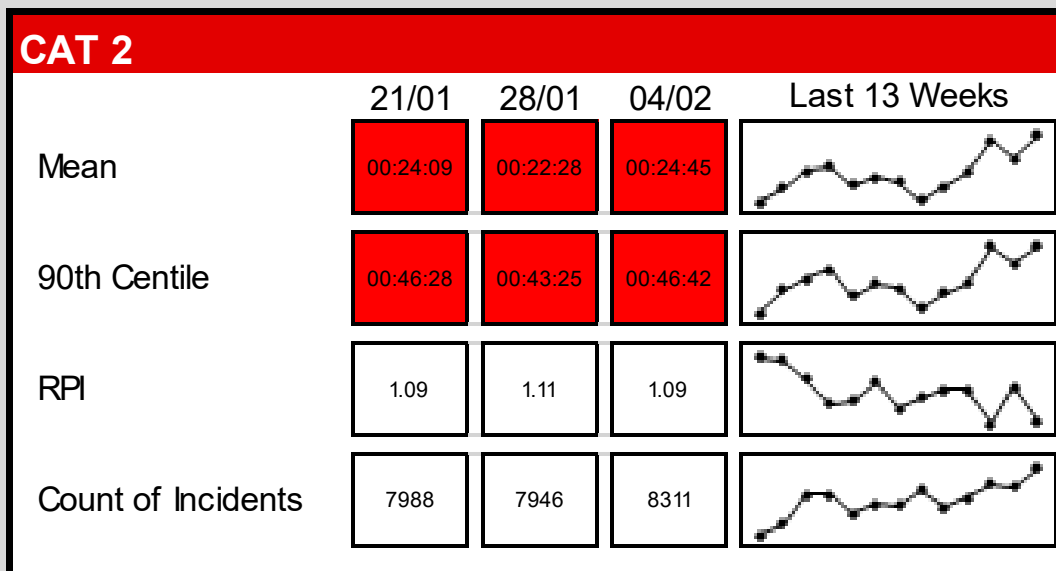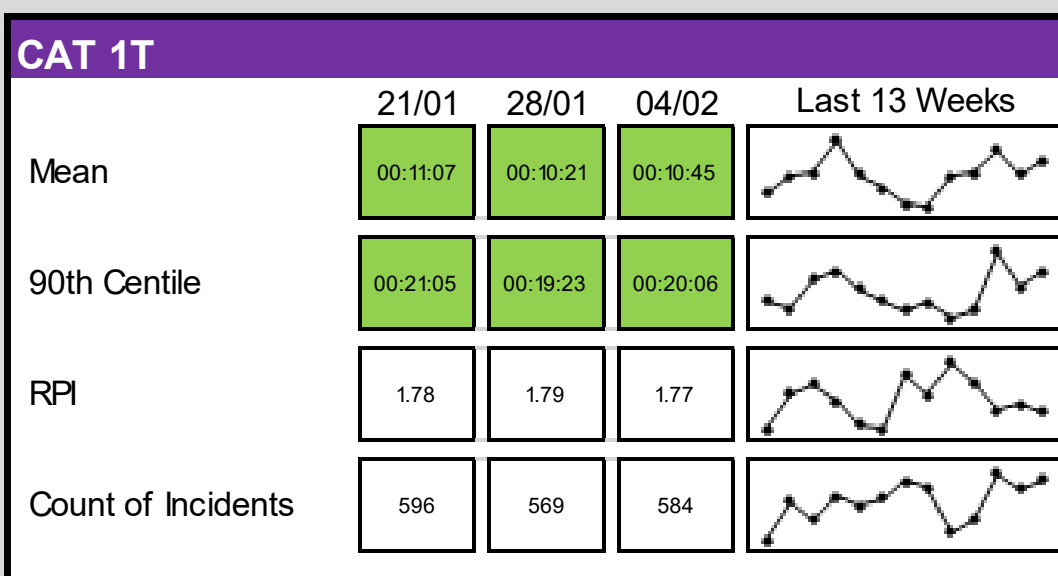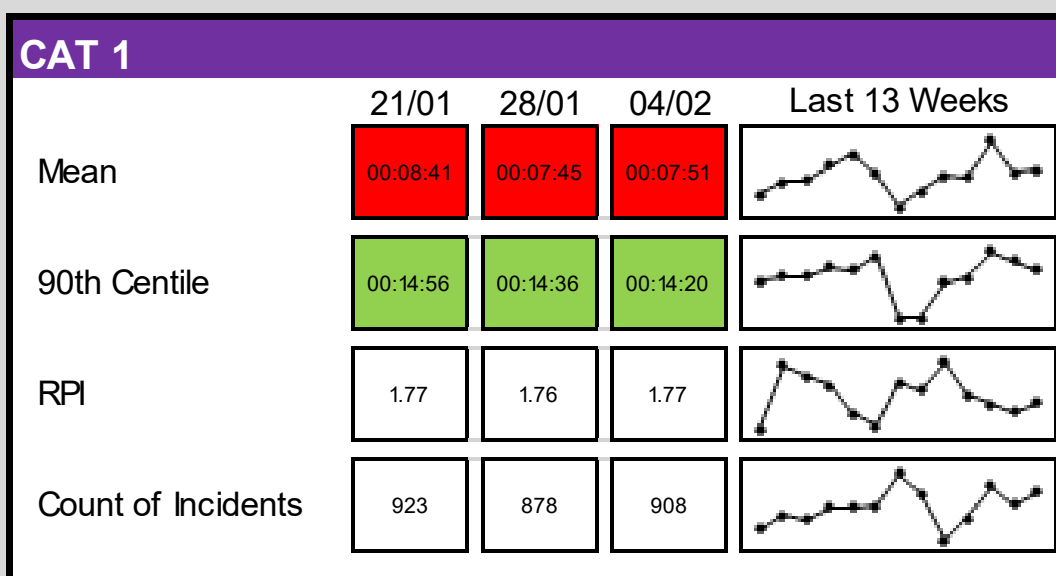
However, when comparing overall hours lost >30 minute turnaround in December 2108 to December 2017, there was an overall 35% decrease (2653) in hours lost.

There was a 53% decrease (661) in the number of patients who waited >60 minutes.
There was a 37% decrease (2889) in the number of patients who waited >30 minutes.
There was a 20% increase (2882) in the number of handovers within 15 minutes of arrival.

The system wide steering group is continuing to meet over the winter period. Local joint SECAmb and Hospital operational meetings are also continuing to take place to ensure progress made so far is maintained over the winter period, when increased system wide pressures are expected.

SECAmb Weekly Operational Performance - 11th February 2019

CAT 1

	21/01	28/01	04/02	Last 13 Weeks
Mean	00:08:41	00:07:45	00:07:51	
90th Centile	00:14:56	00:14:36	00:14:20	
RPI	1.77	1.76	1.77	
Count of Incidents	923	878	908	

CAT 1T

	21/01	28/01	04/02	Last 13 Weeks
Mean	00:11:07	00:10:21	00:10:45	
90th Centile	00:21:05	00:19:23	00:20:06	
RPI	1.78	1.79	1.77	
Count of Incidents	596	569	584	

CAT 2

	21/01	28/01	04/02	Last 13 Weeks
Mean	00:24:09	00:22:28	00:24:45	
90th Centile	00:46:28	00:43:25	00:46:42	
RPI	1.09	1.11	1.09	
Count of Incidents	7988	7946	8311	

CAT 3

	21/01	28/01	04/02	Last 13 Weeks
Mean	02:12:58	02:03:00	02:29:40	
90th Centile	05:06:01	04:40:19	05:20:46	
RPI	1.08	1.07	1.08	
Count of Incidents	3975	4082	3645	

CAT 4

	21/01	28/01	04/02	Last 13 Weeks
Mean	02:33:58	02:20:28	02:44:08	
90th Centile	05:23:27	04:43:09	05:14:03	
RPI	1.09	1.08	1.07	
Count of Incidents	172	158	149	

HCP 60

	21/01	28/01	04/02	Last 13 Weeks
Performance	14.3%	44.4%	39.1%	
Count of Incidents	28	18	23	

HCP 120

	21/01	28/01	04/02	Last 13 Weeks
Performance	50.3%	53.0%	57.1%	
Count of Incidents	344	347	322	

HCP 240

	21/01	28/01	04/02	Last 13 Weeks
Performance	61.9%	71.7%	68.6%	
Count of Incidents	63	60	86	

Call Cycle Time

	21/01	28/01	04/02	Last 13 Weeks
Clear at Scene (hh:mm)	01:18	01:16	01:15	
Clear at Hospital (hh:mm)	01:49	01:50	01:51	
Hours Lost at Hospital	1259	1388	1525	

Call Handling

	21/01	28/01	04/02	Last 13 Weeks
Pickup 5 Second Performance	83.8%	90.6%	78.7%	
Average Call Pickup Time (Seconds)	10	5	12	
Call Pickup Time 95th Percentile (Seconds)	66	31	76	
Call Pickup Time 99th Percentile (Seconds)	136	97	129	
Average Call Length (seconds)	373	367	389	
Abandon Rate	0.90%	0.50%	0.90%	
Staff Hours Provided Against 5030 Hours	98.44%	100.75%	97.62%	

Incident Outcome

	21/01	28/01	04/02	Last 13 Weeks
See and Convey	61.9%	62.1%	61.4%	
See and Treat	32.7%	31.9%	32.0%	
Hear and Treat	5.4%	6.0%	6.7%	

Demand/Supply

	21/01	28/01	04/02	Last 13 Weeks
Call Volume	16413	16234	17257	
Incidents	13518	13562	13495	
Transports	8905	8991	8877	
Staff Hours Provided Against 65500 Hours	101.70%	102.51%	103.10%	

Community First Responders

	21/01	28/01	04/02	Last 13 Weeks
Volume of Incidents Attended	317	214	318	
Hours Provided				

SECAmb 111 Operations Performance Scorecard

Calls Offered

	Oct-18	Nov-18	Dec-18	12 Months
Actual	87344	90785	109837	
Previous Year	84639	82468	124624	

Calls answered in 60 Seconds

	Oct-18	Nov-18	Dec-18	12 Months
Actual %	72.5%	73.5%	74.6%	
Previous Year %	75.3%	72.9%	47.9%	
Target %	95%	95%	95%	

Calls abandoned - (Offered) after 30secs

	Oct-18	Nov-18	Dec-18	12 Months
Actual %	5.4%	5.1%	5.3%	
Previous Year %	2.8%	3.6%	14.3%	
Target %	2%	2%	2%	

Combined Clinical KPI

	Oct-18	Nov-18	Dec-18	12 Months
Actual %	69.3%	73.1%	76.2%	
Previous Year %	78.2%	75.3%	72.5%	
Target %	90%	90%	90%	

999 Referrals

	Oct-18	Nov-18	Dec-18	12 Months
999 Referrals % (Answered Calls)	11.7%	12.6%	11.6%	
999 Referrals (Actual)	9457	10645	11899	
National	12.0%	12.6%	11.6%	

A&E Dispositions

	Oct-18	Nov-18	Dec-18	12 Months
A&E Dispositions % (Answered Calls)	8.2%	8.3%	7.4%	
A&E Dispositions (Actual)	6666	7003	7623	
National	8.1%	8.3%	7.4%	

Home Management

	Oct-18	Nov-18	Dec-18	12 Months
Actual %	6.2%	7.5%	-	

SECAmb 111 Operations Performance Charts
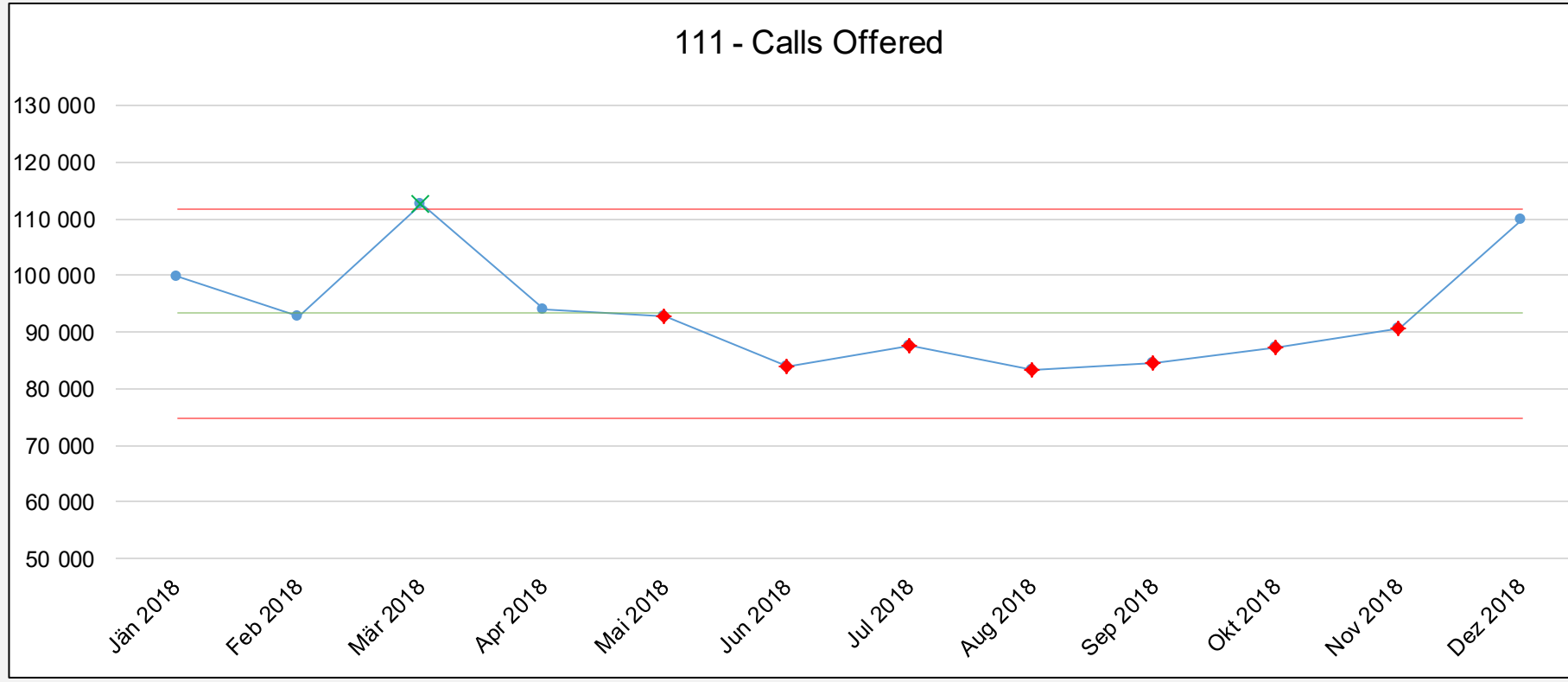
111 - Calls Offered

The total Calls Offered of 109837 was significantly lower than the same month in the previous year. This was due to a combination of lower flu rate in the population, and also the work done by In hours Primary Care and pharmacies to prevent pent-up demand in the system across Christmas and New Year.

The service answered 102,400 calls – an increase on December 2017.

111 - Calls Answered in 60 Seconds
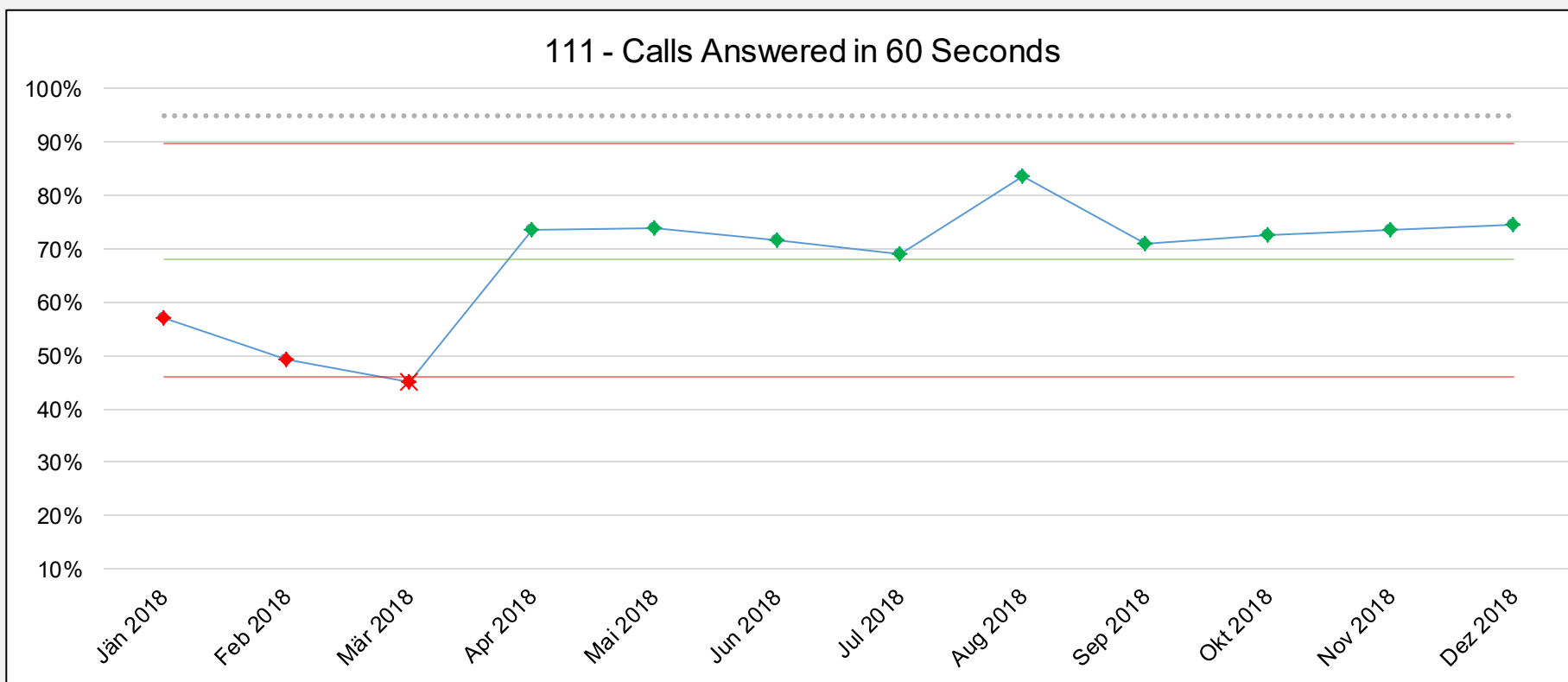
After a challenging start to December, the service delivered a service level of 74.6%, with an Abandonment rate of 3.56%. During the week commencing 24/12/18, our service level exceeded 85% and was significantly higher than the national performance for that week.
SECAmb and Care UK collaborated well across the holiday period and both contributed an equitable share of call answering.

111 - Calls Abandoned - (Offered) after 30 seconds)

111 - Combined Clinical KPI
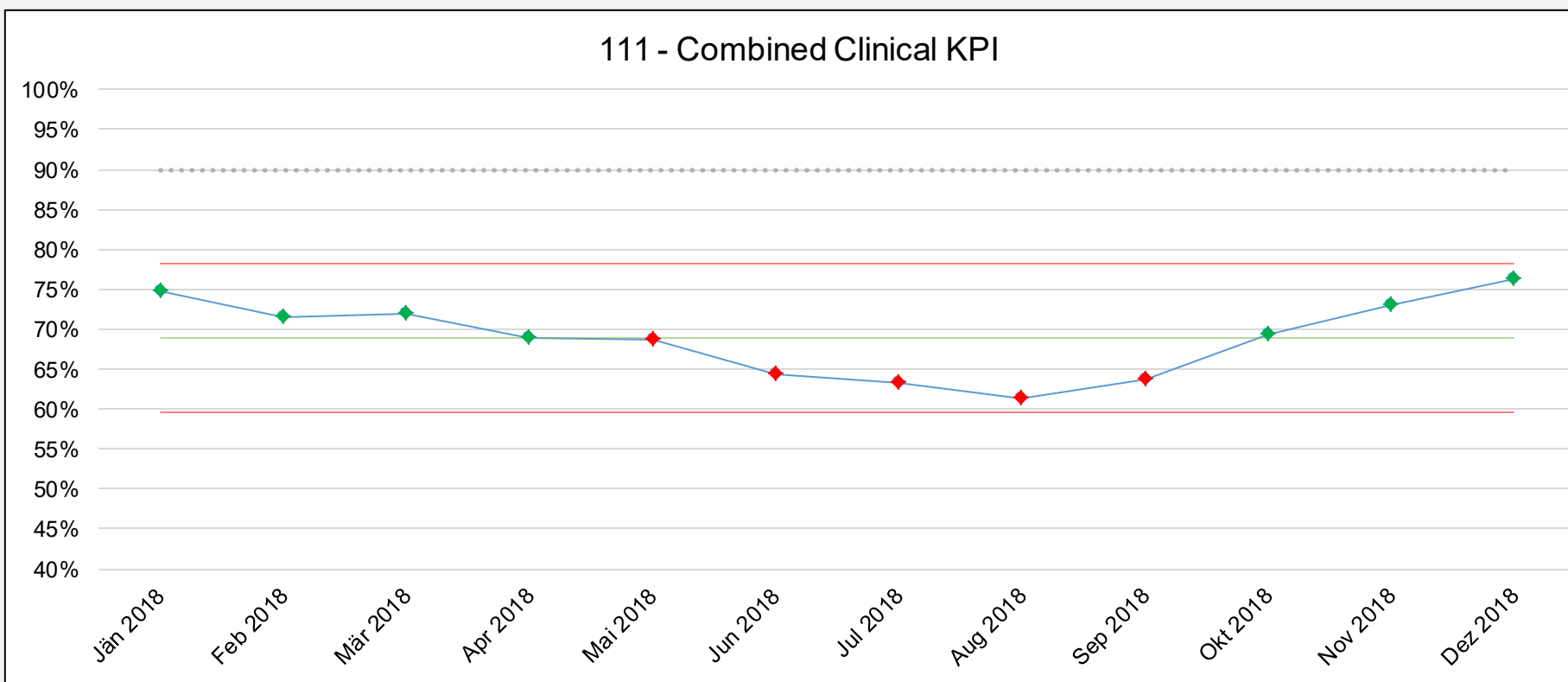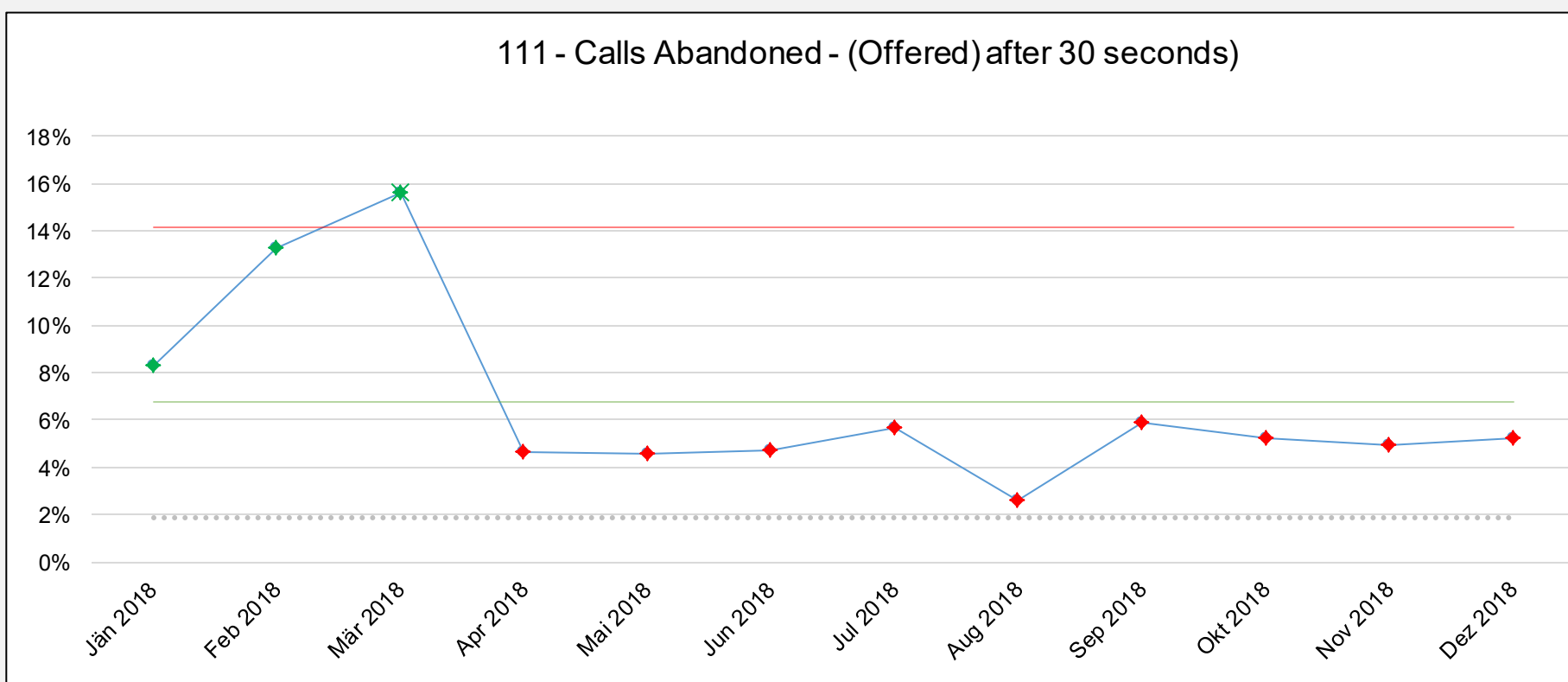
The Combined Clinical performance rose for the fourth consecutive month, to 76.2%, this is 19% higher than the national clinical performance for December 2018. The "Clinical Contact" rate as defined by NHSE rose to 56.7%, if Indirect contact via the Clinical Inline Validation is included.

111 - 999 Referrals
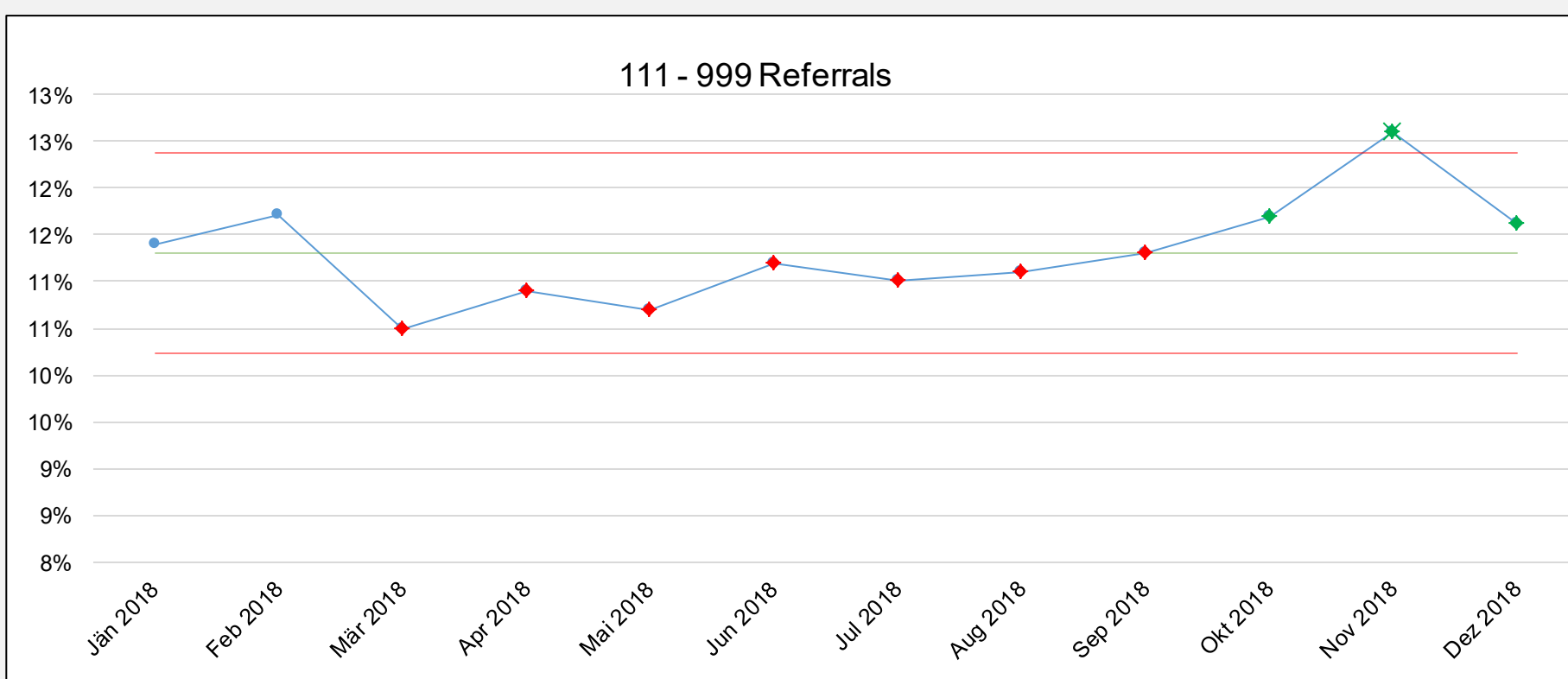
The Ambulance referral rate fell to 11.6%, which is 0.1% below the national rate for the month. The service continued to validate all Category 3 and Category 4 dispositions, during the SECAmb Surge Management Plan escalation periods.

SECAmb Workforce Scorecard

Workforce Capacity

	Oct-18	Nov-18	Dec-18	12 Months
Number of Staff WTE (Excl bank & agency)	3300.9	3387.4	3359.0	
Number of Staff Headcount (Excl bank and agency)	3575	3665	3634	
Finance Establishment (WTE)	3837.50	3837.50	3837.50	
Vacancy Rate	13.70%	11.73%	12.47%	
Vacancy Rate Previous Year	13.51%	13.09%	13.46%	
Adjusted Vacancy Rate + Pipeline recruitment %	6.50%	7.30%	7.54%	

Workforce Compliance

	Oct-18	Nov-18	Dec-18	12 Months
Objectives & Career Conversations %	48.44%	50.47%	53.34%	
Target (Objectives & Career Conversations)	80%	80%	80%	
Statutory & Mandatory Training Compliance %	79.10%	79.08%	82.71%	
Target (Stat & Mand Training)	95%	95%	95%	
Previous Year (Stat & Mand Training) %	76.06%	71.06%	73.61%	

* 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

	Oct-18	Nov-18	Dec-18	12 Months
Annual Rolling Turnover Rate %	14.62%	14.57%	14.70%	
Previous Year %	18.17%	18.05%	17.77%	
Annual Rolling Sickness Absence	5.08%	5.04%	4.95%	
Target (Annual Rolling Sickness)	5%	5%	5%	

Employee Relations Cases

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

Physical Assaults (Number of victims)

	Oct-18	Nov-18	Dec-18	12 Months
Actual	25	30	14	
Previous Year	17	20	17	
Sanctions	1	18	4	

SECAmb Workforce Charts

### Adjusted Vacancy Rate + Pipeline Recruitment
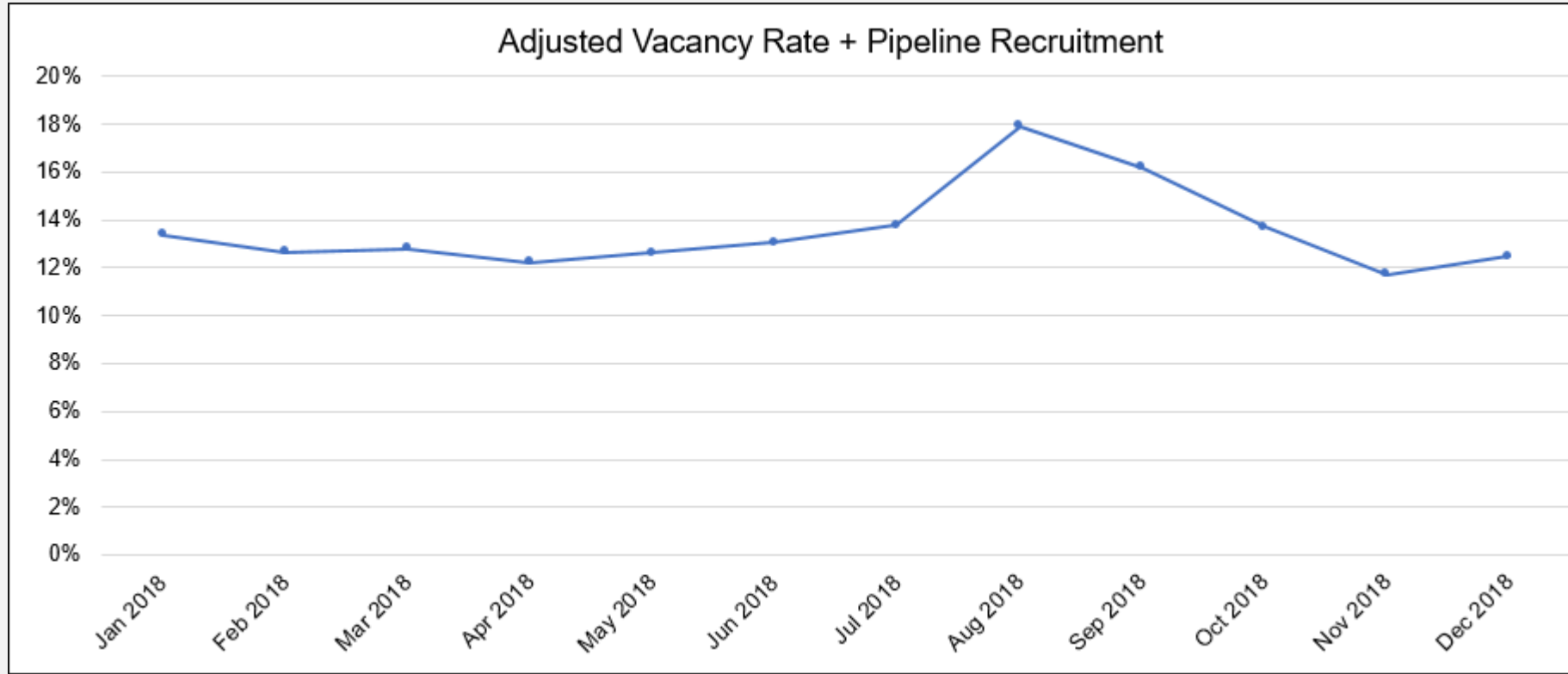
In December we recruited 25 new staff into the Trust. Our adjusted vacancy rate increased slightly to 7.54%

December is historically a quieter period for new joiners, due to the Christmas period.

Our pipeline for Emergency Care Support Worker (ECSW) is currently 50 new joiners for January and 36 for March. We are on track with the ARP plan.

Our focus is currently on 111 and EOC recruitment in order to meet the establishment requirements.

Objectives & Career Conversations
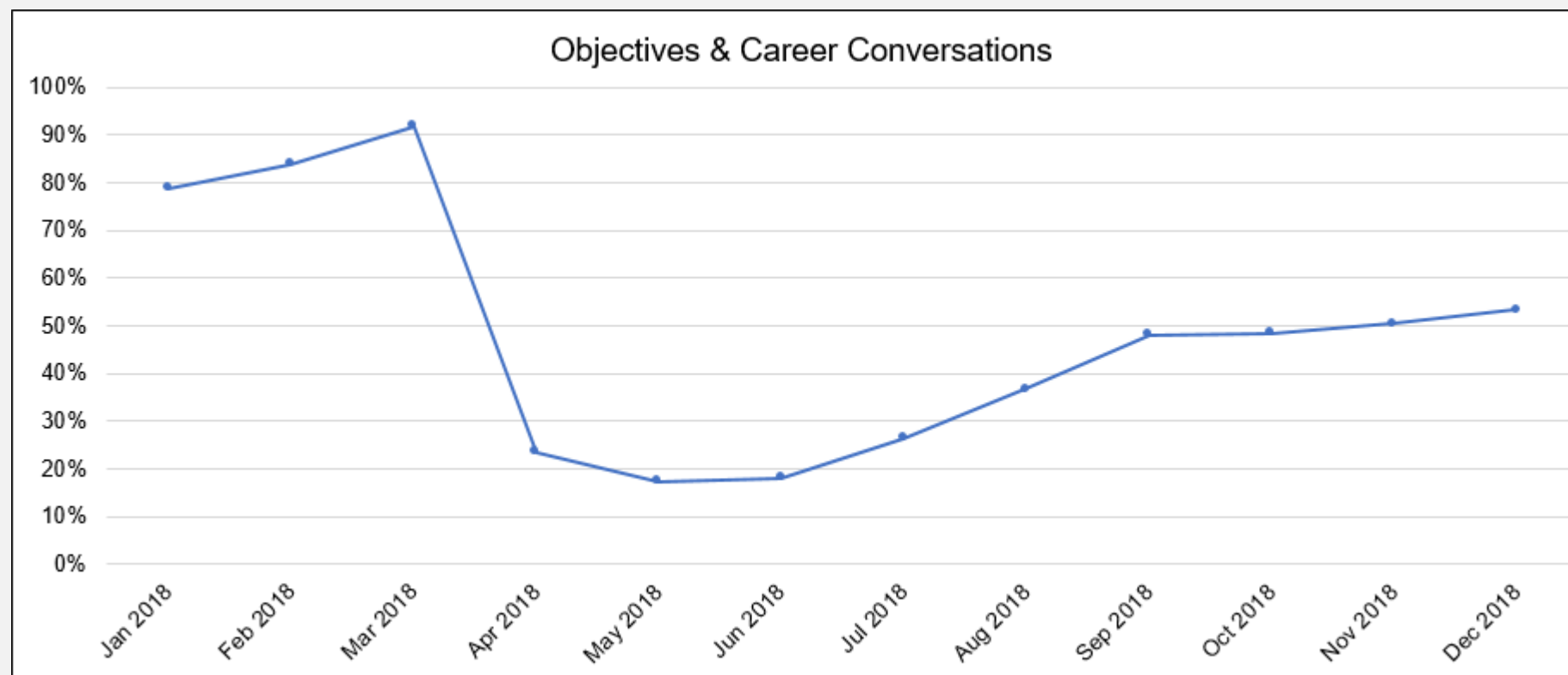
Managers and team leaders are supporting the completion of appraisals through their continuous updating of Actus. There is a continued increase in appraisals being published which shows activity in some areas of the organisation. The appraisal percentage has increased to 55.21% from 48.09%, from the 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 65.95%, which at this time last year we are on target to achieve our target, at the projected rate of 10% each month. The push for meeting the planned action plan and targets are being increased with weekly check-ins and reporting.

Annual Rolling Turnover Rate
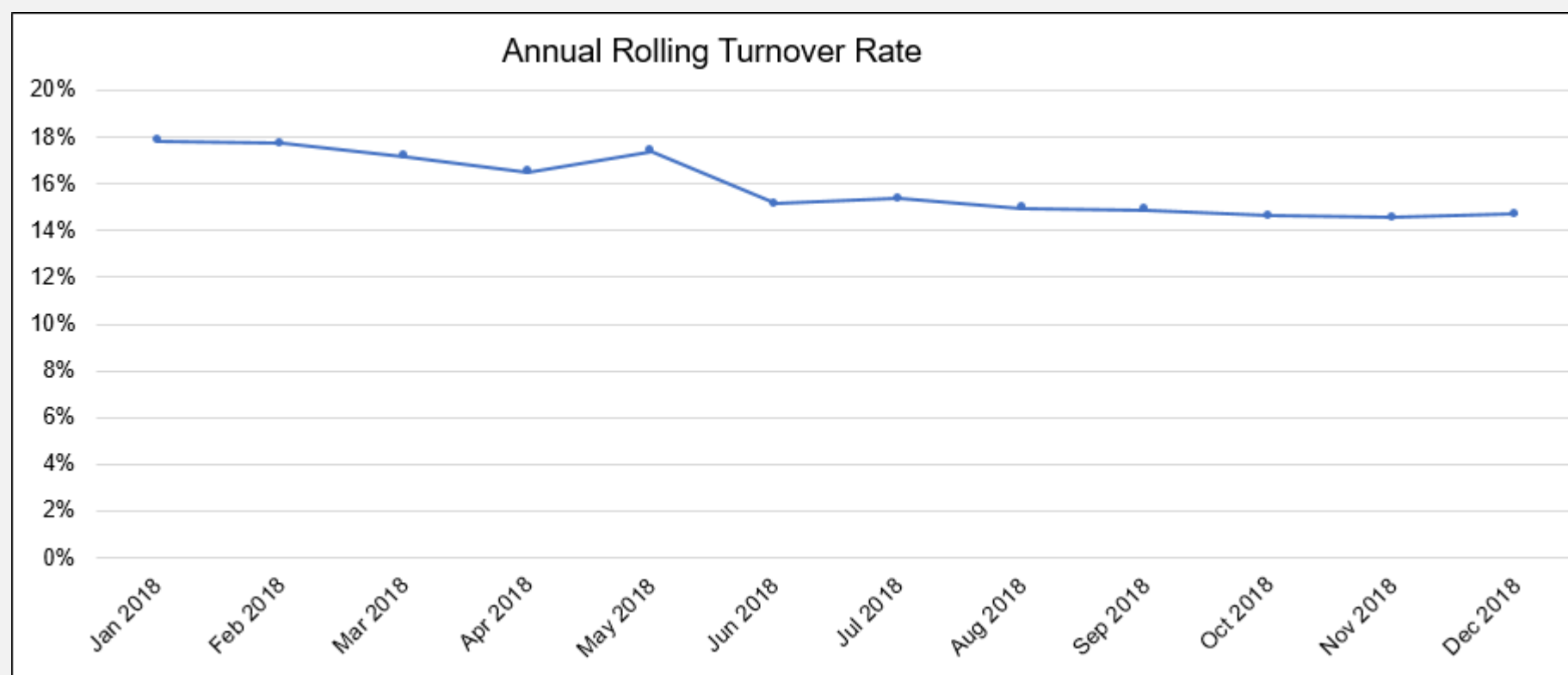
The downward trend for Turnover plateaued in December at 14.7%.
Over the last 6 months Turnover now averages 14.9% compared to 17% for the previous 6 months.

111 and EOC continue to remain our focus.

A paper will shortly be going to WWC looking and Turnover and Trends in EOC and whether or not the new draft Retention Strategy will deliver the changes necessary. we may consider a short EOC/111 specific Retention Strategy.

Annual Rolling Sickness Absence
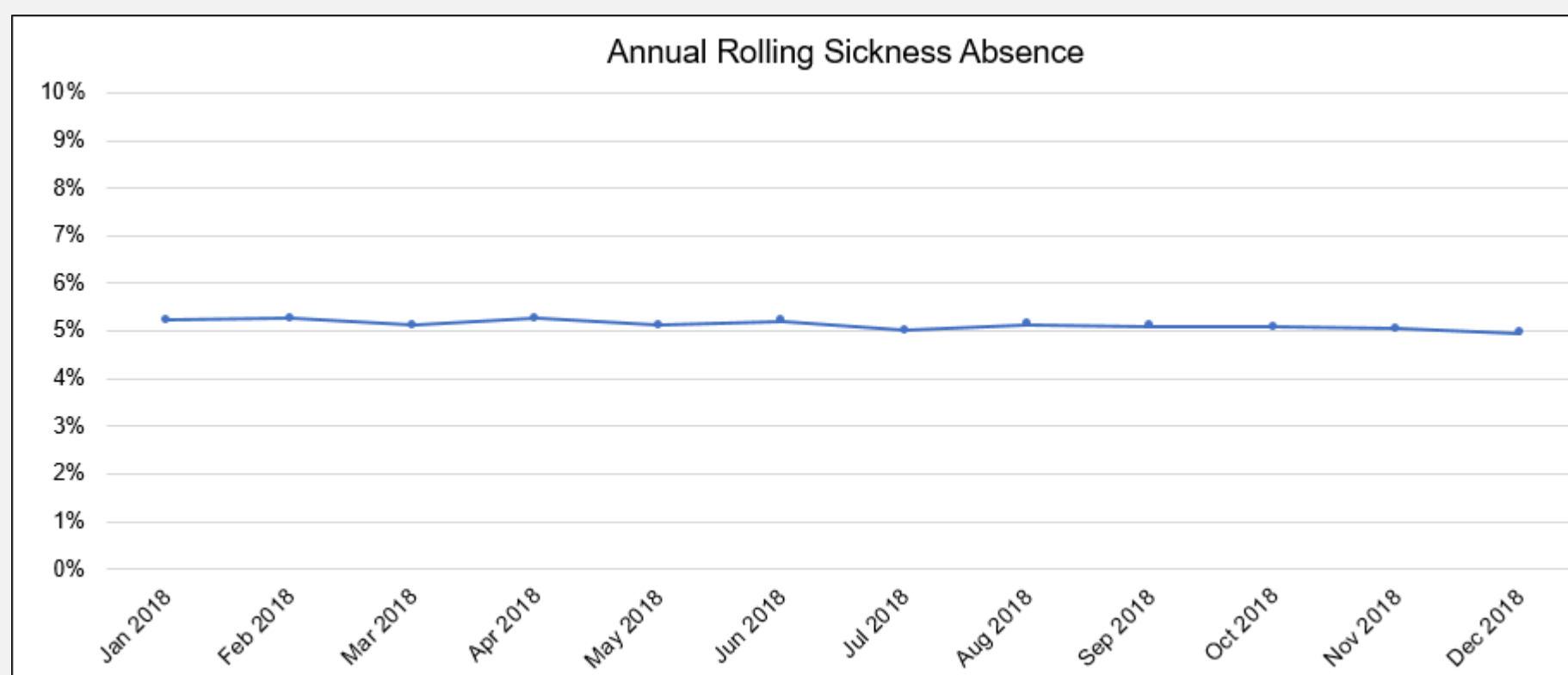
Sickness absence hit target (5.0%) for the second consecutive month in 11 months which is excellent news.

Sickness Absence for the past 6 months now stands at an average of 5.1% compared to an average of 5.2% for the previous 6 months.

Sickness Absence Management continues to be a key focus on the HR Advisors and the Line Managers they support.
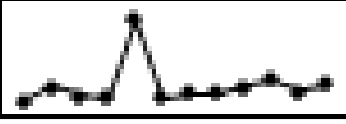
Bullying & Harassement
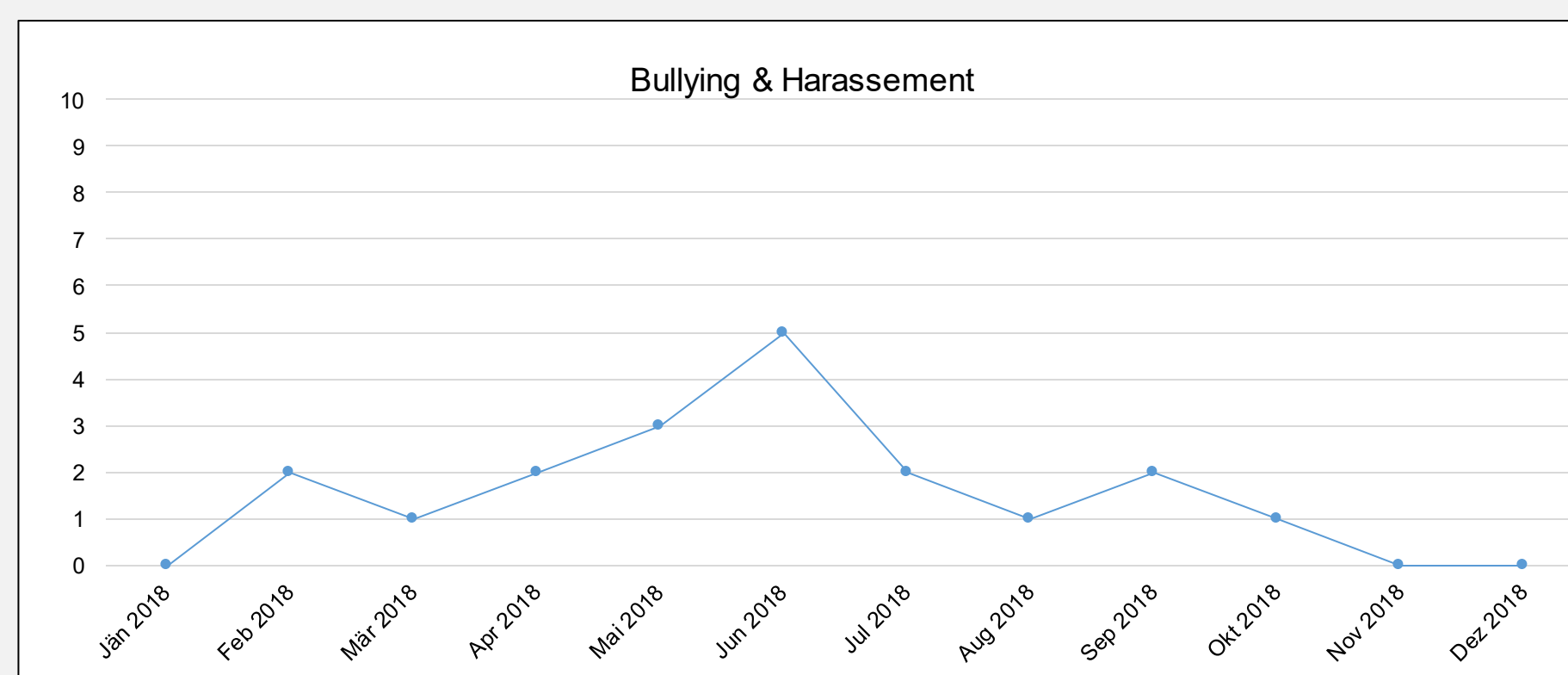
There was no reported cases of Bullying and Harassment (B&H) in November or December with the rolling total remaining at 25 cases.
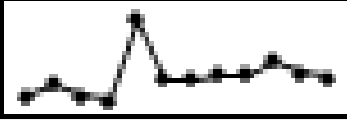
Our HR Employee Relations tracker is now fully implemented and utilised, with reports being used to drive continuous improvements.

SECAmb Finance Performance Scorecard

Income

	Oct-18	Nov-18	Dec-18	12 Months
Actual £	£18,398	£20,453	£21,020	
Previous Year £	£16,329	£16,493	£18,202	
Plan £	£18,034	£18,051	£19,671	

Expenditure

	Oct-18	Nov-18	Dec-18	12 Months
Actual £	£ 18,029	£ 20,344	£ 19,351	
Previous Year £	£ 16,623	£ 16,501	£ 17,399	
Plan £	£ 17,674	£ 17,951	£ 17,904	

Capital Expenditure

	Oct-18	Nov-18	Dec-18	12 Months
Actual £	£ 598	£ 405	£ 515	
Previous Year £	£ 375	£ 554	£ 400	
Plan £	£ 308	£ 551	£ 575	
Actual Cumulative £	£ 4,215	£ 4,620	£ 5,135	
Plan Cumulative £	£ 4,228	£ 4,779	£ 5,354	

Cost Improvement Programme (CIP)

	Oct-18	Nov-18	Dec-18	12 Months
Actual £	£ 965	£ 961	£ 1,689	
Previous Year £	£ 1,304	£ 1,459	£ 1,425	
Plan £	£ 947	£ 947	£ 1,735	
Actual Cumulative £	£ 5,144	£ 6,105	£ 7,793	
Plan Cumulative £	£ 5,034	£ 5,981	£ 7,716	

CQUIN (Quarterly)

	Q1 18/19	Q2 18/19	Q3 18/19
Actual £	£ 871	£ 870	£ 1,524
Previous Year £	£ 850	£ 846	£ 855
Plan £	£ 870	£ 870	£ 870

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

Surplus/(Deficit)

	Oct-18	Nov-18	Dec-18	12 Months
Actual £	£ 369	£ 109	£ 1,669	
Actual YTD £	-£ 3,241	-£ 3,132	-£ 1,463	
Plan £	£ 360	£ 100	£ 1,767	
Plan YTD £	-£ 3,374	-£ 3,274	-£ 1,507	

Cash Position

	Oct-18	Nov-18	Dec-18	12 Months
Actual £	£ 21,971	£ 26,656	£ 27,054	
Minimum £	£ 10,000	£ 10,000	£ 10,000	
Plan £	£ 14,693	£ 14,402	£ 14,685	

Agency Spend

|	Oct-18	Nov-18	Dec-18	12 Months
Actual £	£ 357	£ 430	£ 346	
Plan £	£ 218	£ 215	£ 211	

Net Surplus/Deficit
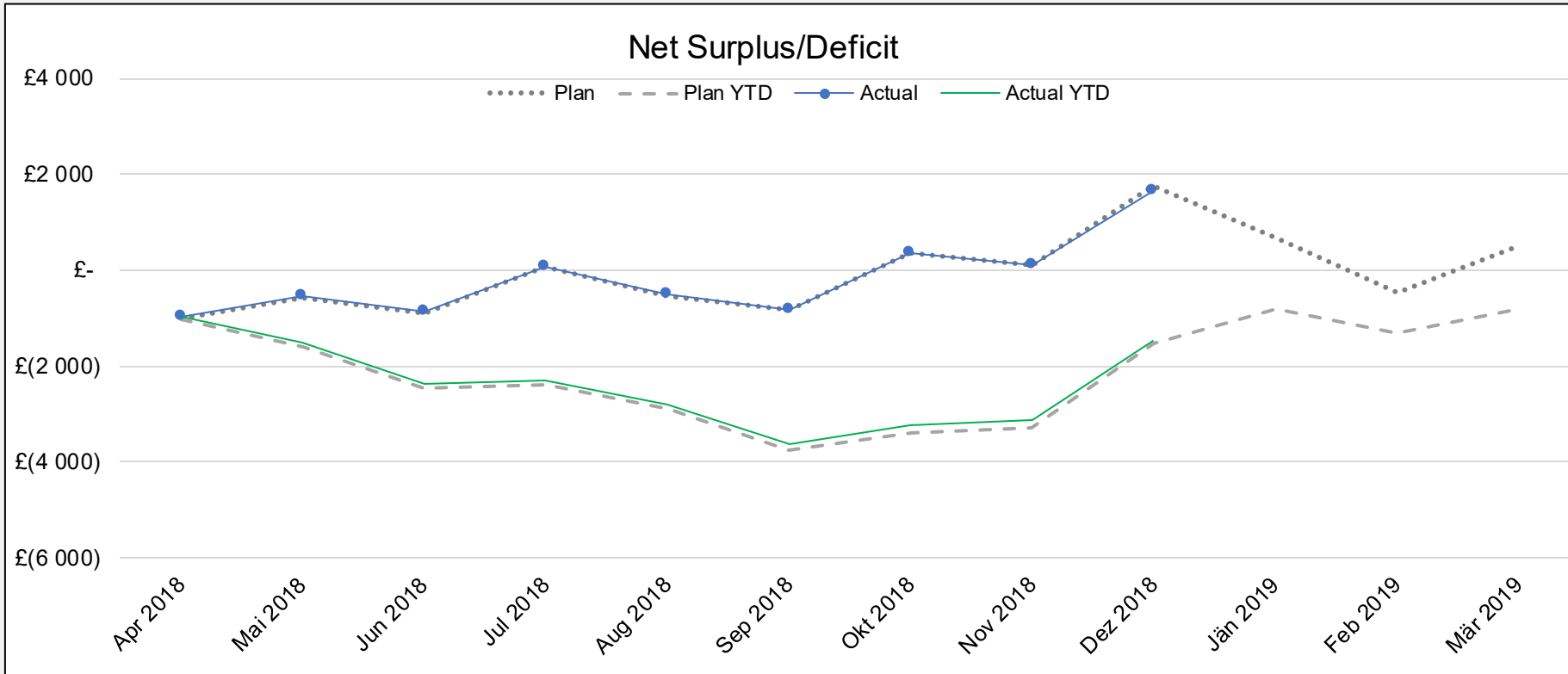
The Trust's Income and Expenditure (I&E) position in Month 9 was a surplus of £1.7m, in line with plan.

This reduced the cumulative deficit to £1.5m, which is in line with plan

Cost Improvement Pan (CIP)
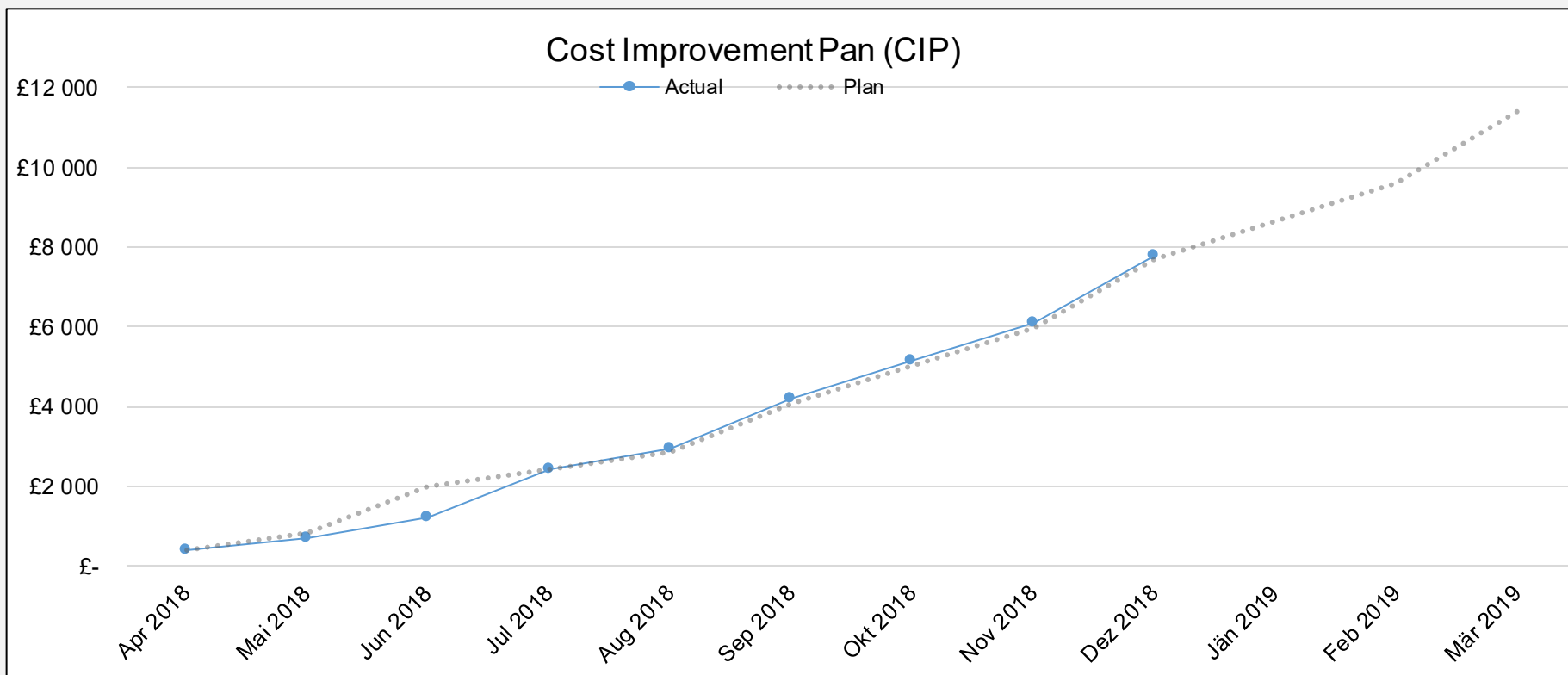
Cost improvement programmes (CIPs) to the value of £1.7m were achieved in the month, as planned. Achievement to date is £7.8m, which is slightly ahead of plan.

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 £12.8m identified schemes on the pipeline tracker as at month 9.

Capital Expenditure
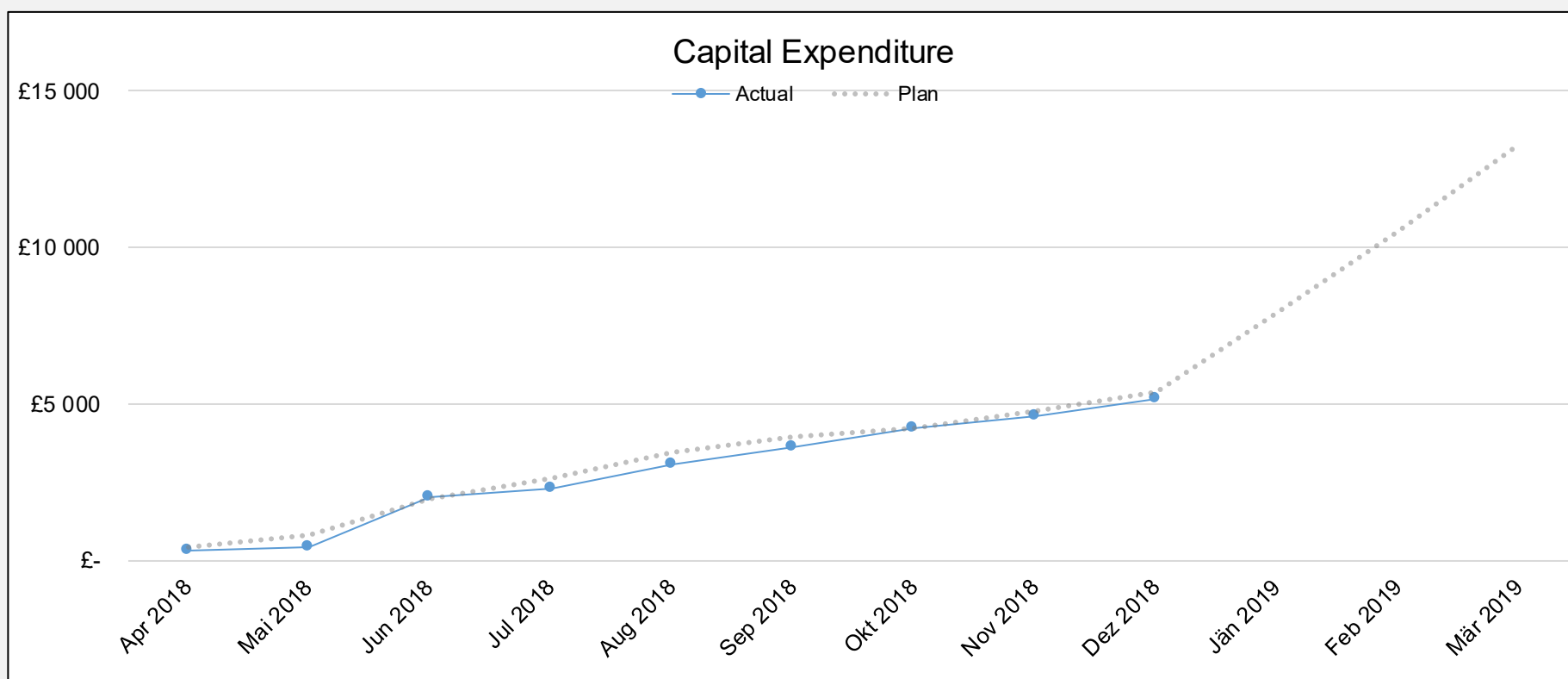
Capital expenditure in the month was £0.5m and cumulative spend is just £0.2m behind plan. The forecast for the year is a spend of £13.1m against a plan of £13.3m, the shortfall is due to the delay in the delivery of some of the 43 Mercedes box chassis beyond 31 March and spend on the new ePCR, partly 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 (National Health Service Improvement).
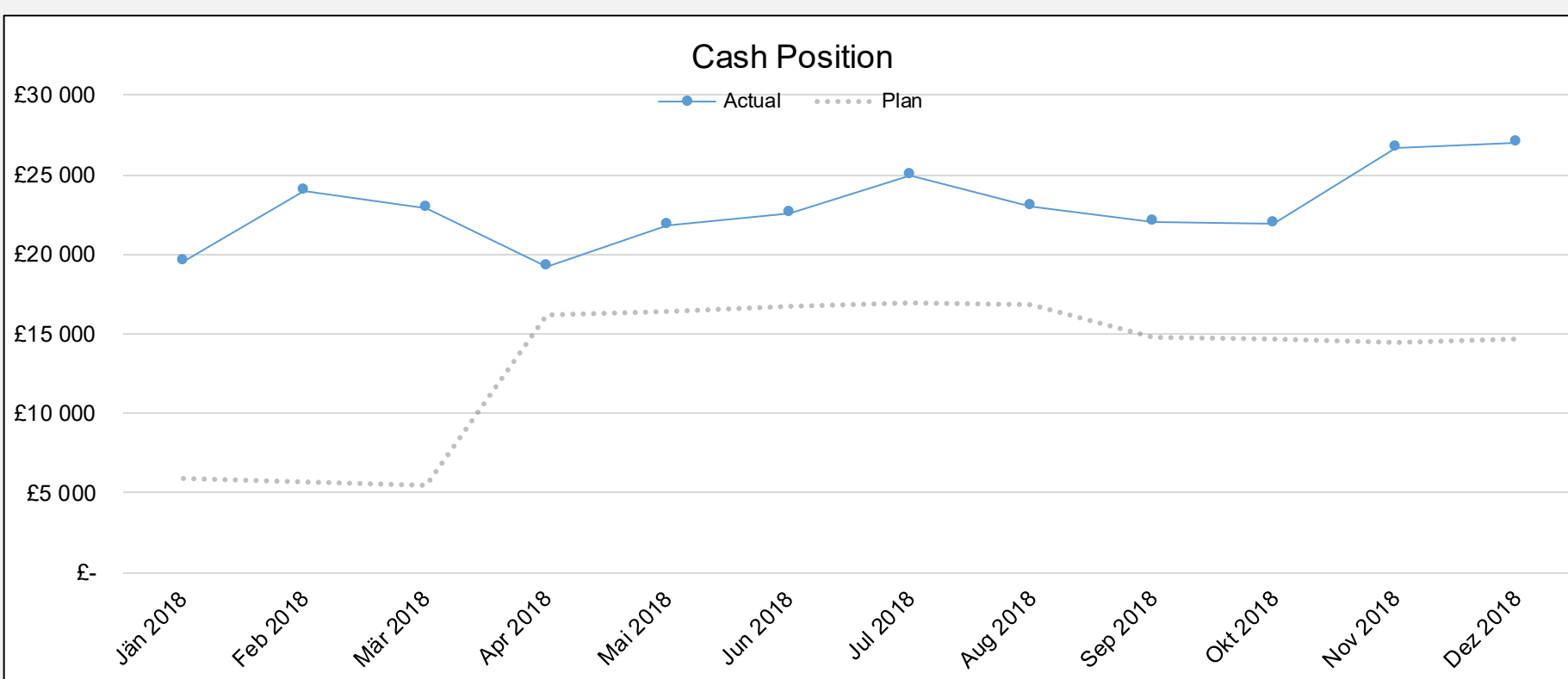
Cash Position

The cash position at 31 December increased to £27.1m. This is £12.4m better than plan and £4.2m above the balance at 31 March. The main cause for the increase in month is the timing of the funds following the 999 contract variation and expenditure.

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, improving year to date to 94.5% by value, against a target of 95.0%.
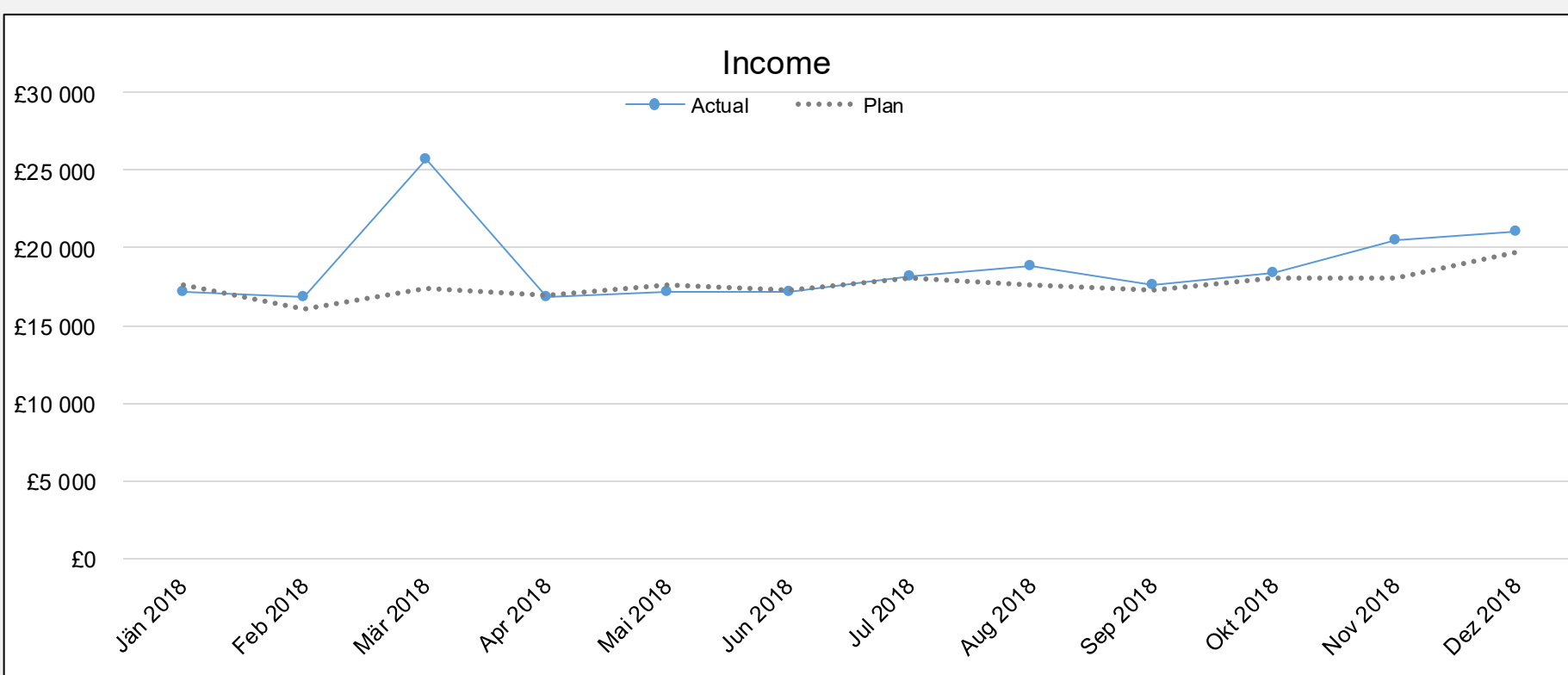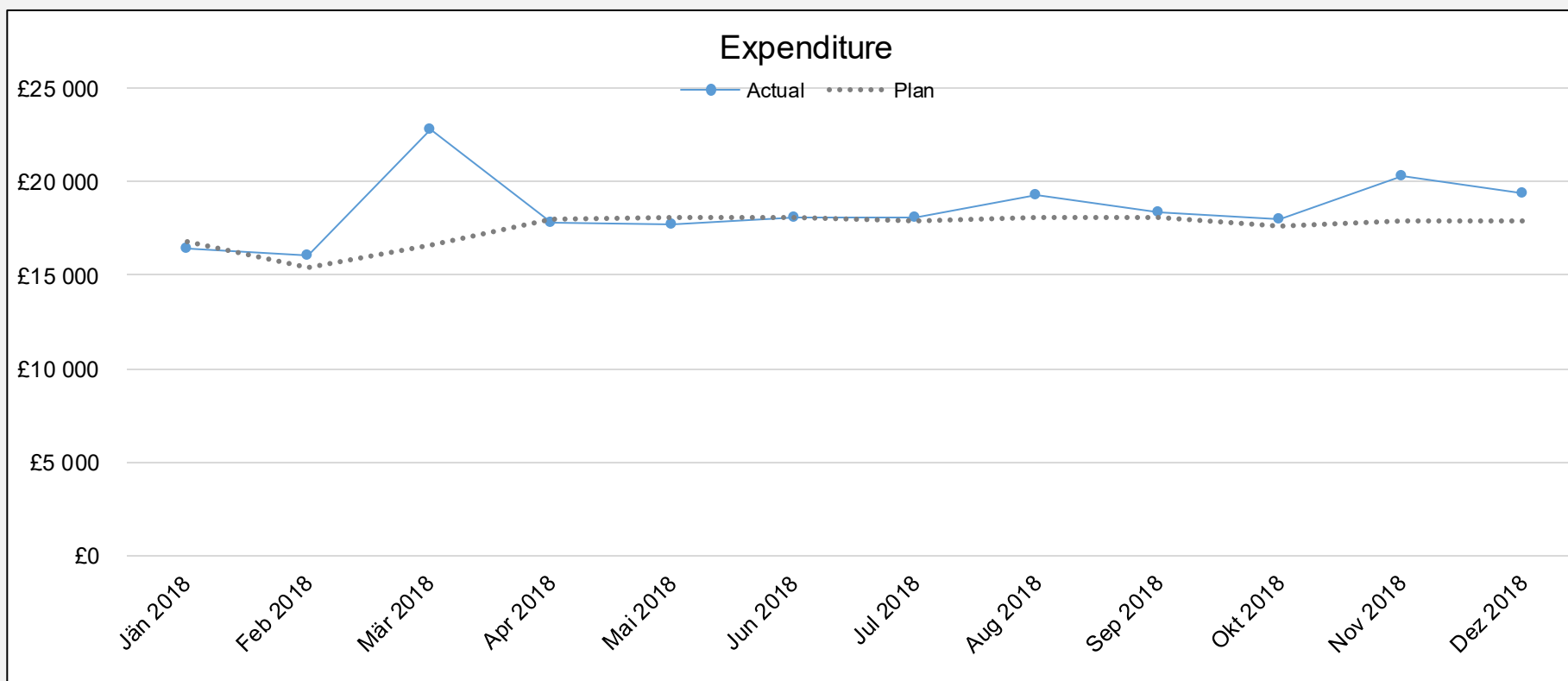
Income

Total Income in the month was £21.0m, which was £1.3m better than plan.

This resulted in a cumulative favourable variance against plan of £5.4m.

The main reason for the improvement in the month was the recognition of £0.4m from the 999 contract variation arising from the successful conclusion of the demand and capacity agreement with commissioners. This includes an additional £0.1m for the Helicopter Emergency Medical Service (HEMS). A further £0.2m represents the impact of the new contract variation for 111 and £0.4m funding for the new pay deal.

The Trust has assumed full achievement of planned core PSF income in the first nine months at £1.2m. 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 received.

SECAmb Finance Performance Charts

Expenditure

Legend: Actual ● — Plan ······

Y-axis: £0, £5 000, £10 000, £15 000, £20 000, £25 000

X-axis: Jan 2018, Feb 2018, Mär 2018, Apr 2018, Mai 2018, Jun 2018, Jul 2018, Aug 2018, Sep 2018, Okt 2018, Nov 2018, Dez 2018

Total Expenditure exceeded plan by £1.4m in month

Cumulatively expenditure is £5.3m above plan.

Pay costs in the month were above plan by £0.5m, moving the cumulative position to a £2.5m overspend. The main reason for this is the £0.4m impact of the new pay deal, £0.1m in Operations due to the increasing hours over plan.

Non-pay costs were £0.7m above plan in the month, bringing cumulative costs to £2.0m overspent. The main area of overspend in month was for £0.2m estates, £0.2m for uniforms and laundry, £0.2m fleet costs and £0.1m HEMS support.

Non-operating costs were £0.3m greater than plan in month.

SECAMB Board

QPS Committee Escalation report to the Board

Date of meetings	18 February 2019
Overview of issues/areas covered at the meeting:	This meeting considered a number of **Management Responses** (*response to previous items scrutinised by the committee)*, including: **Mobilisation of Kent and Sussex 111** Assured A verbal update was provided by the senior responsible officer who confirmed that the project is overseeing compliance with the NHS England checklist; this is the framework that ensures the key issues are addressed. The project is on track with all the key milestones. The committee explored the main risks, which include the potential impact of the EU exit; specifically on staffing at Ashford. The committee was assured with the contingency planning and links with other system partners. Assurance was sought that the NHSE checklist includes the relevant aspects of patient safety and also how we are communicating with the public about the changes in service provision in the region. Overall, while the committee acknowledged the risks, it is assured on the progress being made and that risks are being managed as well as they can be. **Internal Safeguarding** Not Assured This related specifically to DBS checks, which the committee is keeping under its scrutiny until it is assured about data quality. Internal Audit is currently testing this to provide third line of defence assurance. In the meantime, the data shows that there is a relatively small number outstanding. Each one of these staff has been risk assessed and none are lone working/working unsupervised. A review of roles requiring a DBS check (including level) is being undertaken. The committee asked that management confirm when this issue will be finally remedied and an update will be provided to the Trust Board at its meeting on 28 February. Despite the amount of work ongoing to improve the internal controls for DBS checks, the committee is not assured and it will await the outcome of the Internal Audit. **Private Ambulance Providers** Assured The committee asked for further assurance on how management is ensuring the quality of safety of one specific provider, in particular. The paper helpfully set out the clinical outcome indicators, demonstrating how well the private providers are performing. The committee was assured by this and the input of our Chief Pharmacist in checking the progress with medicines governance. The oversight of private providers has now moved in to business as usual, with audits overseen within the nursing and quality directorate. QPS has asked FIC to consider assurance regarding the financial viability of one private provider.

Medical Equipment Not Assured
The committee provided robust challenge in this area given the whistleblowing concerns raised last year, relating to the controls for the service and maintenance of medical devices. It explored the controls now in place to manage any changes in servicing regime in response to the Internal Audit.

The Committee remains concerned that there is still clarity needed about the servicing schedule, as the verbal advice from the manufacturers does not in all instances accord with the manual(s). Management agreed to seek written clarification on the serving intervals.

Therefore, while the committee acknowledges the ongoing work, it is not assured with the current controls in place.

Back Up Times Assured
The committee received good assurance that management is making the best use of its resources. It explored the impact of back up delays, both on staff and patients, and the geographical variation. The Key Skills programme includes modules to mitigate on-scene times, supporting staff to make early decisions.

The committee also explored the decision support tools available for staff to inform better decision making.

999 Pathways Partially Assured
The committee reviewed the progress of ensuring 999 NHS pathways compliance, and the importance of the business case being developed to ensure the right capacity and capability within the audit team. This forms part of the EOC improvement plan tracked via delivery plan. The committee can see progress is being made but asked for more detail on the trajectory to achieve compliance.

Obstetrics Assured
An update was provided on the activities of the Consultant Midwife, and the positive impact this is demonstrating. The work of the Surrey Heartlands midwives in EOC was also discussed and the committee was assured about their role and the MOU that governs the responsibly for risk and governance.

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

Co Responders Assured
The committee reviewed the work with co-responders, which currently is only Kent Fire and Rescue, and the governance arrangements in place to support this concept that fits the legal duty to collaborate. The committee was assured that this demonstrates joined up services and that it has a positive impact for the public. Notwithstanding the MOU in place, management was asked to review the checks in place for things like DBS, vaccinations and training as part of an overall annual assurance regime.

	Learning from Deaths Assured The committee noted that the national quality board has published draft guidance on learning from deaths, which is being considered. These draft arrangements appear to align well with what we have set out locally. The committee is keen that we try and ensure consistency across ambulance trusts, as part of this consultation process. The Trust is slightly ahead of some other ambulance trusts as it has developed a learning from deaths policy, and although it has awaited national guidance to implement all aspects of it, the Mortality and Morbidity Group has overseen deep dives in specific areas. Overall, the committee is assured on the approach to learning from deaths and management will pick up how we respond to the draft guidance so that we are ready to comply with key deadlines including a report to the Board on Q3 2019. **EOC Clinical Safety** Partially Assured The paper set out the amalgamation of previously separate projects relating to the EOC. There was a detailed discussion about the various objectives and while acknowledging the amount of work ongoing to improve clinical safety, the committee felt that the paper lacked the evidence demonstrating how the identified gaps are being closed. This led to a discussion about how the committee could track progress more meaningfully, by taking a deep dive approach to specific areas over the coming period. This will therefore being a standing agenda item. Management has also been asked to clarify the governance arrangements for the project and provide an update on progress with clinical safety.
Any other matters the Committee wishes to escalate to the Board	The committee received an update on the development of the Quality Account 2019/20, noting the positive stakeholder engagement to-date. The committee noted work being carried out on the annual schedule for all the assurance committees and to ensure clarity of responsibility for topics (avoiding overlap or gaps).

South East Coast Ambulance Service NHS Foundation Trust

E - Membership Development Committee Report

1. Introduction

    1.1. The Membership Development Committee is a committee of the Council that advises the Trust on its communications and engagement with members (including staff) and the public and on recruiting more members to the Trust. 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 18th February. The areas of focus were:

- Youth representation within the Trust's membership and opportunities for involvement.
- Review of the Inclusion Strategy; the MDC highlighted a need to promote how members could be more involved with the Trust and how staff members can consult with the membership.
- Proposals for member recruitment and engagement were reviewed and agreed. Plans for attendance at events would be circulated to Governors in due course to enable them to take part.

    2.2. The draft minutes of this meeting are available as appendix E1. The next meeting is on the 7th May and we would welcome Governors registering interest in being the Chair or Deputy Chair of the MDC after that meeting as these positions are vacant.

3. Membership Update

    3.1. The total staff membership as of 28.02.19 is 3,694, which is up 1.6% since the last report. Current public membership by constituency (at 05.03.19) is 10,193 broken down as follows.

Constituency	No. of members	increase or decrease compared to previous report
Brighton & Hove	503	**0.79%**
East Sussex	1608	**-**
Kent	2920	**0.10%**
Medway	624	**0.16%**
Surrey	2215	**0.09%**
West Sussex	1546	**2.3%**
Total	**10,193**	**0.12%**

    3.2. 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. Public and staff members can keep up to date with the work of the Council through bulletin articles, community Facebook group posts, live tweeting of meetings and audio recordings of the meetings. The aim being to raise the profile of the Council and the work it does alongside raising awareness of our staff Governors. Audio recordings of the Council and Board meetings are here: https://soundcloud.com/secamb

4.2. 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 Trust's improvement work 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. Public Members' Views

5.1. The Inclusion Hub Advisory Group (IHAG) is a diverse group of our public Foundation Trust members who bring a wide range of views and perspectives from

across the South East Coast area. SECAmb staff brief the group on plans and service changes and seek the group's advice on whether wider community engagement is necessary or simply gather the views of the IHAG to inform the Trusts' plans. This group are also able to feed information on issues of importance to them into the Trust.

5.2. The minutes of the January meeting can be found as appendix E2 and a meeting summary was provided in January's report to the Council. 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.

5.3. The next IHAG meeting takes place on the 11th April 2019 at Crawley HQ.

6. Staff Members' Views

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

6.2. **SEF meeting summary:**

6.3. The most recent SEF meeting took place on the 22nd February. The notes of this meeting are available as appendix E4 and there is a summary below. The November SEF meeting notes are available as appendix E3.

6.4. Key items from the February SEF meeting:
- Discussion and feedback on the Trust's meal break policy. The SEF sought parameters on when a meal break can be given to help dispatchers manage them effectively. SEF suggested a day exchange for road and EOC staff would be helpful to better understand each other's roles.
- HR and culture update was received; the SEF noted they would welcome a toolkit to implement positive change locally aligned to the staff survey results. The SEF heard that change in HR processes and effectiveness is coming.
- The SEF were given a demo of the new electronic patient clinical record and were supportive of the changes and new platform, which incorporated feedback from staff on the previous version.

6.5. 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:
16th May 2019
12th August 2019
4th November 2019

7. Patient Members' Views
7.1. The Patient Experience Group (PEG) meeting on the 26th Feb was unfortunately cancelled. The next meeting is on the 30th April 2019 and Felicity Dennis who is the Governor representative on this group may wish to provide a verbal update on any progress.

8. Recommendations
8.1. The Council of Governors is asked to:
8.2. Note this report; and review any attached minutes for more detail.
8.3. Consider how best to encourage Governors to make use of such information, and also to make use of the IHAG and SEF appropriately to help understand the perspective of public Foundation Trust members.
8.4. 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.

Katie Spendiff, Corporate Governance & Membership Manager

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Membership Development Committee

18 February 2019 – Crawley HQ 10:30-15:00

Present:

Mike Hill	(MH)	Public Governor, Surrey/NE Hants - Chair
Nigel Coles	(NWC)	Staff Governor, Operational
James Crawley	(JC)	Public Governor, Kent
Katie Spendiff	(KS)	Corporate Governance and Membership Manager

Minutes: Izzy Allen   (IA)   Assistant Company Secretary

In attendance:

Greg Smith	(GS)	Voluntary Services Manager
Roxanne Dobson	(RD)	Staff Engagement Adviser
Angela Rayner	(AR)	Head of Inclusion and Wellbeing

Apologies

Felicity Dennis	(FD)	Public Governor Surrey & North East Hampshire
Marguerite Beard-Gould	(MBG)	Public Governor, Kent
Roger Laxton	(RL)	Public Governor, Surrey
Nick Harrison	(NH)	Staff Governor, Operational
Marian Trendell	(MT)	Appointed Governor, Sussex Partnerships

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Welcome

Members were welcomed to the meeting.

1. **Apologies for absence**

   1.1. Apologies were received from FD, MBG, RL, NH and MT.

2. **Declarations of interest**

   2.1. None were received.

3. **Minutes and action log**

   3.1. The minutes were reviewed and taken as an accurate record.

   3.2. The action log was reviewed and updated:

   3.2.1. 27.4 re the Investing in Volunteers (IIV) report, KS explained the background to the action. AIC and KS wished to communicate the outcomes to the volunteers who participated in the IIV process and had approached the Community Engagement Lead about when the outcomes would be promoted. He asked KS and AIC to write something. GS advised that he had a couple of tweaks and then this could be circulated. KS also wished to share the Strategic Intent document and invite people

to the engagement events but would liaise as to whether this was the right time.

    3.2.2. 28.6 re Freedom 2 Speak Up, GS noted that all CFRs had been sent a Freedom to Speak Up sheet with relevant info on. This was complete.

    3.2.3. 31.4 re abstraction of operational staff to fulfil the Governor role. Voting would close in our elections at the end of the month, and KS had confirmed with Joe Garcia that he was supportive of people attending meetings and being abstracted where necessary. JG confirmed 22.5 hours per month was available to enable staff governors to fulfil their role.

4. Inclusion Strategy consultation

4.1. IA gave an overview of the Inclusion Strategy's development.

4.2. JC asked whether there were specific departments or directorates which were better at engaging than others. IA advised that those areas more used to engagement, e.g. Consultant Paramedics, were clearer about the benefits of engagement.

4.3. RD noted that it was positive that Executives were now delivering the part of the Induction session on Equality and Diversity.

4.4. AR noted that there was Governor representation on the IHAG and SEF.

4.5. The MDC noted that Equality Analyses were now required in many areas of the Trust – however the next step was to improve the quality of them.

4.6. The MDC reviewed the impact/outcomes of the Inclusion Hub Advisory Group.

4.7. AR displayed the areas of the Inclusion Strategy working less well and gave an overview of the inclusion structure. She noted that there had been some frustration around progress with the patient experience strategy and it would be fantastic to start to do some positive patient engagement. There would now be a full consultation and engagement exercise around developing the patient experience strategy.

4.8. AR noted that the Trust had involved CFRs, Chaplains, IHAG members and Governors to develop the volunteer charter.

4.9. GS noted that he was keen to join up working where appropriate.

4.10. KS suggested that it might be useful to brief people on what the purpose of IHAG was, what the group did, and how it all fitted together. JC agreed. KS noted that it could be more obvious how the IHAG fed into our membership.

ACTION: IA/KS and AR/AIC to develop a communications and promotion plan to cover the FT membership and role of the IHAG

4.11. KS would be keen to do more to consult with the wider membership more frequently.

ACTION: KS to proactively involve members whenever there is a viable opportunity.

4.12. JC noted that there was the perception that the IHAG only represented niche interests when in fact it was for everyone. Promotion of the roles of

IHAG versus the membership would be a joint piece of work between the Inclusion team and Membership team.

4.13. KS suggested that after each IHAG meeting the top three things discussed could be promoted in the Bulletin.

4.14. IA suggested that the IHAG might be remarketed to promote the engagement opportunities (rather than as an equality and diversity group) and the MDC discussed the benefits of working more closely between volunteers, staff, IHAG and membership engagement.

ACTION: IA/AR to consider communications programme around the role of the IHAG, and the joint working imminent between Membership, Inclusion and Volunteering

4.15. GS believed that operational local staff would not be aware of what happens at HQ nor the IHAG. The staff engagement element was massively important. The Staff Engagement Champions should be acting as the champion locally to share information – GS advised that crews tended to prefer a printed newsletter in the crew room to things being sent out by email.

4.16. KS advised that the local Champions ought to be a great way forward to solve staff communications problems. JC noted that in some stations there was clear ownership of the communications and noticeboards etc. KS advised that it was important to effectively resource the Staff Engagement Advisors to support the local Champions. RD advised that she was seeking to look at the role description for Champions and meet with managers to get them on board. KS believed it was important to enable people with a passion to lead on these things.

4.17. MH noted that a lot of information came through the MDC report to the Council. The Governors needed to get on board and he would wish to see a longer slot on the Council agenda to promote the work.

ACTION: Consider allocating more time to the MDC report on Council agendas.

4.18. AR agreed, and it would be important to highlight the key areas that Governors should be aware of.

4.19. JC suggested that the MDC be renamed the Membership Committee.

4.20. AR had taken an action to engage with Staff and Volunteering teams through the Inclusion Working Group (IWG).

ACTION: AR to invite RD and GS to attend or send representatives to the Inclusion Working Group

4.21. AR advised that she would be seeking to ask the new CEO to Chair the meeting.

4.22. RD advised that the Corporate Induction was being reviewed yet again. The MDC discussed alternatives for delivery of Inductions and central vs local induction, and understanding what staff wanted and needed. The MDC were clear that the first contact with the Trust was really important to set the tone and establish the values and behaviours expected of all employees.

4.23.   The MDC discussed whether CFRs could automatically become members of the Trust. KS had tried to implement this on a number of occasions and would be really happy to provide information in whatever form to ensure CFRs were able to sign up.

ACTION: GS and KS to work to ensure CFRs are given the opportunity to opt in to FT membership.

4.24.   GS noted that having local contacts in the community and using them better in that respect would be sensible, including bringing patient experience into the Trust.

4.25.   The MDC discussed the gap in reporting upwards on the work of the MDC. It was agreed that the MDC report should start to be taken to the Inclusion Working Group.

ACTION: MDC report to start to be taken to the Inclusion Working Group.

4.26.   The MDC noted that IHAG and members of all our groups can act as advocates and ambassadors for the Trust as we need to reach across such a wide area.

4.27.   AR noted that there haven't been many big opportunities to get out and consult with members. Was it time to do another big engagement event in each county about the ambulance service.

4.28.   KS noted that 2018 was the first year that we didn't do regular events in each county. The focus for this year was around working with Patient Participation Groups because they were an interested group of relevant stakeholders.

4.29.   GS asked whether we could learn anything from the Fire Service in how we join up with community events and open days. It was important to give people a reason to turn up. GS noted that community engagement champions in each OU could be supported. The MDC discussed the purpose of doing public education etc. when the Trust was not paid for it. There was something about making the service visible at the right level.

4.30.   NC asked whether there could be a community role for staff on alternative duties? AR was amenable to considering this possibility in the future.

5. **Membership Update**
   5.1. KS noted that the membership report set out information on the different membership forums. This would now go to the IHAG and the SEF and in future the PEG.
   5.2. MH asked about the new Governors coming in. Could the Governor Toolkit be brought along to show to new Governors? KS noted that it was important not to overwhelm new Governors with the kit. It was a good opportunity to revisit the toolkit but she wanted new Governors to feel confident going out to the public with the support of the Membership office initially.
   5.3. JC asked who 'out of area' members were. KS advised they were non-voting members who lived outside our voting constituencies.

5.4. JC asked if there was a target number or percentage of members set out constitutionally. KS advised that there was not anything specific. We had focused on quality over quantity.

5.5. IA advised that it might be helpful to provide an executive summary in bullet points at the start of each MDC report and then append the rest of the detail, to encourage people to look at the key points.

Action: KS to consider format of the way MDC information is reported.

6. **Annual Membership Survey**

6.1. KS introduced the annual membership survey. There had been a worrying decrease of a third in responses this year. There was also lower engagement on the elections too. It seemed people felt less engaged.

6.2. KS gave an overview of the responses received, as set out in the paper. The newsletter had received really useful feedback – public members told us they liked to receive info through the newsletter.

6.3. KS noted that articles had been regularly included about our improvements, and people felt they had been kept up to date.

6.4. It was reassuring to see that the majority of respondents felt interested and informed. However, about 10% felt unengaged so there was still more to do.

6.5. The crucial question was whether people felt their membership was giving them what they wanted, with more that 60% saying yes.

6.6. AR noted that there were too few responses from staff to publish the diversity data.

6.7. KS advised that there seemed to be survey fatigue as there had only been 1 staff member response. KS would take a different approach in the following year and noted the potential to use the SECAmb Community Facebook group for this.

6.8. MH noted that social media did not seem to have taken off as a way of communicating with public members. KS advised that they were an elderly population with only 8 public respondents under the age of 50.

7. **Youth member representation**

7.1. KS provided an overview of the various options to increase youth accountability via perhaps creating a youth post on the Council.

7.2. KS advised that we had more than 600 FT members under 30 years old.

7.3. One option might be to change the constitution to enable young members to vote and stand as a Governor.

7.4. West Midlands Ambulance Service has been working alongside St John's cadets to increase youth representation and had appointed a Youth Governor, which was actually 5 youth cadets on rotation.

7.5. The challenge was whether younger people would be able to attend meetings. KS advised that if we chose 16-29 as the representative age this would not be an issue.

7.6. AR advised that the IHAG had tried very hard, including paying someone to attend for 6 days per year, to involve someone either young themselves or

who worked with young people. It had proved extremely challenging and ultimately not been successful.

7.7. KS noted that Joe Garcia (Director of Ops) had been very positive about the proposal for a Youth Governor. It would be worth checking with West Mids about how they managed it.

7.8. AR noted that it might be worth the IHAG reaching out to St Johns to seek representation there. RD suggested that this could also be promoted via careers advisers. GS did not feel that we should approach St Johns, and would prefer to oversee our own programme of work and look locally in Crawley.

7.9. The MDC suggested we contact the 600 youth members we have to ask them about standing on the IHAG.

7.10.   GS suggested we could develop our own Youth Forum which might be a virtual group. This could have one representative on the IHAG.

7.11.   AR suggested we might be able to consider this through the Blue Light Collaboration work, managed by Volunteering and Matt England. GS noted that we would need to understand the benefits of youth engagement.

ACTION: KS to test the water with the 600 young members of the FT to see if there was an appetite for further engagement.

ACTION: KS to invite the youth membership to be a part of IHAG.

8. **Membership recruitment and engagement plan 2019**

8.1. KS noted that the purpose of recruitment events last year had been to engage with members and the public and to build up the LGBTQ and ethnic diversity of our members. KS was keen to continue this work next year. The figures showed improvements against most diversity statistics year on year.

8.2. Disability could be an area for improvement as disabled people were only around 10% of our membership, compared to 15% in the South-East.

8.3. KS would be keen to do one event in each county, one LGBTQ, one BME, one disability, and a couple of 999 events.

8.4. KS was also keen to support other events going on in other parts of the Trust.

8.5. KS would seek to take a 'one team' approach to events and would continue to reach out to local staff and CFRs.

8.6. Patient Participation Groups were the other area where the Trust might be able to make in-roads. KS was keen to reach out to these areas too.

8.7. IA advised that KS and IA were meeting the Kent, Surrey and Sussex Air Ambulance the next day and would feed back.

8.8. MH suggested that having stalls at hospitals might be a good idea, KS advised this would be in year two once the Governor toolkit was revised.

9. **Suggested content for upcoming newsletters and other membership communications**

9.1. KS advised that the newsletter went out three times per year. She sought suggestions for items to share with members.

9.2. GS noted that KS had approached him regarding promoting his consultation and volunteering opportunities.

9.3. AR suggested promoting the wellbeing volunteers and EDS outcomes.

9.4. GS asked whether the newsletter was differentiated by locality. KS noted it was a single, broad overview for all members.

9.5. GS advised that it would be good to promote the work of various volunteers. The newsletter could be used to promote the strategy consultation outcomes in due course.

9.6. AR asked for more Equality Analysis virtual group members.

ACTION: AR and KS to agree text to promote the virtual EA group and distribute in newsletter or by email

9.7. KS would be raising the profile of members and their availability for consultation and engagement through the bulletin.

9.8. KS noted that the Demand and Capacity review outcomes had been included in the previous newsletter, and KS would put together an article on the Service Transformation and Delivery programme regularly to keep people updated.

9.9. KS was also doing 60 second interviews with people in various roles across the Trust as members were keen to hear from staff.

10. AOB

10.1. NWC noted that it was MH's last meeting as MDC Chair. KS noted her sincere thanks to MH for his many years at the Trust. The other members of the MDC also thanked MH for all his hard work as Chair of the MDC.

11. Meeting effectiveness

11.1. The meeting ran to time. The MDC noted the content, discussions had been useful, and the meeting was deemed to have been effective.

Signed:
Name and position:

Date:

South East Coast Ambulance Service NHS Foundation Trust

Inclusion Hub Advisory Group (IHAG)

Notes of a meeting held on 16th January 2019
at Nexus House, Gatwick Road, Crawley: 09:30 to 16:00 hours

Attendees:

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

Presenters & Guests:

Izzy Allen	(IA)	Michael Bradfield	(MB)
Felicity Dennis	(FD)	Peter Hill	(PH)

Secretariats:

Asmina Islam Chowdhury		(AIC)	Joanna Wood	(JWo)

Apologies:

Ann Wilson	(AW)	Simon Hughes	(SH)	Dave Atkins	(DA)
Francis Pole	(FP)	John Rivers	(JR)		

1 Welcome and introductions

1.1 AR opened the meeting, welcoming members and guests. 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 15th October 2018 were reviewed. They were agreed as an accurate record by LB, seconded by MBG.

3 Matters arising & IHAG Action Log Review

3.1 Action 198.3 – Draft meeting etiquette: this action is now closed as it has been superseded by another (237.1).

3.2 Actions 218.1 – 218.5 – Infection Control hand hygiene audits: Members agree actions should now be closed.

3.3 Action 231.1. Community Guardians: Stakeholder focus group was held in November 2018 with representation from IHAG in attendance. Action now closed.

3.4   Action 233.3. HealthWatch – action closed.

3.5   Action 234.1. Non-binary staff and service users: PD emphasized that it would be best to get input from colleagues within SECAmb who identify as non-binary. AIC advised that the team were unaware of anybody identifying as non-binary, but will look into ways of how we can build this safe space for colleagues to come forward. AIC will also liaise with colleagues on the National Ambulance LGBT Network for input. Action carried forward.

3.6   Action 236.6: IHAG value: Agenda item planned to discuss effectiveness and value of IHAG as part of today's meeting. Action closed.

3.7   Action 237.1. Meeting etiquette: AIC shared feedback to the Culture team who advised that the Business Support Managers should take this forward, collectively. IHAG felt strongly that good meeting etiquette was part of the organisational culture and AIC will speak to them further. Action carried forward.

3.8   Action 237.2. Top risks – AIC distributed last published report (from October 2018). The risk reports are published on the Trust website, and updated reports are published a week prior to each Board Meeting. AR shared the top 5 risks with group and action was closed.

        Top five risks included:
        -   Service Transformation and Delivery (STAD) – risk that the Trust does not consistently achieve Ambulance Response Programme (ARP) standards.
        -   Emergency Operations Centre (EOC) – Inconsistent answering of 999 calls within 5 seconds.
        -   STAD – Risk that we will not be able to meet the staff resourcing level required for the programme.
        -   111 – Risk of not being able to mobilise exit from contract.
        -   Personnel files – Trust unable to always provide evidence of relevant employment checks due to inadequate internal controls and record keeping.

3.9   Action 237.3. Integrated Equality Objective/ WRES action plan: AIC circulated copies of the plan and the latest workforce diversity figures. Action closed.

3.10   Action 237.4. Community Guardian Project: Concerns noted at the October meeting were reported to the Inclusion Working Group as part of the IHAG highlights report. IA and KS advised that they believed the project has been paused. AIC/ AR to get clarification on status of the project and feedback to IHAG. Action carried forward.

3.11   Action 239.2. 999/ 111 Message: CE has not been able to feedback an update on this to IHAG. AIC to follow up. Action carried forward.

3.12   Action 242.2. Hearing loop in McIndoe rooms: Confirmation received that a portable hearing loop will not be possible. KS informed group that SECAmb are looking to take over the second floor of HQ and there is a possibility that all meeting rooms will be moved upstairs. KS advised that discussions were ongoing with the IT and Estates teams on the specifications required to ensure

that the rooms were fully accessible and met the needs of the Trust. AIC to contribute to these discussions so that accessibility needs are planned for.

Matters arising

3.13   Further discussions took place around the management of risks. IA advised that risks are added to the register following the completion of an electronic form. Each risk is reviewed and updated at least every month, this is managed via automated reminders to all risk owners from the Risk Management team to enter an update. AR confirmed some risks will stay on the register indefinitely due to their nature but all mitigating factors done. Risks are scored and coloured coded to show severity. IA agreed to share the Risk Procedure.

3.14   The group also discussed the need for patient stakeholder input into the risk management process. AR confirmed that risks are owned and reported into individual working groups, many of which have patient / public stakeholder members; we had seen an increase in the number of requests for IHAG members to join groups within the Trust. LB noted there should be patient input as not all groups have patient representatives.

Action:	IA to share Risk procedure with AIC for circulation with the minutes.
Date:	April 2019

3.15   AO queried the risk of high staff turnover, and whether exit interviews were undertaken. AR confirmed that an exit survey was sent to staff via Survey Monkey. However, this is process is being reviewed as part of the HR Transformation. AR asked AIC to consider Ian Jeffries, HR Business Partner to present at future IHAG meeting.

3.16   Members **agreed** to close all other actions that had been noted as completed in the Action Log since the October meeting including: 237.5, 238.1, 238.2, 239.1, 240.1, 241.1, and 242.1.

3.17   AR noted that car parking was becoming increasingly difficult at Nexus House, and she was aware a number of members have had trouble recently when attending meetings. It was discussed and agreed that although there were advantages to being at Nexus House a possible alternative should be sought.

Action:	AIC to investigate alternative sites for IHAG meetings
Date:	April 2019

4   Review of activities undertaken by members

4.1   Members updated the group on the activities since the last meeting and these included:

- Attendance at History Marking Sub Group meeting.
- Reviewing and providing feedback on initial evidence submission as part of the Equality Delivery System 2 planning group.

- Patient Experience Group meeting
- Inclusion working Group
- Joint IHAG and Governors Christmas event
- Transgender Day of Remembrance Lunch and Learn
- Quality Account Stakeholder event
- Community Guardians Policy Focus Group
- Participating in the Quality Assurance (QA) Visit to Ashford 111 (see details below)

LB raised a concern regarding the environment of the 111 base in Ashford. He recently completed a QA visit and found the environment and layout of the operating area ineffective (especially when compared to that of Dorking's base). He also highlighted that high staff turnover meant there was a constant training of new staff. LB recognised the importance of these staff, noting that 111 was the only area to receive 'excellent' from the CQC. However, despite this they are the lowest paid within the Trust and this could be a key factor in reducing turnover, and helping SECAmb to retain its 111 staff. This could lead to reduced cost, improved staff experience and retention of expertise.

AR thanked LB for his update, and noted that our 111 partnership with CareUK who run the Dorking site is due to end in March. AR suggested that we invite John O'Sullivan to a future meeting to provide an update on how the 111 service will look for SECAmb going forward.

Action:	AIC to invite John O'Sullivan to present at future meeting.
Date:	October 2019

4.2 PD raised that she had met a nurse on a zero hours' contract, and encouraged which is something SECAmb should be moving away from.

4.3 AR thanked everyone for their continued involvement and for representing this group across the various work streams and forums within the Trust.

5 Update from Staff Engagement Forum (KS)

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

5.2 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 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. PH noted that the Chaplains meet and discuss issues/ trends across stations and share these concerns/ issues/ trends anonymously with the CEO.

Action:	KS to send FTSUG poster to AIC for circulation to members
Date:	April 2019

5.3 The SEF also 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.

5.4 The Trust's Culture team attended to canvas 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".

5.5 KS noted that she has concerns about how staff anonymity will be protected if breakdowns are taken to an individual team level, and would be sharing concerns with the Culture team.

5.6 The next meeting of the SEF is due to take place on 22nd February 2019.

6 Role of the Consultant Paramedics (MB)

6.1 AR welcomed Michael Bradfield (MB), Consultant Paramedic to the meeting. MB introduced himself and went on to give IHAG members an overview of the various clinical roles within the Trust.

6.2 MB informed all that he was appointed as part of the Medical Directorate. The Medical directorate is responsible for the clinical delivery, whilst the Operations directorate is responsible for the day to day service delivery. The structure of the Medical directorate has been developed to mirror that of the Operations directorate:
- Executive Medical Director, Fionna Moore
- Deputy Medical Director, currently looking to appoint.
- Assistant Medical Director, Magnus Nelson
- Consultant Paramedics:
  - Michael Bradfield (focus on: central clinical governance/ supporting medical governance/ End of Life Care leads and non-registered clinicians)
  - Julie Ormrod (focus on: Urgent and Emergency Care- ensure patients get right care at the tight time, Specialist Paramedics)
  - Dan Cody (focus on: Critical Care and Resus, Critical Care Paramedics)
  - Dawn Kerslake (Consultant Midwife)

6.3   MB also clarified there is also a Nursing directorate which includes the Lead Nurse and Lead Mental Health Nurse.

6.4   MB went on to explain the many different clinical roles on board an ambulance, including the focus of each one and who they are accountable too:

Non-registered clinicians

Work as part of a crew and only occasionally on their own. They are accountable to SECAmb who has the responsibility for their practice.

- Emergency care Support Worker (ECSW) – Entry level role, no university study needed. Patient facing, trained in house for 8 weeks before going out on the road. Crewed with someone with a higher skill level. Agenda for Change pay band 3.
- Associate Practitioner (AP) – Temporary role for those looking to move onto a paramedic role. Will not be recruited to going forward, as there is a new national standard for this role (see below). Agenda for Change pay band 4.
- Associate Ambulance Practitioner (AAP) – The national standard, SECAmb is aiming to move away from AP roles towards AAPs. Can work whilst training, but cannot supervise staff. Supported with decision making. Agenda for Change pay band 4.
- Technician – Greater clinical scope and can do some injections. Experienced staff group and can support paramedics. Can supervise other staff. Agenda for Change pay band 5.

Registered Clinicians

- Paramedics: Two points of entry for training. Agenda for Change pay band 5.
- Specialist Paramedics: Undertake additional training, education and specialisms. Paramedic Practitioners (PP's – urgent care) and Critical Care Paramedics (CCPs).
- Consultant Paramedics: Required to have a background as a specialist paramedic, be involved in clinical role, management, research and teaching.

6.5   MB outlined the two points of entry to train as a paramedic; externally or internally. Externally involves completing a self-funded foundation university degree. The internal is for those already working for SECAmb, as either an ECSW or AAP, then doing a university degree through St George's Hospital (specially linked with SECAmb) whilst still on the job. This route may be funded by SECAmb.

6.6   MB discussed the challenges that have arisen now that a university degree is the main route to becoming a paramedic, and that this may have discouraged some from pursuing Paramedic science as a career option. Another challenge is the

reduced life skills of the individuals, especially with many new paramedics qualified at the age of 21. SECAmb are currently finding that most of their internal candidates are older, and as a result of already working in a front line role at SECAmb they have more life experience and experience tackling difficult scenarios.

As a result, SECAmb have introduced a three week 'Transition to Practice' course to support newly qualified paramedics. The course focuses on areas such as breaking bad news and leadership skills.

6.7   PD queried whether the annual appraisal process measures effectiveness not just performance, especially in relation to equality and diversity. MB confirmed that currently within at least the St George's University course, more work is being done on equality and diversity. In terms of appraisals MB confirmed that an increasing proportion of staff are receiving appraisals but that more focus does need to go on effectiveness.

6.8   MB informed members that SECAmb are using fewer single response cars and instead sending ambulances.

Reasons for this include;
- reducing the number of resources sent (e.g. send a car to assess, followed by ambulance to transport)
- re-categorisation of responses and how our performance is measured. SECAmb are now measured on conveyance of patients to hospital, not just the response time to a patient, with the hope this will improve patient care.

6.9   MB spoke about the ongoing challenge of improving communication with frontline staff, to ensure they receive all relevant information, updates, and bulletins. Clinical bulletins are regularly sent out, but there is no way to confirm how many people have read these. Team leaders are spread across several stations on one shift is also not a viable solution. The Quality Hub are involved with trying to improve communication methods, especially as some staff are IT adverse and therefore may struggle to access information.

7   Patient Story

7.1   A patient story was shown to the group. It raised that welfare calls should be more regular and undertaken by a clinician rather than an Emergency Medical Advisor.

Action:	AIC to invite Scott Thowney to speak at a future meeting.
Date:	Apr 2019

8 Inclusion Strategy Review and IHAG Effectiveness (AR & IA)

8.1 AR and IA gave a brief overview of the 2016-2021 Inclusion Strategy. When the Strategy was first developed in 2012, over 750 people were involved in the process, with engagement with all stakeholders (EDS2 mixed group). An equality analysis was also completed with wider group involvement. The strategy and objectives set in 2012 were reviewed in 2016. Based on feedback, it was decided they should be carried forward until 2021.

8.2 Members were asked to feedback on what they felt was working well. This included:
- Involvement in training and development (learning & disability, gender identity etc)
- Widened participation – mental health, homeless etc

8.3 IHAG members also provided feedback on what they felt wasn't working well;
- How to improve on membership visibility?
- How do we ensure it is noted that it is working well?

8.4 A workshop exercise was undertaken to identify ways we could make the group more effective. Feedback (below) was then presented and discussed with the whole IHAG group:

IHAG slides 16.01.19.pptx

Group outcomes.docx

Group feedback-engagement.docx

8.5 Members were also requested to feedback on the following:

'Do you feel the group is supported and resourced to enable it to function?'.
Feedback included:
- Volunteers and governors are well supported by SECAmb compared with other Trusts.
- IHAG members feel it's resourced and supported
- Scope of IHAG could be greater.

Is the facilitation of the group effective, including chairing meetings, interaction between meetings, follow up actions etc?
- IHAG could be more proactive in raising issues.
- Minutes need to be sent out earlier following meeting. Agenda needs to be sent out at least 2 weeks before so IHAG members can get feedback from various groups.
- Follow up on issues raised by the IHAG needs to systematic, and suggestion made that this could be captured via the on action log?

8.6 PW suggested an improvement of communications of all organisations on feedback e.g. Healthwatch, and that there weren't clear links between the six Healthwatch organisations with SECAmb's "patch".

Action:	Joint meeting with all six HealthWatch organisation's to be setup, including presence from AIC, AR, IA and patient experience representatives.
Date:	April 2019

8.7   IA and AR asked IHAG members if they felt there are any gaps in the representation of IHAG members. The following areas were highlighted;

- Non-Executive Director
- NHS Organisation
- Young person / advocate for young people (perhaps working with them?)

8.8   It was agreed that a review of membership should take place as part of the Terms of Reference review. This should be based on members' attendance and contribution.

8.9   An overall feeling from the IHAG team was that of they feel informed but not necessarily engaged. Members discussed the development of the draft Patient Experience strategy as an example of this. Members also felt there needed to be improved two-way communication with the Membership Development Committee (MDC) and the IHAG. Currently minutes from the IHAG are sent to the MDC and representatives are part of the group. It was agreed that a slot would be included on future IHAG agendas for an update from the MDC via the Governor representatives.

Action:	AIC to include slot for Governors on the IHAG agenda going forward.
Date:	April 2019

8.10   IA and AR thanked everyone for their input, and advised that this would be written up and reported on to both the IWG and MDC.

9   Volunteer Strategy Update (IA)

9.1   IA shared a draft strategy intent document developed by the Head of Community Engagement. Members were asked to review the document and feedback was collated.

9.2   Members sought clarification over the role of the Head of Community Engagement. IA advised that the post holder has responsibility for operational volunteers and CFRs. IHAG members felt the use of "Community Engagement" was an issue as it encroached on the role of IHAG and the Inclusion Strategy. They requested that feedback be provided that they anticipated this would result in possible duplication and cause confusion going forward. FD agreed to raise this at the next Council of Governors meeting.

Action:	FD to table concern regarding that the title "Head of Community Engagement" could cause confusion with role and remit when responsibility for community engagement lay within Inclusion and Membership teams.
Date:	April 2019

9.3   The feedback provided has been collated into the document below. IA thanked everyone for their participation.

Community
Engagement Statemen

10   Open Session

10.1   Patient Experience Group: PB asked whether there was a National Patient Experience Group that this feeds into and what the remit of this group is. AR was unable to confirm and asked PB to raise this at the next meeting. Agreed that Bethan Haskins, Director of Nursing and Quality will need some to get a definitive plan of action in place for patient experience and it was agreed that she should be invited to attend towards the end of 2019.

Action: PB to ask about remit of National Patient Experience group at the next PEG meeting.
Date: April 2019
Action: FD to share summary report on Patient Experience Group for Council of Governors with the IHAG.
Date: April 2019
Action: AIC to invite Bethan Haskins, Director of Nursing and Quality to provide an update on Patient Experience at October meeting.
Date: April 2019

11   Horizon Scanning

11.1   KS advised that the Board is going to bi-monthly public meetings.

11.2   AIC advised that the suggestions for future agenda were all for updates and information about areas on work rather than work streams that the IHAG could feed into. Suggestion given that having papers from John O'Sullivan (111/integrated care), Peter Lee (Governance) and Ian Jeffries (Employee Relations) maybe an appropriate alternative.

11.3   An update against the Equality Objective was suggested as a future agenda item to look at the progress made. If there has been insufficient progress, the members could undertake a review to understand the reasons why.

11.4   Members agreed that David Astley, Chair should be invited to the next meeting as well as the appointed NED.

11.5   It was noted that there had not been any SECAmb representation at the recent NHS big conversation event. AR advised she was unaware of this event, and this was often the case as communications are disseminated via Commissioners. AR asked PW to keep the group informed.

11.6　　LB requested FOI regarding ambulance response times in his local area, and the timescale for this has breached and no acknowledgement received from SECAmb either.

Action:	LB to send FOI request to AR and AR will escalate.
Date:	April 2019

11.7　　Members asked that an invitation be sent to Head of Community Engagement as part of the formal engagement for the Volunteer Strategy.

Action:	AIC to invite Head of Community Engagement to present at the April meeting
Date:	April 2019

11.8　　Quality Account: PD advised that she had provided a suggested process following the initial stakeholder session in November, but received just an email to say thank you in return. PD expressed her disappointment that there had been no explanation to say how and if this would be taken forward, and if not, what was the rationale for this. As a result, PD did not feel assured of the process.

11.9　　AIC noted they were still seeking a representative to join the Innovations Group. KS advised there is the option to open the invitation to members of the wider Foundation Trust membership.

Action:	AIC to request the meeting dates for the next 12 months and circulate within a future IHAG update.
Date:	April 2019

11.10　Wellbeing Hub: AR confirmed that the Wellbeing Hub is accessible to our volunteers.

11.11　AIC thanked members for coming forward to be part of the upcoming Chief Executive's stakeholder event on 21st January.

12　　AOB

12.1　　Members agreed the following items should be the key points for highlighting to the Inclusion Working Group;
- Quality Account – lack of clarity as to whether there is a rigorous process for identifying the initial projects and the final voting.
- Clarification required regarding the development of the proposed Community Engagement strategy, and how this fits with the Inclusion Strategy.
- Outcomes of today's IHAG effectiveness review

13 Meeting Effectiveness

13.1 AR thanked everyone for their participation today.

13.2 The date of the next meeting to is scheduled to take place on **11th April 2019,** 09:30 to 16:00 hours.

Staff Engagement Forum – 16th November 2018

Introduction

Welcome and thanks to all those in attendance, including new attendees as well as regular attendees. We will continue to encourage the Staff Engagement Champions to attend to represent their area and we hope to see more colleagues in attendance in 2019.

Freedom to Speak Up & Culture

Vivienne Edgecombe joined the SEF to discuss the progress made with reviewing the culture programme of work. The culture programme is still being developed and the 'meat is being added to the bones'. Vivienne noted that the plan is to devolve responsibility for the culture improvement.

Kim Blakeburn provided an update on the role of the freedom to speak up guardian and the 15 advocates across the trust. Kim and Vivienne completed a task with the SEF to equip us with navigating through change and resilience by asking the group two questions

Q – What makes people feel safe to have conversations?

Answers from the group:

- Private
- Confidentiality
- Comfortable, safe place/ approachable person who makes time for you
- Honestly – Managing an expectation
- Trust
- Clarity
- Active Listening – What are the next steps/ Someone feeding back the outcomes.
- Responsibility
- Integrity
- Knowledge
- Someone willing to say they do not know the answer but will find out

Q – What stops these things happening?

Answers from group:

- Trust
- Personality clash
- Being fobbed off
- Not listening
- Lack of Privacy
- Time
- Different views
- Failure to implement outcomes
- Perception nothing will happen
- Peer pressure
- Tarnishing credibility

Wellbeing Hub

Angela Rayner joined the SEF to take us through the development of the wellbeing hub and its successful growth for supporting our staff with any wellbeing related difficulties. The SEF was informed of future predictions for the trust business demands and how the wellbeing hub seek to support these demands.

See presentation for more information

CQC Report

The most recent CQC Report was published on Thursday 8th November and can be accessed here.
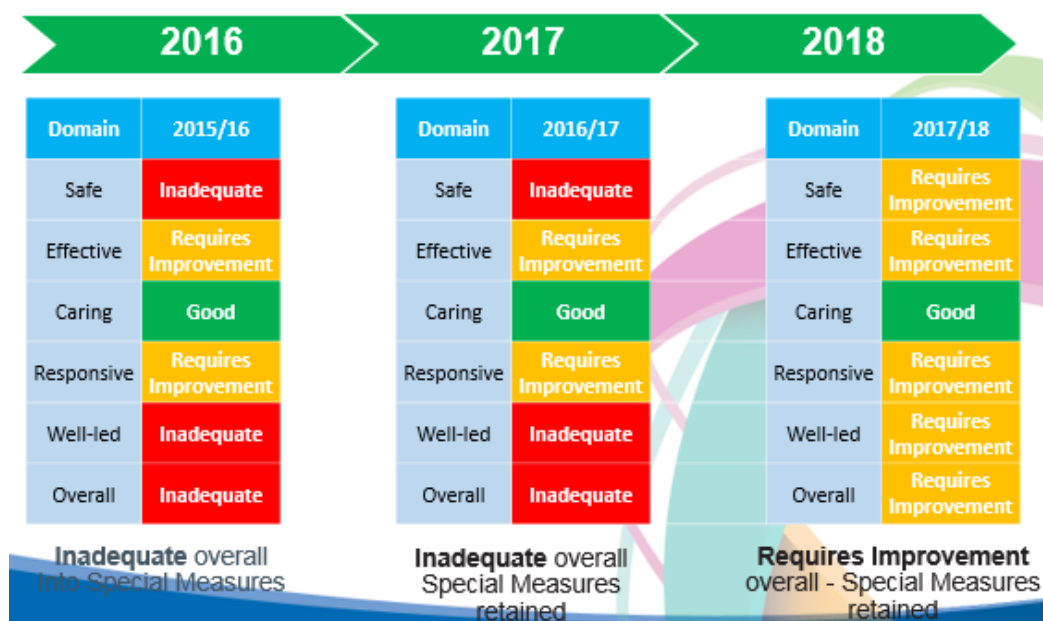
NHS Staff Survey

A common feeling shared by staff surrounding the staff survey has always been that nothing changes from completing the staff survey and this then feels like a pointless task. This year there has been a 12-week promotion of the staff survey explaining how the trust plans to change this going forward. Alex Croft has been working hard to develop the Power BI system with a view to provide access for all staff to view the results of your team and agree three key areas

- What should we shout about?
- What should your team do with the results?
- What do we need to do better?

Roxanne and Ellie also circulated around the trust completing Ask HR with a focus on the staff survey to address any concerns they may have around the staff survey.

Issues from Staff Engagement Champions around the Trust

Retirement Gifts currently are viewed as very dated and need some inspiration from staff of what they would like to receive as a retirement gift.

The SEF provided the following ideas:

- Shield
- Vase (new modern style)
- Decanter
- Charity donation
- Lunch
- Certificate

Liz Spiers to circulate thoughts and SEF to feedback any ideas from peers to Liz.

Team Building ideas for Christmas

SEF Suggestions:

- Christmas bake off
- Raffle
- Best Christmas selfie or Christmas photo
- Best Christmas decorated station
- Counting Steps – Cover the same amount of steps to Bethlehem/ North Pole

Items for next SEF agenda

Update on meal break policy

ARP service transformation

5x staff in Dubai (Recruitment and why?)

Update on Power BI – Training for use

Paul Ranson – Estates

EPCR is being rejuvenated – Ryan Bird to provide an update

Staff Engagement Forum – Meeting Notes – 22 February 2019

Present:

Isobel Allen (CEO – Chair), Justine Buckingham (Finance), Lee Warwick (HART), Hilary Parsons (Operations), Katie Spendiff (CEO), Nigel Wilmont-Coles (Ops – Chertsey), Lynne Ramsey (Ops – Chertsey), Roxanne Dobson (HR/OD), Rob Groves (EOC West), Mark Tilley (Ops – GMB).

Guests:

Daren Mochrie (CEO), Ryan Bird (Operations), Andy Rowe (Operations), Vivienne Edgecombe (HR/OD)

Contents:

Actions:

The action log was reviewed and the following actions updated/taken away:

- Increasing need to coordinate various pilots etc. happening with **blue light partners** across the Trust. This would be raised within Ops.
- A new system was being trialled in West EOC to provide **easy access to documents** through the Discover portal. If this was successful it would be rolled out. Gave us a way to catch up on anything people have missed while on leave, and also to provide assurance that people had actually read important materials. 15 minutes of each shift should be allocated to enable people to read new policies, procedures etc.
- Colleagues would apply to the innovations fund for **live streaming** video/speakers to get a set for each OU, Coxheath and Crawley. IT had suggested using Skype meeting on laptops and would circulate a link.

ePCR:

The SEF received an overview of the new ePCR. It has great functionality, includes an integrated and IG safe camera to document scenes, and is fully integrated to the CAD, with easy links to Trust pathways and guidance, as well as JRCALC etc.

The new system was going into its 'pre-live' phase of being used by 75 staff in early March. This would last 40 days while tweaks were made with a view to launching by the end of the Summer.

Hospitals were ready to receive the data by PDF.

A spellchecker platform was being researched for the ePCR but also for roll out across the Trust to help e.g. dyslexic colleagues. Dictation software was not planned.

The SEF were asked to help promote the new ePCR and ensure that posters were visible on stations.

A short A5 form had been developed to leave with patients, and a 'police deceased' form too.

Bank staff on regular shifts would be allocated an iPad – those on irregular shifts would be able to use a loan one from a stash on each station for this purpose.

Private providers would be expected to furnish their staff with iPads or an Android device – the ePCR can work on either system.

> Ryan Bird asked colleagues to contact him directly if there were any concerns or issues, including if people were not feeling comfortable using the iPads: ryan.bird@secamb.nhs.uk

Service Transformation and Delivery (STAD) Programme [video available of this session here: https://www.facebook.com/RpGroves1/videos/10157039577352232/]:

CEO Daren Mochrie joined the meeting and presented on the importance of delivering our Ambulance Response Programme performance targets through the scale up and changes needed called the STAD Programme.

The Trust had selected a **targeted dispatch model** and was receiving increased resources to scale up to hit targets in Q1. There was significant investment in SECAmb to deliver (c£40m per year). Targeted dispatch meant getting the right resource to the right patient at the right time: whether hear and treat, see and treat, see and refer, discharge or convey. It was very important to articulate the benefits of the additional funds.

The key risks to achieving performance were:

- Ability to recruit the number and mix of people required;
- Not achieving the desired performance improvements and clinical outcome improvements;
- Capacity to deliver the amount of change required.

Colleagues from Chertsey noted that the skills mix was not optimum as there were **too many ECSWs and not enough Paramedics** to pair them with. This would be fed back to Ops.

[Since the meeting, this had been fed back and the skills mix is being looked at to check whether this is a wider issue or isolated to Chertsey, and to consider what can be done to mitigate issues.]

There were various ways the Trust was seeking to **improve our response to Cat3 and Cat 4 patients**, including: NET vehicles, Joint Response Unit work with the police, mental health street triage and other work with MH professionals, and falls pilots.

The Trust would begin using Quality Improvement methodologies to improve things. We were being increasingly seen as system leaders.

The SEF thanked Daren for all his hard work during his two years at the Trust: He had enjoyed his time here and hoped it felt like a different and better place than when he arrived. The Trust needed to continue to develop and ten maintain the no surprises culture it had started to cultivate.

Spreading the word about STAD – the SEF advise:

Colleagues want to know = What does it mean for me?

This should be differentiated by role. What will be different when STAD is fully implemented? How will it feel? What are the benefits?

As people started to see the benefits locally they would increasingly buy into it e.g. NET vehicles are working well.

It was useful to see a timeline of change but it would be great to see a localised timeline e.g. at OU level to show what people should expect.

It was important colleagues understood the STAD programme was not separate from what we do, but STAD was cross-cutting.

The SEF were concerned at lack of capacity to deliver, the distraction of Brexit and how people could understand any knock-on impacts of changes under STAD.

The Communications should be realistic about what STAD meant. There was a challenge where things were uncertain, as you did not wish to set hares running.

It would be positive once we had the QI change methodology in place to empower and involve colleagues in devising solutions and their implementation.

It was suggested that the start of Key Skills sessions should be used by managers to speak to all their staff about key issues.

Effectiveness of the Staff Engagement Forum:

The SEF discussed whether the meetings were working well.

The key issue identified was **lack of attendance from colleagues across the Trust** – it was unclear whether people were getting on with local staff engagement and not keen to come to Crawley, or whether the lack of capacity from the Staff Engagement Advisor (since there is now only one in post) meant the Champions felt less engaged.

The SEF discussed the potential to hold the meetings in different parts of the Trust to make it easier for people to attend.

Roxanne would send out an online evaluation questionnaire to attendees following each meeting to evaluate effectiveness.

Recommendations from the SEF would be passed on to relevant managers to ensure it was clear what the SEF recommended and advised. For example, since this meeting, the STAD communications feedback has been passed to the STAD team, and a number of pieces of operational feedback have been passed up to Teams A and Teams B.

Meal Break Policy:

Andy Rowe (OUM) joined the meeting. He provided an overview of how the Policy was working. The SEF agreed with him that the Policy itself seemed to be correct, it was lack of resources on the road which meant it was hard to implement.

The SEF noted that it was a very welcome improvement that only 4.5% of colleagues didn't get a mealbreak – however of course this was still 4.5% too many!

On the 2nd refreshment break, it was noted that there had been some improvement from 1% to 10% compliance but this was not at all in line with the Trust's aims. There had also been some issues with EOC allocating people refreshment breaks prior to their mealbreaks, or not being assertive enough to allocate mealbreaks occurring 'early' within the window.

It would be really helpful to provide EOC with more clarity about this.

The SEF welcomed the operational commitment to enabling EOC staff to spend time on the road and road staff to spend time in EOC. It was not entirely clear how this would be achieved as yet.

An issue was raised around a PP not trained on the CAD doing clinical call backs. The SEF asked for this to be investigated and added to the risk register ASAP. Since the meeting, an investigation has been done and in fact the PP was not doing clinical call backs but providing advice to crews on the phone, without using the CAD, which is entirely proper.

Culture Update:

Vivienne Edgecombe (HR Consultant) joined the meeting and gave an overview of the current focus of the culture workstream. The NHS Staff Survey would be used as a launch pad for local team-building and planning around improving the working environment.

A toolkit had been developed to allow local managers to work with their teams to plan to improve things. Planning would start with Directors working with direct reports and cascade through the organisation. The Executive Team had already suggested three key themes that local teams might consider (based on the staff survey outcomes and Trust aims and objectives) – however local teams were free to choose their own priorities.

HR Business Partners would be available to help managers with planning and implementing the plans, and there would be an intranet page available where we can learn what's going on around the organisation, share good practice etc.

The SEF suggested that Staff Engagement Champions in each locality should be explicitly involved in developing local plans.

The toolkit would help managers and teams to:

- Map their views about communications and how they wanted to improve;
- Focus on issues within their control; and
- Consider engagement as part of the solution.

The SEF asked why progress was slow in improving the service provided by HR and organisational development within the Trust. There were concerns about the ability of HR to deliver the recruitment needed to deliver the STAD programme without investment and leadership.

The SEF discussed the relevance and usefulness of human factors training and Rob Groves and Vivienne would discuss further whether human factors training could be part of the way forward.

The SEF noted that it felt key messages for the Trust to be putting out to colleagues regarding the culture work were:

- That HR improvements/restructure was in progress;
- That a communications and engagement toolkit would be available across the trust for teams to work on improvements in their areas.

It was vital that Staff Engagement Champions were aware of this and involved.

Items for the next SEF:

Chertsey colleagues reiterated the issue about having too many ECSWs scheduled on shifts without clinicians. Hilary Parsons would escalate to Scheduling.

The SEF urged operational colleagues to ensure to report as incidents (Datix) any instances where the availability or skill sets of staff meant potential issues for deployment.

Agenda items for the next meeting or future meetings:

- Estates had been invited 3 times but not been able to attend and would be invited again;
- The new CEO should be invited to attend and invest in the SEF;
- Ryan Bird should be invited back in 6 months to review how ECPR was going;
- Culture should remain on the agenda, with a focus on the staff survey outcomes at the next meeting;
- A workshop on how to make the Annual Members Meeting more engaging would be held at the next SEF;
- Scheduling would be invited to see how it was going with local scheduling staff; and
- Interim HR Director to be invited to attend when in post.

The next meeting of the SEF takes place on 16th May. It's currently planned for Crawley HQ but this may change.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

F – Governor Development Committee

1. Introduction

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

1.2. The duties of the GDC are to:

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

1.3. The Lead Governor Chairs the Committee and both the Lead and Deputy Lead Governor attend meetings.

1.4. All Governors are entitled to join the Committee, since it is an area of interest to all Governors. The Chair of the Trust is invited to attend all meetings.

1.5. The GDC met on 15 February 2019 to plan this Council meeting. The full minutes of the meeting 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, planning for Governor training and development in the coming year, and conducting our regular review of Governors' attendance at Council meetings.

2. Feedback from the previous CoG

2.1. The GDC noted that the improvement in the level of discussion and interaction with the Non-Executive Directors (NEDs) had continued and this was welcome.

2.2. The agenda had been too full to enable adequate time for each item.

2.3. In future, where a NED appointment was being considered at a Part Two (private) Council meeting, this should always be allocated half an hour to ensure time for discussion. It was also worth noting that even when meetings over-ran, Governors should not feel bad about asking planned questions since it was important to still adequately cover topics.

2.4. GDC members had various perspectives on the Chair's summaries following each item: some found them helpful, others a bit onerous. All noted that it was part of the Chair's job to sum up.

3. Agenda setting for March's meeting

3.1. The GDC prioritised gaining assurance around the Trust's care for patients with mental health needs, and specifically around:

   3.1.1. Section 136 transfers (where the service is asked to help police transfer a patient to a place of safety);

   3.1.2. Innovations and pilot projects taking place around the patch; and

   3.1.3. Improvements in quality of care planned for the coming year.

3.2. The GDC hoped that NED Angela Smith would lead a risk and assurance workshop during the afternoon session. Subsequently, in discussion with the Chair and Company Secretary, it was felt preferable to cover risk and assurance at the May meeting between the Council and the Board as this would give the opportunity to explore the different roles as well as cover areas of risk and lack of assurance and what this meant. No session was planned following the March Council meeting, however new Governors would be invited to reflect on how they found their first council meeting, in order to tailor their ongoing induction from then.

4. Governor training and development plan for 2019-20

4.1. The GDC reviewed the outcomes of the annual survey of Governors' training needs and discussed what should be covered in new Governors' inductions.

4.2. It was felt that the focus should be on making an effective contribution and feeling confident to do so. Core competencies would be covered in the induction and an old Council meeting pack would be reviewed to help Governors consider practical questions.

4.3. The GDC noted the quality of the NHS Providers Governor training courses, and that new Governors should be encouraged to attend.

4.4. It was felt that it would be helpful to hold a debrief after Governors' first Council meeting to understand how they found it and what further knowledge and development might be needed prior to the next meeting.

4.5. The other priority for existing Governors was a course on membership engagement.

5. Governor attendance at Council

5.1. The GDC reviewed Governors' attendance over the past two years, noting that two Governors had missed enough meetings to fall below the standard set out in the Constitution, namely:

1.3   If a Governor fails to attend any meeting of the Council of Governors for a consecutive period of twelve months or alternatively for three successive meetings of the Council of Governors, the Council of Governors may by a resolution approved by three quarters of the remaining Governors present and voting, terminate a Governor's tenure of office unless the Council of Governors is satisfied that:

1.3.1 the absence was due to reasonable cause; and

1.3.2 that the Governor will be able to start attending meetings of the Council of Governors within such period as it considers reasonable.

5.2. Two Governors were subsequently advised, with the Chair's consent, and chose to resign from the Council.

6. Other business

    6.1. The GDC discussed opportunities to work more closely with the NEDs and highlighted the potential to shadow NEDs initially on Quality Assurance Visits being conducted by the Trust across our premises. Katie was following this up with the QAV team.

7. Recommendations:

    7.1. The Council is asked to:

        7.1.1. note this report.

    7.2. All Governors are invited to join the next meeting of the Committee on Tuesday 9th April 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 – 15th February 2019

Present:

James Crawley	(JC)	Public Governor for Kent & Lead Governor
Marguerite Beard-Gould	(MBG)	Public Governor for Kent
Mike Hill	(MH)	Public Governor for Surrey & NE Hampshire
Marianne Phillips	(MP)	Public Governor for Brighton & Hove
Isobel Allen	(IA)	Assistant Company Secretary
Charlie Adler	(CA)	Operational Staff Governor
Roger Laxton	(RL)	Public Governor for Kent

Minute taker: Katie Spendiff – Corporate Governance & Membership Manager

Apologies: Felicity Dennis, Marian Trendell

1. Welcome, apologies and declarations of interest

1.1. JC welcomed members to the meeting and noted it was CA & MH's last GDC as Governors. Apologies for absence were noted from Felicity Dennis & Marian Trendell.

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. RL noted he would like hard copies of all relevant meeting papers in future. The action log was reviewed as follows: Action 123 on the effectiveness of the Trust's internal and external communications is being left as in progress for the new CEO to review in due course. JC noted an increase in positive news stories on the Trust recently, which was progress.

2.2. Action 130 & 137 on working with the NEDs would need to be picked up with the Chair as part of an on-going effectiveness review. JC noted if these points could be covered as part of joint Board and Council meetings. IA noted it would be good to have a discussion at joint meetings about what works for both parties. RL noted it might be good for NEDs to pick out a few pertinent meetings that a Governor could accompany them to.

2.3. Quality Assurance Visits (QAV) were discussed and Governors were keen to be involved more widely. It was suggested that Governors could accompany NEDs on a QAV for learning purposes. The GDC were supportive of this approach. KS advised she would raise it with the Quality Improvement Team as a suggestion.

2.4. Action 146 - IA has sought a parking update for options when the HQ carpark is full from the estates team.

Action: KS to follow up re possibility of QAV joint visits with the NEDs.

3. Discussion of any feedback from the previous Council meeting

3.1. In FD's absence IA gave her feedback on the meeting. FD had noted good responses from NEDs in attendance to lines of questioning. FD also noted it would be important to keep an eye on the volunteering structure plans and CFR recruitment effectiveness.

3.2. The GDC agreed that pre-meet feedback is not required for discussion going forward as the consensus was that it works and is effective.

3.3. JC noted it was a full agenda with lots of important items. The GDC agreed a learning point that an afternoon session would have been useful to spread the agenda items out on that occasion.

3.4. MP noted she felt conflicted about raising questions when the meeting was over running but understood she would not be doing her role if she did not.

3.5. MBG noted that when approving senior appointments the Council should be allocated the full 30 minutes of the private meeting for discussion and if they finish sooner then the next meeting could start. The GDC agreed. JC noted unless there is a technical aspect of the process that the Council are unassured on, that it was quite a straightforward process.

3.6. The GDC discussed the volunteering presentation at the meeting. JC noted that he had since met with the Voluntary Services Manager in his role as Community First Responder (CFR) Team Leader and was assured that the detail of the work spoken about at the Council meeting was happening. JC noted he had further been invited to meet with the Voluntary Services Manager once a month. JC was keen to keep the momentum for change going. IA noted that she and colleagues would offer support to the Voluntary Services Manager in any way they can as well.

3.7. IA noted that the volunteering strategic intent that was currently being worked on was for CFRs and Chaplains and focused on using and supporting them effectively. IA noted NED Lucy Bloem had provided feedback on the CFRs strategic intent via the Quality & Patient Safety Committee.

3.8. The GDC discussed the Chair's approach to the confidential meeting. MBG noted the Chair had managed Governors' questions effectively. JC noted that the Chair's summary of each point could lead to overruns. MT noted this can be seen as good practice; Chairs should pick up salient points and re-iterate them.

3.9. CA noted the overrun felt like an anomaly as the Council meetings usually ran to time.

4. **Agenda items for the Council meeting on 14 March**

4.1. Items 1&3 on financial information and risks - MBG noted it was interesting to know where the Trust's money came from and how it was spent. There was a discussion that these items could possibly come to the May meeting and link to the risk and assurance item and annual report, which was due around that time. RL noted he was keen to understand any cost improvement programs the Trust had in place. IA noted it would be for the Council to ask the NEDs how they were assured that the Trust has effective financial controls in place. MH noted he was keen to understand the Trust's investment priorities. IA noted FD was keen for a risk update from Angela and some pointers on how the Council can seek assurance from NEDs on this area of the business. FD was also keen for an ePCR update from Lucy Bloem. The GDC agreed that the risk session would be best as an afternoon session.

4.2. MBG noted there would be new Governors at the next Council meeting and a financial reflection may be good timing. JC noted this information was in the annual report and he was more inclined to focus Council meetings on information that could not be elicited from elsewhere.

4.3. Item 2 was on mental health – IA noted that MT had provided a detailed briefing and the data continued to show that there were challenges with s136 conveyances. IA noted that mental health was an area of focus in the Trust's annual plan so it would be timely. JC

noted he was worried about consistency in approach to this in different areas, as there seemed to be multiple different pilots and was keen to hear from SECAmb on how they were looking to achieve parity across the areas they serve. IA noted the Council should seek assurance from NEDs on the Trusts approach to mental health calls. The GDC were keen for this to come to the next Council meeting.

4.4. IA noted that there had been a lack of time for discussion of the escalation reports.

4.5. IA noted there would be developments around the service transformation and delivery program and Governors would need to be updated on this.

4.6. IA noted a less heavy agenda in March might be beneficial, as Governors would need their focus for the afternoon session as well.

4.7. Item 4 on Health & Safety - this was deemed suitable for a meeting later in the year as there was lots of work underway on policies and procedure in this area currently.

4.8. Item 5 on ePCR could be via an update in the Chief Execs report if available. CA noted the Trusts lead on the project could come and talk about the positive impact of this project for staff and patients.

4.9. Items 6 & 7 on infection control and medicines management - the GDC were assured this was in place and functioning well as per the CQC report. It was agreed that these two items could be removed from future agenda setting papers for now.

4.10.   Item 8 – the GDC showed appetite in hearing from the research department on this. IA advised that Governors could sign up for research updates from the Trust. This was highlighted as a potential afternoon session for the future.

4.11.   Item 9 on data quality would be considered for a future meeting.

4.12.   Item 10 & 11 on Elections for Lead and Deputy Lead Governor and Elections to the Nominations Committee (NomCom). IA asked if these items should be covered at the March or June Council meeting. IA noted that there would be no Deputy Lead Governor after March, yet if we were to carry these out in March it may be too soon for new Governors as it was their first meeting. IA advised that the constitution did not deem it necessary to have a Deputy Lead Governor. The GDC agreed to leave the Lead and Deputy Lead Governor and NomCom elections until the June Council meeting to give new Governors the opportunity to settle in.

4.13.   Item 12 on the Quality Account audit selection – IA noted this may come to the March meeting, but it could be reviewed outside of the meeting by email if needed.

5. **Governor training and development plan for 2019-20**

5.1. IA advised of the outcomes of the Governors self-assessment and training needs. IA noted that the benchmarking paper enclosed could be reviewed in full at a future meeting and that the GDC should focus on the training aspect of the papers.

5.2. The GDC discussed what would be essential for covering in new Governor Inductions. MP noted there could be a theme of continued training or mentorship within the Council. MP noted that the focus should be on making an effective contribution and feeling confident to be able to do so. IA noted core competencies of the Governor role were covered in the induction. MP flagged acronyms as a challenge at her first meeting. CA noted reviewing an old Council papers pack and figuring out questions to ask would be a useful practical exercise at the induction. MH noted the Annual Report was a huge source of useful information.

5.3. The GDC discussed the training courses that were available from NHS Providers (NHSP). MP who had most recently attended some courses noted that they were excellent quality and very helpful in getting to grips with the role. JC & MH noted the in-house training provided by NHSP in previous years had been invaluable. MBG suggested a debrief of the first Council meeting new Governors attended - reviewing the content, participation of all

and questions they may have from the meeting. IA suggested early April for a get to know you/ review the March Council meeting session. The GDC were keen on this idea.

5.4. The GDC discussed the need for a possible membership engagement course as Governors continued to find it difficult to engage with and represent members. IA noted this could be provided in-house.

Action:
Formulate training plan for Governors based on GDC feedback.
Review of the Council meeting/ get to know you session for April.

6. Review of Governor Attendance at Council meetings

6.1. IA noted that there were three Governors that had triggered the attendance review process. RL had been seriously unwell and in hospital for a period and had kept the Trust updated so was removed from the review. JC noted the Governors' role was to represent members and attending meetings was essential in being able to do this. The GDC discussed Governor attendance and contributions as detailed in the table and reviewed FDs feedback which was provided by email. The GDC recommended disqualifying the two Governor positions that had triggered the attendance review. The remainder of West Sussex term would be filled within this election and the Medway vacancy would be advertised next year.

6.2. IA noted that Appointed Governor Mike Hewgill was stepping down and would suggest a successor. CA noted he had a contact at Brighton University who could be contacted regarding representation of the Appointed Governor role.

Action:
IA to pass on outcomes of the attendance review to the Chair and action.
IA to follow up with CA re Appointed Governor from Brighton University.

7. Any other business

7.1. IA noted FD had completed the strategy survey and hoped other Governors had taken part. IA thanked anyone that had.

7.2. FD had advised she would feedback on her attendance at the service transformation programme group to the Council.

7.3. IA noted that FD sought a volunteer to attend the Patient Experience Group on the 26th February 11am - 1pm at Crawley HQ. IA noted she would add this to the weekly email.

8. Review of meeting effectiveness

8.1. The GDC noted that the meeting ran to time. The agenda reflected the previous feedback from the GDC on what they wanted to cover in the meeting. MP suggested the meeting had been more reflective of the updated Terms of Reference.

8.2. JC suggested Council Development Committee could be an alternative name for the group. MP suggested that the GDC reflected the purpose – and that it felt back on track with a broader agenda and that it was focussed on development as well.

The next GDC will take place on: Tuesday 9th April at Crawley HQ (McIndoe 1)

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

G - Governor Activities and Queries

1. Governor activities

1.1 This report captures membership engagement and recruitment activities undertaken by governors (in some cases with support from the Trust – noted by initials in brackets), and any training or learning about the Trust Governors have participated in, or any extraordinary activity with the Trust.

1.2 It is compiled from Governors' updating of an online form and other activities of which the Assistant Company Secretary has been made aware.

1.3 The Trust would like to thank all Governors for everything they do to represent the Council and talk with staff and the public.

1.4 **Governors are asked to please remember to update the online form after participating in any such activity:** www.surveymonkey.com/s/governorfeedback

| 16.01.19	Inclusion Hub Advisory Group meeting – Contributed her views to a discussion and got to know IHAG members, who are FT members. Felicity says: Useful for COG members to attend IHAG meetings as an observer to listen to patient and public representatives express their thoughts and concerns about their ambulance service. There was a useful discussion about the Trust Inclusion Strategy going forward.	Felicity Dennis
28.01.19	Quality Account 2019/20 Stakeholder Event – Contributed views to a discussion, learned more about SECAmb. Felicity says: I welcomed the opportunity to hear about key improvement projects within SECAmb and be in engaged in recommending which should be adopted as one of the 3 priority projects for 209/10 within the trust.	Marguerite Beard-Gould, Felicity Dennis
30.01.19	Service Transformation and Delivery Plan Oversight Group - Contributed views to a discussion, learned more about SECAmb. Felicity says: I was pleased to join this group as COG and public representative, which brings together stakeholders from across the health care system to oversee the trust transformation and delivery plan.	Felicity Dennis

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.

|	
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. 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 ?	The Surge Management Plan was implemented on 3 December 2018, and relevant reports have been provided for the period 4 December 2018 until 13 January 2019. Nonetheless the first two graphs show the number of CFR provided hours and CFR deployments, where a CFR arrived on scene, from December 2017 to December 2018. This information was not specifically asked for by James, but the BI team felt it was important to include because a trend cannot be identified over a period of 41 days, and the dates the query relates to include the Trust's busiest fortnight so cannot necessarily be considered a true reflection of the status quo.
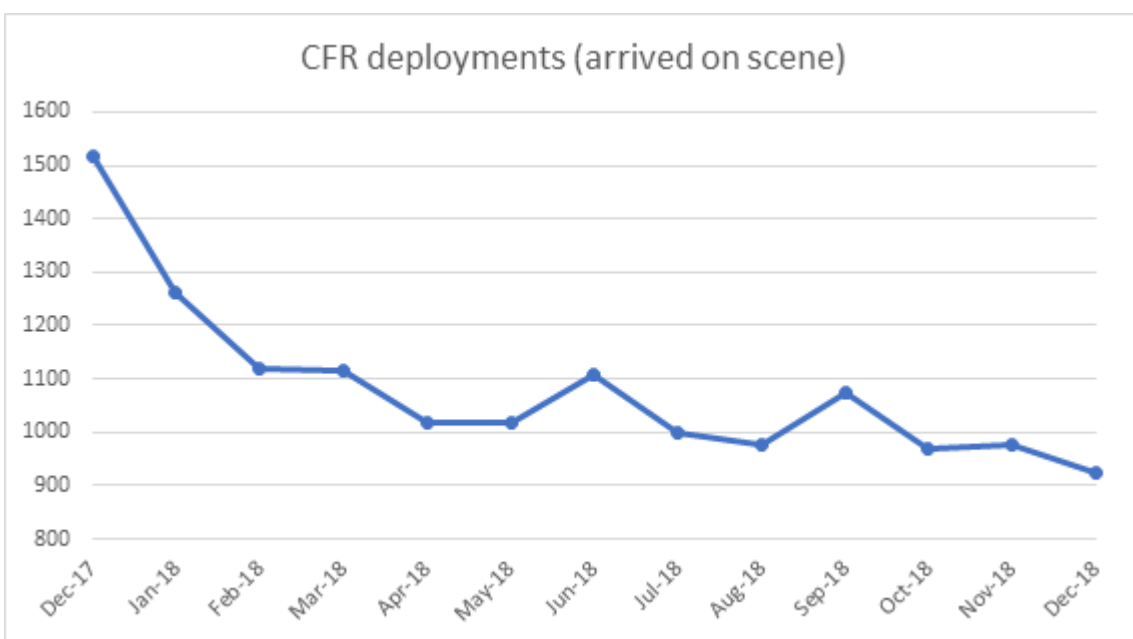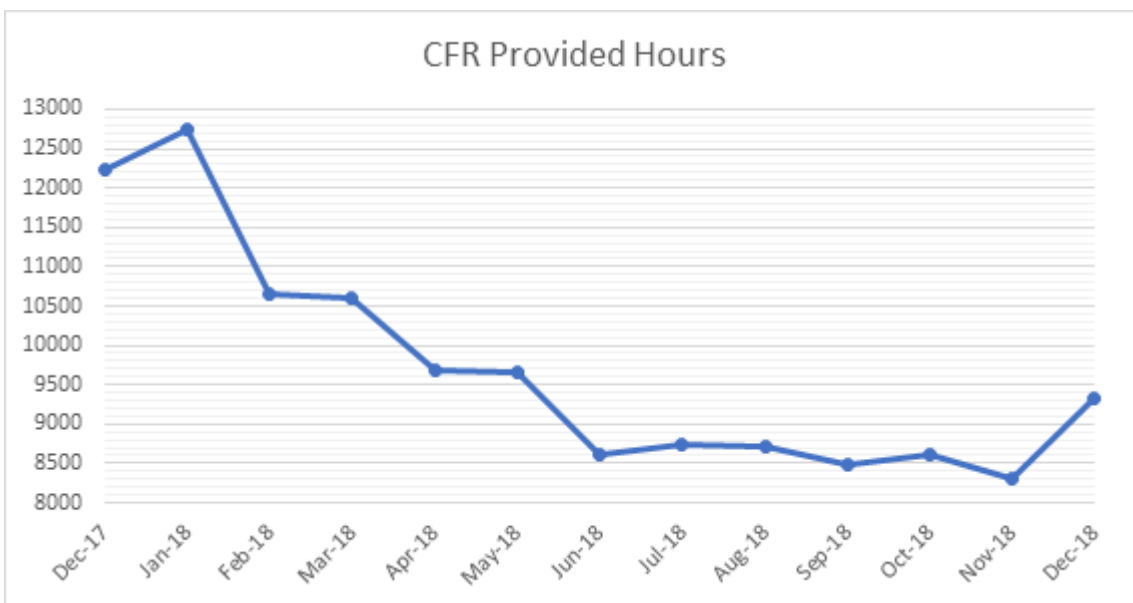
The next two graphs show CFR provided hours and CFR deployments (arrived on scene) between 4 December 2018 and 13 January 2019.

CFR Provided Hours

CFR deployments (arrived on scene)
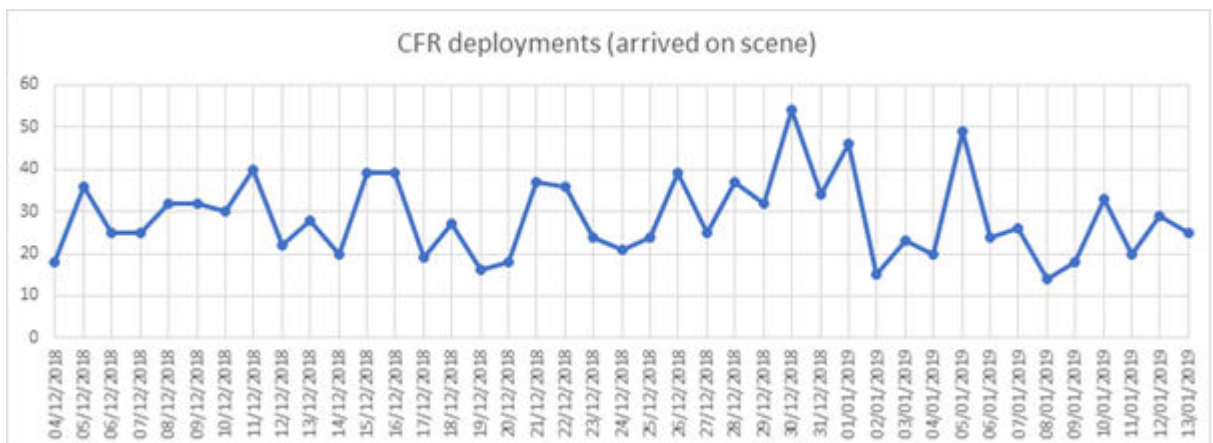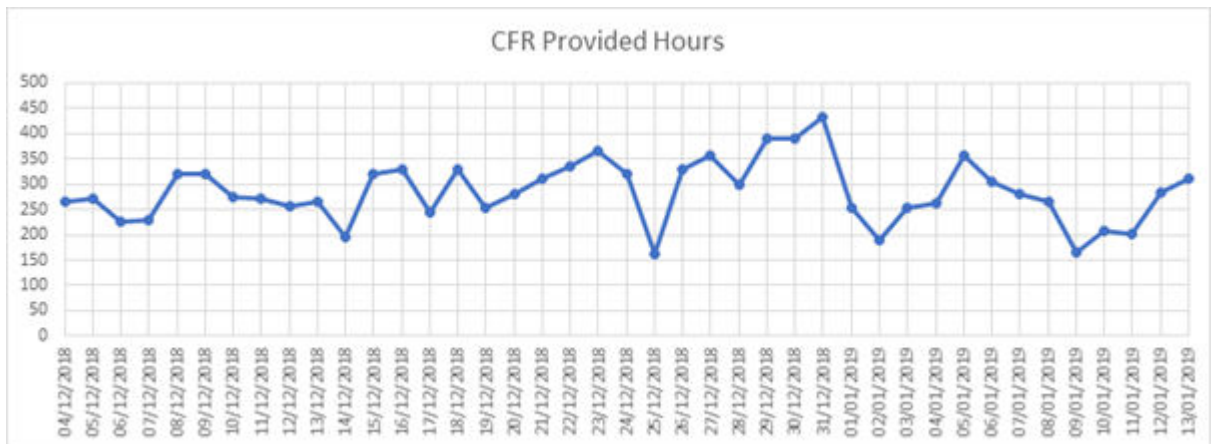
The pie chart below demonstrates the proportion of time that the Trust has been in each of the four surge levels as a percentage between 4 December 2018 and 13 January 2019.
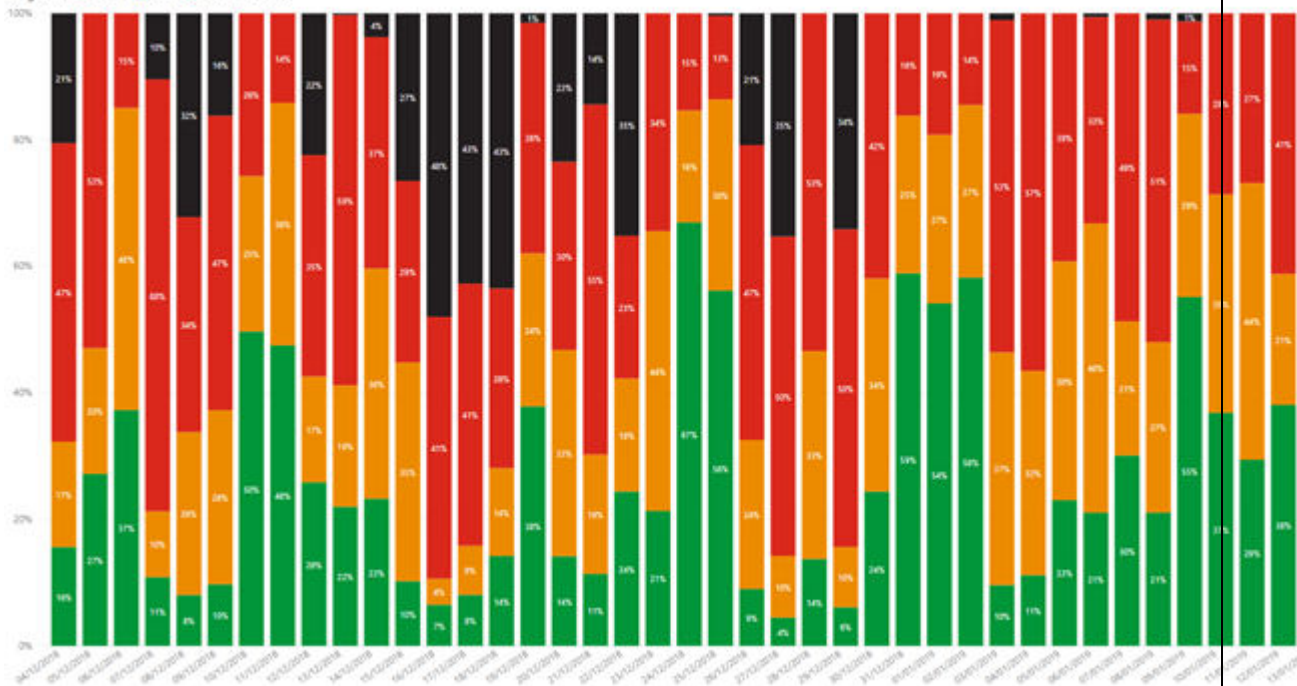
Proportion of Triggered Surge

Level 4 7.58%
Level 2 25.42%
Level 1 38.01%
Level 3 28.99%
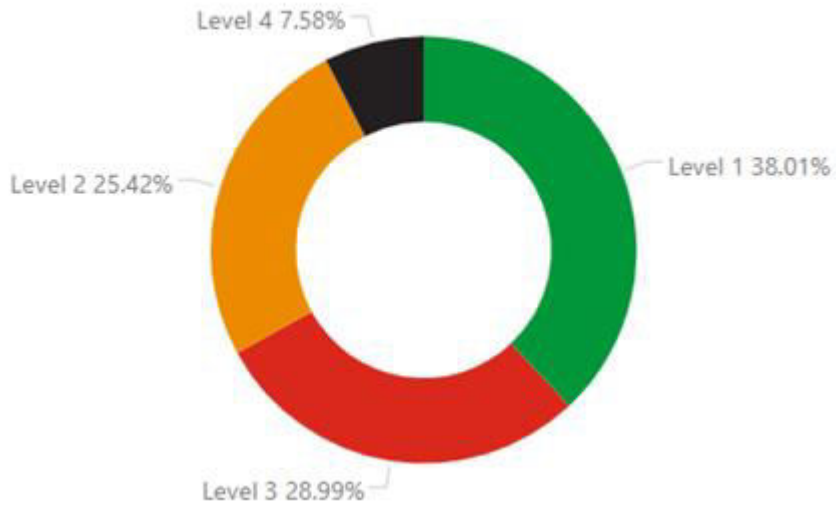
The chart below shows the proportion of time per day which the Trust spent in each Surge Level between 4 December 2018 and 13 January 2019. Bars without labels equate to less than 1% of the day

Triggerd Surge Level % by Day

SurgeLevel ● Level 1 ● Level 2 ● Level 3 ● Level 4

Can the trust provide data on which county or operational units demand has driven the use of Surge Management Plans? I would like to see up to 12 months of data, and the driving factor / OU on each escalation of level. It has been a regular matter of public news that Sussex, especially West Sussex, has had poor response times for high priority calls in the areas where Ambulance stations have been closed and no alternative resources have a base. This has been confirmed by SECAmbs own data! With MRCs only being in Tangmere & Gatwick,	Sent to Joe Garcia (Operations Director) 5.2.19 Response: In response to your recent e-mail, I am able to provide the following information. As you will be aware, the tools developed to manage surge are relatively new to the Trust and, as a consequence, we are only able to historically draw back to data from July 2018. Our ability to consistently and reliably record our surge activity has been driven by the introduction of the Ambulance Response Programme changes to ambulance dispatch. This occurred in November 2017 and we quickly experienced issues with high numbers of waiting patients through the Christmas/New Year period of 2017 into 2018. This situation became the key driver for developing the tools that we have today and it has only been since the introduction of a revised Business Information platform that we have been able to record this data in a consistent manner. The below heat map, which lists the 14 dispatch desk areas within SECAmb, refers to the percentage of calls that trigger what we refer to as an SEWT (Surge Escalation Warning Trigger). It represents waiting incidents by category that are about to go out of time from a response performance perspective.

%Exceeding SWT Months

Dispatch Desk	201807	201808	201809	201810	201811	201812	201901	Average
Ashford	49%	43%	44%	42%	48%	53%	54%	48%
Brighton	37%	43%	42%	39%	37%	41%	36%	40%
Chertsey	52%	38%	49%	50%	44%	52%	53%	49%
Dartford	50%	45%	43%	45%	48%	53%	55%	49%
Gatwick	49%	40%	43%	43%	40%	49%	51%	45%
Guildford	48%	44%	45%	50%	44%	51%	50%	48%
Hastings	52%	45%	44%	40%	44%	48%	48%	46%
Medway	55%	50%	47%	49%	51%	57%	57%	53%
Paddock Wood	55%	48%	47%	47%	49%	58%	55%	52%
Polegate	40%	42%	44%	38%	45%	51%	49%	45%
Redhill	41%	41%	39%	39%	32%	43%	49%	41%
Tangmere	40%	39%	44%	43%	34%	38%	41%	40%
Thanet	50%	42%	43%	40%	47%	53%	50%	47%
Worthing	39%	43%	43%	45%	40%	43%	38%	42%

| West Sussex is sparsely covered on a good day and has response times in excess of 45 minutes to category 1 & 2 calls on a bad day (which my own family have been subject to twice, let alone the other residents in the area).

I would appreciate this data as a matter of urgency as I have had two local councillors enquire on what Governors are doing on this matter as their letters directly to SECAmb seem to have fallen on deaf ears. | **Average** | | 48% | 44% | 45% | 45% | 45% | 51% | 51% | 47% |
| | I hope the above meets with your requirements. | | | | | | | | | |

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