South East Coast Ambulance Service NHS
NHS Foundation Trust

Council of Governors Meeting to be held in public

6 June 2019 10:00-13:15

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					
09/19	10:00	Chair's Introduction	-	-	David Astley (Chair)
10/19	-	Apologies for Absence	-	-	DA
11/19	-	Declarations of Interest	-	-	DA
12/19	-	Minutes from the previous meeting, action log and matters arising	A A1	-	DA
Statutory duties: performance and holding to account					
13/19	10:05	Chief Executive's Report (May): - Questions from the Council	B	Information and discussion	Fionna Moore (CEO)
14/19	10:25	Assurance from the NEDs: - Integrated Performance Report (May data)	C	Holding to account, assurance and discussion	All Non-Executive Directors present
Statutory duties: member and public engagement					
15/19	10:40	Membership Development Committee Report: - MDC minutes - Inclusion Hub Advisory Group minutes - Staff Engagement Forum minutes	D D1 D2 D3	Information	Brian Chester (Public Governor for Surrey)
Committees and reports					
16/19	10:50	Governor Development Committee Report	E	Information	James Crawley (Lead Governor and Public Governor Kent)
17/19	10:55	Governor Activities and Queries Report	F	Information	James Crawley (Lead Governor and Public Governor Kent)
18/19	11:00	Board Assurance Committees' escalation reports to include the key achievements, risks and challenges: Workforce and Wellbeing Committee - 18 April 2019 Audit Committee - 4 March 2019	 G1 G2	Holding to account, assurance and discussion	All Non-Executive Directors present

		- 20 May 2019 Charitable Funds Committee - 4 March 2019 Finance and Investment Committee - 13 May 2019 Quality and Patient Safety - 4 April 2019 - 20 May 2019	**G3** **G4** **G5** **G6** **G7**		
19/19	11:15	Deep dive: The Quality and Patient Safety Committee (QPS) Overview of function and remit of QPS Feedback from the Council on QPS Committee observation Key areas of scrutiny of QPS and discussion	**H** **I** **-**	Learning and holding to account	Tricia McGregor Chair of QPS Frank Northcott, Malcolm MacGregor, Tricia McGregor
11:45 Comfort break					
20/19	12:00	Electronic Patient Clinical Record: - Advantages/benefits - Rollout and timings - Evaluation		Information and discussion	Ryan Bird (ePCR Operations Manager). All NEDs present
21/19	12:25	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
General					
22/19	12:55	Election to the Lead and Deputy Lead Governor	**J**	Decision	PL
23/19		Election to the Nominations Committee	**K**	Decision	PL
24/19	13:10	Any Other Business (AOB)	**-**	-	DA
25/19	-	Questions from the public	**-**	Public accountability	DA
26/19	-	Areas to highlight to Non-Executive Directors	**-**	Assurance	DA

27/19	-	Review of meeting effectiveness	-	-	DA
		Date of Next Formal Meeting: 20 September 2019 – and Annual Members Meeting	-	-	DA

PLEASE NOTE: Meetings of the Council held in public are audio-recorded and published on our website. Observers who ask questions at this meeting will have their name and a summary of their question and the response included in the minutes of the meeting.

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

14:00 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.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 14 March 2019

Present:

David Astley	(DA)	Chair
James Crawley	(JC)	Public Governor, Kent – Lead Governor
Nick Harrison	(NH)	Staff-Elected Governor (Operational)
Marguerite Beard-Gould	(MBG)	Public Governor, Kent
Marianne Phillips	(MP)	Public Governor, Brighton and Hove
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
Frank Northcott	(FN)	Public Governor, East Sussex
Nicki Pointer	(NP)	Public Governor, East Sussex
Chris Devereux	(CD)	Public Governor, Surrey & NE Hampshire
Geoff Kempster	(GK)	Public Governor, Surrey & NE Hampshire
Pauline Flores-Moore	(PFM)	Public Governor, West Sussex
Harvey Nash	(HN)	Public Governor, West Sussex
Roger Laxton	(RL)	Public Governor, Kent

In attendance:

Daren Mochrie	(DM)	Chief Executive
Lucy Bloem	(LB)	Senior Independent Director & Non-Executive Director
Michael Whitehouse	(MW)	Non-Executive Director
Laurie McMahon	(LM)	Non-Executive Director
Al Rymer	(AR)	Non-Executive Director
Peter Lee	(PL)	Company Secretary

Presenting:

Greg Smith	(GS)	Voluntary Services Manager

Minutes:

Katie Spendiff	(KS)	Corporate Governance & Membership Manager

1. **Chair introduction**
   1.1. The Chair welcomed Governors to the meeting and noted it was the first Council meeting for many recently elected Governors. All in attendance made introductions.
   1.2. DA noted that it was DM's last Council meeting before he left the Trust on 31 March. JC thanked DM for his efforts with the Council and for fully supporting the relationship between Council and NEDs. DA noted he had received praise from stakeholders on DM's contribution during his time with the Trust. DA noted DM had led and inspired a competent Exec Team and that patient and staff experience had improved under his guidance. The Council's well

wishes were sent to DM for his new role.

2. **Apologies for absence**
   2.1. Isobel Allen, Malcolm Macgregor, Was Shakir, Lorraine Tomassi, Assistant Chief Constable Nev Kemp, Brian Chester, David Escudier.

3. **Declarations of interest**
   3.1. DA gave an overview of the purpose of this section of the agenda for the benefit of new Governors who attended. No declarations were made.

4. **Minutes from the previous meeting & action log**
   4.1. PFM noted that action 252 on the action log needed the date amended to 2018. The minutes of the previous meeting were taken as an accurate record. Item 240 on Mental Health; MT advised that work continues on improving s136 transfers. MT noted there had been a tremendous amount of work between the police and mental health Trusts and this was shown in the transfer statistics she shared.
   4.2. DA noted there was a will from both parties to develop a new model that works for patients and services. MT noted there was a Sussex meeting on 27th March to discuss progress in this area. DA noted he was grateful for MT continuing to champion the cause. LB noted this sat under the Quality and Patient Safety (QPS) Committee in terms of assurance and was continuing to be tracked and reviewed by NEDs.
   4.3. RL asked if it would be possible to have a brief outline of the condition of the patients who were transferred by the police and a view on the level of appropriateness of the transfer. MT noted police transfers were often due to the behaviour of the patient and the safety of the transfer. NH noted that often police accompanied the ambulance crew in the ambulance if needed; this was classified as a SECAmb transfer.

5. **CEO Report**
   5.1. DA gave an overview of his key activities within the paper. DA advised that NHS Improvement had visited the Trust's West Emergency Operations Centre and were impressed with staff and their professionalism.
   5.2. DM advised that the Trust's HR & OD Director was departing. The Trust was aiming for a seamless handover to an interim HR Director and then a substantive recruitment exercise would take place.
   5.3. Dr Fionna Moore, the Trust's Medical Director would be taking on the role of Interim Chief Executive from 1 April 2019, with Joe Garcia - Director of Operations & David Hammond - Director of Finance & Corporate Services as deputies, supported by the whole of the Executive Team.
   5.4. DM advised that the Trust would be exiting the Surrey 111 contract and starting a 111 contract for Kent and Sussex at the end of March.
   5.5. DM noted he has been in attendance at the Trust's award ceremonies which were linked to the values of organisation. He had been sincerely impressed by all in attendance.

5.6. DM advised that the Trust was leading in flu vaccination rates out of all ten ambulance services. The Trust exceeded its target of 75% this year. DM thanked all involved in achieving this.

5.7. DM noted that the Trust had managed to improve the crew to clear time for handovers. This was a significant area of focus for the Trust over the winter and an on-going project with system partners.

5.8. DM advised that the Trust's staff survey results had been published – best year to date, every metric from 2014 onwards had improved. DM advised of a 53% completion rate, the highest to date. DM noted the next steps were to take actions to improve from the responses.

5.9. DM provided an update on the re-design of an electronic patient clinical record (ePCR). Crews will use their iPad to record the patient's clinical observations, which is sent electronically to the hospital upon handover. DM noted that staff were fully involved with the design, and that testing would take place in a number of sites over the summer followed by training. It would then be rolled out Trust wide. GK noted that volunteer Community First Responders currently used a paper-based ePCR, GK was keen to understand how their observations would be recorded through the move to electronic record keeping for frontline staff. LB noted she sought a forward plan on how this would be rolled out considering the integration of volunteers who are first on scene with a paper record. PFM noted that after speaking to a paramedic they had suggested the paper record could possibly be photographed on the iPad, uploaded to the electronic clinical record and sent alongside the clinician's electronic version. LB noted there would be an information governance challenge around the storing of the record as a photo on staff personal issued iPads. DM noted the data from the paper record still needed to be recorded and that the Executives responsible for this project would need to look at this area in detail in respect of operational procedures and new technology. LB noted she would bring this view to the steering group on the ePCR project.

5.10. GK queried resilience around cyber-attacks and process if the system for transferring the ePCR were to go down. DM advised that plans for business continuity were in place to account for any challenges faced. DA noted that NEDs would be scrutinising these areas within their committees.

5.11. The Council noted it would be keen to hear from the project lead on the ePCR to understand the governance around the project and the benefit to patients and staff. In addition, to understand how CFRs would be integrated into the process in terms of record sharing.

ACTION: ePCR Project Lead to present at future Council meeting.

5.12. DM gave an overview of the Service Transformation and Delivery programme. DM noted that it was providing oversight and direction in line with the outcomes of the demand and capacity review. Fundamentally, this meant working to a targeted dispatch model, right sizing the organisation to be able to meet our targets and improving patient experience.

5.13. MBG noted the Government was axing the 4-hour A&E targets and was keen to understand any impact that may have on the Trust's handover work. DM noted he anticipated a new clinically based target that would likely be introduced. DM noted it would be key for the Trust to be at the table during these discussions about new targets. DA noted that the targets are to support patient experience. LM noted that the A&E targets are often a reflection of how the whole system was performing i.e. GP, ambulance, and hospital. DA noted the situation would be monitored.

5.14. FD asked about the operational rota delay, wanting to understand if the delay was having an impact on patient care. DM noted the demand and capacity review highlighted what level of staffing was needed by hour in each area. The Operational rota review reflects meeting these needs. DM noted that 70-80% of rotas were in place. Gaps in these would be covered through private ambulance providers and overtime.

5.15. FD was keen to know if NEDs were assured on the progress of the service transformation programme. MW noted that he was confident that the Executive Team were managing the procurement of all the components of the strategy in line with the Trust's service transformation programme, including new vehicles and the recruitment of staff. MW noted he was assured that SECAmb was able to manage any challenges that may arrive. LB noted she had sought a helicopter view of all the projects to mark trajectory. AR noted the complexity of the work – they were partially assured on it at the last WWC. AR noted that the challenges were being recognised and managed. DA noted careful balance on where funds were allocated when it is not towards frontline operational service. Very sensitive and mindful of management costs and it being an appropriate balance in terms of expenditure.

5.16. JC noted there had been press coverage on the Trust's Category 1 (most urgent) response times in rural areas recently. JC noted that Sevenoaks (Kent) response time was detailed as being 16 minutes, and Medway (Kent) was sub 5 minutes. JC queried balance of staffing for responses in those areas and impact on response times. DM noted that the outcomes of the demand and capacity review ensured the Trust had the right number of resources at the right time. DM noted the review also included making sure that ambulance community response posts were in the right locations.

5.17. David Escudier had submitted a question prior to the meeting asking for an update on the roll out of the GoodSam app as he had heard it was delayed. DM noted there were a lot or priorities across the Trust, and the IT team were currently working on 111 contract changes, the respective tech required, and a new telephony service. It had therefore been de-prioritised for that reason but it was ready to go once the tech was in place.

6. **Assurance from the NEDs – Integrated Performance Report (IPR)**

6.1. PFM queried accuracy of the data detailed on page 10 of the report on patients who had died in hospital. PFM noted the same figures were entered for August and September. DM noted this would need to be taken away to review.

ACTION: Review deaths in hospital data on the IPR for accuracy in August and September 2018.

6.2. PFM queried the CFR hours data on page 20 of the report; it did not appear to be recorded accurately in her opinion. PFM noted she would be keen to see the full detail recorded in the report including airwave deployments. PFM noted that in 8 years she had volunteered for 22,000 hours and felt the need to keep a record because she was not assured that a record was kept centrally. DM noted the voluntary services team could advise re data capture of CFR hours. NP noted that her CFR team published their own hours and collated it themselves. NP would be keen to understand how local reporting could be recorded centrally. JC noted he was questioning the quality of the data recording process. DA noted that there was a rigorous governance process and auditors were in place on all Trust data. LB noted that a review of how this data is collected sits under the work needed as part of the wider CFR strategy.

ACTION: GS to advise regarding collation and recording of CFR contributions.

6.3. GG queried deep clean rates detailed in the IPR under infection prevention and also the targets for safeguarding which were not as high as he would have expected. LB noted on the deep clean of vehicles that this had been scrutinised by the Quality and Patient Safety Committee (QPS) and there were inconsistencies across the patch. An analysis of the swab tests was requested and only one result was above what would be acceptable. NEDs were assured that the impact on patients was minimal if any. DA noted this would be further scrutinised under NED committees. DM noted the Exec team monitored the mandatory training for their areas and targets were met last year. The Exec were focussed on staff completing their mandatory training. AR noted the Workforce and Wellbeing Committee (WWC) could work with the Exec team on whether the target was appropriate in the first place. LB noted the target wold have been set a few years ago when the Trust was under intense scrutiny. DA noted it was a fair challenge by GG.

6.4. HN noted the dates of the information provided in the IPR varied from December back to June July 2018. Recognising that some of the data needed validating, HN queried if it really took that long. HN further queried whether the NEDs were assured and in receipt of recent data to be appraised of the current situation. LB noted some of the data was national and cyclical in terms of the lag on reporting. HN queried safety risks in the delay of data reporting and was keen to understand if NEDs had access to the non-

validated data to be able to assess real time risk? DA noted the Exec reviewed daily metrics on time-based performance, and they had access to live incident reporting. DM was confident the Trust was capturing and reporting on what was happening in real time and were in a position to react as needed. DM noted that trends came from a review of historic data. DM noted that the ePCR would lead to more real time data.

7. Board Assurance Committees

7.1. JC noted there were multiple negative comments on the functionality of GRS and the payslip system on the Trust's Facebook group. JC was keen to understand what oversight the WWC had on this. AR noted that the WWC were scrutinising all systems and procedures in HR after review by the HR Director. In the interim, the WWC had noted that a highly experienced HR individual was looking to be recruited to continue this work stream. The WWC were aware of payroll issues. PL noted there was a scrutiny item coming to WWC on payroll queries in April.

7.2. FD asked if NEDs were assured that issues that had come out of the staff survey that were highlighted by the HR Director at the recent Board meeting, were the correct ones the Trust should be focussing on. AR noted the Exec's grasp and summary of key areas from the survey was accurate. The NEDs were yet to hear on specific actions from survey, so were partially assured on that aspect. LB noted that employee grievances were an area the Trust needed to improve on. MW noted employees needed to be assured that the grievance process was fair and implemented consistently and this was not currently in place, but it was part of the review of the processes and systems as mentioned earlier.

7.3. JC queried bank staff access to the staff survey. DM had noted he had been looking into this. The Trust was informed that this was a national rule regarding participation. Perhaps national HR Directors could lobby for change.

7.4. FN noted that a large number of the Trust's current cohort of final year students at St Georges were struggling to achieve the formally required number of hours of practice - specifically, it seems, supported by a qualified paramedic. FN noted concern that they may not be able to meet the nationally mandated supported practice and will therefore not qualify in time for the June deadline and graduation date. FN noted that he had raised this issue previously and was keen for a formal response on this.

7.5. DM noted that the HR Director was aware of this and was working with St Georges to try to address the issues. AR advised he would follow up on this to see what the outcome was. AR noted this would be escalated for review at the WWC to be able ask appropriate questions of the Exec on this and to seek assurance on the outcome and what plans were in place to support the students.

ACTION: AR to follow up with HR Director on St George's student practice hours and scrutinise at WWC.

7.6. PFM noted that as part of her induction she had visited the West Emergency Operations Centre (EOC) and noted that it was, in her opinion, a high stress environment. Dispatchers had noted that they rarely were able to take their breaks. PFM noted she had been advised that the Team Leader normally took over the work to cover breaks. She had been told that if the Team Leader was busy they had to arrange cover between colleagues, which doubled the workload. DA queried whether this had been raised with line management. PFM noted it had, but had not been addressed. PFM noted segregation in terms of career aspiration and opportunities available to certain roles within EOC. DA noted the Quality & Patient Safety Committee had kept a close view on morale in EOC. LB noted a significant programme of works was taking place looking at retention, recruitment and environment in EOC. PFM wanted to understand how she would know improvements were being made. DA noted you could seek assurance from NEDs and review the staff survey outcomes, which were an indicator for improvement work.

7.7. MP noted that she sought assurance on the momentum of the culture change programme and that it would continue at an appropriate pace with the Director of HR & OD leaving. AR noted that the WWC was focusing on data around retention, as this was an indicator on culture. It was important to focus on providing tools and training for Operating Unit managers to implement positive change locally which will be captured in a project plan. DA noted culture started at Board level, and Board Development programmes around this were in progress. AR noted that the Board and staff culture work was simultaneous. MW noted that it was unusual for culture work to be allocated to a HR work stream. This was an opportunity for the Board to take ownership of this area. Culture change was about co-design and empowering staff to take responsibility. The Trust had a little more to do in that area, but the building blocks were there. MP noted the need to have someone at Board level championing culture work.

8. **Community First Responder (CFR) Recruitment**

8.1. DA welcomed Greg Smith, Voluntary Services Manager, to the meeting. GS noted there had been a previous session at the Council focussing on a proposed CFR strategy. GS noted he was committed to making improvements for CFRs.

8.2. In January, CFR recruitment re-opened for the first time in 18 months. This had allowed time to focus on getting comprehensive training in place and good governance structures to induct, recruit and train CFRs. GS noted they held a 1-month recruitment window and were inundated with applications – 328 in total. There was a need for a robust interview and shortlisting process to manage the applications, which were received through the NHS Jobs website. GS was keen for the CFR role to be respected and valued by both CFRs and the Trust. GS was focussed on getting the recruitment process right and selecting the best candidates to take forward; those who would be most appropriate in caring for patients and representing Trust values.

8.3. A shortlisting exercise was undertaken to review whether the candidates met the set criteria. Some were not in the area required or did not have a car, and some included limited or no evidence that they met the criteria. These were the main reasons for rejection. GS noted there was a section that clearly detailed you should note how you met the criteria. 248 candidates were shortlisted. GS noted that it was crucial to stand by the criteria during this process as the Trust had a duty to select the most appropriate applicants.

8.4. Some local teams had known of local applicants attending their meetings as a member of the public and were disappointed those people were not shortlisted. GS advised that the shortlisting was blind and anonymised and was consistent and fair for that reason While unfortunate that some people who were known to teams did not get shortlisted, it was a fair process and they did not meet the criteria.

8.5. Interviews were currently taking place, and there was a mix of CFRs, clinical and support staff on the panels. Full briefings and a lead for each interview date were provided. A scoring matrix was in place to ensure the criteria was being judged against fairly. There were 120 places to offer to the highest scoring applicants.

8.6. DA praised the high number of applicants and noted that GS had followed NHS recruitment advice of matching against set criteria. DA further noted that he felt GS had designed an inclusive interview process. DA noted it would be useful to develop a talent pool as there were a limited number of opportunities presently, this would enable the Trust to keep a chain of people in line for future opportunities.

8.7. AR noted that a concern had been raised around the fairness of the process in respect of those known to local teams who had not been appointed. AR advised that NED Terry Parkin had audited the process by reviewing a sample (25%) of applicants at random, who were unsuccessful. He was assured that the criteria had been appropriately applied and that overall, the rejected applications fell short of the criteria required. AR noted GS was demonstrating clear ownership of the process.

8.8. GS noted the need to achieve a balance by giving local managers responsibility for CFR recruitment in the future following the NHS guidance.

8.9. MT noted that the feedback being sent to candidates could be considered generic. GS noted that if there was an obvious reason such as incomplete form or lack of driving licence this was noted in the letter. GS noted that many applications just did not meet the criteria – they were given a guide on how to detail this on future applications.

8.10. JC noted that what jarred with him was those that had volunteered for up to 18 months were rejected based on a paper application, not their experience in his opinion. JC noted that he had heard of some CFRs being promised an interview. He queried those that assessed the applications – and if they had CFR experience. JC noted that someone had used the same application for a CFR role as an Emergency Care Support Worker (ECSW) role they were applying for. That person was offered the ECSW role and not the CFR one.

8.11. GS noted he was grateful for the independent review undertaken and that the process had been shown to be fair. GS noted a number of individuals that were using dual statements for different roles were not evidencing their suitability to the specific role.

8.12. GS noted that one of the panel members for shortlisting was a Community Partnership Lead with 10 years' experience as a CFR. The team who undertook the shortlisting were qualified to do the exercise.

8.13. GS noted that if team leaders had candidates that they were hoping to get through to interview – they should look to support them in the process. GS confirmed he had not promised anyone an interview. He noted the external candidates had no formal relationship with the Trust. The change in the process was to bring fairness and equal opportunity. DA noted work was needed on managing the expectations of applicants. GS noted culture change was tied in to this –it was a fair process and there was no place for complacency in applications.

8.14. JC noted that the CFR role was often a step into the health service; he was keen for volunteers to be supported in the process of their application. JC was finding it hard to understand that someone who had given 18 months of their time attending meetings were not offered an interview. JC noted that CFR teams were made up of operational CFRs and those that fundraise and aspire to be a CFR in the future.

8.15. MBG noted that if the Trust was committing to a formal and fair process it needed to go forward with it. DA noted the need for consistent messaging on the process changing and why. GS noted there was an element of resistance around change, but the changes were in the best interests of patients.

8.16. PFM agreed with JC that CFR teams were two fold – operational and fundraising. PFM asked if it was clear that fundraising was part of the role in the application. PFM queried challenges of CFRs who apply with only the aim of becoming ECSW. GS noted this was the Trust's first recruitment campaign in a long time. Going forward the recruitment would be based on demand – not a yearly exercise. GS commended anyone who decided to volunteer to get an insight prior to taking a permanent role in the Trust. GS advised that fundraising was discussed at the interview stage and on application. DA noted the Trust was keen to raise the profile of volunteers and the fundraising activity. PFM was grateful for the fundraising being highlighted as it was a challenge.

8.17. HN noted his personal view that there would always be resistance to change, but it is more damaging to change the process to accommodate those that resist. HN noted that the CFR role was semi-professional and it was important to clearly advertise this factor and detail that they will be representing the ambulance service in their community. HN noted the need for mindfulness on it being a fair and inclusive process. GS would seek guidance on offering assistance to those that needed it in completing the form. FD asked if it was targeted recruitment. GS noted that response data was reviewed and the advertising was relevant to the gaps highlighted in the

data. After this round of recruitment, it would be even more specific, plugging any gaps in relation to demand.

8.18. RL asked if references were sourced for volunteers alongside DBS checking. RL queried diversity monitoring. GS noted the process was blind and anonymised for fairness. References were taken up after successful interview.

8.19. FN noted St John and Red Cross were a volunteer community that the Trust should look to be fully integrated with.

8.20. NP noted the recruitment process had to be robust due to the interaction with the public and patients. Regarding fundraising, NP suggested that knowledge sharing between charities to help each other could be useful. JC noted that the centralised charity in SECAmb was in his opinion not effective and ownership of fundraising was on local schemes. JC was keen for knowledge sharing on fundraising to be taken forward under the new management of voluntary services; he noted he had been raising this challenge for a number of years. DA noted the need to effectively communicate with CFRs on ways of working and improvement suggestions. GS noted the community volunteering strategy would go some way to encompass this.

8.21. GS noted he would like to draw a line under the past and move forward with the support of the Council and Exec Team. DA noted the debate today had been fair and demonstrated the Trust's commitment to getting it right for our volunteers and patients.

9. **Mental health & patient care**

9.1. This item was withdrawn as the presenter had been in a road traffic accident the day before. It was noted it could come to a future Council meeting and that Governors could seek assurance from NEDs on this area of work under the Quality and Patient Safety Committee report. The Council sent its well wishes to the presenter of the item.

10. Membership Development Committee Report

10.1. KS noted that the current public membership was 10,193 and staff membership was 3,694. KS advised that the MDC had met on the 18th February and that the areas of focus were on youth representation within the Trust's membership and opportunities for involvement. A review of the Inclusion Strategy took place; 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.

10.2. KS noted that the MDC also reviewed and agreed proposals for member recruitment and engagement with a focus on developing diversity in the membership. Plans for attendance at events would be circulated to Governors in due course to enable them to take part.

10.3. The next MDC meeting was on the 7th May and KS invited Governors to attend, noting she was also keen for Governors to register interest in being

the Chair or Deputy Chair of the MDC after that meeting as those positions were vacant.

10.4. KS noted that the work of the Council was promoted through the staff bulletin, the public newsletter, social media platforms and meetings were available for members to listen to online through the Trust's website.

10.5. KS noted that the MDC reports to the Council on multiple staff, patient and public foundation trust member groups. KS encouraged Governors to read the minutes of the meetings to understand the views of these key groups.

11. **Governor Development Committee Report**

11.1. JC gave overview of the role of the committee and encouraged Governors to attend. The report was taken as read. GK noted that he had not received the email detailed at item 3.2.2 on the Freedom to speak up poster, neither had JC. KS noted this had been actioned but could be re-sent to JC & GK.

ACTION: Freedom to Speak up Information to be sent to JC & GK.

12. **Governor Activities and Queries Report**

12.1. JC gave an overview of the purpose of the report and the ways Governors could submit questions and queries through Isobel Allen for response. These were then recorded in the report. RL was keen to get an update on parking availability at the HQ. KS noted that Estates would be chased for a response.

13. Any other business

13.1. PFM asked whether the Trust reported on common themes from Freedom of Information requests and if Governors could be given an overview of this. PL noted that the Information Governance group reviewed this.

14. **Questions from the public**

14.1. No questions were received from the public.

15. **Areas to highlight to Non-Executive Directors**

15.1. These items were picked up within the meeting and captured in the action log.

16. **Review of meeting effectiveness**

16.1. The meeting overran but the quality of the discussions was good. DA noted he was pleased that Governors had clearly read the papers in detail.

Date of next formal Council meeting – 6th June 2019

Status Key Code: C- Complete, IP - In progress, S - Superseded

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
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).
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	On agenda for June 2019 - postponed after presenter was in an RTC
31.01.19	99.10	252	DM to provide information about where the NET pilots were taking place.	DM	Mär.19	CoG	IP	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	99.19	254	IA to seek further information regarding questions from West Sussex Councillors which may have gone unanswered.	IA	Mär.19	CoG	C	Request sent to the ex-Governor concerned to clarify the issue and who they contacted (21.02.19). They advised it was Billingshurst, Petworth & Midhurst councils who had raised the issues, and these have subsequently featured in media coverage around the issue of rural response times, which the Trust has responded to. The GDC has noted that rural response times woudl be a good item for a future agenda so further discussion about this can take place then.
14.03.19	5.11	255	ePCR Project Lead to present at future Council meeting.	IA	Jun.19	CoG	C	Ryan Bird attending to cover ePCR at the June 2019 meeting.
14.03.19	6.01	256	Check deaths in hospital data on the IPR for accuracy in August and September 2018.	IA	Jun.19	CoG	C	The issue was the apparent duplication of data for two consectutive months. The IPR team have been informed and if needed, will rectify.
14.03.19	6.20	257	GS to advise regarding collation and record of CFR contributions.	GS	Jun.19	CoG	IP	To be advised.
14.03.19	7.40	258	AR to follow up with HR Director on St George's student practice hours and scrutinise at WWC.	AR	Sep.19	CoG	C	AR states: it was discussed at length at WWC. At that point, as a NED, having established the foundation for the reported concerns and that the team were aware and beginning to grip them, I have stepped back to allow the team to get on with it. I would anticipate some assurance back to WWC in due course.
14.03.19	13.10	259	QPS to be made aware of any FOI trends	IA	Jun.19	CoG	IP	Freedom of Information trends are reviewed at the Information Governance Working Group on a quaterly basis. Governors may wish to ask QPS members present whether they receive these trends at QPS or would wish to.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

CHIEF EXECUTIVE'S REPORT

1. Introduction

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

2. Local issues

2.1 Changes at Board level

2.1.1 On 1 April 2019, I took on the role of Interim Chief Executive following Daren's departure from the Trust and ahead of Philip Astle joining SECAmb as our new substantive Chief Executive in September 2019.

2.1.2 I am very proud to be undertaking this role and grateful for the support received so far from my Board colleagues and from the wider organisation as a whole during what has been a busy period.

2.1.3 In March 2019, Paul Renshaw joined us following our announcement that Ed Griffin, Director of HR & OD would be leaving SECAmb at the end of April 2019. Paul was able to have a short, hand-over period ahead of Ed leaving and will be with the Trust until the end of December 2019.

2.1.4 The Trust has now started the process for the substantive recruitment and we will provide up-dates in due course.

2.1.5 I am very pleased that in June 2019, Dr Richard Quirk will be joining the Trust as Deputy Medical Director. Richard, a GP, is currently Medical Director at Sussex Partnership Trust but also worked with SECAmb recently as NHS I's Improvement Director.

2.1.6 I am also pleased to welcome both Dr Robin Warshafsky and Dr Magnus Nelson to the Trust as Assistant Medical Directors. Robin is a GP and has a wealth of experience in urgent care, whilst Magnus is an experienced A&E Consultant, already well-known within SECAmb through his work with the Air Ambulance.

2.1.7 Magnus is currently taking on the role of Interim Medical Director, ahead of Richard Quirk joining SECAmb, at which point Richard will take on that role until September 2019.

2.2 Executive Management Board (EMB)

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

2.2.2 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 reviewed and discussed the Trust's contractual position
- Been actively involved in the preparation for and submission of the NHS 111 bid
- Paid close attention to the Trust's response time performance, especially Category 3 performance

2.2.3 In April 2019, the EMB also held one of the quarterly Executive Resilience Committee meetings. This Committee is responsible for all matters relating to Emergency Prevention, Preparedness & Resilience and during this meeting, received a report of the Trust's preparations for the UK's exit from the EU.

2.3 NHS Staff Survey results

2.3.1 Following publication on 26 February 2019, of the 2018 NHS Staff Survey results, we have committed to taking a two-strand approach to addressing the issues highlighted in the results – at a corporate and at a local level.

2.3.2 At a corporate level, the three areas that the Board has agreed to focus on are:

- Leadership communications
- Improving the quality of appraisals
- Looking after our staff better

2.3.3 Work is already underway in each of these areas and progress will be monitored through the Executive Management Board (EMB) and through the Workforce and Wellbeing Committee.

2.3.4 At a local level, managers have been supplied with results for their own area, which will enable them to focus on developing local plans, with their teams, to address the issues which are relevant to their staff. Progress in delivering these plans will be monitored through the Area Governance structure for operational teams and by Directors through their departmental meetings with support teams.

2.4 Management training/induction

2.4.1 At its meeting in April 2019, the Workforce and Wellbeing Committee identified an emerging theme relating to management induction / training, which links to some of the internal control issues currently being experienced. The committee escalated this to the Executive Management Board (EMB), and a gap analysis was undertaken relating to both management induction and training.

2.4.2 The initial findings were received by EMB on 15 May 2019 and the next steps will be agreed over the coming weeks. An update will be provided to the Workforce and Wellbeing Committee on 13 June 2019.

2.5 Engagement with local stakeholders & staff

2.5.1 During April and May, I have met with a number of our key external stakeholders including the Chief Executive and senior teams of a number of our

acute hospital partners, including Medway, East Sussex Health and Maidstone & Tunbridge Wells Trusts.

2.5.2 These meetings are obviously beneficial in an operational sense but are also vital if we want to build strong relationships and play an important role in the evolving regional STPs as they develop into ICSs (Integrated Care Systems.

2.5.3 On 29 April 2019, I also met with Assistant Chief Constable Nev Kemp from Surrey Police, who is one of our appointed Governors. This was a great opportunity to meet Nev and have time to discuss how our organisations can continue to work well together, as evidenced by the recent success of the Joint Response Unit **3**

2.6 Care Quality Commission (CQC) inspection

2.6.1 Last week, the CQC confirmed that they will be carrying out their next inspection of the Trust during this coming summer. The Core Services element will take place in early June, followed by the Well Led inspection in July.

2.6.2 I am looking forward to the opportunity to show the CQC that, although we have more to do, we have made real progress since their last visit and that we have fantastic staff, providing excellent care to our patients, every day across our region.

3. Regional issues

3.1 Visit by the Information Commissioner's Office (ICO)

3.1.1 During May 2019, the ICO visited SECAmb and undertook a mini-audit of the Trust, as part of their regular programme of visits. The ICO are an independent body, responsible for upholding information rights in the public interest and national regulators regarding information and Information Governance.

3.1.2 Whilst there was an agreed programme for their visit, the ICO also took the opportunity to talk to operational staff and visit the Quality Improvement Hub.

3.1.3 We have not yet received the draft audit report from the ICO, however feedback received to date has been largely positive.

3.2 Go live of interim NHS 111 service

3.2.1 On 28 March 2019, the Trust went live with a new interim NHS 111/Integrated Urgent Care Service for Sussex, North and West Kent and Medway for 2019/20. This followed a considerable amount of additional work for the staff involved and was an extremely busy period. Thank you to the staff involved for their efforts.

3.2.2 Shortly after go-live, an issue was identified whereby a number of 111 calls, which had reached an ambulance disposition, had been closed in error. Immediate action was taken to prevent further occurrences and an investigation started and I am pleased that our systems enabled us to identify this so quickly.

3.2.3 A thorough review has been undertaken and this is currently going through our governance processes together with our Commissioners. However, initial findings

indicate a very small number of calls were affected. Each of these have been looked into in detail and two have been identified, that were triaged as Category 2 999 calls, where there was a potential risk of the patient involved suffering harm due to a delay in our response.

3.2.4 As a consequence of the immediate action taken, the issue was resolved and there has been no reoccurrence.

3.2.4 On 18 April 2019, the Trust submitted a bid to run the NHS 111 & Clinical Advice (CAS) service in Kent, Medway and Sussex from April 2020 onwards, following. At time of writing, the outcome of this submission is not known.

4. National issues

4.1 European Emergency Medical Services (EMS) Congress 2019

4.4.1 Between 26 and 28 April 2019, I was very proud to have been asked, once again, to speak at the EMS 2019 Congress, held this year in Madrid. More importantly, I was delighted that, for the first time, SECAmb sent a multi-disciplinary team to attend the Congress, which provided an invaluable opportunity to learn from best practice from across the sector and from across Europe.

4.4.2 As part of the Congress, our SECAmb team also took part in the European EMS Championship - a fun, challenging and educational experience for emergency medical personnel, who compete in scenario-based events that test each team's ability to manage patients in various circumstances. Well done to our team who worked really hard in preparation, competed strongly against dozens of other teams from across Europe and put in a fantastic performance.

4.4.3 During my visit, I also had the opportunity to visit the Madrid state-of-the-art, multi-disciplinary emergency control room in Madrid and to witness the preparations for the Madrid Marathon, which coincided with the Congress.

4.4.4 The Congress was an extremely useful event and I was extremely proud of the contribution of our whole team and how they all embraced the opportunity to learn from the best practice being shared.

4.2 National vehicle specification published

4.2.1. In early April 2019, the national ambulance vehicle specification for English NHS ambulance trusts was published by NHS Improvement.

4.2.2 This follows Lord Carter's review last year into efficiency and productivity within English ambulance trusts, which found 'unwarranted variation' in the national ambulance fleet and which recommended a rapid move to a single vehicle specification for all Trusts to follow.

4.2.3 We have already been working hard to take account of Lord Carter's recommendations, which have been incorporated into our new Fleet Strategy.

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

May 2019

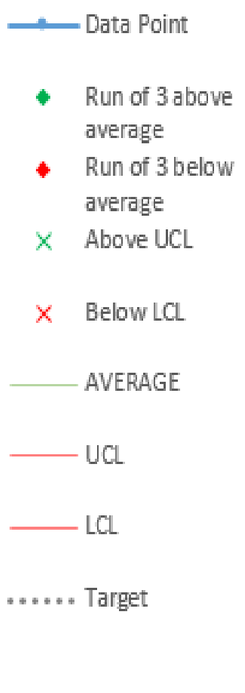
Taking Pride | Striving for Continuous Improvement | Acting With Integrity | Demonstrating Compassion and Respect | Assuming Responsibility

Contents Summary

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



This represents the value being measured on the chart
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.

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.

This line represents the average of all values within the chart.

These lines are set two standard deviations above and below the average.

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 from 13/05/2019

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 March and April 2019 this report and our quality reporting was reviewed in order to further develop and refine our reporting going forward into 2019/20.

A requirement from a recent review of trust performance recommended that, 'The Trust should ensure response times for category three and four calls are improved'.

Response times are monitored in a monthly national report to NHSE, provided by the Business Intelligence (BI) service and internally on our preferred reporting system (Power BI) in the ARP Performance Dashboard.

In addition to the official reporting, BI circulate a weekly performance dashboard to organisation leads and this is discussed in weekly operational team meetings as part of a routine In Depth Analysis (IDA). Operational actions to improve response times are discussed as part of a weekly call with commissioners.

SECAmb Our Enablers

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

SECAmb Financial Performance

The Trust exceeded its planned surplus for the month of March and year to date by £1.7m due to additional, unplanned Provider Sustainability Funding (PSF).

Cost improvements of £1.8m were delivered in the month, which was as planned, and the full year target of £11.4m was achieved.

The Trust's Use of Resources Risk Rating (UoRR) for the year is 1, in line with plan.

The Trust faced substantial financial risks in 2018/19 and these have been managed effectively.

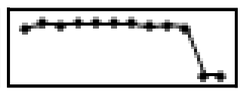
The results for the year remain subject to audit at this point.

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.

Our Patients

SECAmb Clinical Safety Scorecard

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

	Nov-18	Dec-18	Jan-19	12 Months
Actual %	45.2%	41.5%	52.9%	
Previous Year %	51.2%	27.8%	35.7%	
National Average %	51.3%			

Cardiac ROSC - ALL

	Nov-18	Dec-18	Jan-19	12 Months
Actual %	19.1%	25.9%	29.5%	
Previous Year %	24.1%	20.7%	23.1%	
National Average %	28.5%			

Cardiac Survival - Utstein

	Nov-18	Dec-18	Jan-19	12 Months
Actual %	14.3%	18.4%	22.6%	
Previous Year %	32.5%	14.7%	10.7%	
National Average %	26.6%			

Cardiac Survival - All

	Nov-18	Dec-18	Jan-19	12 Months
Actual %	6.6%	7.2%	9.7%	
Previous Year %	9.9%	6.0%	3.6%	
National Average %	9.2%			

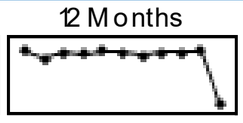
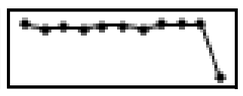
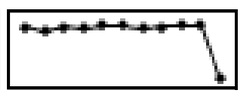
Acute ST-Elevation Myocardial Infarction (STEMI) Care Bundle Outcome

	Nov-18	Dec-18	Jan-19	12 Months
Actual %	58.7%	65.0%	53.6%	
Previous Year %	70.6%	71.8%	61.2%	
National Average %				

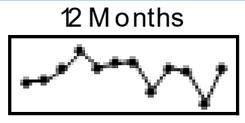
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography

	Nov-18	Dec-18	Jan-19	12 Months
Mean (hh:mm)	02:18			
National Average	02:13			
90th Centile (hh:mm)	03:24			
National Average	03:00			

Stroke - call to hospital arrival

	Nov-18	Dec-18	Jan-19	12 Months
Mean (hh:mm)	01:13	01:16		
National Average	01:14			
Median (hh:mm)	01:06	01:07		
National Average	01:08			
90th Centile (hh:mm)	01:53	01:53		
National Average	01:50			

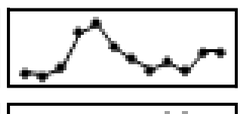
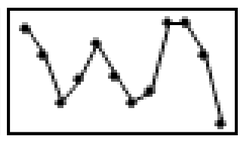
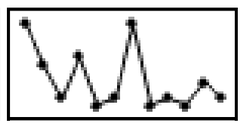
Stroke - assessed F2F diagnostic bundle

	Nov-18	Dec-18	Jan-19	12 Months
Actual %	97.1%	94.9%	97.4%	
Previous Year %	96.2%	95.2%	94.6%	
National Average %	98.4%			

Post ROSC Care Bundle

	Nov-18	Dec-18	Jan-19	12 Months
Actual %	94.7%	91.2%	77.7%	
National Average %				

Medicines Governance

	Jan-19	Feb-19	Mar-19	12 Months
Total Number of Medicines Incidents	109	116	122	
Single Witness Sig/Inapt Barcode Use CDs Omnicell	2	5	6	
Single Witness Sig/Inapt Barcode Use CDs Non-Omnicell	1	0	0	
Total Number of CD Breakages	17	19	17	
PGD Mandatory Training	14	8	65	
Key Skills Medicine Governance	344	0	29	

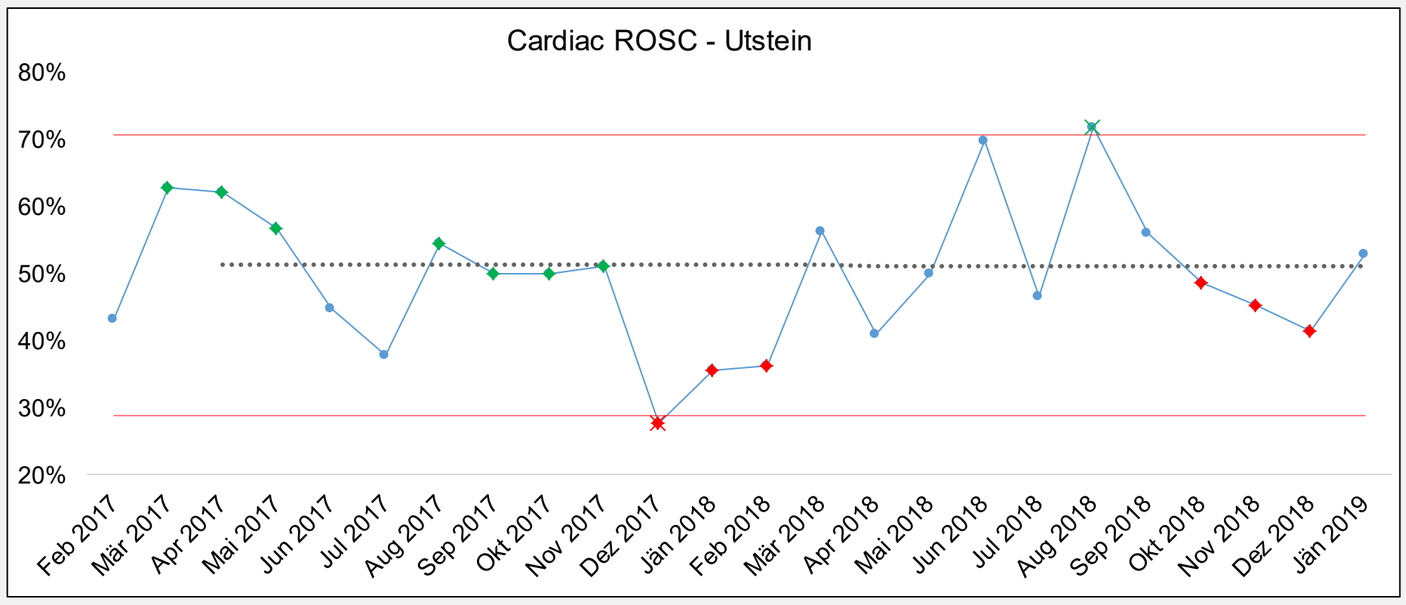
Sepsis Care Bundle Compliance

	Nov-18	Dec-18	Jan-19	12 Months
Actual %	81.5%	82.1%	84.5%	

Medicines Management

	Jan-19	Feb-19	Mar-19	12 Months
Number of Audits	191	166	184	
Percentage of Audits	98.5%	98.5%	99.7%	

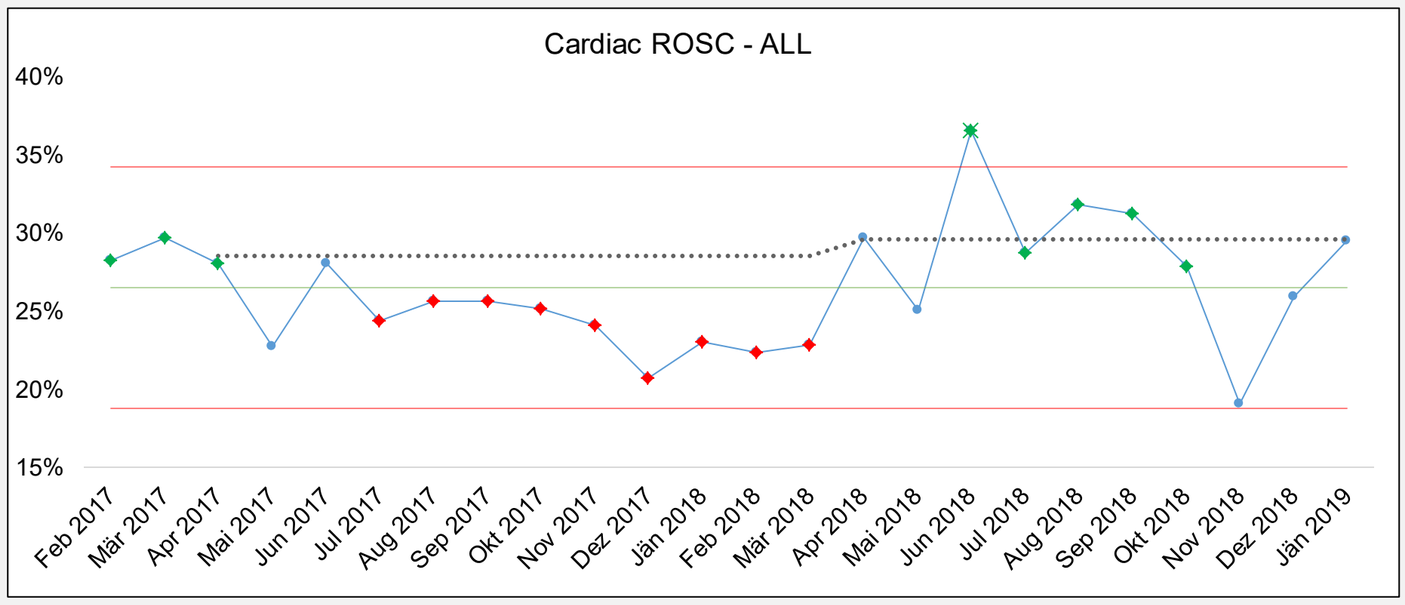
SECAmb Clinical Safety Charts

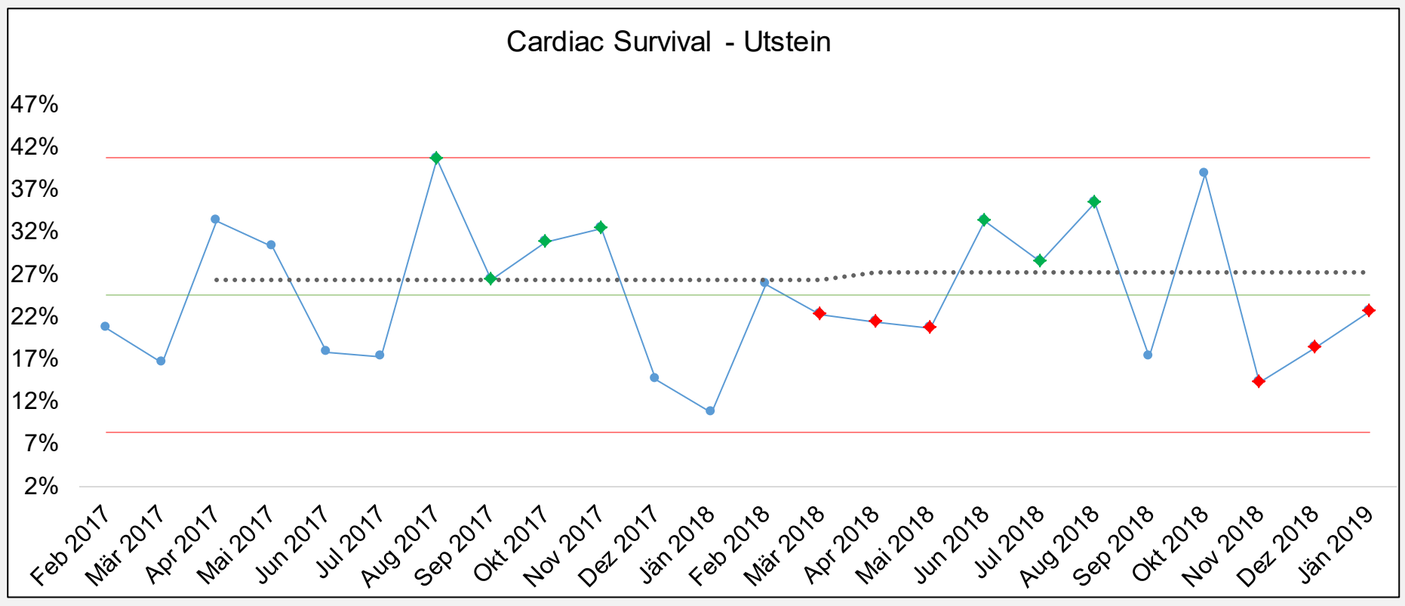


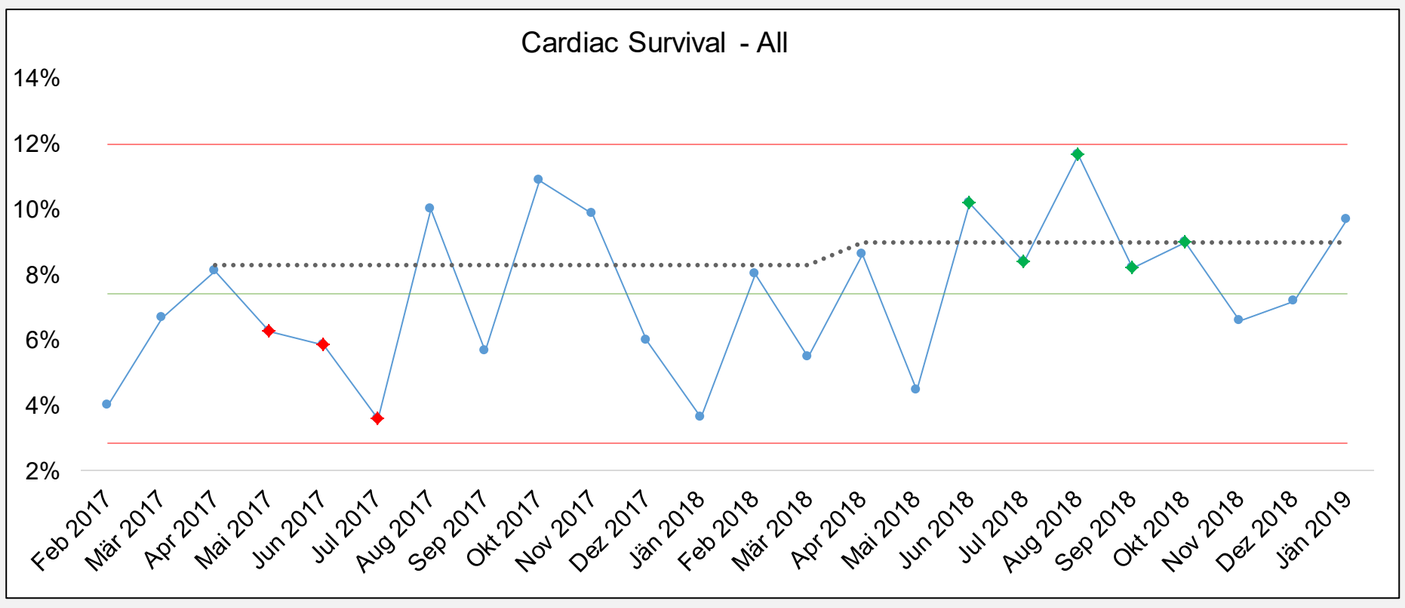
The cardiac arrest charts show the proportion of patients who had a ROSC at hospital and the proportion who survived to be discharged from hospital after resuscitation was attempted.

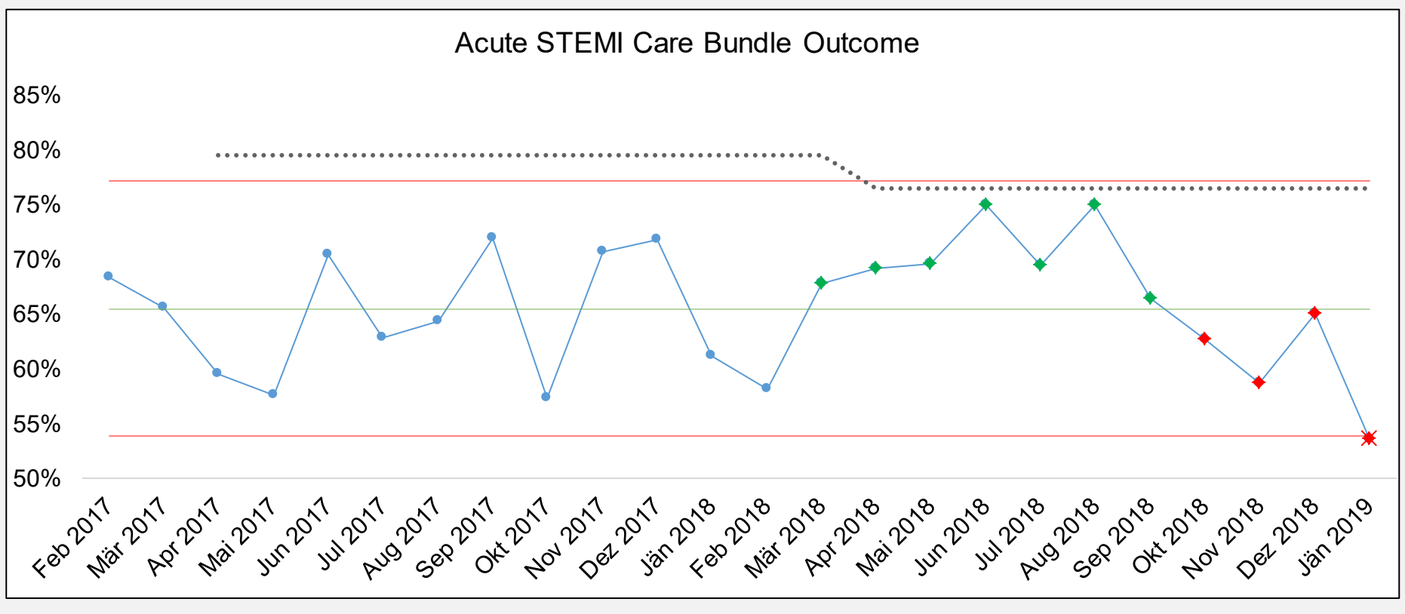
The charts continue to show normal patterns of variation.

A full day of resuscitation training is planned for all staff in 2019/20 Key Skills training. The Trust has also restarted the cardiac arrest download programme that provides information on the effectiveness of a resuscitation for clinicians to reflect upon. This is being positively received by clinicians.









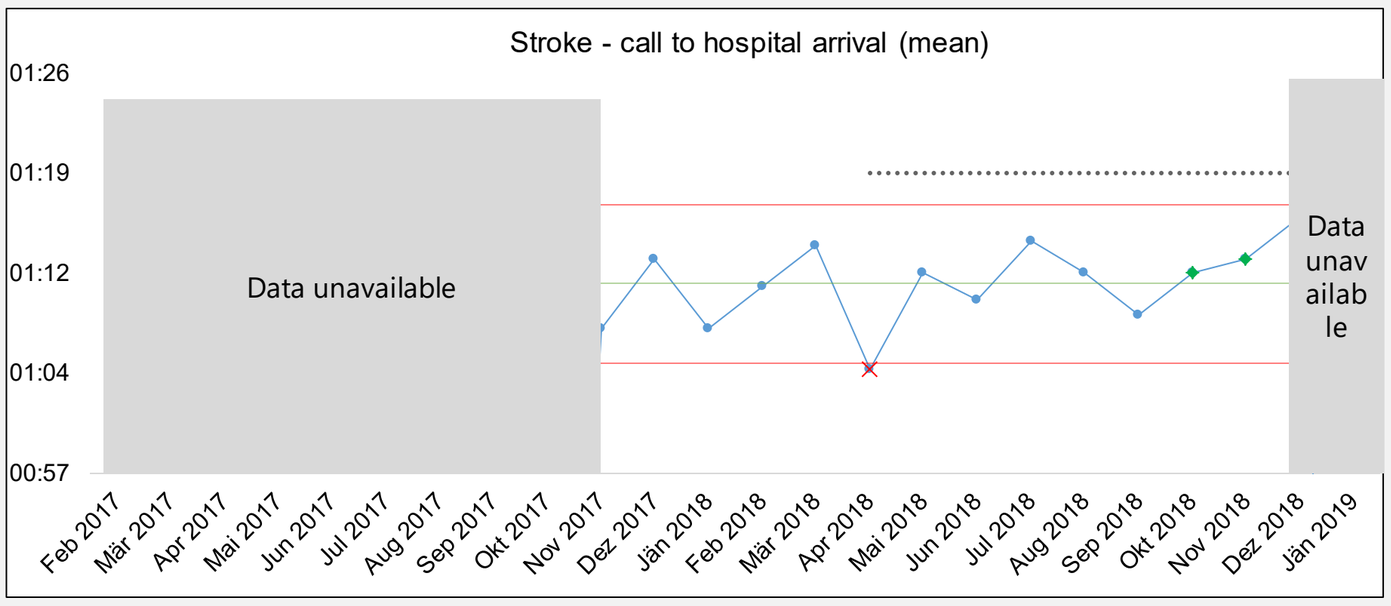
This chart shows the proportion of patients who were suffering a suspected STEMI and received a full care bundle.

There has been a reduction in performance against this measure. This is in line with a change in AQI guidelines, which mandates that paracetamol administration is no longer acceptable for management of STEMI.

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.

The Trust has also procured an electronic clinical audit system that will allow clinicians to log into the system and review their own care bundle compliance, as part of a reflective process.

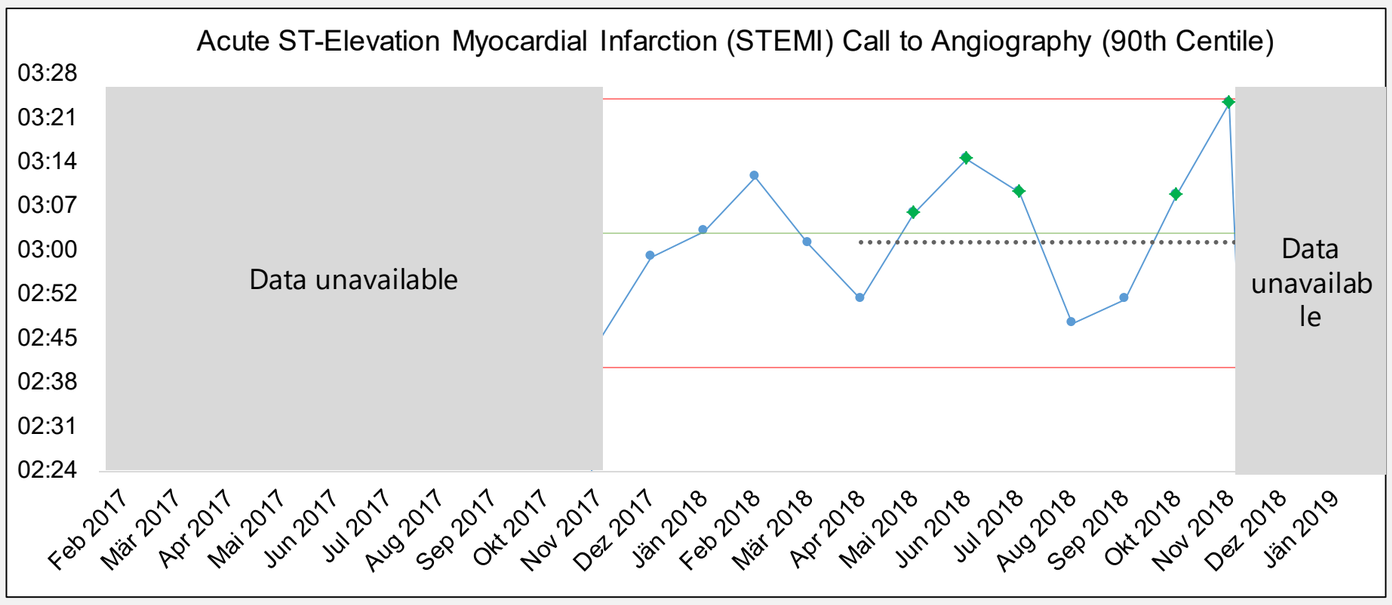
SECAmb Clinical Safety Charts

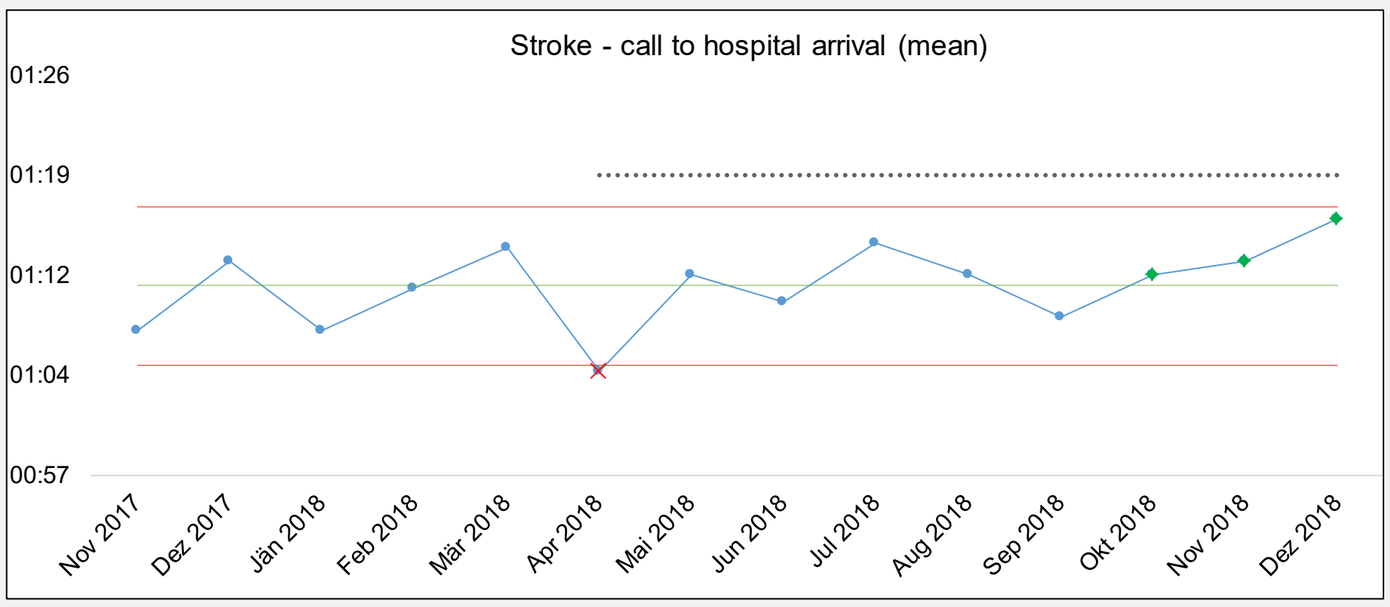


STEMI timeliness charts show the mean and 90th centile call to angiography time for patients who are suffering STEMI.

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.

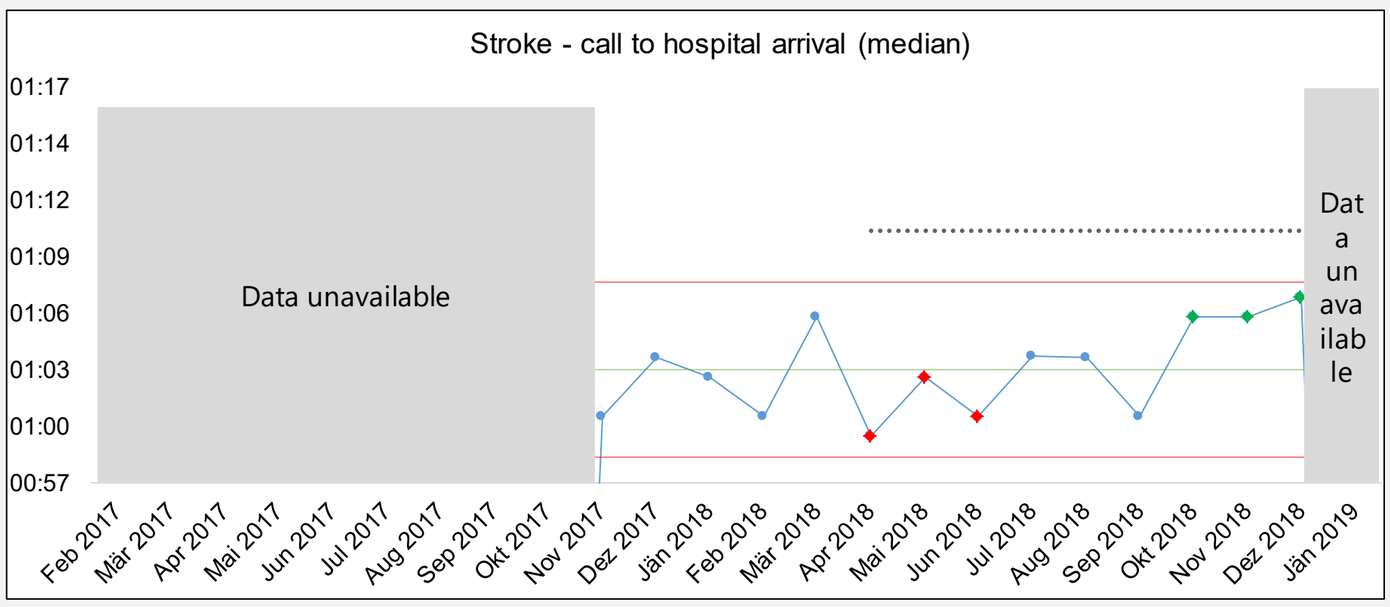


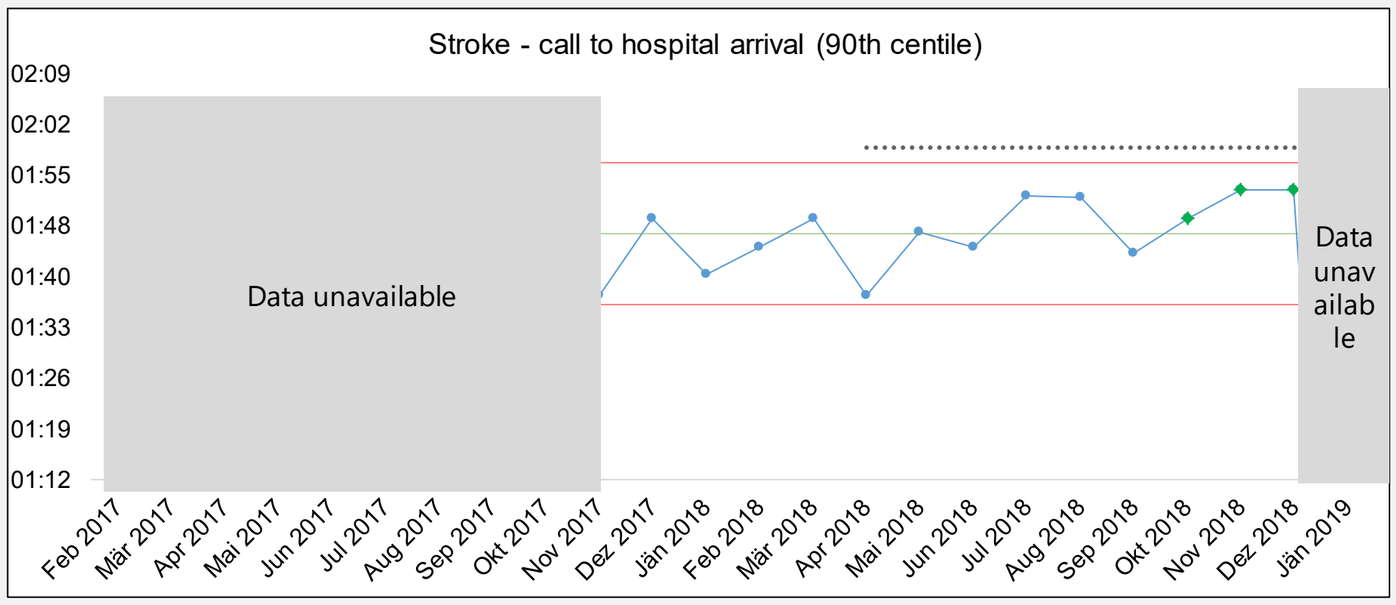


Stroke timeliness charts show the mean, median and 90th centile call to angiography time for patients who are suffering stroke.

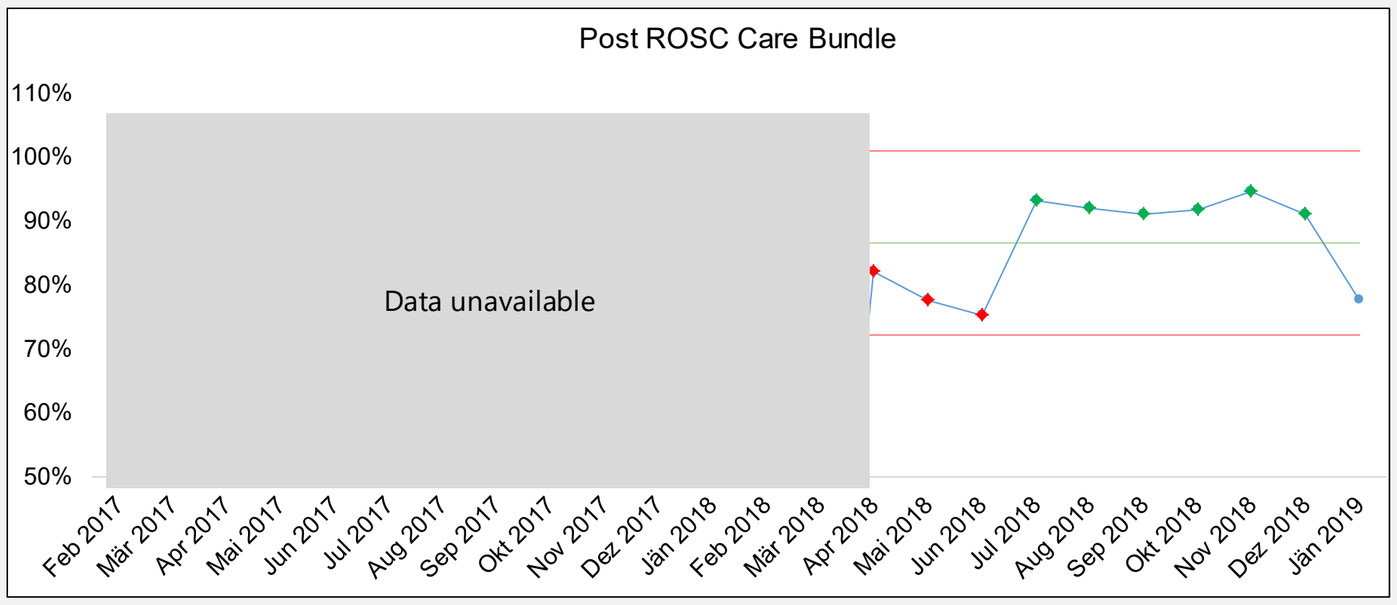
These measures continue to show normal patterns of variation. SECAmb continues to deliver stroke care that is more timely than the national average.

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





SECAmb Clinical Safety Charts

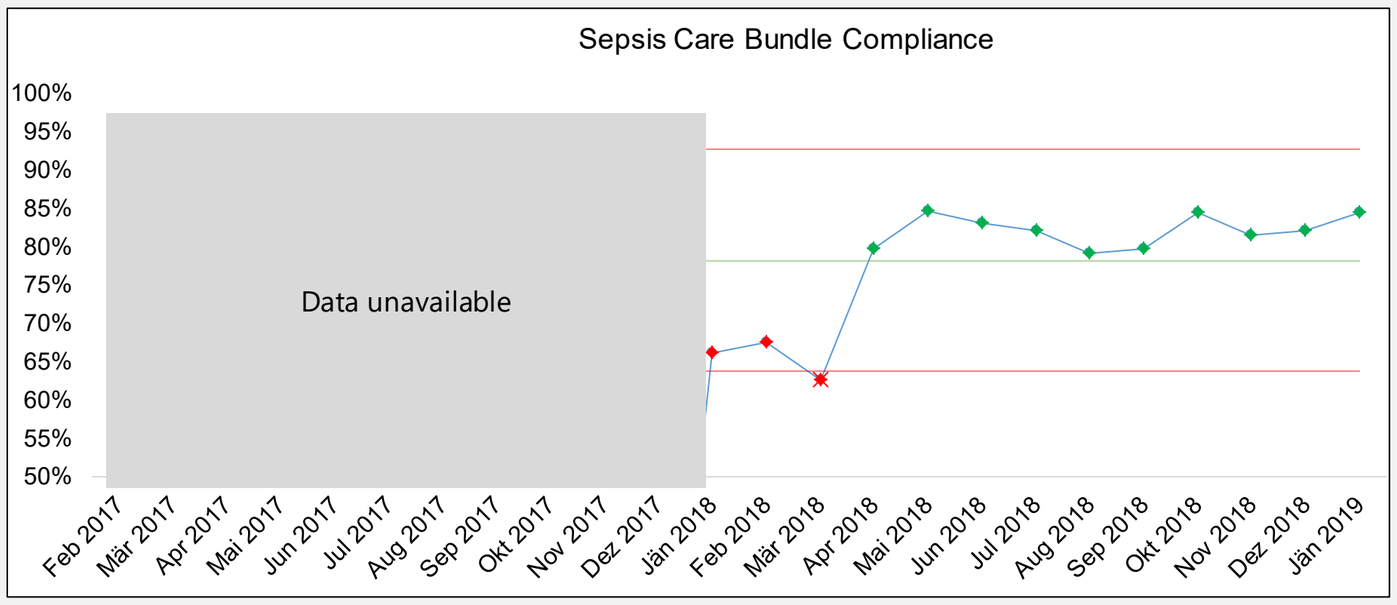


This chart shows the proportion of patients who received a full bundle of care after ROSC was achieved.

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.

The Trust has also procured an electronic clinical audit system that will allow clinicians to log into the system and review their own care bundle compliance, as part of a reflective process.

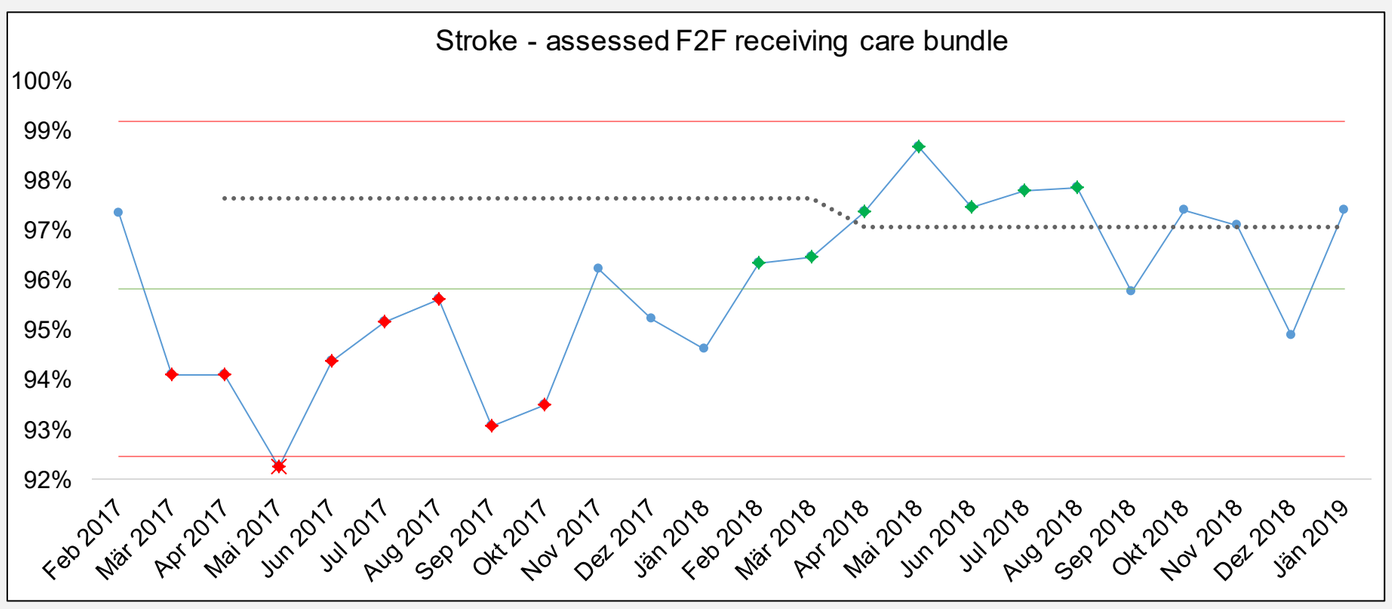


This chart shows the proportion of patients who were suffering suspected sepsis and received a full bundle of care.

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.

The Trust has also procured an electronic clinical audit system that will allow clinicians to log into the system and review their own care bundle compliance, as part of a reflective process.

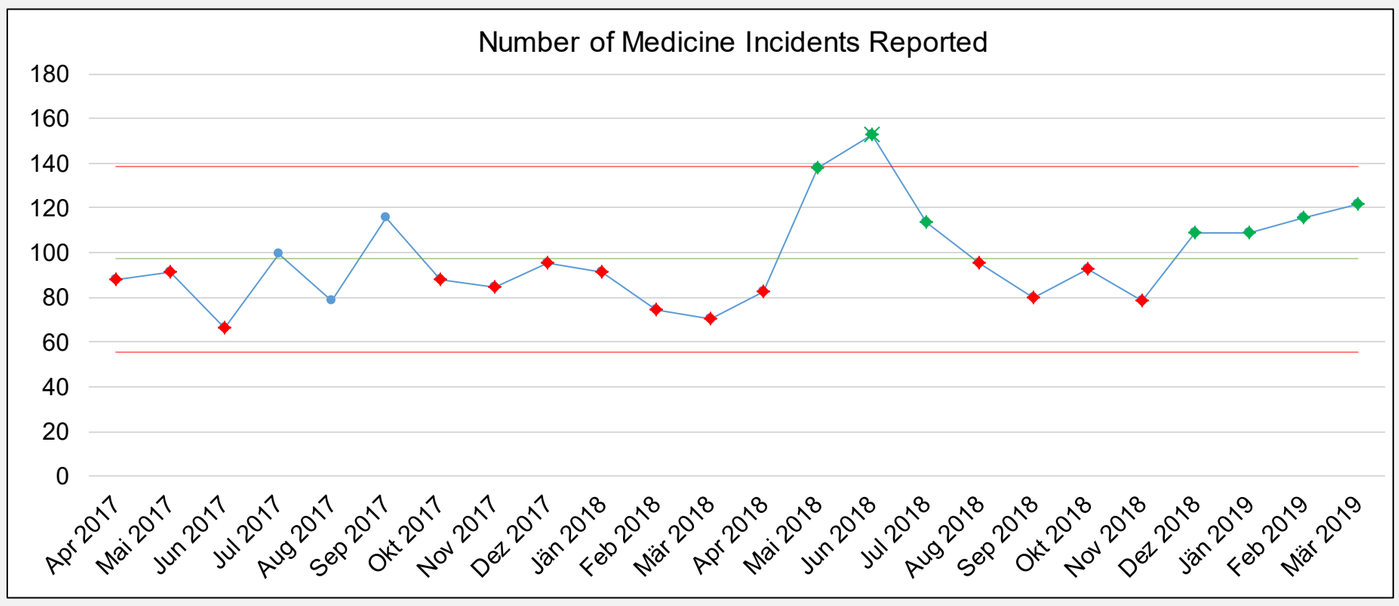


This chart shows the proportion of patients with a suspected stroke who received a full bundle of care.

The data continue to show normal levels of variation.

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.

The Trust has also procured an electronic clinical audit system that will allow clinicians to log into the system and review their own care bundle compliance, as part of a reflective process.



122 medicines incidents were recorded for March 2019.

Medicines Governance Team and QI hub are encouraging staff to submit bulk Datix around medicines pouches due to under reporting of these incidents. Due to this change 37 of the pouch incidents actually relate to 81 incidents due to bulk submissions.

The Medicines Governance Team continue to encourage operational staff to report around medicines governance across the Trust.

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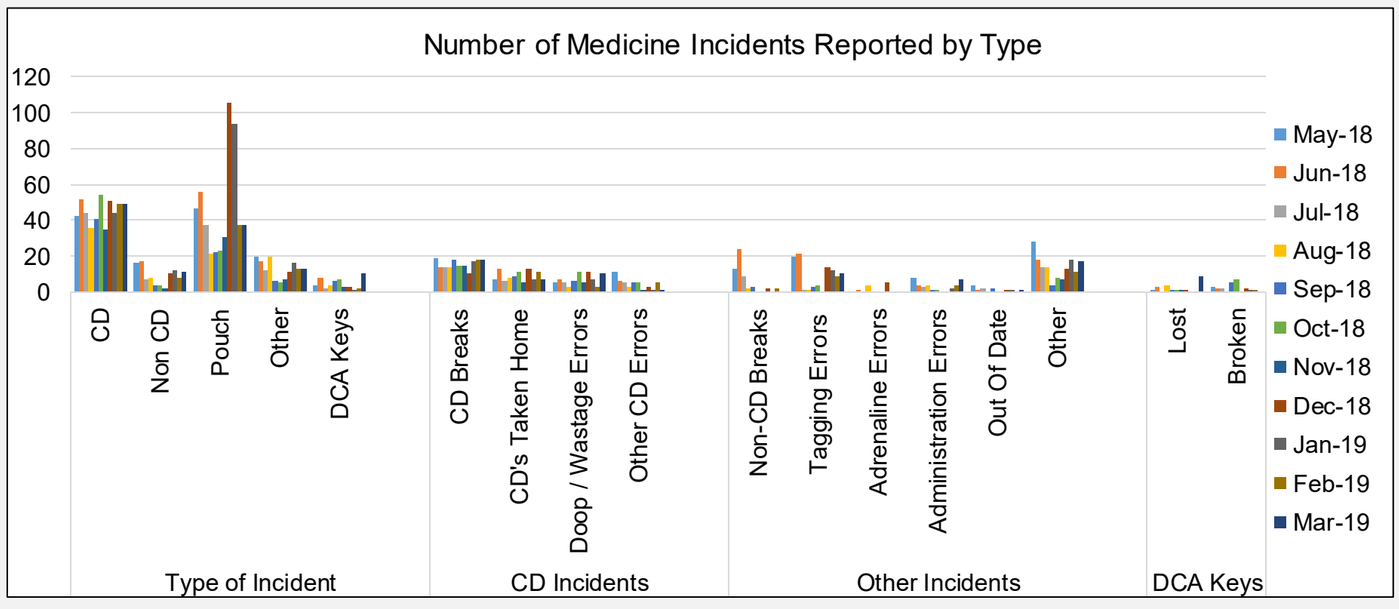
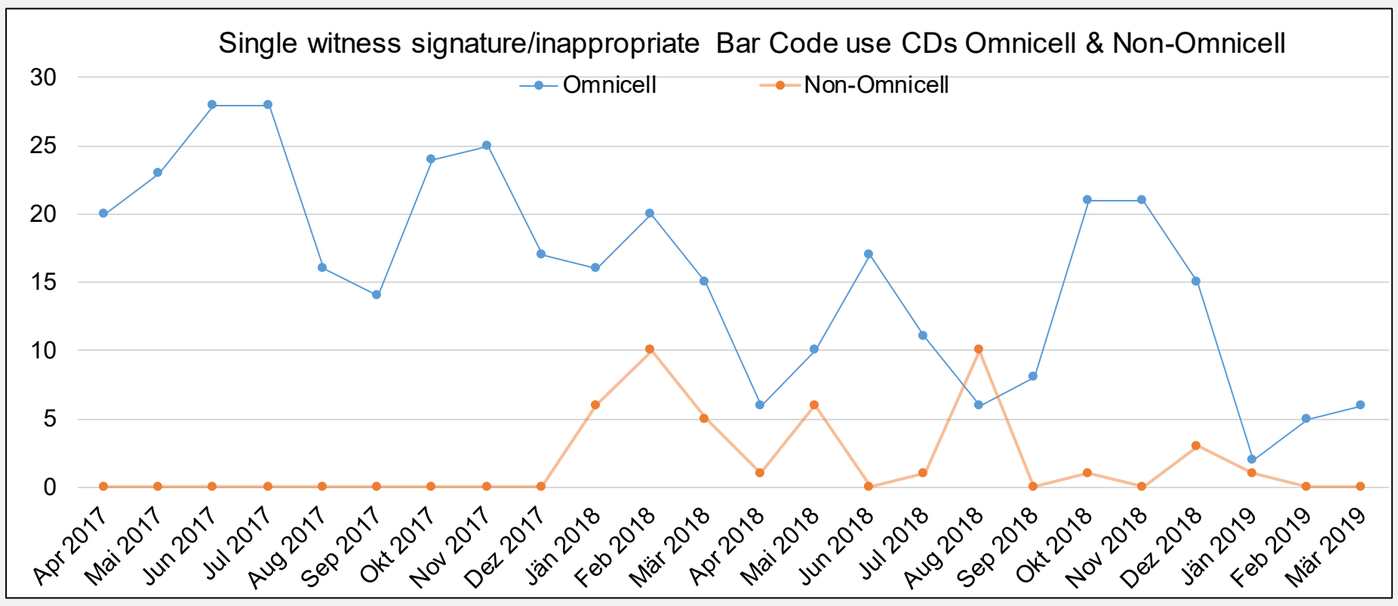


49 of the 122 incidents reported for March 2019 were in relation to controlled drugs (CD) governance, breakages and non-adherence to SOPs.

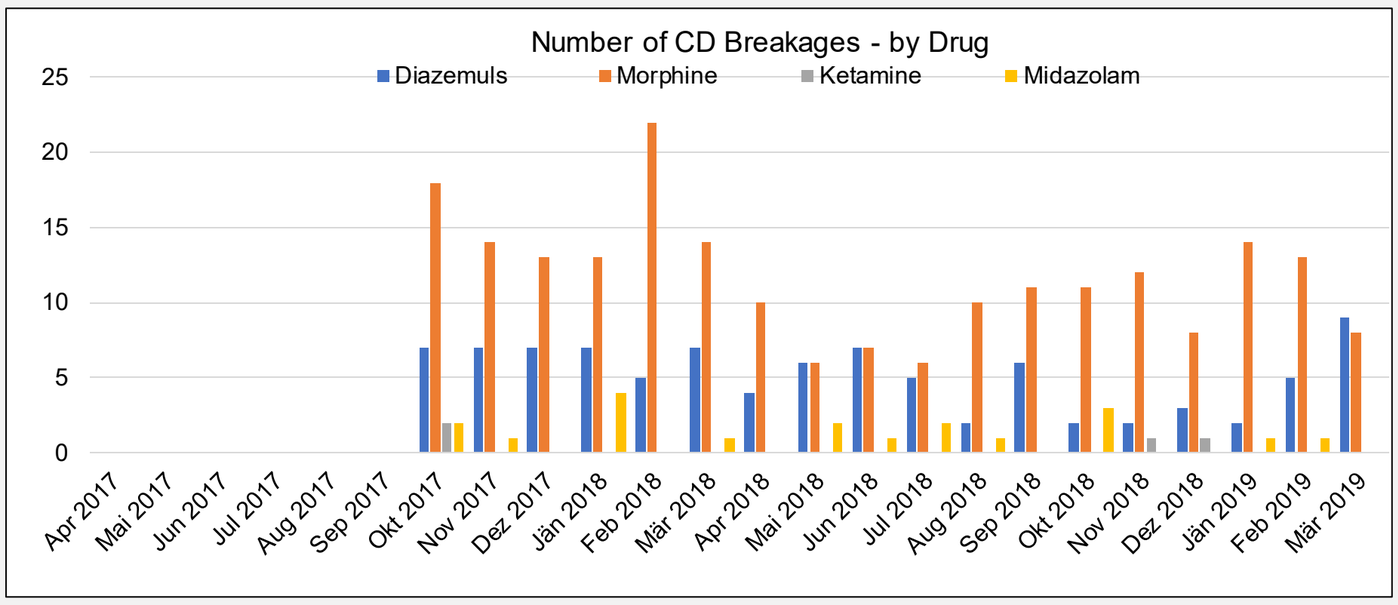
There were 37 incidents reported around medicine pouches, however due to bulk Datix this equates to 81 pouch incidents in total. There was 25 incidents were medicines were missing from pouches. Crews reported 2 incidents were medicines were not available for patients due to incorrect tagging (non-compliance to SOP) by operational crews. There were 7 medication administration errors reported during March 2019.

Clinical bulletins were sent to staff to address a trend seen in Metoclopramide administration errors.

SECAmb Clinical Safety Charts

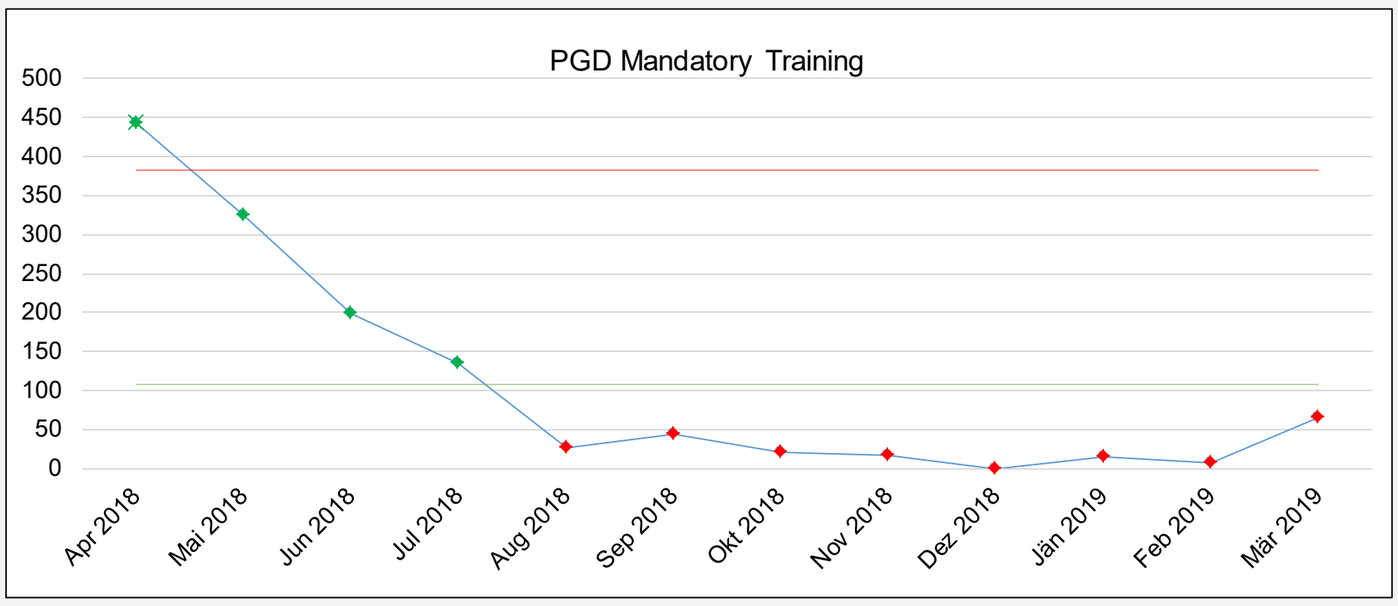


Work continues across the Trust on reducing CD single witness signatures. There were 8 incidents reported during March 2019 of unauthorised single signatures.

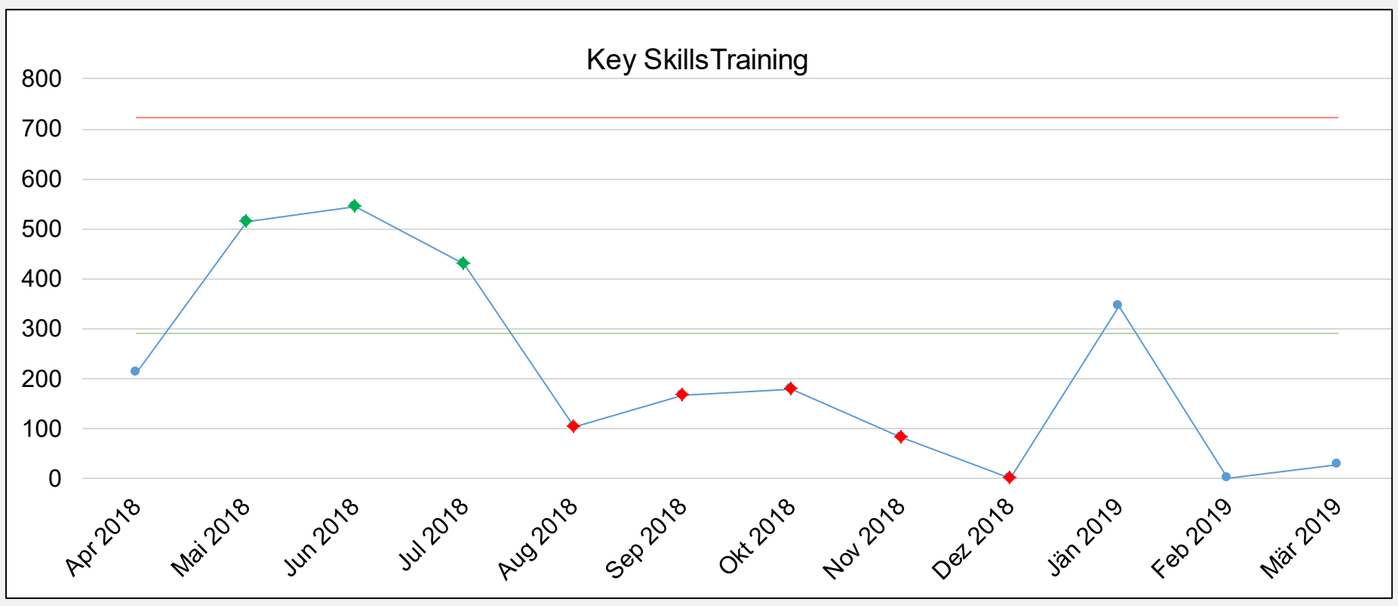


March 2019 reported 17 CD breakages.
8 Morphine
9 Diazemuls

Breakages occurred in the following areas: eight shattered whilst opening, four broken during issue/return, five dropped accidentally.



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



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

Analysis of Cardiac Arrest Data – February 2019

Total number of cardiac arrests identified = 593

Number of resuscitation attempts = 217
excluding DNACPR 94, DOA 245, No Resus by SECAmb 2,
In hospital arrest 2, Post arrest 5, ADRT 27

Utstein definition
Bystander witnessed
Presenting rhythm VF
Cardiac in origin

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

Cardiac Arrests (Utstein incidents) = 32 (15%) rdiac Arrests (All incidents) = 217 (100;

ROSC sustained to hospital (Utstein)
= 15 (47%) + 3 non ROSC

ROSC sustained to hospital (All)
= 59 (27%) + 13 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients		
Utstein	Details	Overall
9	Patient survived to discharge	14
8	Patient died in hospital	50
0	Patient still in hospital*	0
1	Outcome unknown* (Patient identifiable data incomplete)	8

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

Survival to Discharge (Utstein) = 9 (29%)

Survival to Discharge (All) = 14 (7%)

Additional Information – Resuscitation Attempts

Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	101 (47%)	19	2
PEA	60 (28%)	15	4
VF	48 (22%)	24	5
Non-shockable	1 (0%)	0	0
Not recorded	7 (3%)	1	2

CPR Bystander – 130

EMS Witnessed arrest – 26

Cardiac Arrest downloads received for Feb 18	213
Cardiac Arrest download reports sent to crews	89

Analysis of Cardiac Arrest Data by area - 2019

Number of resuscitation attempts = 216
this figures excludes incidents as PAS & VAS crew (of which attained ROSC at Hospital)

Cardiac Arrests (Utstein) East = 18 (56%)	Cardiac Arrests (All) East = 115 (53%)
Cardiac Arrests (Utstein) West = 14 (44%)	Cardiac Arrests (All) West = 101 (47%)

ROSC sustained to hospital (Utstein) East = 8 (44%) + 1 non ROSC	ROSC sustained to hospital (All) East = 30 (26%) + 6 non ROSC
ROSC sustained to hospital (Utstein) West = 7 (50%) + 2 non ROSC	ROSC sustained to hospital (All) West = 29 (29%) + 7 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients

Area	Utstein	Details	Overall
East	5	Patient survived to discharge	6
West	4		8
East	4	Patient died in hospital	26
West	4		24
East	0	Patient still in hospital*	0
West	0		0
East	0	Outcome unknown* (Patient identifiable data incomplete)	4
West	1	Outcome unknown* (Patient identifiable data incomplete)	4

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 = 5 (28%)	Survival to Discharge (All) East = 6 (5%)
Survival to Discharge (Utstein) West = 4 (29%)	Survival to Discharge (All) West = 8 (8%)

Mental Health Response Times (Section 136 MHA)

During March 2019 there were 171 Section 136 related calls to the service.149 of these calls received a response (87.13%) (81.8% in February) resulting in a conveyance to a place of safety by an ambulance on 136 (79.5% of total calls; in February this was 78.8.% of total calls) on these occasions.

The overall performance mean shows a Cat 2 response time across the service as 00.19.50 (February was 00.19.25). Against the 90th centile measure, the response was 00.44.57 (February was 00.36.50).

There were 3 transports of under 18's (6 during February).

There were 22 occasions when SECAmb did not provide a response. This is down from 30 in February. 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 2	Total transports 1
Performance	Mean 00:18.12	90th centile 00:25.02	
Cat 4:	Total calls 0	Total responses 0	Total transports 0
C60 HCP:	Total calls 17	Total responses 9	Total transports 8
Performance	Mean 01:48:16	90th centile 01:27:55	
C120 HCP:	Total calls 2	Total responses 1	Total transports 0
C240 HCP	Total calls 0	Total responses 0	Total transports 0

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

Quality and Patient Safety Report :

The following exceptions are reported:

Compliance with Duty of Candour has decreased. This is due to capacity issues within the serious incident team. A robust plan is in place to rectify this and appears to be on track but is not reflected in the March data.

The revised procedure for serious incidents is in the process of being ratified by JPPF. There remains a challenge meeting national timescale due to some capacity issues within the serious incident team which are being addressed and the need to increase the number of investigators. Serious incident investigation training is being rolled out. Never the less there are signs of improvement in terms of management of the overall process and there is positive feedback from the Clinical Commissioning Group in relation to the improving quality of reports.

Complaints
A rise in the number of complaints in January, mainly attributable to system pressures, and some capacity issues within the complaints team have impacted on compliance with response times. A plan has been in place and improvements are being demonstrating although not demonstrable for May IPR report.

IPC
The IPC team continue to monitor audit compliance for deep cleaning of vehicles and are working closely with the third-party contractors. There has been some impact due to system pressures and ‘hot loading’.

Our People

SECAmb Clinical Quality Scorecard

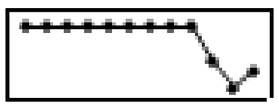
Number of Incidents Reported

	Jan-19	Feb-19	Mar-19	12 Months
Actual	838	761	810	
Previous Year	748	591	627	

Number of Incidents Reported that were SI's

	Jan-19	Feb-19	Mar-19	12 Months
Actual	18	12	14	
Previous Year	22	6	12	

Duty of Candour Compliance (SIs)

	Jan-19	Feb-19	Mar-19	12 Months
Actual %	70%	47%	62%	
Target	70%	47%	62%	

Number of Complaints

	Jan-19	Feb-19	Mar-19	12 Months
Actual	81	96	63	
Previous Year	111	127	112	
Complaints Timeliness (All	89.7%	87.0%	88%%	
Timeliness Target	95%	95%	95%	

Compliments

	Jan-19	Feb-19	Mar-19	12 Months
Actual	180	145	145	

Hand Hygiene

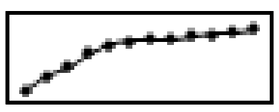
	Jan-19	Feb-19	Mar-19	12 Months
Actual %	91%	92%	91%	
Upper Target	90%	95%	95%	

Safeguarding Training Completed (Adult) Level 2

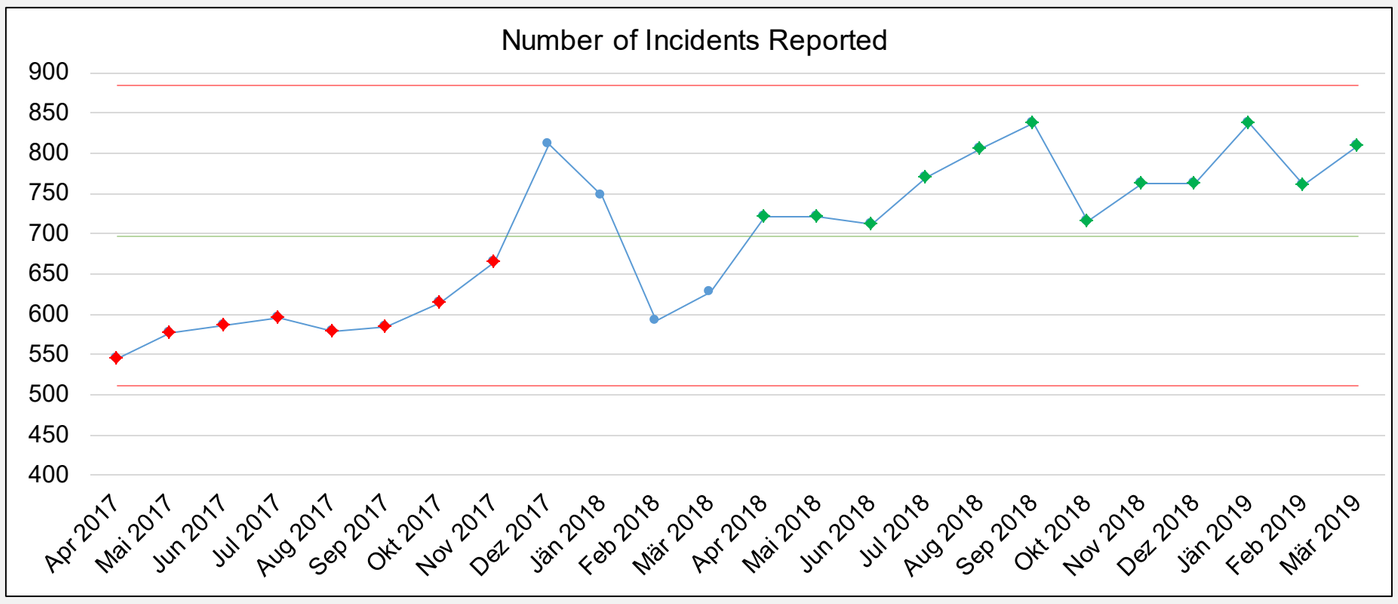
	Jan-19	Feb-19	Mar-19	12 Months
Actual %	86.81%	89.04%	94.30%	
Previous Year %	69.33%	85.66%	94.62%	
Target	85%	85%	85%	

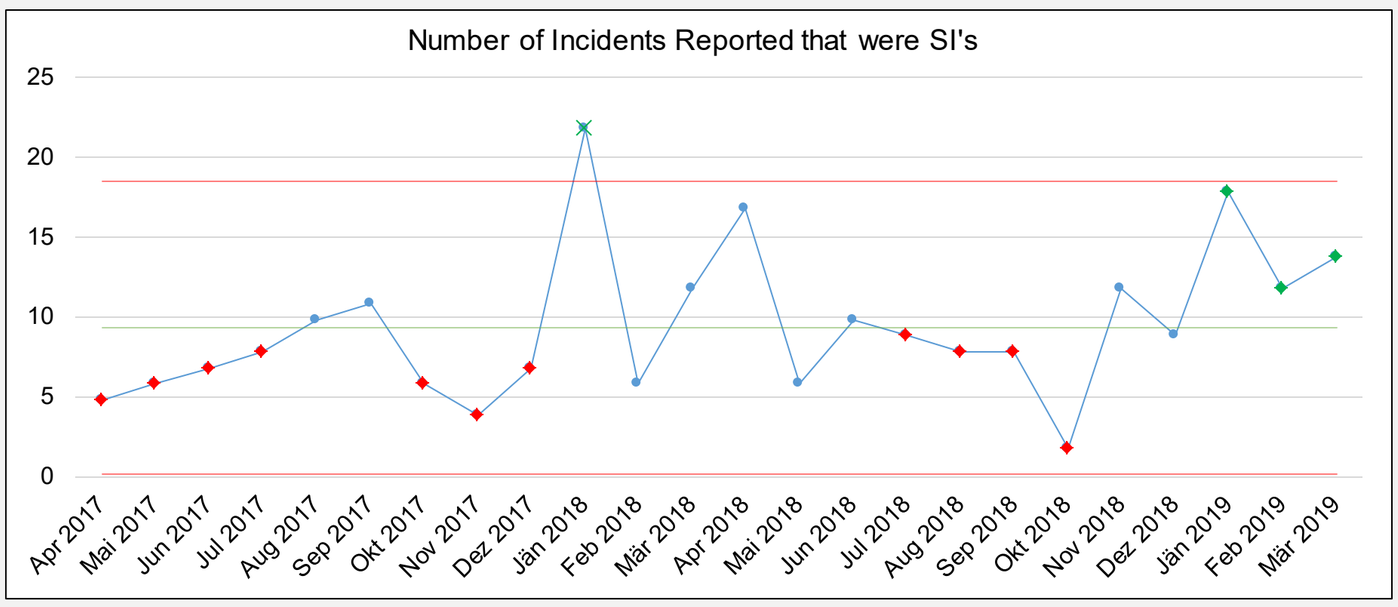
* Safeguarding training is completed each financial year, which explains the significant drop for April 2018

Safeguarding Training Completed (Children) Level 2

	Jan-19	Feb-19	Mar-19	12 Months
Actual %	86.50%	88.62%	94.08%	
Previous Year %	69.63%	84.36%	93.99%	
Target	85%	85%	85%	

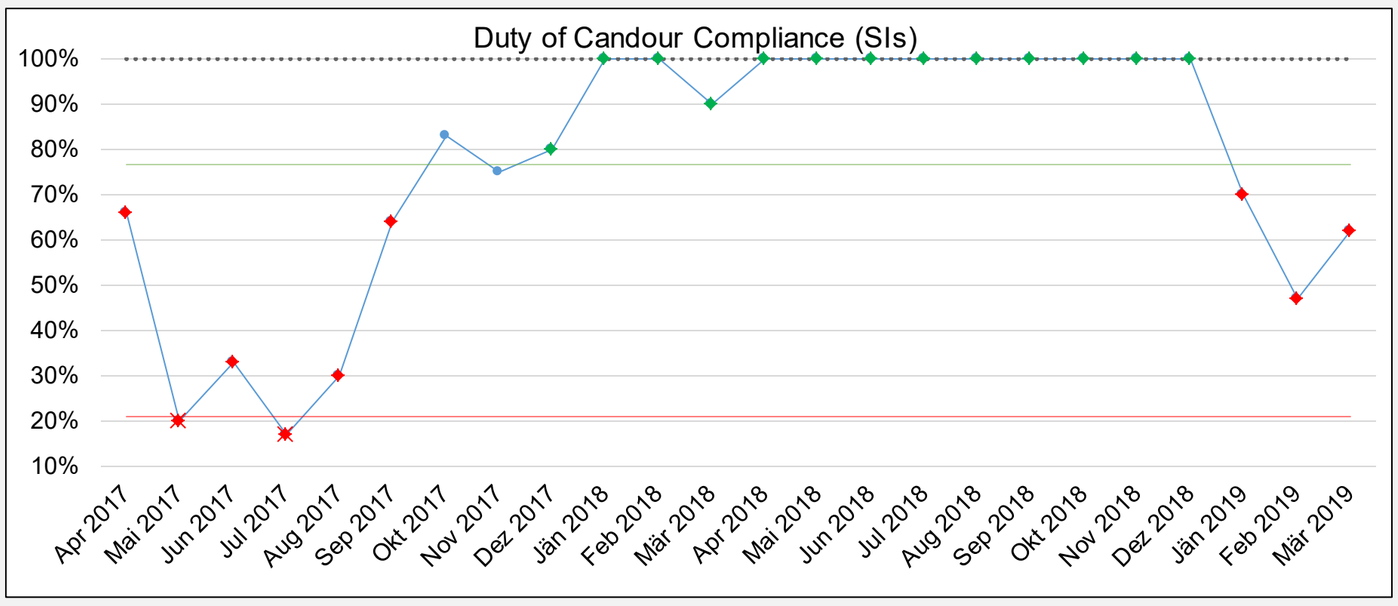
SECAmb Clinical Quality Charts





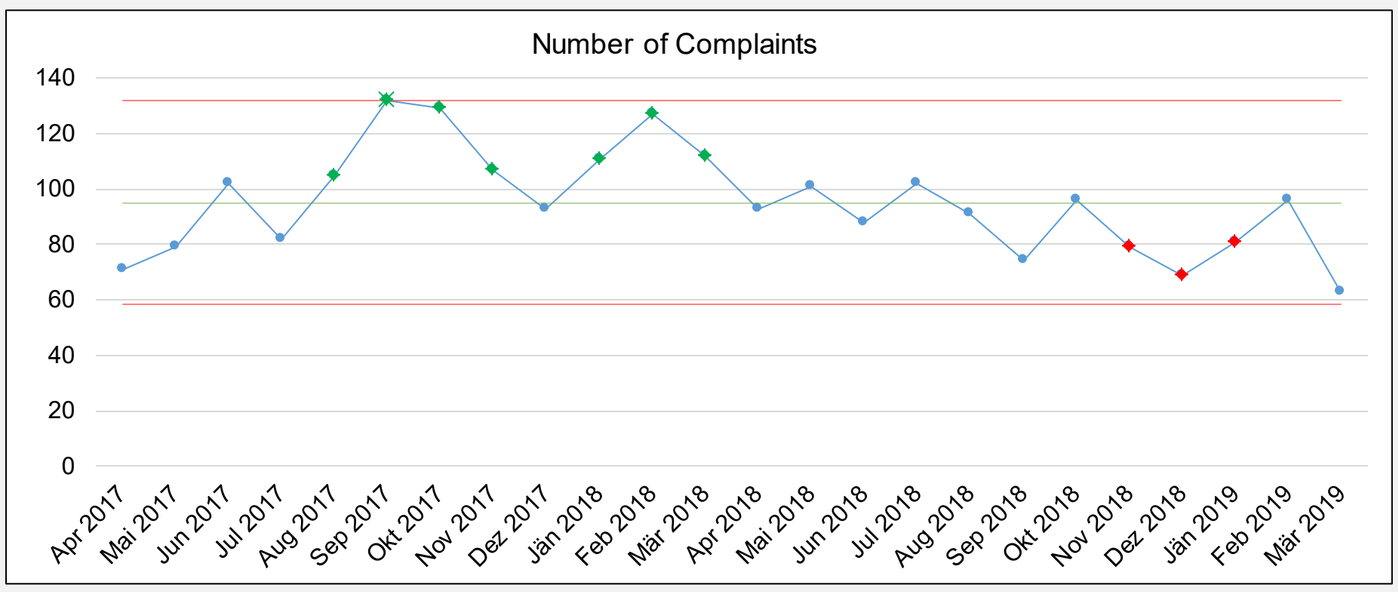
14 Serious Incident (SI) were reported in March.

6 x Delayed Dispatch / Attendance
1 x Call Answer Delay
2 x Non-Conveyance / Condition deteriorated
1 x Staff Conduct
4 x Triage/Call Management



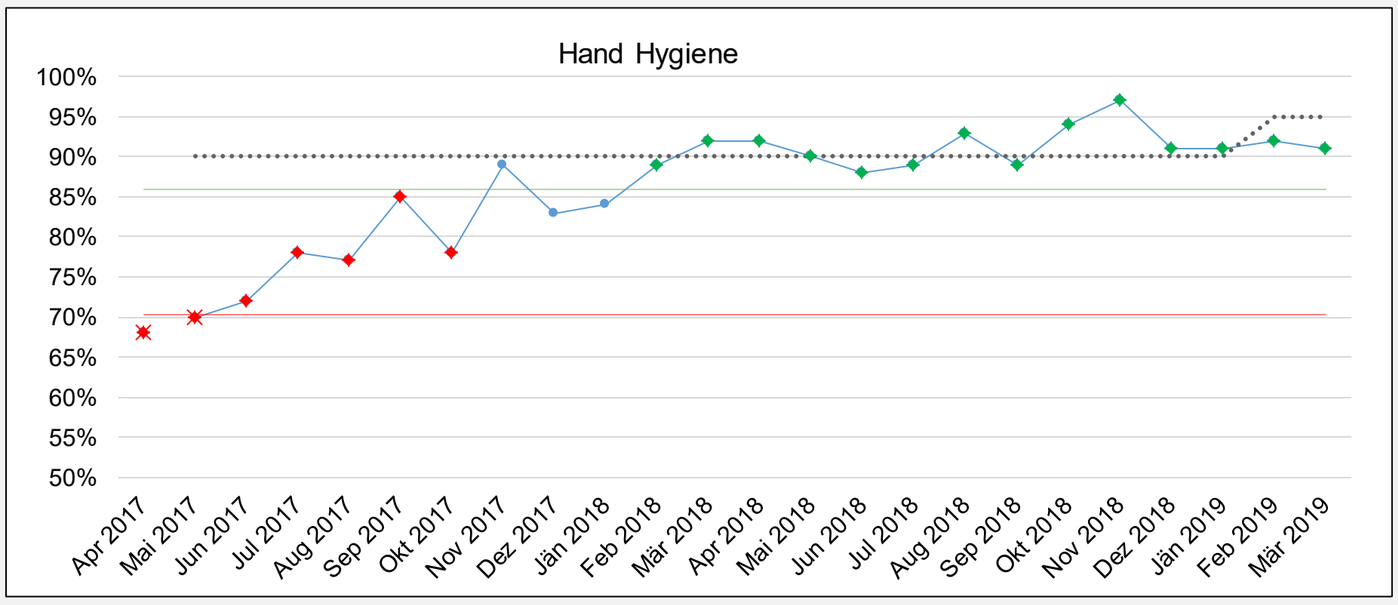
Compliance with Duty of Candour (DoC) for Serious Incidents (Sis) where DoC was required in March 2019 is: (due in the month)

SIs reported (where DoC due in March) - 8
Number where DoC required - 8
DoC made/attempted within 10 working day deadline - 5 (62%)



The Trust received and opened 63 complaints in March.

The Trust responded to 88% complaints within timescales. Delays were mainly due to capacity issues within the patient experience team and OUs in relation to investigations, in part due to the increase in complaints in previous months. These issues are now resolved.



We have changed the level of compliance for hand hygiene to reflect the improvements we have seen since the 3R's was introduced back in July 2018. The Upper Compliance Level is now 95% and the Lower Compliance Limit is 90%.

Compliance has been just above the lower limit for both February and March 92% and 91% respectively and the IPC Team are working with the local IPC Champions to further improve the compliance with some awareness materials being produced.

Clinically Ready compliance will now be 100% with no lower limit as adherence to the procedure forms part of the Trust Uniform Policy and should therefore be followed at all times. Compliance in February was at 95% and 97% for March.

Upper Target
Lower Target

SECAmb Health and Safety Reporting

The Health & Safety team are making good progress with the implementation of a robust safety management system.

Since the implementation of the annual Health & Safety Audit programme 40 audits have been completed. The audits were undertaken in different working environments across the organisation.

Currently the organisation has a well established (CHSWG) Central Health & Safety Working group which meets on a quarterly basis. With the Health & Safety improvements being made we shall be introducing **5** new sub groups which will meet on a bi-monthly basis. The new sub groups are listed below and will report into the CHSWG.

- East Region Health & Safety Group
- Central Region Health & Safety Group
- West Region Health & Safety Group
- Fire Safety Group
- Water Safety Group

Violence and Aggression Incidents - See Figure 1 below
Violence and Aggression incidents reported in March were 50 which is a decrease of 2 incidents from the previous month.

Manual handling Incidents - See Figure 2 below
Manual handling incidents reported in March were 22 which is identical to the previous month.

Health & Safety Incidents - See Figure 3 below
Health and Safety incidents reported in March were 25 which is identical to the previous month.
When comparing the same period last year March 2018 incidents were almost identical with 26 reported incidents.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) - See Figure 4 below
RIDDOR incidents reported in March were 4 and 2 incidents were 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. In 2018/2019 the organisation reported **69** RIDDOR incidents and **52%** of these incidents were reported on-time to the Health & Safety Executive.

Figure 1

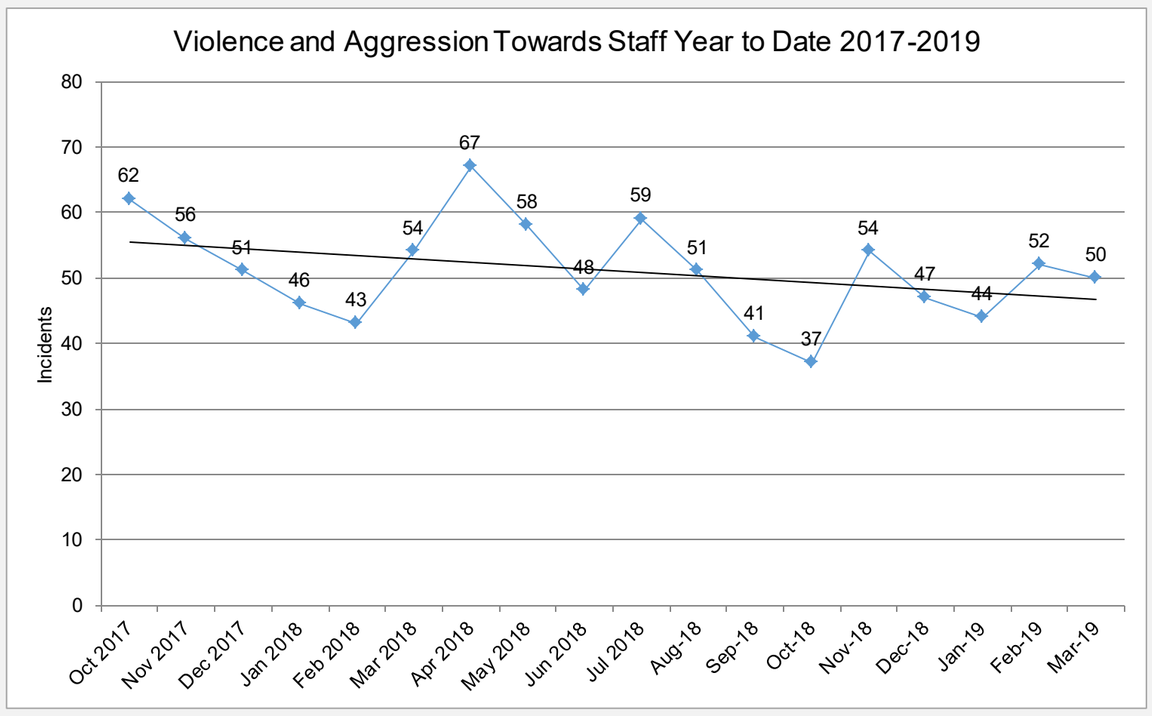


Figure 2

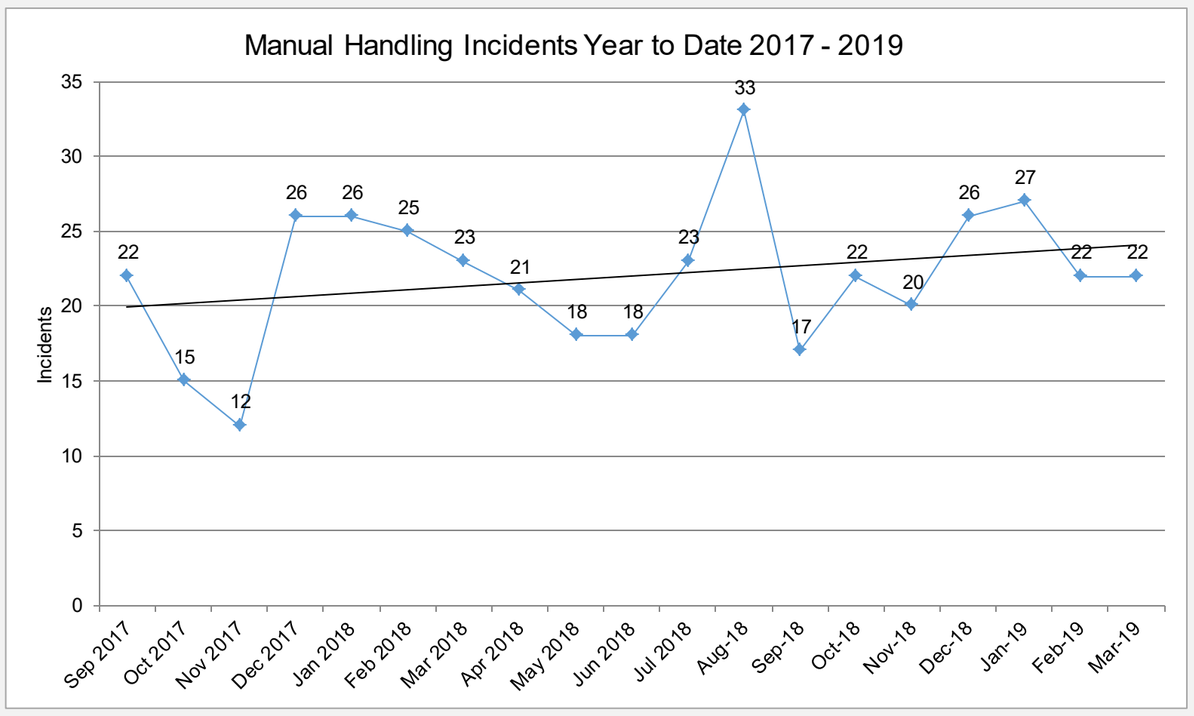


Figure 3

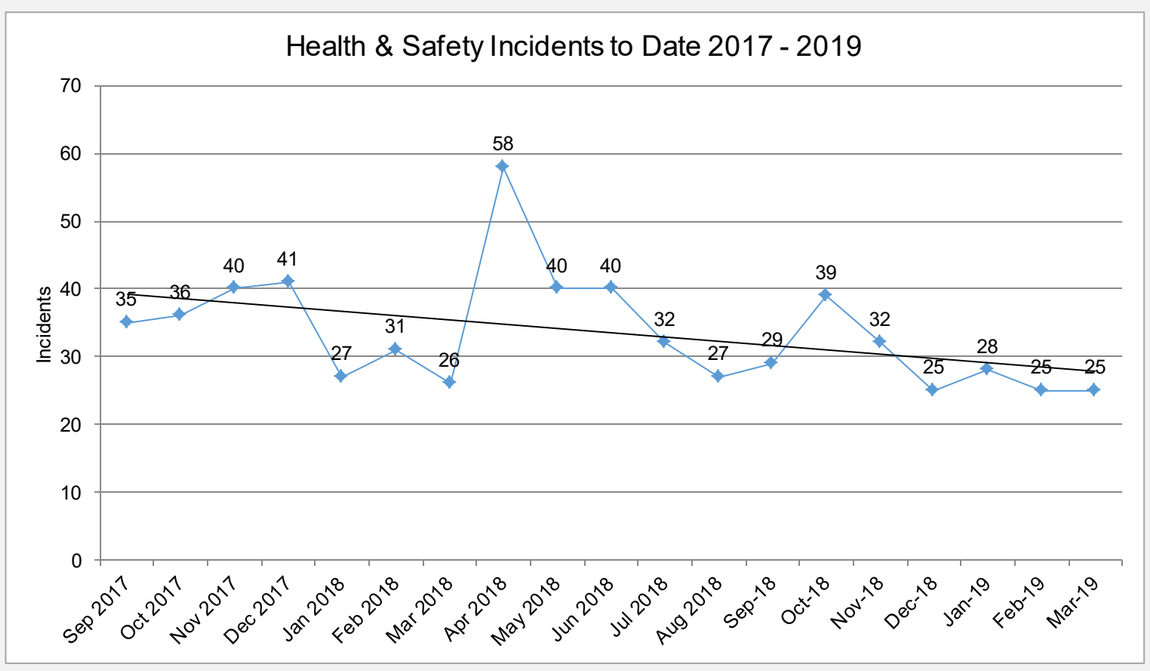
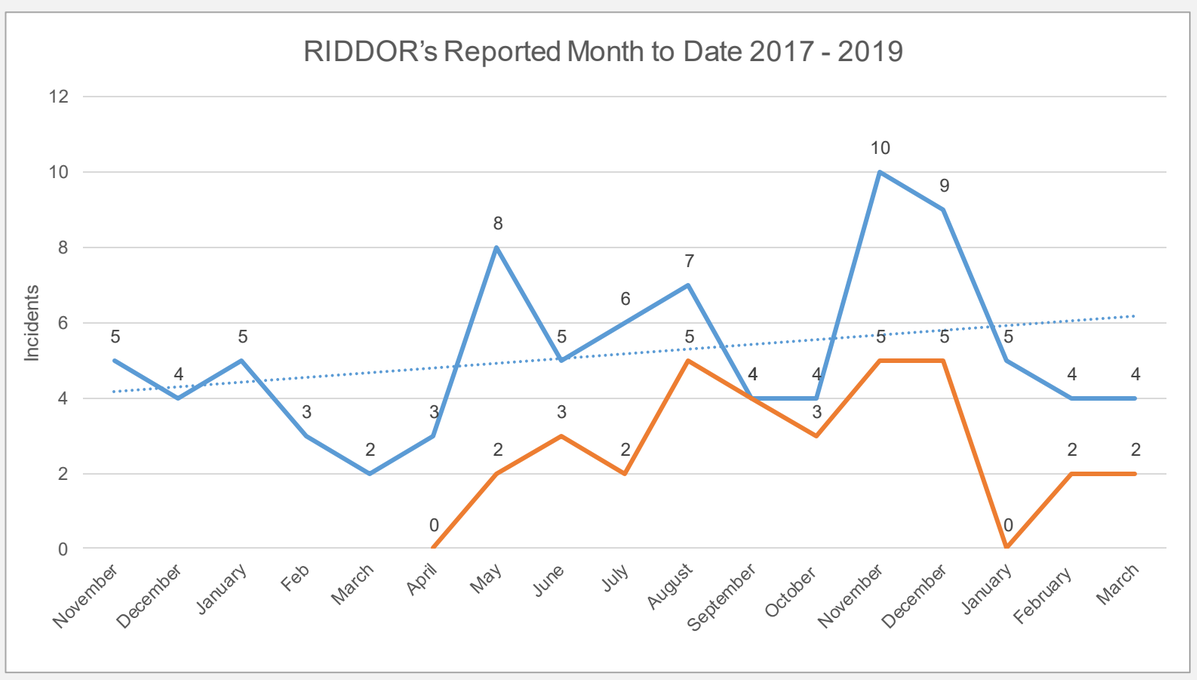


Figure 4



Our Enablers

SECAmb 999 Operations Response Time Performance Scorecard

Call Handling

	Jan-19	Feb-19	Mar-19	12 Months
5 Sec Performance (95% Target)	91.5%	87.0%	89.4%	
Mean Call Answer Time (secs)	5	7	6	
95th Centile Call Answer (Secs)	30	50	37	
National Mean Call Answer	5	7	5	
National 95th Centile Call Answer	27	41	31	

Category 1 Performance

	Jan-19	Feb-19	Mar-19	12 Months
Mean (00:07:00)	00:07:58	00:07:50	00:07:31	
90th Percentile (00:15:00)	00:14:15	01:14:24	00:13:50	
Mean Resources Arriving	1.69	1.68	1.67	
Count of Incidents	3796	3399	3708	
National Mean	00:07:08	00:07:17	00:07:00	

Category 1T Performance

	Jan-19	Feb-19	Mar-19	12 Months
Mean (00:19:00)	00:09:58	00:10:21	00:09:47	
90th Percentile (00:30:00)	00:18:31	00:19:25	00:18:13	
Mean Resources Arriving	1.72	1.68	1.69	
Count of Incidents	2401	2156	2376	
National Mean	00:11:16	00:11:23	00:10:46	

Category 2 Performance

	Jan-19	Feb-19	Mar-19	12 Months
Mean (00:18:00)	00:20:59	00:22:31	00:20:12	
90th Percentile (00:40:00)	00:39:57	00:43:19	00:38:10	
Mean Resources Arriving	1.09	1.08	1.08	
Count of Incidents	34842	31361	32586	
National Mean	00:22:58	00:23:37	00:21:15	

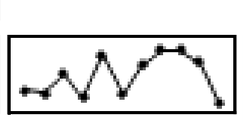
Category 3 Performance

	Jan-19	Feb-19	Mar-19	12 Months
Mean	01:42:14	02:04:28	01:46:30	
90th Percentile (02:00:00)	03:55:06	04:46:01	04:09:41	
Mean Resources Arriving	1.06	1.06	1.06	
Count of Incidents	19142	15745	18478	
National Mean	01:07:42	01:12:19	01:01:24	

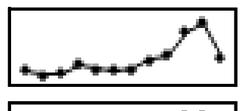
Category 4 Performance

	Jan-19	Feb-19	Mar-19	12 Months
Mean	02:08:41	02:31:53	02:15:17	
90th Percentile (03:00:00)	04:27:24	05:15:02	05:06:19	
Mean Resources Arriving	1.05	1.05	1.05	
Count of Incidents	761	584	745	
National Mean	01:25:43	01:29:45	01:20:29	

Health Care Professional

	Jan-19	Feb-19	Mar-19	12 Months
HCP 60 Mean	01:50:19	01:39:08	01:46:22	
HCP 60 90th Percentile	03:50:21	04:14:50	03:53:10	
HCP 120 Mean	02:21:37	02:09:42	01:53:29	
HCP 120 90th Percentile	04:52:36	04:58:06	04:07:43	
HCP 240 Mean	03:23:22	03:13:17	02:39:51	
HCP 240 90th Percentile	07:46:55	06:58:51	06:06:01	

Call Cycle Time

	Jan-19	Feb-19	Mar-19	12 Months
Avg Allocation to Clear at Scene	01:16:24	01:17:15	01:16:00	
Avg Allocation to Clear at Hospital	01:49:23	01:50:12	01:47:13	
Turnaround Hrs Lost at Hospital (> 30mins)	6059	6043	4673	
Number of Handovers >60mins	1066	926	525	

Incident Outcome AQI

	Jan-19	Feb-19	Mar-19	12 Months
Hear & Treat	5.8%	6.5%	5.5%	
See & Treat	32.1%	31.6%	31.8%	
See & Convey	62.0%	61.9%	62.7%	

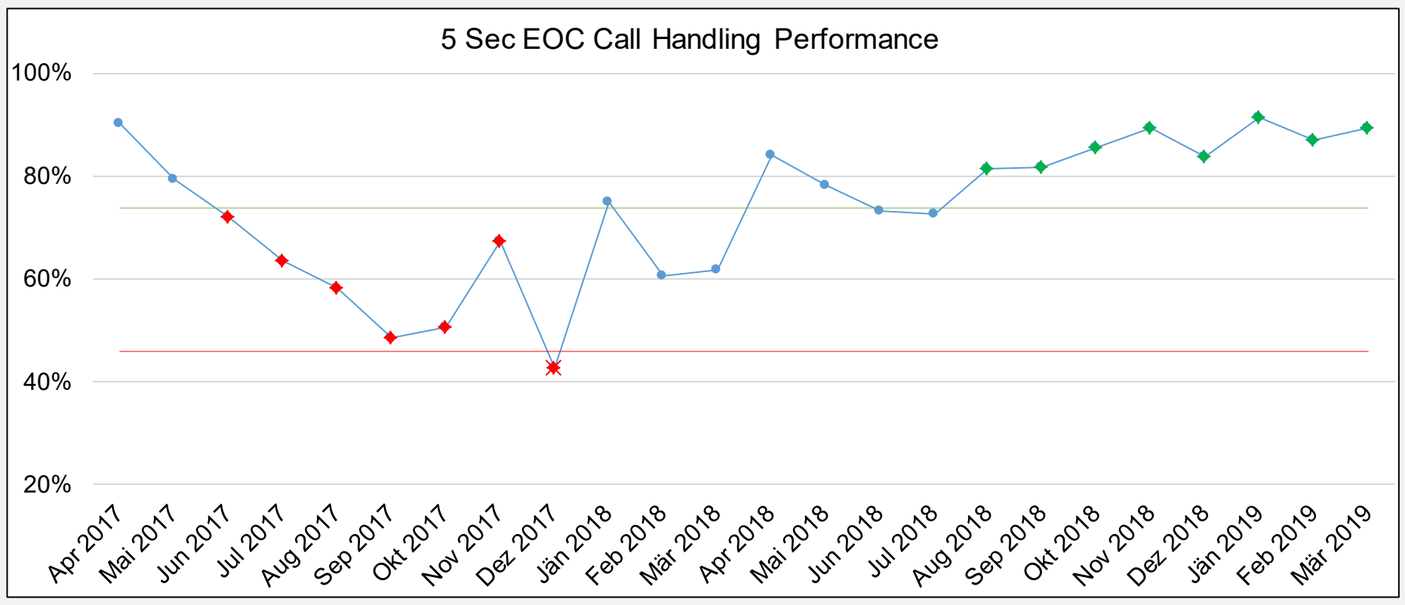
Community First Responders

	Jan-19	Feb-19	Mar-19	12 Months
Volume of Incidents Attended	1208	1067	1484	

Demand/Supply AQI

	Jan-19	Feb-19	Mar-19	12 Months
Calls Answered	68681	64478	66945	
Incidents	64309	56575	60991	
Transports	39912	35001	38229	

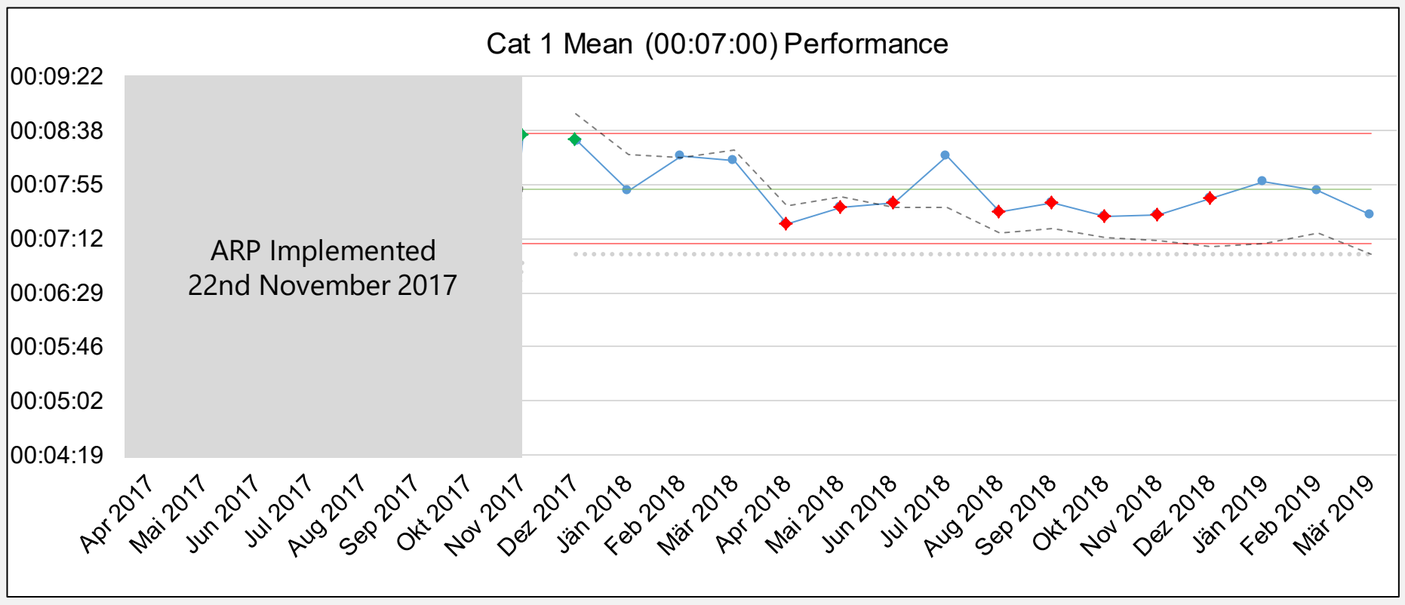
SECAmb 999 Operations Response Time Performance Charts



Call answering performance for March improved to 89.4% on average and the Trust continues to exceed the revised trajectory set with the commissioners in September 2018. National Call Answer performance showed that the Trust's performance remained at a mid table position 7/8 compared to other ambulance services.

Abstraction rates continue to be scrutinised to deliver maximum unit hours, with the planned reduction in annual leave being commenced.

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

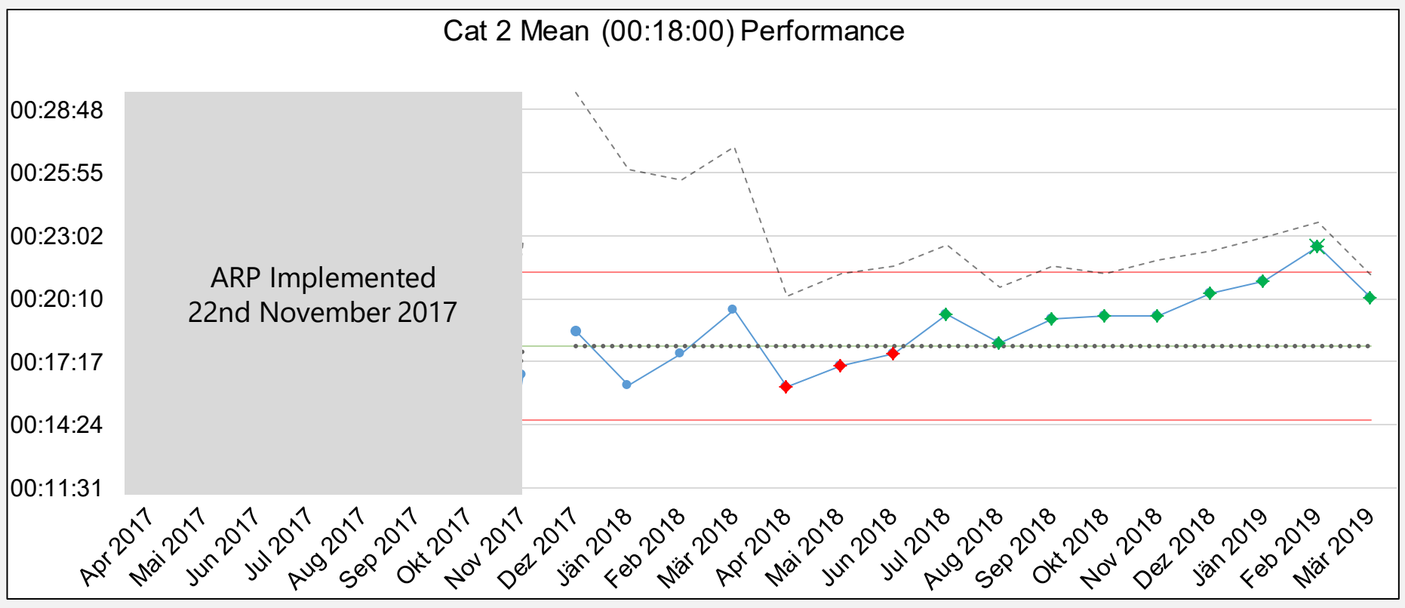


March Category1 (C1) mean response saw an improvement of 21secs to achieve an average of 7.31. The number of incidents increased by 300 on prior month, however this can be directly attributed to the number of days in March versus February.

Whilst the Trust are not yet delivering the Ambulance Response Programme (ARP) target of seven minutes for C1 Mean, the Trust has met C1T Mean and C1 90th Centile against ARP standards and are sitting near the upper end of the pack for C1 Transport, when measured against all other English ambulance services.

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

----- National Mean

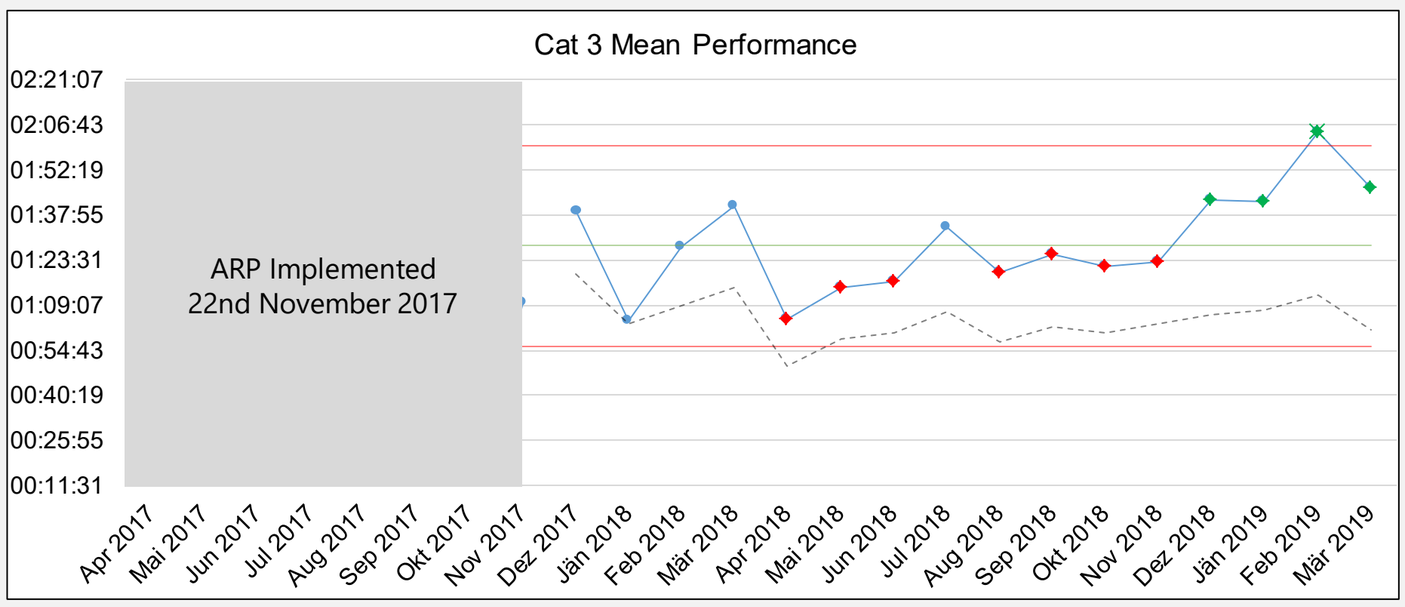


March Category 2 (C2) Mean Performance improved by 2 minutes 21 seconds on the prior month, to an average mean performance of 20.12. The Trust responded to 1225 more C2 incidents compared to the prior month. Whilst performance is not achieving the ARP standard the Trust continues to hold its position in the National Performance tables in the middle of the table.

The Trust continued to perform nationally for C2 Mean and 90th Centile, achieving a position of 5th compared to our peers.

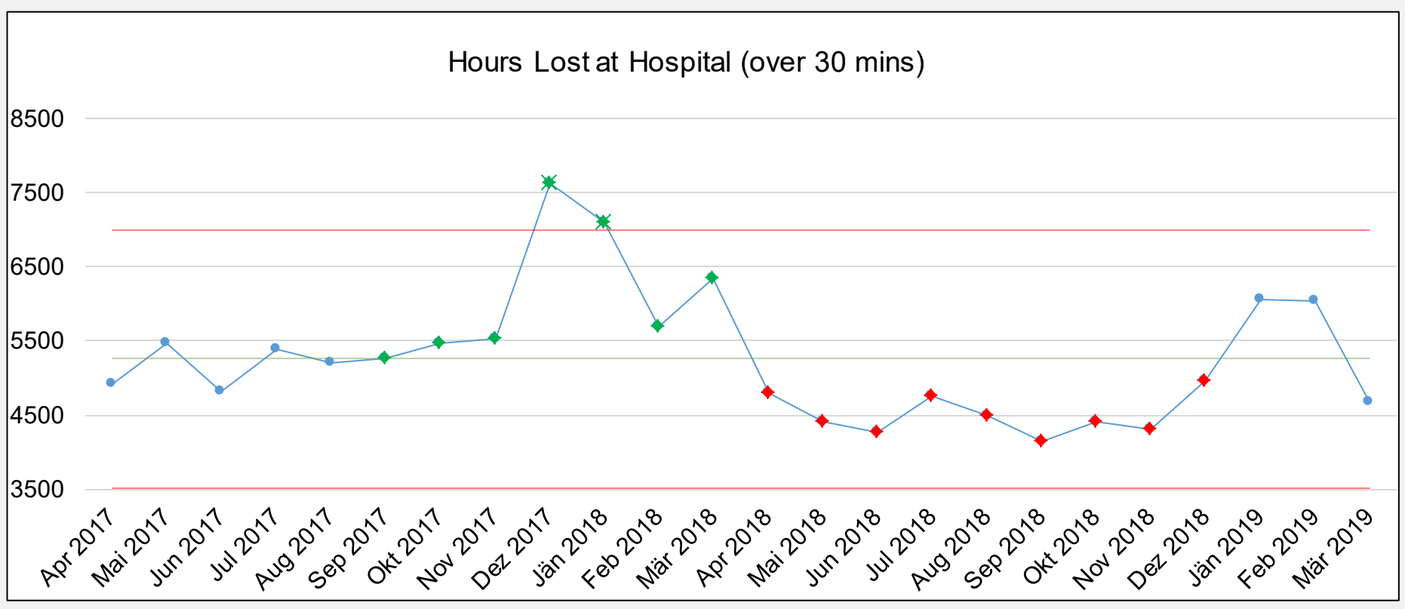
The Trust is identifying several initiatives to address C2 performance including a trial using SRV's to attend C3 incidents, freeing some additional DCA capacity to attend C2 calls. If approved this trial will commence in May 2019 for one week.

----- National Mean



Responses to Category 3 (C3) incidents continues to be below the ARP target and remains a significant challenge to the Trust. The average mean response is 1:46:30, which is an improving position by over 17 minutes on the prior month. The Trust's performance nationally is poor and for both C3 Mean and 90th Centile remain at the bottom of the leader board. The average national performance is approximately 3 hours better than SECAmb. March saw an increase of 2733 C3 incidents on the prior month. The 30 second-hand Non-Emergency Transport (NET) vehicles are now rolled out across the Trust. Further development of the NET Deployment policy is required to ensure the NET vehicles are being used effectively and providing a prompt response to C3 incidents and that this is aligned to the Trust Surge Management Plan. As detailed above there are several initiatives being considered to further address the current performance.

----- National Mean



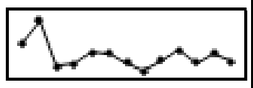
In March there was a decrease of 1554 hours lost >30 minute turnaround compared to February. Comparing overall hours lost >30 minute turnaround in March 2019 with March 2018, there was a 24% decrease (1554 hours).
In March 12.5% of patients waited between 30 and 60 minutes for a hospital handover and 1.6% of patients waited over 60 minutes. Whilst the overall improvement is positive there are some sites who are key outliers.

The ambulance handover steering group continues to meet and local joint hospital and SECAmb meetings are also continuing. Work is focusing on maintaining improvements made so far, and supporting on sites where there are particular challenges.

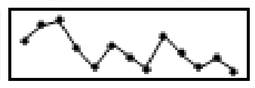
SECAmb unvalidated weekly Response Time Performance

SECAmb Weekly Operational Performance - 13th May 2019

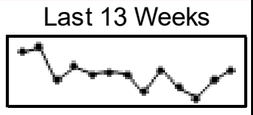
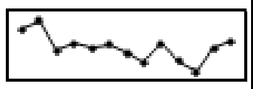
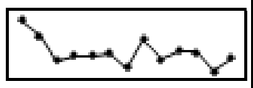
CAT 1

	22/04	29/04	06/05	Last 13 Weeks
Mean	00:07:15	00:07:22	00:07:11	
90th Centile	00:13:39	00:14:00	00:13:42	
RPI	1.74	1.74	1.80	
Count of Incidents	825	809	818	

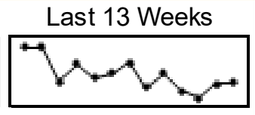
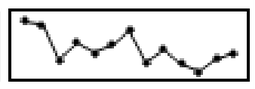
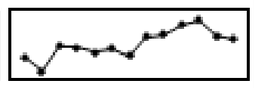
CAT 1T

	22/04	29/04	06/05	Last 13 Weeks
Mean	00:09:20	00:09:40	00:09:13	
90th Centile	00:18:51	00:17:17	00:17:20	
RPI	1.76	1.81	1.81	
Count of Incidents	488	503	533	

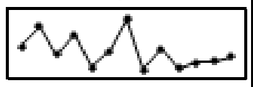
CAT 2

	22/04	29/04	06/05	Last 13 Weeks
Mean	00:18:15	00:19:33	00:20:23	
90th Centile	00:33:51	00:37:57	00:39:16	
RPI	1.10	1.10	1.10	
Count of Incidents	7358	7118	7279	

CAT 3

	22/04	29/04	06/05	Last 13 Weeks
Mean	01:24:42	01:34:26	01:35:30	
90th Centile	03:17:29	03:39:16	03:49:39	
RPI	1.07	1.07	1.08	
Count of Incidents	4802	4500	4432	

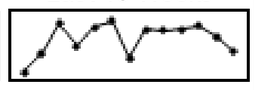
CAT 4

	22/04	29/04	06/05	Last 13 Weeks
Mean	01:58:20	01:58:55	02:02:06	
90th Centile	04:43:24	04:25:34	05:08:03	
RPI	1.07	1.03	1.09	
Count of Incidents	124	101	114	

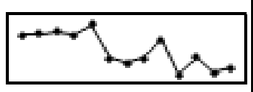
HCP 60

	22/04	29/04	06/05	Last 13 Weeks
Performance	55.6%	44.7%	63.0%	
Count of Incidents	36	38	27	

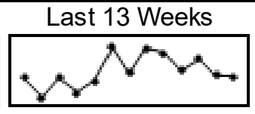
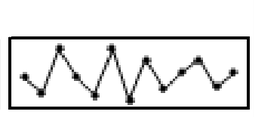
HCP 120

	22/04	29/04	06/05	Last 13 Weeks
Performance	69.6%	67.1%	63.6%	
Count of Incidents	408	410	387	

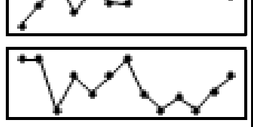
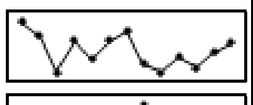
Call Cycle Time

	22/04	29/04	06/05	Last 13 Weeks
Clear at Scene (hh:mm)	01:15	01:14	01:14	
Clear at Hospital (hh:mm)	01:47	01:47	01:46	
Hours Lost at Hospital	1188	1160	1099	

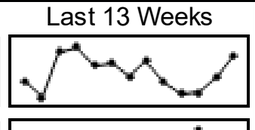
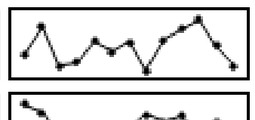
HCP 240

	22/04	29/04	06/05	Last 13 Weeks
Performance	84.0%	76.2%	75.4%	
Count of Incidents	75	63	69	

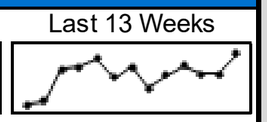
Call Handling

	22/04	29/04	06/05	Last 13 Weeks
Pickup 5 Second Performance	92.1%	90.6%	90.5%	
Average Call Pickup Time (Seconds)	4	5	6	
Call Pickup Time 95th Percentile (Seconds)	22	31	37	
Call Pickup Time 99th Percentile (Seconds)	79	93	101	
Average Call Length (seconds)	366	373	390	
Abandon Rate	0.40%	0.50%	0.41%	
Staff Hours Provided Vs 5030 Hours 2018/19 Q3/4 6413 Hours 2019/20 Q1	86.46%	84.31%	82.43%	

Incident Outcome

	22/04	29/04	06/05	Last 13 Weeks
See and Convey	61.7%	62.2%	63.0%	
See and Treat	33.1%	32.4%	31.8%	
Hear and Treat	5.2%	5.4%	5.2%	

Community First Responders

	22/04	29/04	06/05	Last 13 Weeks
Volume of Incidents Attended	315	315	371	
Hours Provided	2963.3	2799.3	2841.6	

Demand/Supply

	22/04	29/04	06/05	Last 13 Weeks
Call Volume	14854	14877	15044	
Incidents	13731	13151	13262	
Transports	8950	8651	8827	
Staff Hours Provided Vs 65500 Hours 2018/19 Q3/4	109.76%	102.86%	104.27%	

Our Partners

SECAmb 111 Operations Performance Scorecard

Calls Offered

	Jan-19	Feb-19	Mar-19	12 Months
Actual	98477	92883	78251	
Previous Year	99868	92798	112748	

Calls answered in 60 Seconds

	Jan-19	Feb-19	Mar-19	12 Months
Actual %	78.1%	68.0%	83.8%	
Previous Year %	56.9%	49.2%	45.1%	
Target %	95%	95%	95%	

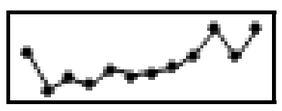
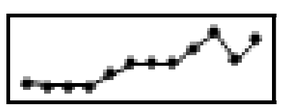
Calls abandoned - (Offered) after 30secs

	Jan-19	Feb-19	Mar-19	12 Months
Actual %	4.1%	6.1%	2.6%	
Previous Year %	8.4%	13.4%	15.7%	
Target %	2%	2%	2%	

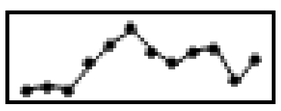
Combined Clinical KPI

	Jan-19	Feb-19	Mar-19	12 Months
Actual %	72.1%	60.6%	64.0%	
Previous Year %	74.7%	71.4%	71.9%	
Target %	90%	90%	90%	

999 Referrals

	Jan-19	Feb-19	Mar-19	12 Months
999 Referrals % (Answered Calls)	12.6%	11.9%	11.6%	
999 Referrals (Actual)	11733	10173	8779	
National	12.3%	11.9%	11.7%	

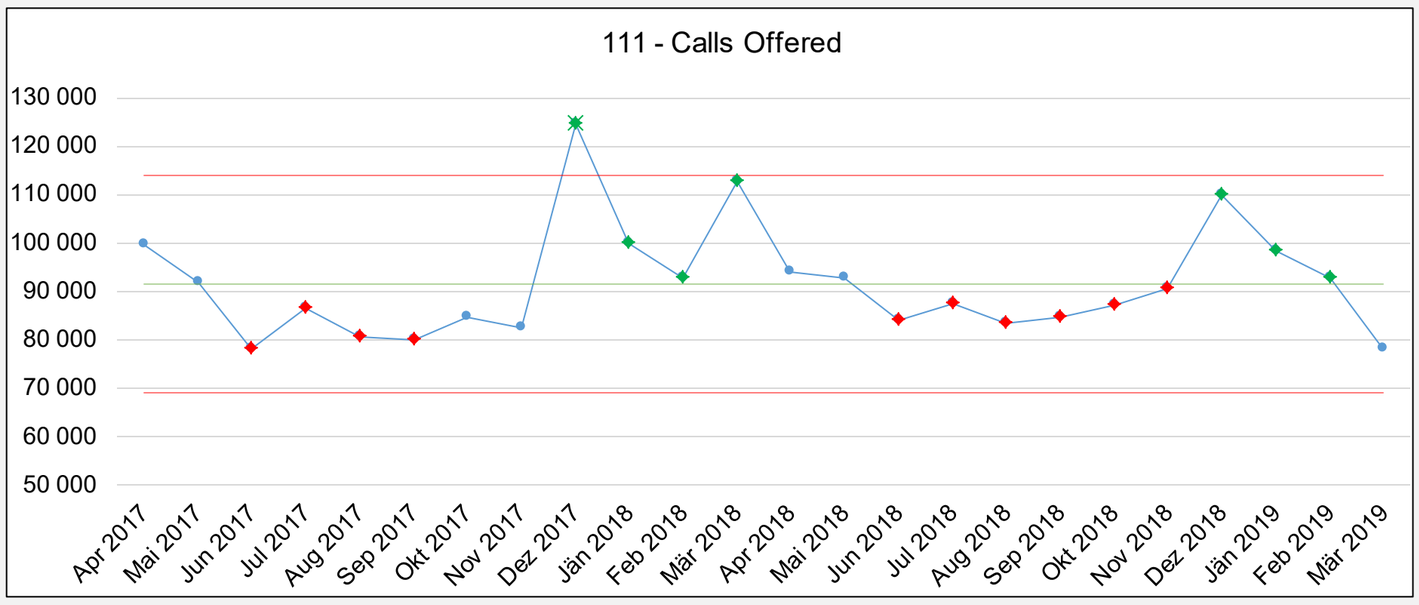
A&E Dispositions

	Jan-19	Feb-19	Mar-19	12 Months
A&E Dispositions % (Answered Calls)	8.0%	8.1%	8.2%	
A&E Dispositions (Actual)	7475	6984	6202	
National	7.6%	7.6%	7.7%	

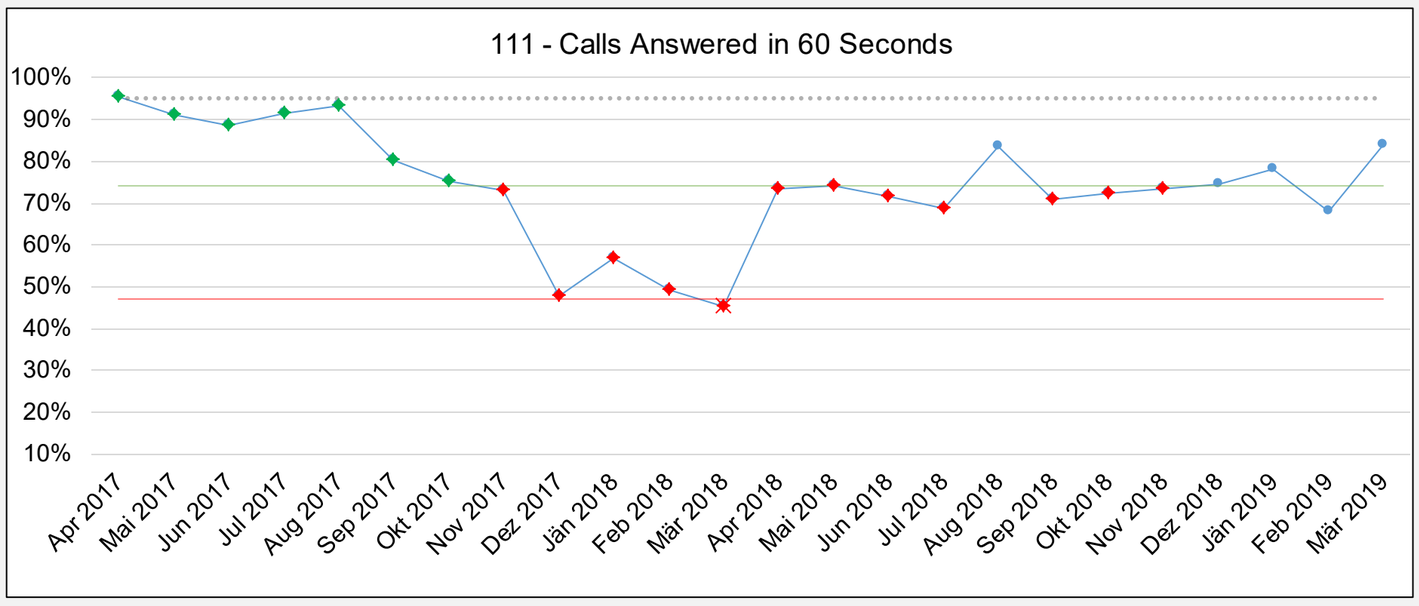
Home Management

	Jan-19	Feb-19	Mar-19	12 Months
Actual %				

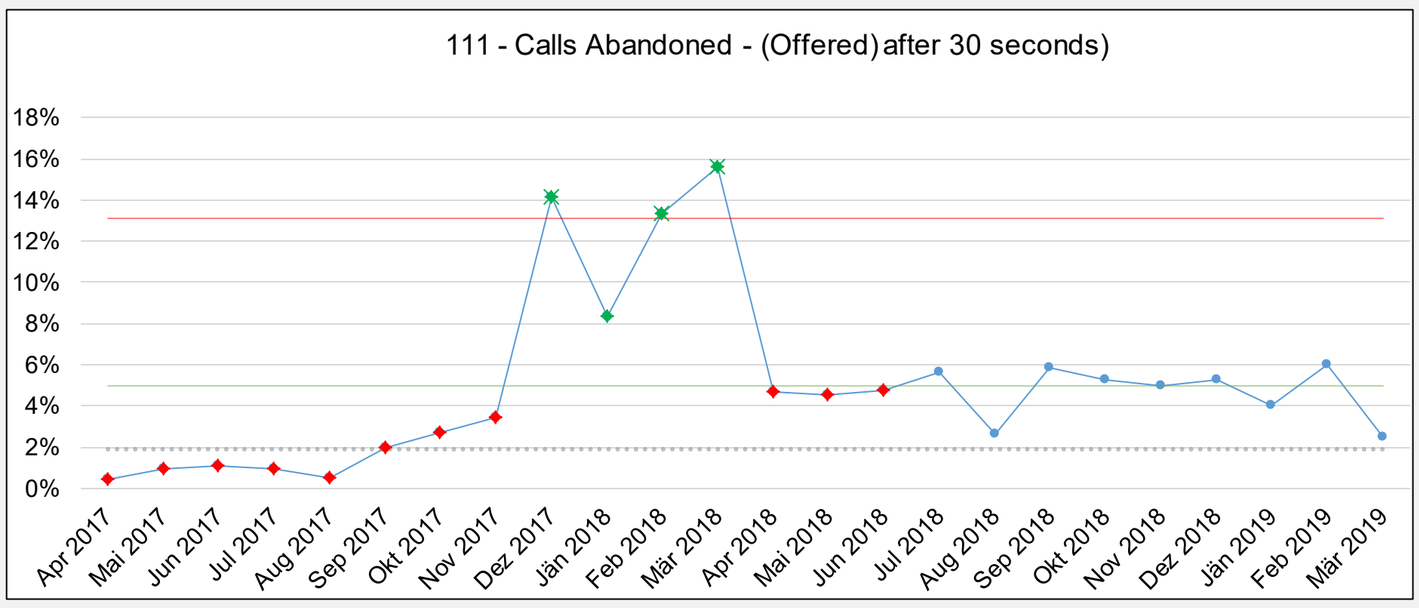
SECAmb 111 Operations Performance Charts



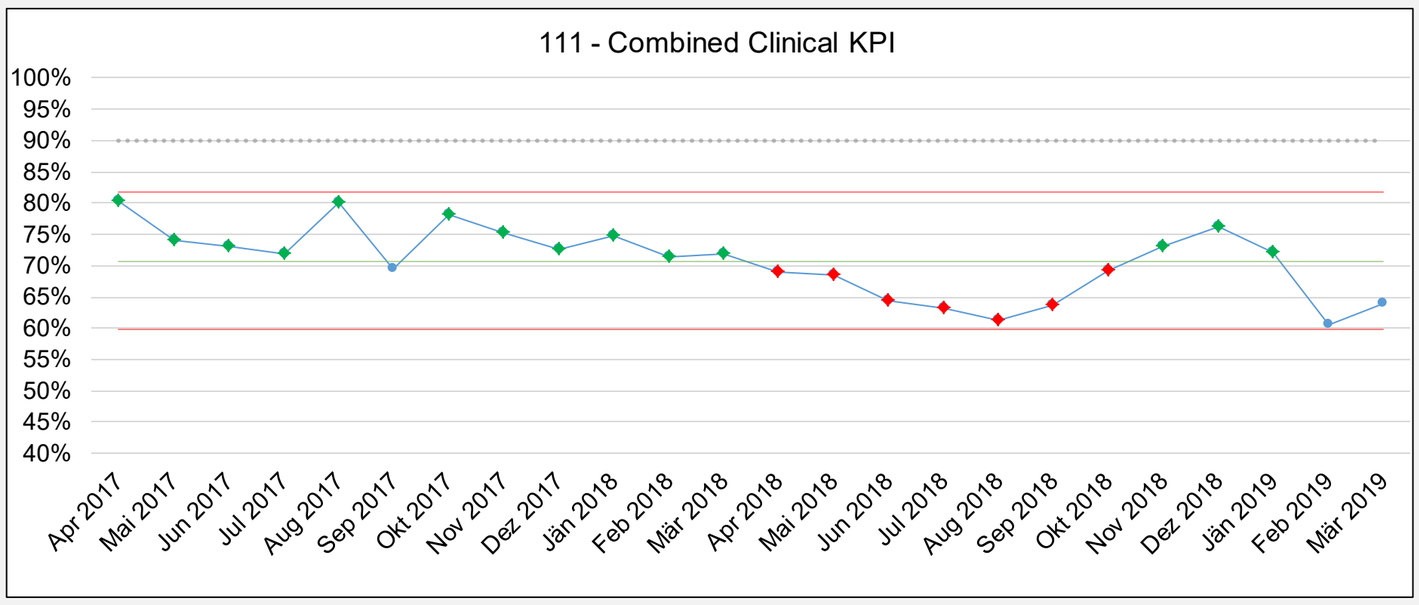
The contract for SECAmb to deliver the KMSS 111 service in collaboration with Care UK ceased on the 28th March 2019. From this point onwards, SECAmb has delivered the new interim SEC 111 IUC service for the Sussex, North and West Kent and Medway CCG's.
For the last financial year, KMSS 111 received 1,086,831 calls which was broadly in line with the contractual planned activity.
It is also important to note that not only will the population that SECAmb services for 111 change from March 28th onwards (11 CCG's and not 17), but also the contractual metrics and KPI's will also change as the Trust migrates towards the reporting against the NHS E IUC Minimum Data Set (MDS) which has a far greater scope than the traditional 111 metrics.



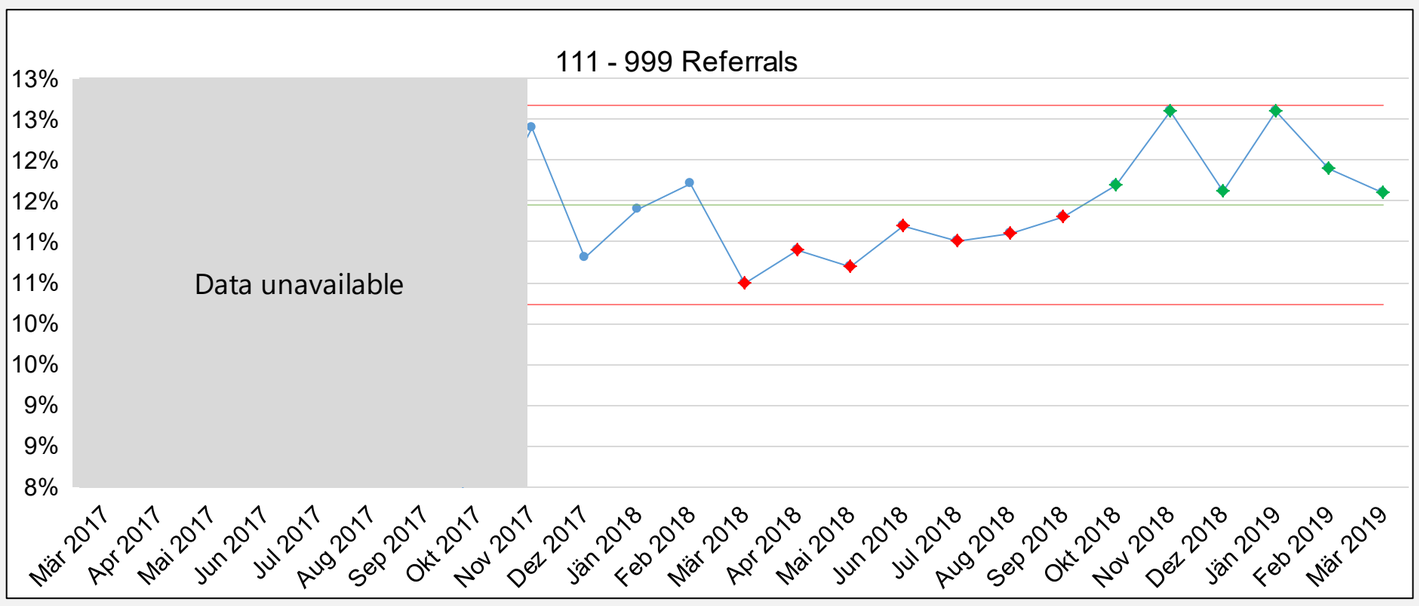
Despite the challenges of exiting the KMSS 111 contract and mobilising the new SEC 111 IUC contract, along with the introduction of a new telephony and host IT system, the service demonstrated a solid performance across the winter period (outperforming the NHS E national average for the intensely busy two festive weeks at Xmas) and recorded a marked increase in performance towards the end of the contract in March 2019. This performance for March of 83.6% was marginally behind the national average of 85%.



The service's call abandonment rate (a good indicator of risk) for March was 2.6% and this was significantly within the NHS E IUC national target of 5%. Despite the operational challenges in the first half of 2018/19, it is pleasing that in the second half of the financial year (when the service was under most pressure with winter pressures), KMSS 111 was able to demonstrate a good grip on call handling with an improving trajectory for the call abandonment rate.



The combined clinical KPI is a combination of immediate "warm transfer" to a clinician in-house or, a call back from a 111 NHS Pathways clinician within ten minutes. Over the last three years, KMSS 111 has consistently outperformed the NHS E national average and has on a monthly basis been in the top decile for national performance. This measure of clinical responsiveness is a widely acknowledged indicator of how a 111 service performs clinically. To provide context, the 64% achieved for March was 10% better than the NHS E 111 average.

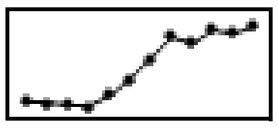
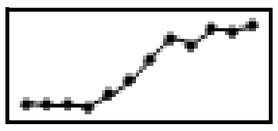
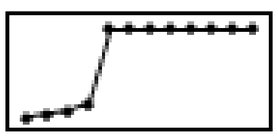
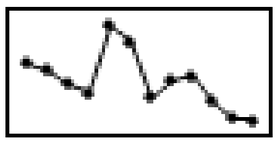


For the past three years, KMSS 111 has used its Clinical Inline Support (CIS) to target the validation of non emergency Cat 3 and 4 ambulances to protect SECAmb's 999 service and the wider emergency care system. Again in March (as with the majority of 2018/19), KMSS 111 achieved an ambulance referral rate of less than 12%, which was lower than the NHS E national average.
However, it is important to note that for the new SEC 111 IUC contract, the service will be measured on ambulance referrals with a different denominator and this will subsequently increase the % (but not overall number) of ambulance referrals.

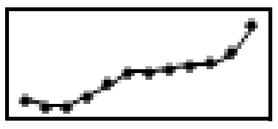
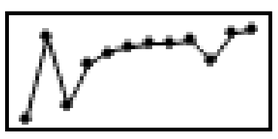
Our People

SECAmb Workforce Scorecard

Workforce Capacity

	Jan-19	Feb-19	Mar-19	12 Months
Number of Staff WTE (Excl bank & agency)	3415.9	3406.3	3436.0	
Number of Staff Headcount (Excl bank and agency)	3703	3695	3724	
Finance Establishment (WTE)	3837.50	3837.50	3837.50	
Vacancy Rate	10.99%	11.29%	11.29%	
Vacancy Rate Previous Year	13.40%	12.65%	12.82%	
Adjusted Vacancy Rate + Pipeline recruitment %	6.30%	5.56%	5.46%	

Workforce Compliance

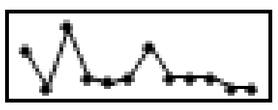
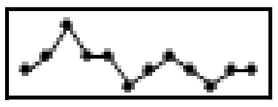
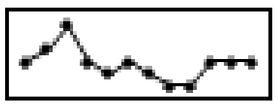
	Jan-19	Feb-19	Mar-19	12 Months
Objectives & Career Conversations %	55.19%	64.46%	89.57%	
Target (Objectives & Career Conversations)	80%	80%	80%	
Statutory & Mandatory Training Compliance %	61.63%	88.62%	93.58%	
Target (Stat & Mand Training)	95%	95%	95%	
Previous Year (Stat & Mand Training) %	79.12%	86.32%	93.24%	

* 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

	Jan-19	Feb-19	Mar-19	12 Months
Annual Rolling Turnover Rate %	14.06%	14.12%	14.07%	
Previous Year %	17.85%	17.74%	17.19%	
Annual Rolling Sickness Absence	4.92%	5.49%	5.00%	
Target (Annual Rolling Sickness)	5%	5%	5%	

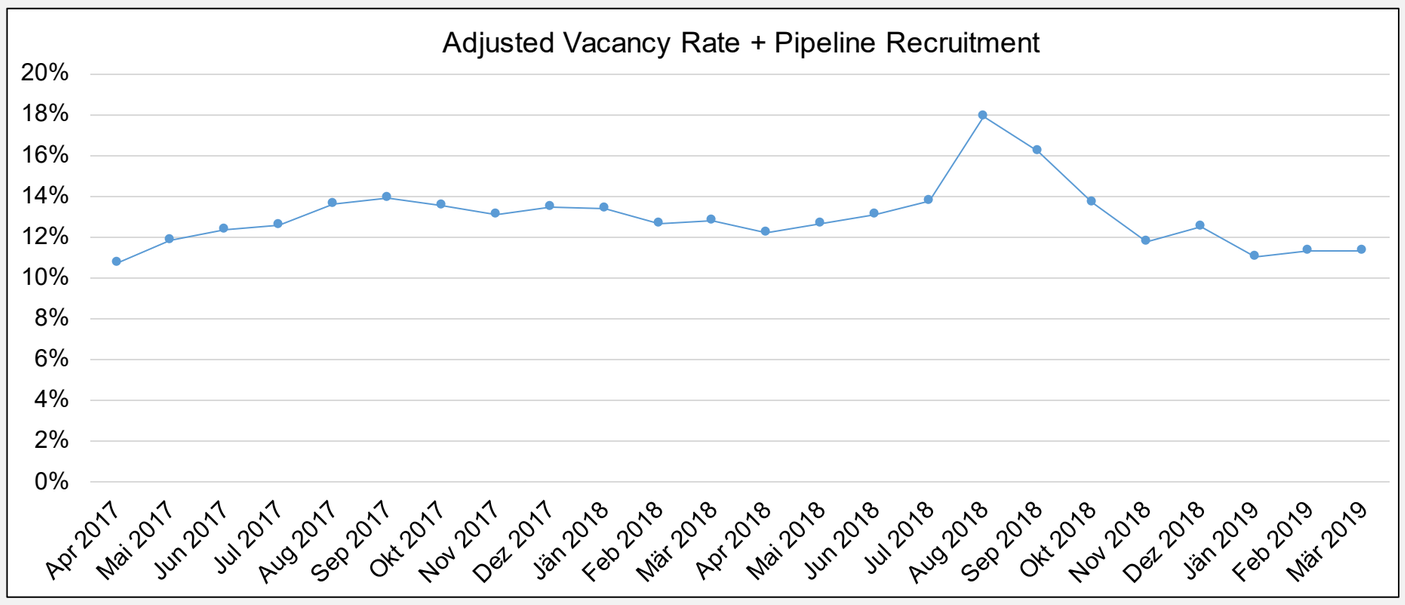
Employee Relations Cases

	Jan-19	Feb-19	Mar-19	12 Months
Disciplinary Cases	4	2	2	
Individual Grievances	9	9	9	
Collective Grievances	0	1	1	
Bullying & Harassment	2	2	2	
Bullying & Harassment Prev Yr	0	2	1	
Whistleblowing	0	0	0	
Whistleblowing Previous Year	0	1	0	

Physical Assaults (Number of victims)

	Jan-19	Feb-19	Mar-19	12 Months
Actual	18	22	18	
Previous Year	16	15	17	
Sanctions	3	4	3	

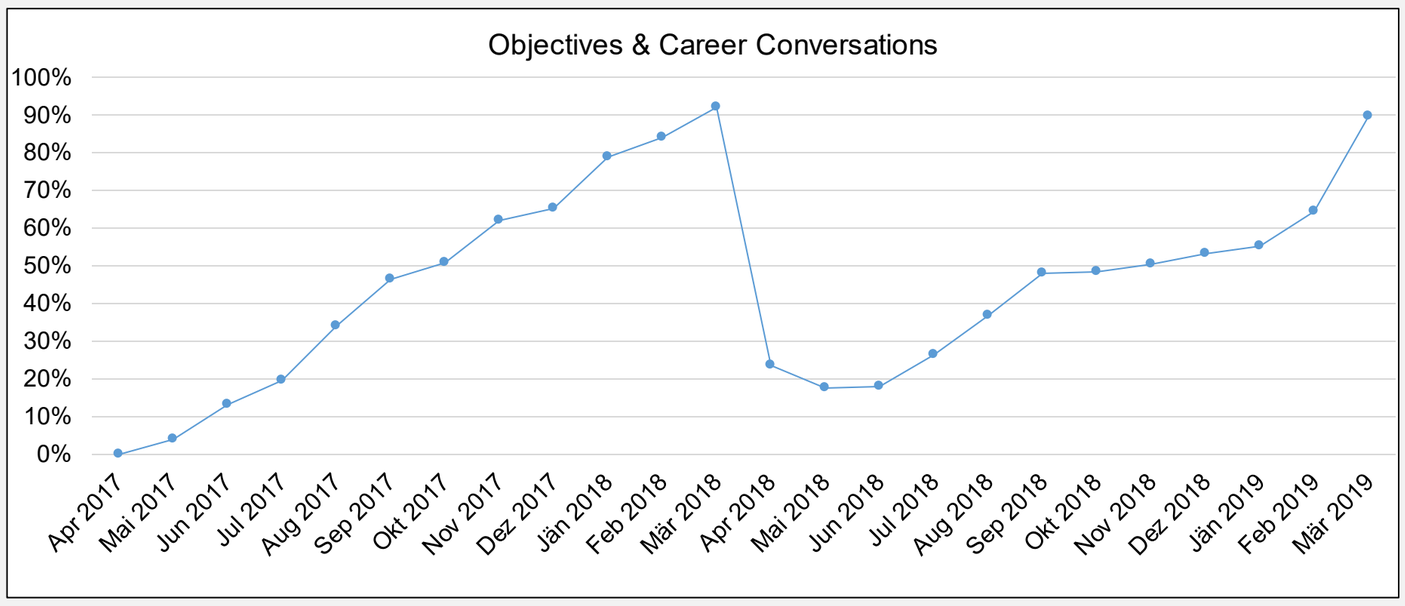
SECAmb Workforce Charts



In March we recruited 33 new staff into the Trust, this will increase in coming months based on ARP programme. Our adjusted vacancy rate decreased to 5.46%

Our pipeline for ECSW is on track with the STAD plan.

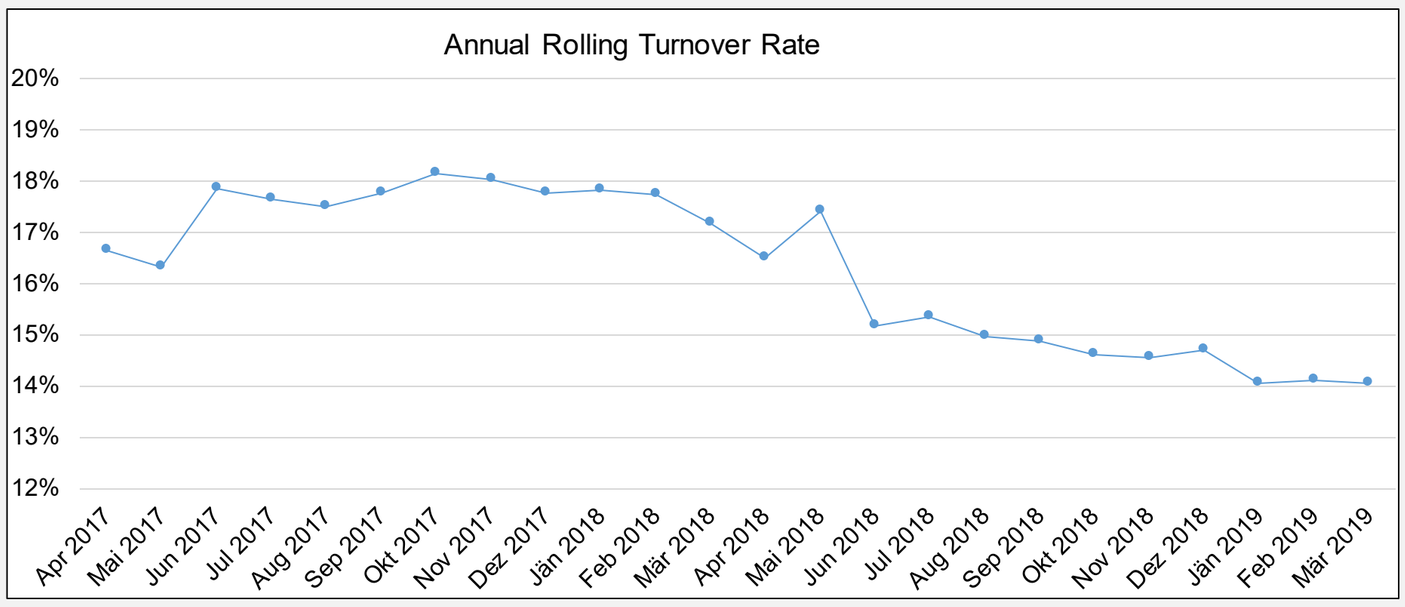
Our focus remains on 111 and EOC recruitment in order to meet the establishment requirements. We are also focusing our efforts on the international clinicians who are likely to join from July onwards in order to reduce the risk to Clinical governance in EOC.



The target for the appraisal year 2018-2019 was set at 80%. At the end of the appraisal period, March 2019 the final total reached was 90.21%.

The final calculations includes all published and in progress appraisal conversations.

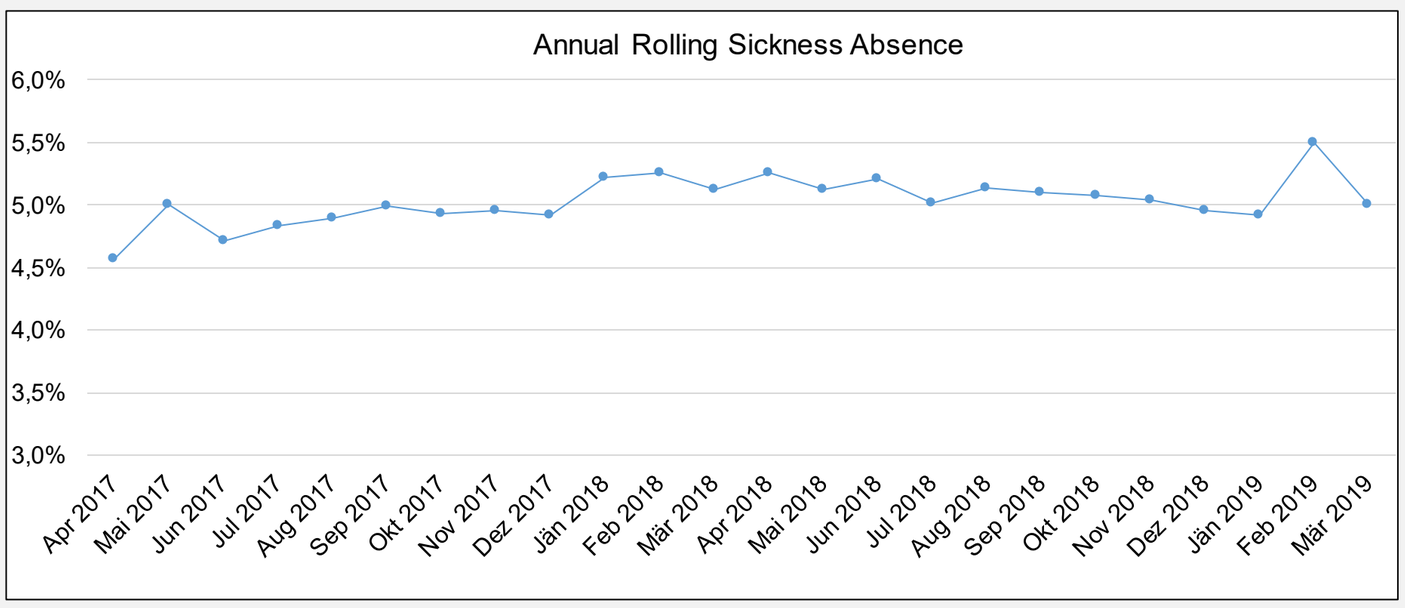
Exclusions were made from the final figures of bank staff, maternity staff, career breaks and all new starters after December 2017.



Following a period of continued downward trend on turnover we have reached a plateau for February, March and April at 14.1%. A paper has now been reviewed at WWC on Retention and Trends in the EOC with tangible actions to improve turnover.

EOC East Turnover for March 19 - 31.97% (By comparison EOC East for the same period last year was 26.12%)
EOC West Turnover for March 19 - 37.78% (By comparison EOC West for the same period last year was 43.86%)
111 Turnover for March 19 - 46.38% (By comparison 111 for the same period last year was 45.46%)

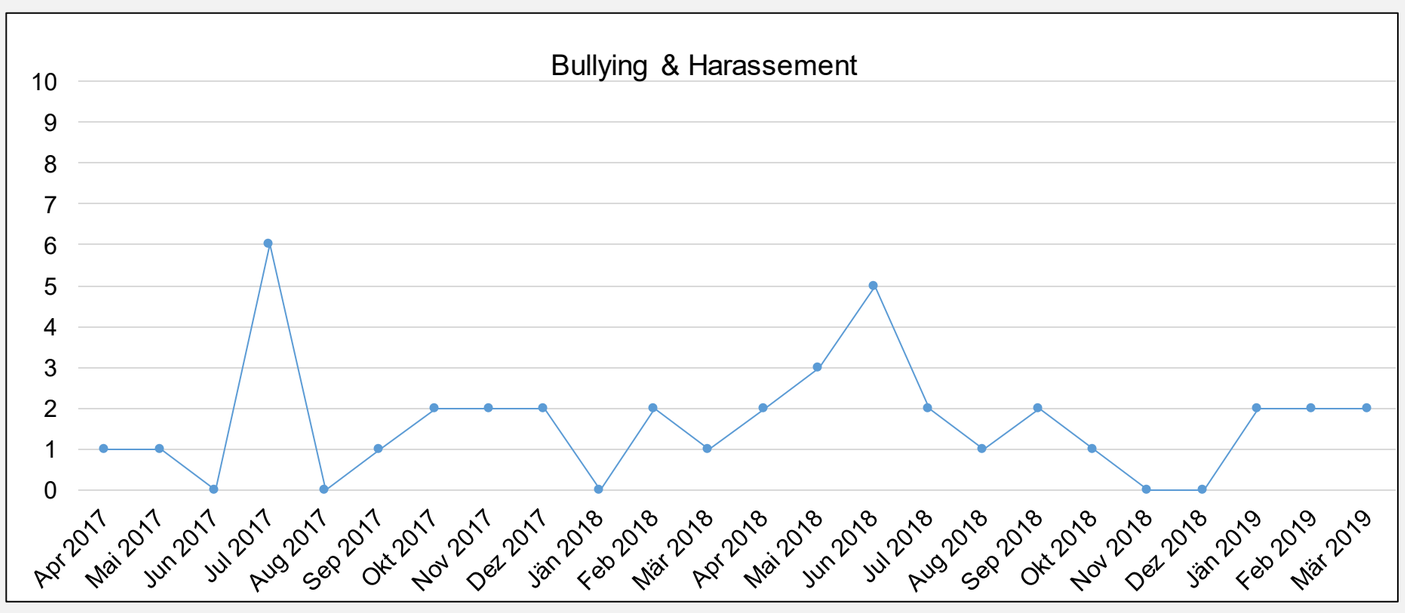
An updated paper on Exit Interview Data has been written for the HRD, and we are also looking specifically at Paramedic Exit Interview Data.



Sickness absence hit target again at 5.0% for April 2019

Across SECAMB the areas where we have more HR focus include Operations Directorate (5.23%), Ashford (5.96%), Guildford (5.72%), Polegate & Hastings (7.92%), EOC East (6.54%), EOC West (6.05%) and 111 (9.2%).

HR Advisors continue to focus heavily on Sickness Absence Management. Maybe now would be a good time to add a new stretch target of 4.0%.



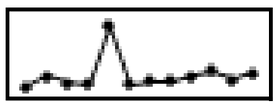
There were 2 reported cases of Bullying and Harassment (B&H) in April 19 with the rolling total no at 31 cases.

We are currently developing an overarching programme of work to ensure all our processes (to include areas such as induction and appraisal) and development for all our people is focussed on improving culture and specifically to reduce Bullying and Harassment.

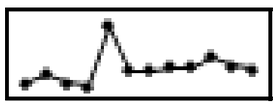
Our Enablers

SECAmb Finance Performance Scorecard

Income

	Jan-19	Feb-19	Mar-19	12 Months
Actual £	£ 20,428	£ 19,491	£ 22,057	
Previous Year £	£ 17,171	£ 16,810	£ 25,743	
Plan £	£ 18,741	£ 17,435	£ 18,583	

Expenditure

	Jan-19	Feb-19	Mar-19	12 Months
Actual £	£ 19,580	£ 19,762	£ 19,683	
Previous Year £	£ 16,404	£ 16,032	£ 22,806	
Plan £	£ 17,853	£ 17,709	£ 17,882	

Capital Expenditure

	Jan-19	Feb-19	Mar-19	12 Months
Actual £	£ 2,578	£ 2,663	£ 2,660	
Previous Year £	£ 285	£ 780	£ 3,190	
Plan £	£ 2,550	£ 2,600	£ 2,800	
Actual Cumulative £	£ 7,714	£ 10,377	£ 13,037	
Plan Cumulative £	£ 7,904	£ 10,504	£ 13,304	

Cost Improvement Programme (CIP)

	Jan-19	Feb-19	Mar-19	12 Months
Actual £	£ 872	£ 949	£ 1,786	
Previous Year £	£ 1,496	£ 1,380	£ 1,406	
Plan £	£ 947	£ 947	£ 1,801	
Actual Cumulative £	£ 8,665	£ 9,614	£ 11,401	
Plan Cumulative £	£ 8,663	£ 9,610	£ 11,411	

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)

	Jan-19	Feb-19	Mar-19	12 Months
Actual £	£ 848	-£ 271	£ 2,374	
Actual YTD £	£ 284	£ 14	£ 2,388	
Plan £	£ 888	-£ 274	£ 701	
Plan YTD £	£ 280	£ 6	£ 707	

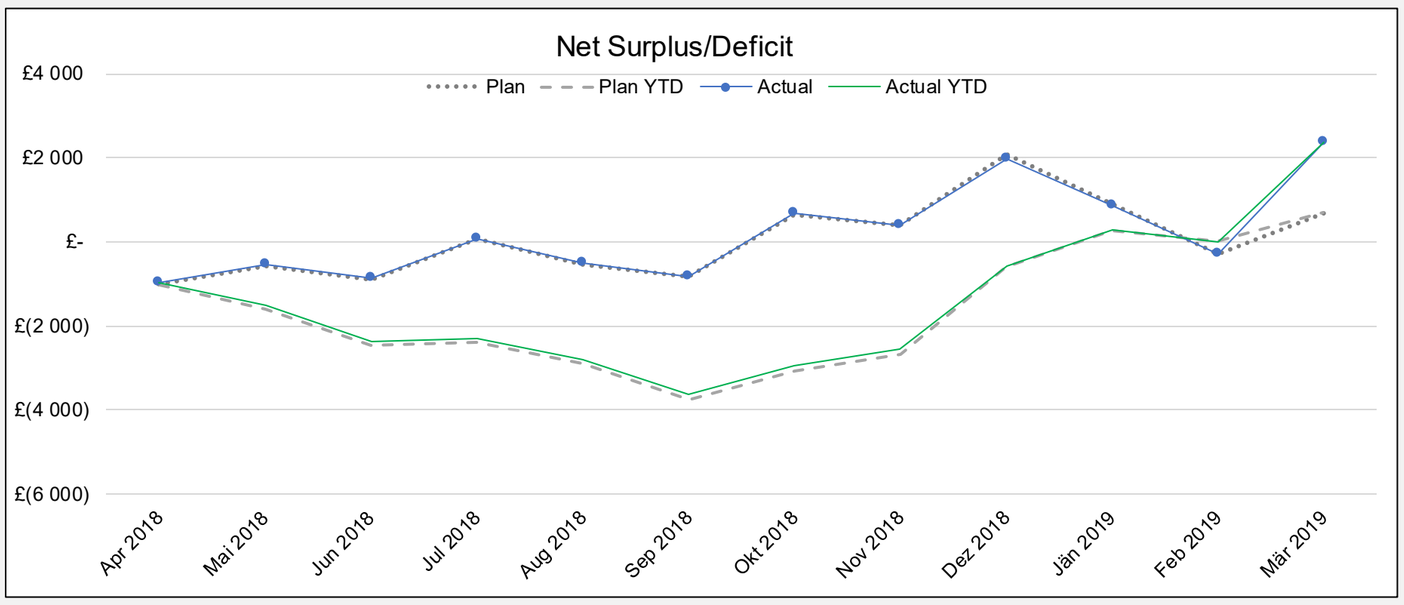
Cash Position

	Jan-19	Feb-19	Mar-19	12 Months
Actual £	£ 27,841	£ 27,481	£ 24,154	
Minimum £	£ 10,000	£ 10,000	£ 10,000	
Plan £	£ 16,019	£ 16,397	£ 17,794	

Agency Spend

	Jan-19	Feb-19	Mar-19	12 Months
Actual £	£ 363	£ 312	£ 457	
Plan £	£ 207	£ 204	£ 200	

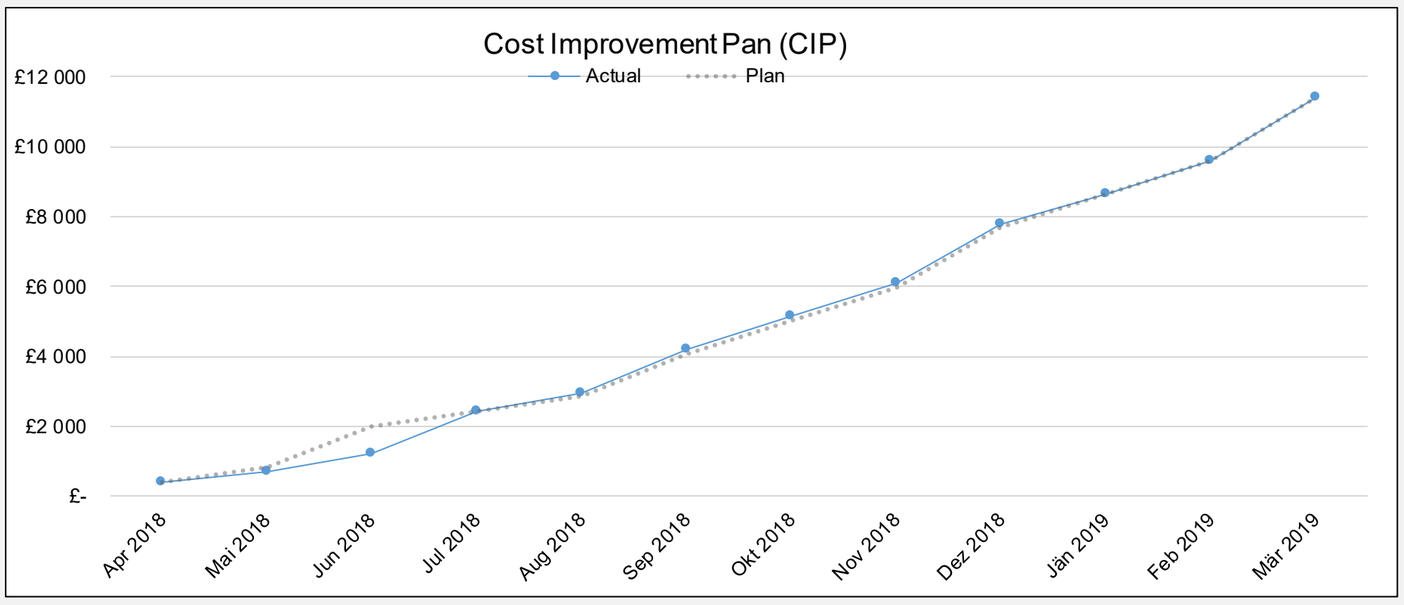
SECAmb Finance Performance Charts



The Trust's I&E position in Month 12 was a surplus of £2.4m, this is £1.7m better than plan.

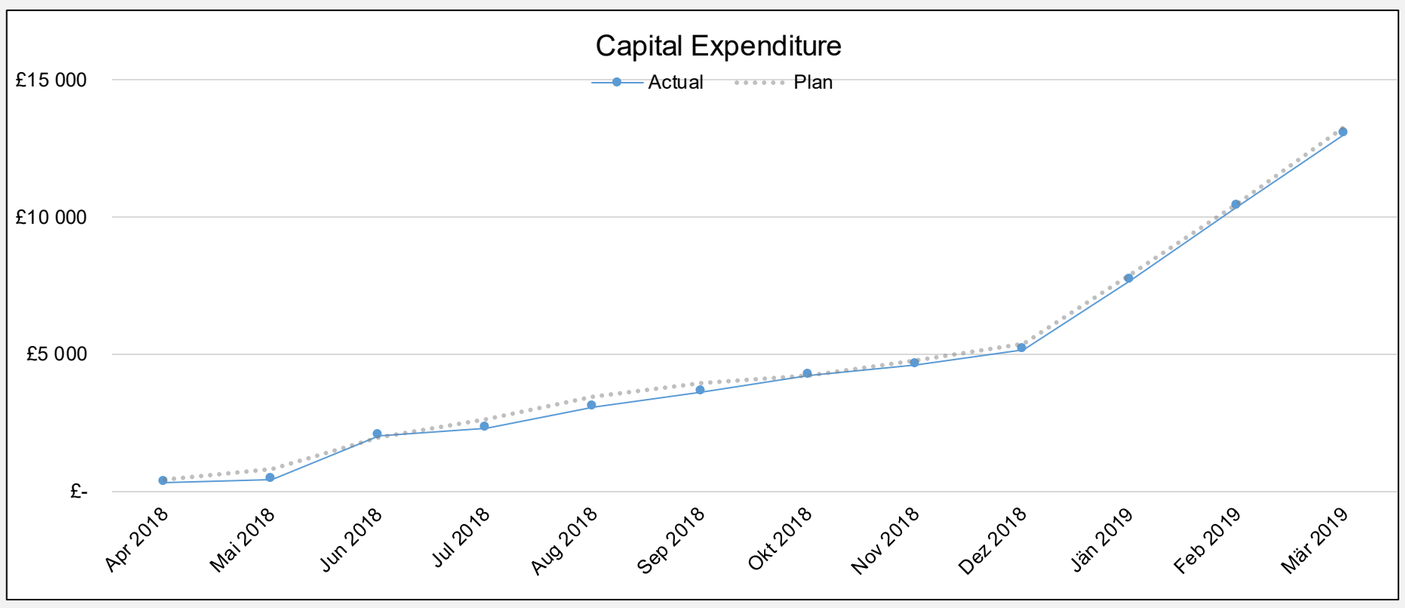
This includes the benefit of £1.7m of unplanned Provider Sustainability Funding (PSF).

This improved the cumulative position to a £2.4m surplus, which is £1.7m better than plan.



CIPs to the value of £1.8m were achieved in the month, as planned.

The full year CIP plan of £11.4m was achieved.

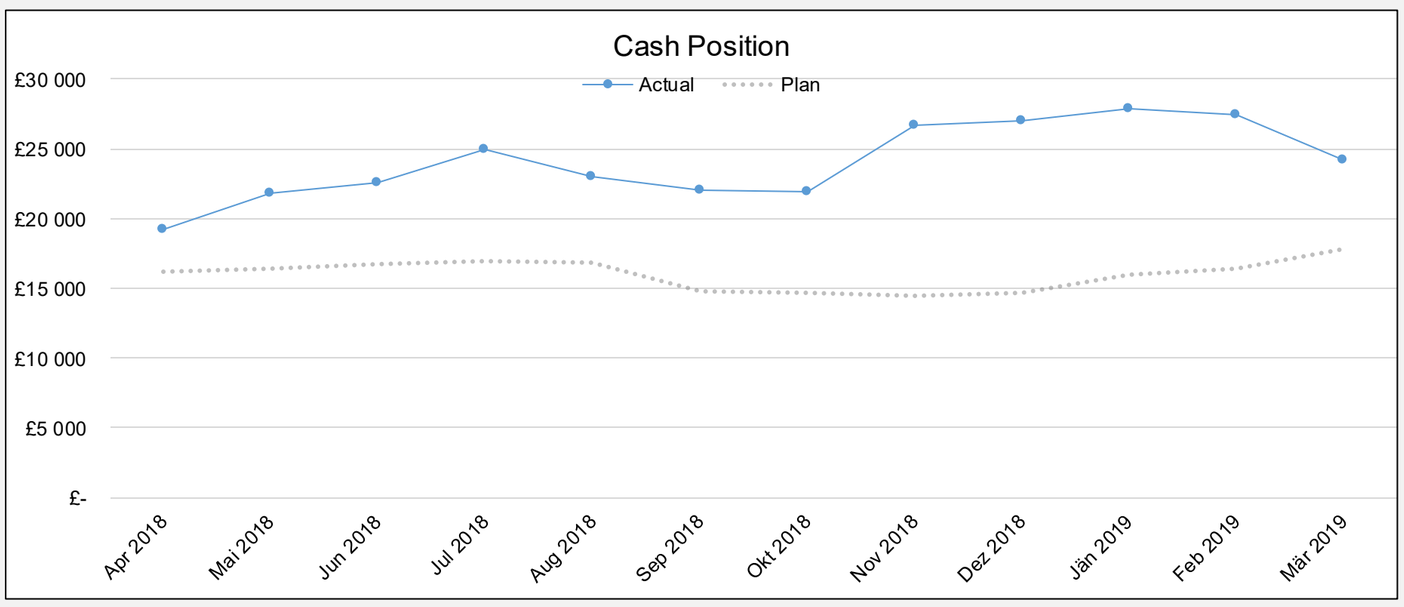


Capital expenditure in the month was £2.7m and full year spend was £13.0m, which was £0.3m below plan.

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 awarded for developments at the Crawley Headquarters. The Trust has been unsuccessful with a bid for new ambulances.

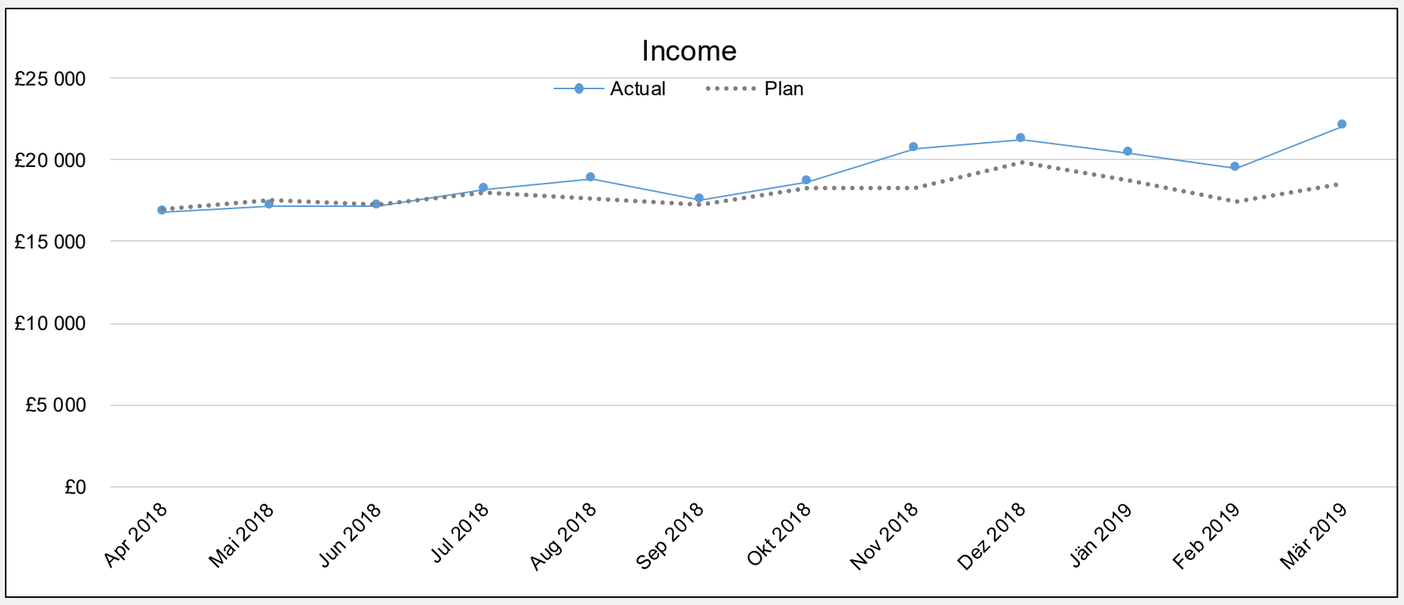
The above funding is subject to formal approval of a business case and recommendation to DHSC (Department of Health and Social Care) by NHSI.



The cash position at 31 March 2019 was £24.2m, which is £6.4m better than plan and £1.3m above the balance at 31 March 2018.

The Trust produces cash forecasts for a rolling three-year period. As an adjunct to planning for 2019/20 the Trust is will be developing a medium term financial projection, including a revised 5-year capital programme, which will inform cash requirements over that period. This will reflect the Trust's investment plans for the estate and frontline vehicles. The impact of the capital bids will be included once business cases have been fully approved.

Performance against the 'Better Payment Practice Code' for payment of suppliers improved in the month, to 97.8% by value, against a target of 95.0%.

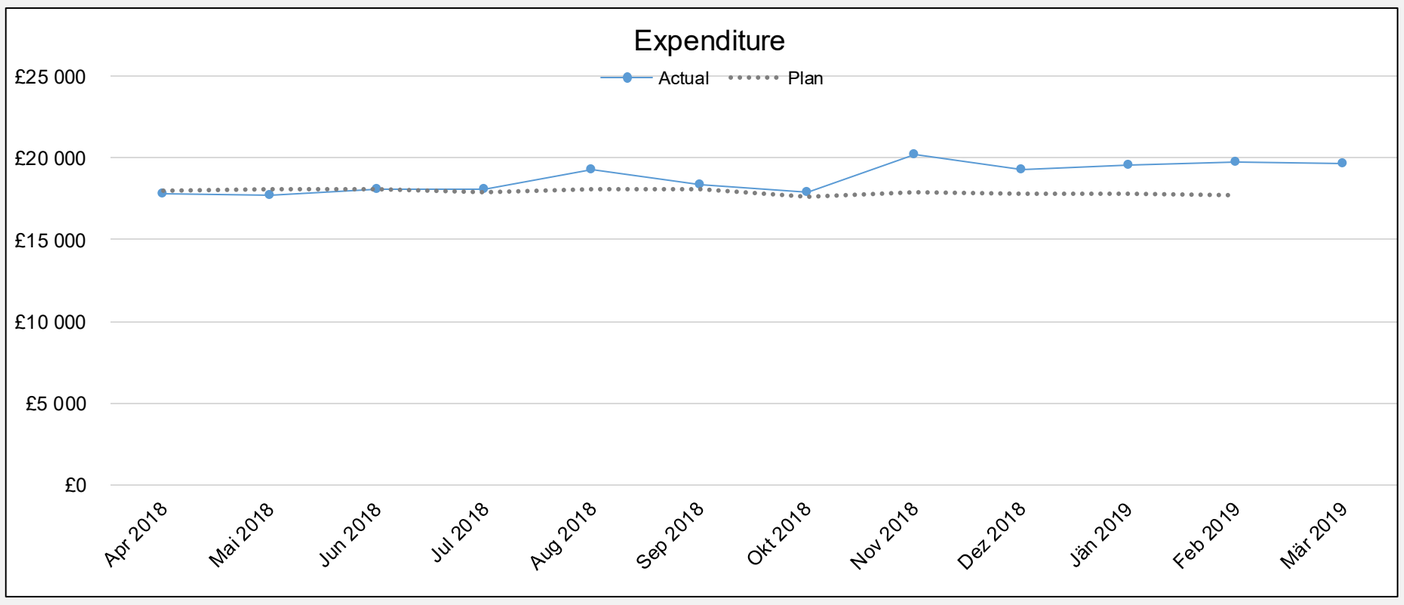


Total Income in the month was £22.1m, which was £3.5m better than plan. This resulted in a favourable variance against plan of £12.6m for the financial year.

The main reasons for the improvement in the month were the additional £1.7m of unplanned PSF and the recognition in the month of £0.8m from the £10.0m 999 contract variation following the successful conclusion of the Demand and Capacity Review with commissioners. This includes an additional £0.1m for the Helicopter Emergency Medical Service (HEMS). Also included in the income variance is central funding of £0.4m for the NHS pay deal.

The Trust has assumed full achievement of planned core PSF income in the year at £1.8m. 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



Total Expenditure exceeded plan by £1.8m in month and £10.8m for the year. This included costs funded from unplanned income referred to above.

Pay costs in the month were above plan by £1.1m, moving the cumulative position to a £5.6m overspend. The main reason for this is £0.5m of costs in respect of unsocial hours on annual leave, £0.4m impact of the new pay deal and £0.2m of additional costs for the 111 service.

Non-pay costs were £2.2m above plan in the month, bringing full year costs to £6.8m over plan. The main area of overspend in month was for additional provisions for holiday pay on overtime and accruals for estates minor works and fleet costs to support frontline resources.

Non-operating costs were £1.5m better than planned, mainly due to the profit on sale of Epsom Ambulance Station.

South East Coast Ambulance Service NHS Foundation Trust

D - Membership Development Committee Report

1. Introduction

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

1.2. In this report, we focus on membership updates and summaries of the top items from the MDC meetings and those that report in to the MDC (Staff Engagement Forum, Inclusion Hub Advisory Group and Patient Experience Group). For a full picture of the important items discussed at these meetings and how staff and members are feeding in their views to the Trust, I recommend that you read the full minutes appended to this report.

2. MDC Meeting summary

2.1. Following expressions of interest at the May meeting and a vote, Brian Chester was appointed as Chair of the MDC and Chris Devereux as Deputy Chair.

2.2. The MDC met on the 7th May. The key areas of focus were:

- Understanding how staff and public member views were fed into the Trust through the groups that report in to the MDC and hearing updates from these representatives. Reviewing how Governors could recruit new members and engage with the public with the support of the Membership Office or by using the Governor Toolkit. (More on this below).
- Annual Members Meeting planning and ideas for new content. The MDC also discussed what the event could look like next year – considering more of an open day approach, but the aims of the event needed to be considered.
- How the Trust could and should be seeking patient views. Discussions on the culture work needed within the Trust, what was happening and the need to develop a patient experience strategy.
- Membership discussions at the joint meeting of the Council and Board were further consolidated at the MDC. It was agreed that the key areas of focus for a strategic approach to membership engagement could be broken down into three themes with an overall aim as follows.
  Aim - Make the most of being a membership organisation: for our people and our patients.
  Theme 1: Knowing you are a member of SECAmb and realising the benefits
  Theme 2: Systematically engaging with members
  Theme 3: Ensuring structured, ongoing member engagement

  We will be working with members to take these themes forward and ultimately formalise them into a membership strategy with a focus on systematic membership engagement that is useful for all! Further updates on our progress will be provided to Council, Board and of course our members.

2.3. The draft minutes of the May MDC meeting are available as appendix D1. I recommend you read them to build a more complete picture of the work of the committee. The next meeting is on the 19th November 2019.

3. Membership Update

3.1. The total staff membership as of 30.04.19 is 3,813, which is up 3% since the last report. Current public membership by constituency (at 22.05.19) is 10,118 broken down as follows.

Constituency	No. of members	Proportion of the population who are members	Total population eligible for membership	increase or decrease compared to previous report
Brighton & Hove	493	0.17	293032	**2%**
East Sussex	1591	0.29	555382	**1%**
Kent	2906	0.19	1567229	**0.4%**
Medway	621	0.22	283628	**0.4%**
Surrey	2189	0.16	1386062	**1%**
West Sussex	1537	0.18	856756	**0.5%**
Out of area	781	-	-	-
Total	**10,118**	**0.19**	**4942089**	

3.2. The focus for member recruitment has always been about 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. We are currently updating the Governor Toolkit after receiving feedback at the joint Board and Council meeting that this is something new Governors in particular would welcome. The toolkit is designed to help Governors carry out local member recruitment themselves.

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 mid-July to our public FT members and our staff FT members. This edition will focus on the range of health service options available from 999 to 111, pharmacies and self-care and which service suits which need. There will be an invite to our Annual Members Meeting (AMM), a day in the life of a paramedic article, health news including a focus on dementia and an update on service transformation and response times.

4.3. The Annual Members Meeting will take place on Friday 20th September at East Sussex National Resort, near Uckfield in East Sussex. We move the location of our AMM around the patch to reach members in all the counties on rotation. Next year the event will be in Kent. Sincere thanks to Membership Development Committee members and Staff Engagement Forum members who suggested some fantastic ideas for content, the exhibition and displays for this year. We will shortly be putting forward a proposed agenda to the Chair and CEO based on staff and public member views.

4.4. The MDC agreed an approach to Membership recruitment this year at the February meeting. A balance of large-scale 999 events and disability, Black Asian and Minority Ethnic and LGBTQ events will be attended with the aim of maintaining membership numbers whilst developing under-represented areas of membership. Thanks to Governors and colleagues who have come forward to support the events as follows:

Date / Time	Event	Constituency area	In attendance
Sat-Sun 6th & 7th July 11am – 5pm	**Eastbourne Emergency Services show (999)**	**East Sussex**	**Frank Northcott, Harvey Nash Izzy, Katie and Leigh from the Membership Office. Ollie from IHAG will pop by. Eastbourne responders.**
Saturday 20th July 9am - 5pm	**Trans Pride (LGBTQ) Brighton & Hove**	**Brighton & Hove**	**Katie, Steph Meech (Ops), Pauline Flores Moore, Eastbourne responders and other CFRs.**
3rd August tbc	**Crawley Fire station open day (999)**	**West Sussex**	**Harvey Nash Geoff Kempster Katie & Meg from the Membership Office**
Friday 2nd August 10am – 4pm	**Ramsgate MENCAP Festival (Disability)**	**Kent**	**James Crawley Marguerite Beard-Gould Chair may be able to attend David Escudier**

			Izzy & Katie from the Membership Office
TBC September time	**Surrey Minority Ethnic Forum** - Cultural event in September **(BAME)**	**Surrey & NE Hampshire**	**Pending date…** **Geoff Kempster** **Felicity Dennis** **Asmina Islam Chowdhury** **Jane Watson (IHAG)** **Katie & Peter Lee from the Membership Office**

4.5. The Membership Office recently met with all four Retirement Associations affiliated with SECAmb and encouraged their members to become members of the Trust.

4.6. The MDC made recommendations for follow up on youth membership involvement in the Trust which was discussed at a previous MDC meeting. Communications on volunteering or working for us were sent out by the Membership Office to these members. One of the specific aims of this piece of work was to develop youth member voice within the Trust and the MDC recommended that a youth member representative be sought for the Inclusion Hub Advisory Group (IHAG). Two youth members came forward with interest in the role and these were passed to the Inclusion Lead to take forward.

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. **IHAG meeting summary:**

5.3. The most recent meeting took place on 11th April. Marguerite Beard-Gould is the Council's representative at IHAG meetings and will now be joined by Was Shakier (Staff Governor) and Geoff Kempster (Public Governor) after they put themselves forward for the Governor vacancies on the group. All Governors are welcome to request to observe the IHAG from time to time.

5.4. The minutes of the April meeting can be found as appendix D2. The key areas of discussion at this meeting included:
- A presentation from David Wells, the new Head of Community Engagement, to talk about the consultation on the Community First Responder strategy which was underway. The IHAG noted that the Head of Community Engagement role was not as broad as covering all 'volunteers'. It was important to have a job title that was clear that it was Operational Volunteers.
- The Electronic Patient Clinical Record (ePCR) was also discussed and a demonstration was received. The IHAG provided feedback on the development of a hard copy patient advice sheet, developed to be used alongside the move to our electronic patient care record. This was info to be left with the patient regarding next steps/ care when they do not need to be conveyed to hospital.
- Concerns about the lack of Patient Experience Strategy and cancellation of two Patient Experience Group (PEG) meetings were also raised. This has since been raised with the Chair via the MDC.

5.5. The next IHAG meeting takes place on the 8th July 2019 at the Holiday Inn Gatwick.

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 16th May. The notes of this meeting, which I would recommend you read, are available as appendix D3 and there is a summary below. Was Shakir was in attendance alongside Geoff Kempster who requested to observe. They may wish to add their own comments on the meeting.

6.4. Key items from the May SEF meeting:
- The SEF heard about investment in estates across the areas we serve and highlighted a need to engage with staff and provide communication around change in their local area especially in light of the new Make Ready Centre proposals.
- The SEF were given an overview of the aims of a corporate communications strategy that was in development. The SEF highlighted that the staff bulletin did not work well in its current format, they suggested solutions, and offered to be a sense check for any work undertaken in re-developing it. SEF also highlighted that a local comms kit with key messages for OUs to use when attending public events etc. to promote the ambulance service would be useful.

- The SEF took part in two interactive sessions, the first considering areas of focus at the Annual Members Meeting where feedback from the SEF will be reviewed alongside the MDCs suggestions and taken forward as much as possible. The second activity was on reviewing the employee life cycle (the points where staff interact with the Trust and where SECAmb can either be effective and make it a good experience, or could create frustration and feelings that the Trust didn't care by being ineffective) and how this contributes towards culture within the Trust. The SEF fed back in sub groups to the Interim HR Director on their own top 3 areas for attention within the Trust in terms of HR and culture development. Themes centred on training and development opportunities, having effective HR processes that are trusted and fair, and showing you have listened to staff and acted on feedback or tell them why not!

6.5. 2019 SEF meeting dates are as follows and they take place at Crawley HQ**. All Staff Elected Governors should make every effort to attend these meetings:**
12th August 2019
4th November 2019

7. Patient Members' Views

7.1. The Patient Experience Group (PEG) meetings on the 26th Feb and the 30th April were unfortunately cancelled. The next meeting is planned for the 15th July and it is hoped that some traction will have been gained on the development of a patient experience strategy that is co designed with stakeholders and that there are some actions planned to engage with service users. Felicity Dennis who is the Governor Representative on this group may wish to provide any further detail if available.

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.

Brian Chester
Public Governor for Surrey and North East Hampshire & Membership Development Committee Chair

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Membership Development Committee

7 May 2019 – Crawley HQ 10:30-15:00

Present:

Katie Spendiff	(KS)	Corporate Governance and Membership Manager
Roger Laxton	(RL)	Public Governor, Surrey
Frank Northcott	(FN)	Public Governor, East Sussex
Brian Chester	(BC)	Public Governor, Surrey
Harvey Nash	(HN)	Public Governor, West Sussex
Geoff Kempster	(GK)	Public Governor, Surrey

Minutes: Izzy Allen (IA) Assistant Company Secretary

In attendance:

Roxanne Dobson	(RD)	Staff Engagement Adviser
Asmina Islam Chowdhury	(AIC)	Inclusion Manager

Apologies

Felicity Dennis	(FD)	Public Governor Surrey & North East Hampshire
Marguerite Beard-Gould	(MBG)	Public Governor, Kent
Marian Trendell	(MT)	Appointed Governor, Sussex Partnerships
James Crawley	(JC)	Public Governor, Kent
Chris Devereux	(CD)	Public Governor, Surrey
David Astley	(DA)	Chair
ACC Nev Kemp	(NK)	Appointed Governor, Surrey Police
Pauline Flores-Moore	(PFM)	Public Governor, West Sussex

Welcome

Members were welcomed to the meeting.

1. **Apologies for absence**
   1.1. Apologies were received from FD, JC, MBG, CD, MT, DA, NK, PFM, and Greg Smith.

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 save for IA noted that the action around membership engagement was a bit vague so this could be finessed.

3.2. The action log was reviewed and updated:
3.3. KS had merged and updated the action log, as there were several around similar themes.
3.4. On 36.11 KS advised that the membership toolkit had been mentioned at the joint meeting last week and she would get on with reviewing it. She described the contents of the toolkit (back boards about membership and the Trust, membership forms, pop up banner, PowerPoint presentation to support local presentation). This had been created by this Committee and we used to keep one in each County to make it easy to access. RL asked about how a Governor might use the toolkit and whether they could expect support. KS advised that if there were local invitations to events, the toolkit would help them have a stand and do it on your own or alongside another Governor. RL was concerned that he would feel concerned about how well he was doing it. KS noted that it was available for those who felt confident and Governors might come along and do events with us and then use the toolkit if needed.

ACTION: KS to circulate the full contents and PowerPoint slideshow that make up the Governor Membership Toolkit to the Committee for comments.

3.5. AIC noted that there was a Coxheath event coming up which Governors might join in.
3.6. On action 4.14, KS had drawn a number of actions together from the previous meeting. This would be covered later in the meeting.
3.7. On action 4.17, this was completed however the time allowed for the MDC report had not been used as the meeting over-ran. This was a shame.

ACTION: Move CoG Committee reports to the start of Council agendas to avoid them being squeezed at the end.

3.8. KS advised on action 4.23, she was speaking with Greg Smith about this. GK advised that it would make sense to do this sign up at the training sessions for CFRs. GK noted that CFRS were currently going through monthly training but also there were new CFRs being trained at present. There had also been 360 applicants to be CFRs and we could contact those not selected for training at this stage.
3.9. AIC asked why we could not simply ensure that CFRs and Chaplains became a member as part of the role. KS had promoted this to CFRs many times.
3.10. HN asked what proportion of CFRs were members. KS discussed the option of doing more with CFR recruitment.
3.11. On the MDC report going to the Inclusion Working Group (IWG). AIC reported that it was coming to the next IWG and the MDC discussed the different roles of the Inclusions Hub Advisory Group (IHAG), IWG and the Governors' role and representation. IA and KS explained the different routes that the MDC report took through the Trust management and through the Council. It was not Governors' role to get involved in management.
3.12. On action 9.6 regarding equality analyses (EAs), the EA group needed to be reinvigorated and AIC would be doing this once she had the time.

4. FT Membership Update

4.1. KS advised that this was a chance to talk about the different groups that feed into this Committee. She provided an overview of the breakdown of the membership.

4.2. GK noted the number of 'unknowns' in relation to gender identity, and asked whether we could use the title members had provided to ascertain whether they identified as male or female.

ACTION: KS to see if the gender identity of members could be updated based on the title they have provided.

ACTION: KS to provide comparison data of population for ethnicity membership statistics provided.

4.3. AIC advised that David Astley had attended the IHAG to get a feel for what was happening with public engagement in the organisation. Dave Wells, the new Head of Community Engagement, had been to the meeting to talk about the consultation on the CFR strategy which was underway.

4.4. FN was concerned about the role of the Community Engagement that the Head of Community Engagement role was not as broad as covering all 'volunteers'. The MDC agreed. It was important to have a job title that was clear that it was Operational Volunteers.

4.5. Caroline Sergeant had also attended who was the Communications Officer for the Service Transformation and Delivery Programme. The Electronic Patient Clinical Record (ePCR) was also discussed. It had been delayed again. The IHAG was consulted on the stakeholder form and what stakeholders would likely feel about the ePCR.

4.6. GK and FN noted that the mood music around the new ePCR continued to be quite negative. AIC confirmed that the ePCR we were developing was based on one from another ambulance Trust so was tried and tested.

4.7. Concerns about the lack of Patient Experience Strategy and cancellation of two Patient Experience Group (PEG) meetings were also raised.

4.8. AIC advised that the IHAG also stressed that we should be focused on engaging at the appropriate time, not at the end of developing something.

4.9. GK noted that there may be a role for CFRs in going back to patients to see what their experience had been.

4.10. IA advised that as a Governor, she would be concerned about the lack of patient experience data the Trust was collecting. KS advised that FD had given an update which said the last two meetings had been cancelled, one 4 days before, and there had been no development. The MDC were concerned at the lack of progress with the Strategy and lack of the meetings going ahead. IA was asked to escalate to the Chair.

ACTION: IA to escalate concerns regarding patient experience to the Chair and raise at CoG/Board.

4.11. RD gave an overview of the Staff Engagement Forum's purpose and what had been covered on the agenda. This included ePCR, and the culture programme. There was discussion about whether the culture workstream

was moving forward, in particular around what value for money the Trust was getting for the consultant(s) employed.

4.12. The MDC felt that this was a key work-stream and were concerned. KS advised that FD had raised a similar concern at the Council and she was unsure a clear response had been received.

4.13. HN felt that the Board should be doing the culture work, led by the HR Director – this should not be driven by outside consultants. AIC advised that the HR team had been under capacity and hence the use of consultants.

4.14. The MDC were concerned about progress in relation to the culture work and would like confirmation of what has been delivered by the current HR team of consultants, what they are supposed to deliver, how many there are. This could be an assurance issue for the Council.

ACTION: Escalate concerns on the Trust's culture work stream including ownership and what has been achieved.

RL asked whether the Governors could have a report to the Council on this, and IA advised the Governors could ask NEDs for assurance and if needed escalate to the Chair in between meetings.

4.15. BC noted that on reading minutes he saw that the majority of gaps in the organisation seemed to sit within HR and it was important to get this right.

5. **AMM Ideas**

5.1. KS advised that feedback had always been good for the AMM but she was keen to consider whether there were changes that could be made.

5.2. FN noted that he had been to four AMMs. It was heavily biased onto which county it was held in, in terms of who turns up.

5.3. FN advised that he did not necessarily feel that having a Council meeting on the same day was the best thing. GK noted that if it were him, he would hold the meeting in the evening or the weekend.

5.4. IA advised that having the Council on the same day was useful in attracting people to observe the Council meeting.

5.5. KS advised that when we held membership engagement meetings in the evenings, they had not been attended.

5.6. There was discussion about having it more as a training event or workshop/open day which could be held on a Saturday.

5.7. FN noted that his daughter was the editor of a local paper, and KS noted that she had not issued information to local newspapers. Information should be sent out to them at least 3 weeks in advance.

5.8. KS advised that local newspapers were also picking things up on Twitter.

5.9. BC advised that the feedback had been so good that perhaps the format should not change too much, but could do it on the Saturday to enable a different demographic to come.

5.10. The AMM formally would not appeal to parents.

5.11. FN noted that one of the most interesting presentations done at a Board meeting had been by the local staff at Polegate about what they are doing.

5.12. KS advised that the AMM venue was booked at the East Sussex National Golf Course.

5.13. HN asked whether the attendance at the AMM had been good or bad in comparison to other FTs. KS advised that we were more successful in terms of numbers compared to other Trusts. HN suggested asking other ambulance FTs for information about what they did and how successful it was.

ACTION: KS to check with other ambulance FTs on the format of their AMM to see whether there were any ideas that could be adopted.

5.14. KS would consider earlier next year whether we try holding the AMM on a Saturday and try and do something different.

5.15. RL noted that it would be helpful to send an invitation to every member through the post to encourage attendance. KS advised that every member was sent an invitation. HN noted that it would be important to continue to try and convert people with postal addresses to email contacts.

5.16. It was suggested that the Trust might run a simulation with crews attending as this was always a draw.

5.17. KS noted FD's input that service improvement presentations had been useful and the Operations Team may be able to showcase the 1 degree of change they had achieved. This was felt to be useful

5.18. Rural response times might be a good topic to draw people in.

6. **Youth Membership Survey**

6.1. KS introduced her paper on youth membership.

6.2. IA asked what percentage of young members had responded. It was about 3%. This seemed to suggest limited appetite from the younger members to get more involved.

6.3. The MDC noted that there were opportunities to respond with volunteering opportunities. GK noted that creating awareness via St John for example would be most relevant. The MDC discussed whether St John would be seen as the competition or should be seen as partners.

6.4. The cadets would be relevant to approach as they did not do the paid bit of St John. There are also a lot of St John volunteers who are also a Paramedic with SECAmb or a CFR.

6.5. IA advised that she felt that the issue around St John was a wider one in that we should be working with such partners, particularly in terms of recruitment and wider community engagement, but there was no coordinating role for this within the Trust.

6.6. HN offered assistance if we wished to contact St John. He didn't feel they would be precious about working with SECAmb in partnership.

6.7. KS would contact all the young members to provide information about volunteering and see what happened.

7. **MDC Chair and Deputy Selection**

7.1. KS advised that Mike Hill had previously been Chair for a number of years and decided not to re-stand as a Governor after 2 terms of office.
7.2. KS gave an overview of the role and asked for expressions of interest.
7.3. KS advised that CD had expressed an interest. BC also expressed an interest. HN noted that he would do the Deputy role if no-one else wanted it.
7.4. FN asked about the process to elect the Chair and Deputy.
7.5. The MDC agreed that an anonymous online poll would be held if CD was interested.

8. MDC Representation on the IHAG

8.1. AIC noted that MBG was the current IHAG Governor representative and that there were 2 vacancies she was keen to fill. AIC noted that previous representative Brian Rockell, sadly passed away last year and that FD had had to stand down as she could not fit it in with other commitments. AIC noted the attendees needed to come to 6 day-long meetings per year (75% attendance necessary).
8.2. GK volunteered. Was Shakir had also volunteered. The MDC agreed that the opportunity should be circulated to the Council again and then the expressions of interest could be fed back to AIC for review and decision.

ACTION: Circulate IHAG volunteer opportunity to all Governors

8.3. It was agreed that the Governors would hold the role until the end of that term of office, when it would be reopened to the Governors.
8.4. IA noted that it would be useful to ensure there was one space for a staff Governor and two for members of the Public.

9. Promotion of IHAG/FT Members and follow up to joint CoG/Board meeting

9.1. KS circulated some short notes outlining actions already planned and actions coming out of the joint Board and Council meeting.
9.2. GK noted that Joe Garcia had also mentioned having open days at each operating unit, which was not captured on the sheet. Members noted that the police and fire were able to deal with the security implications so they did not understand why we couldn't not do that.
9.3. Staffing was also seen to be a concern, however Governors and CFRs would also be happy to provide support.
9.4. Linking Public Governors with operating units was seen to be a useful exercise.
9.5. AIC and KS discussed the differing roles of the IHAG and the membership. There was a gap between the people doing the work on service change and engaging with the membership base. This would need to be reported back, closing the feedback loop. KS and AIC were working already on how to help the Trust make the most of members and the IHAG and on how to promote this.
9.6. GK noted that most staff were unaware of the Governors.
9.7. KS advised that using existing mechanisms (SEF and IHAG) to get feedback was important, but getting public feedback was not seen as valuable yet.

What key messages could we push out about the value of talking to people. AIC was clear it was also a legal obligation to engage with the public.

9.8. HN was clear that members could learn of change early and have input to that change – far better than hearing about change after the fact.

9.9. KS noted the example of Community Response Posts and the closure of ambulance stations was one where public engagement would have helped.

9.10. BC had been impressed by the ability to move vehicles around to meet expected demand. It would be helpful for people to understand this.

9.11. HN noted that engaging in localities helps people understand things and would talk to others and be advocates/explainers for the Trust.

9.12. The MDC discussed the value of using the IHAG and the need to promote them and their value, and then ensure the IHAG were recommending local/membership engagement as part of service development.

9.13. FN noted the competition for NHS services and there was no forum to engage on 'the NHS'.

9.14. IA noted that Sustainable Transformation Partnerships (STPs) and Accountable Care Organisations (ACOs) were being developed which had no formal accountability and Governors may wish to be interested in this.

9.15. FN noted that he had attended a consultation at his local STP (covering most of Sussex and Surrey). Each Operating Unit had a Team Leader with responsibility for CFRs. This might also be a link we could use for putting Governors into OUs.

9.16. GK noted that it would be useful for Governors to link in with OUs and help educate about the role of the Council and staff governors, as well as pick up any issues raised.

9.17. KS advised that she had heard a number of strands. How to make people aware of what's available and promote the membership/IHAG and SEF. GK agreed that it was important to get the same level of visibility as the Wellbeing Hub.

9.18. The MDC discussed how to educate and persuade people of the benefits of engagement. IA suggested an online course and perhaps targeting it at Managers to help educate about the value of engagement.

9.19. GK highlighted the issue of the introduction of cup holders in ambulances as a good example of where consultation with staff around the changes could have been very useful and diffused the situation when it was rolled out and received a negative response.

9.20. GK noted that it would be really good to prioritise getting links to OUs started, and to promote the fact that Governors are available there for feedback.

9.21. IA and KS advised that this sounded really positive but would need to be introduced properly to ensure Governors were supported/embedded and trusted and it was clear why they were there.

9.22. FN asked whether we were planning to recruit more members. IA advised that in engaging with the public one would hope we'd be recruiting through that.

9.23. HN noted that it would be useful to understand the volume of our membership relative to other Trusts.

Action: KS to take the key discussion points from MDC and the joint CoG/Board event and draw up plans to progress.

10. 2019 Event Attendance Plan

10.1. KS thanked Governors for getting in touch to attend events. GK said he could do Crawley. FN noted that KS should be in touch with the right people about the Eastbourne event. KS advised she was liaising with Polegate staff.

10.2. KS noted that any 999 event or other event SECAmb was going to that governors heard about, Governors should let her know and she would link them up with the relevant people.

10.3. HN had said he could attend the Crawley event and the Eastbourne one.

11. Suggested Content for Upcoming Newsletter

11.1. KS advised that the next membership newsletter went out in July and she was seeking suggestions from Governors.

12. AOB

12.1. RL noted that it had been mentioned earlier about the volunteers we had in the service. IA explained that we have CFRs, Chaplains, Governors and IHAG members. Work on the Community Guardian volunteers was now restricted to a pilot run by Age UK Thanet.

13. Meeting effectiveness

13.1. BC noted that the meeting had focused on the right things and allowed time for discussion.

Signed:
Name and position:

Date:

South East Coast Ambulance Service NHS Foundation Trust
Inclusion Hub Advisory Group (IHAG)

Notes of a meeting held on 11th April 2019
at Nexus House, Gatwick Road, Crawley: 09:30 to 16:00 hours

Attendees:

Angela Rayner	(AR)	Marguerite Beard-Gould	(MBG)	Penny Blackbourn	(PB)
Ann Osler	(AO)	Mike Tebbutt	(MT)	Phillip Watts	(PWa)
Dave Atkins	(DA)	Mo Reece	(MR)	Roxanne Dobson	(RD)
Jim Reece	(JR)	Ollie Walsh	(OW)	Sarah Pickard	(SP)
Katie Spendiff	(KS)	Patrick Wolter	(PW)	Terry Steeples	(TS)
Leslie Bulman	(LB)	Paula Dooley	(PD)		

Presenters & Guests:

Caroline Sargent	(CS)	David Astley	(DAs)	Ryan Bird	(RB)
Dave Wells	(DW)	Peter Hills	(PH)	Waseem Shakir	(WS)

Secretariats:

Asmina Islam Chowdhury			(AIC)	Joanna Wood	(JWo)

Apologies:

Ann Wilson	(AW)	Simon Hughes	(SH)	Jane Watson	(JW)
Francis Pole	(FP)	John Rivers	(JR)	Suzanne Akram	(SA)

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.

A patient experience video was shared, highlighting the involvement of two members of the public in saving the life of a man who collapsed and went into cardiac arrest in the street. They have both received commendations from SECAmb for their actions.

2 Minutes of the previous meeting

2.1 The notes of the meeting held on 16th January 2019 were reviewed, and two amendments were agreed as required. 4.3 will be amended to: “PD raised that agency staff should be avoided if possible as may not be culturally competent” and 7.1 will be amended from “welfare calls” to “calls back to waiting patients”. Minutes were then agreed as an accurate record by LB.

PB queried whether call-backs to patients awaiting attendance are now undertaken by a clinician. AR confirmed the EOC have now recruited clinical navigators who help manage the call back process.

Action:	AIC to consider inviting Scott Thowney to present at a future IHAG meeting.
Date:	July 2019

3 IHAG Action Log Review

3.1 Action 234.1. Non-binary staff and service users: Action carried forward.

3.2 Action 237.1. Meeting etiquette: This has now been fed back into the Culture team and they are looking at how to go forward. Action closed.

3.3 Action 237.4. Community Guardian Project: AR read a summary from John Battersby. Action carried forward.

3.4 Action 239.2. 999/111 Message: Update on message used included in today's papers to members. Action closed.

3.5 Action 242.2. Hearing loop in McIndoe rooms: AR 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, however, there is not currently a timetable for this. Issue with estates as there is currently no facilities manager, but need to ensure this issue is raised in planning stage for second floor.

3.6 Action 248.1. HealthWatch liaison and IHAG feedback: Action closed.

3.7 Action 249.1. Volunteer Strategy Update: Item not raised in formal Council of Governors meeting, but discussed informally with Dave Wells who will be presenting today. Action closed.

3.8 Action 250.1. Patient Experience Group: Previous PEG meeting cancelled. Action carried forward.

3.9 Action 251.1. Freedom of Information request: AR confirmed it had been received and is just awaiting being signed off. They are also looking into the delay. Suggestion made by LB for a template for FOI requests to ensure all details needed are captured. Action carried forward.

Action:	AR to liaise with Giles Adams regarding development of a template for Freedom of Information requests.
Date:	October 2019

3.10 Members **agreed** to close all other actions that had been noted as completed in the Action Log since the January meeting including: 243.1, 243.2, 244.1, 245.1, 246.1, 247.1, 250.2, 251.2, 251.3.

Matters arising

3.11 PD queried if there would be an opportunity to feedback on the Quality Account process. AR confirmed Judith had thanked PD for her input.

3.12 AR confirmed that due to the various access issues at Nexus House as well as the availability of parking the next three IHAG meetings will all be held at Holiday Inn Gatwick Airport.

4 Review of activities undertaken by members

4.1 Members updated the group on the activities since the last meeting, and these included attendance and participation in the following:

- History Marking Sub Group meeting.
  JR informed group that there is a new system which marks the person not the address. However, he raised that this is not in line with the current policy.

Action:	AR to formally make the recommendation that the policy is updated.
Date:	July 2019

- Quality Assurance Visit to Gatwick MRC and Lewes.
  PB and AO advised that there was a lack of understanding from front line staff regarding job roles/restructuring and they are unaware that SECAmb is trying to get in line with National Guidelines. They shared feedback from staff stating they felt bombarded with emails, and that there is a distance between staff at HQ and frontline staff.

- Equality Delivery System 2 grading event.
- Patient Experience Group meeting
- Service Transformation & Delivery Strategic Oversight Group (STADSOG)
  LB fed back that the Terms of Reference had now been ratified but the agenda covers too many topics in not enough depth. LB has shared this concern with STADSOG.

- Falmer Make Ready Centre Stakeholder event.
  Recommendations will be circulated after this meeting.

- Feedback on the Trust Annual Plan
- Quality Account Stakeholder event.
  Judith Ward, Deputy Director of Nursing thanked PD for input.
- Inclusion Working Group

5 Introduction to Chair, David Astley OBE

DA Rotary presentation IHAG A

5.1 AR welcomed guest David Astley (SECAmb Chairperson) to the IHAG. AR gave DA an overview of IHAG and its remit.

5.2 DA thanked AR and introduced himself, giving an overview of his background (including a nearly 50-year career in the NHS) and confirming that as the Chair of the Board he holds the Executives to account. His presentation (above) included an overview of the current priorities within the Trust, plus updates on CQC and preparations for EU exit.

5.3 DA announced that a newly appointed CEO, Philip Astle, will join SECAmb in September 2019. He comes with a wealth of experience in both senior and operational roles and is currently employed by South Central Ambulance Service. Dr Fionna Moore will act as Interim CEO until then, stepping up from her Medical Director role until September.

AO stated feedback from frontline staff was that they were disappointed previous CEO Daren Mochrie decided to leave and wondered if there is a contract for a minimum term that CEOs can sign. DA stated he had also been sad to see Daren leave, unfortunately we are not able to request a minimum term contract. However, DA feels confident the new appointment and interim CEO will provide good strong leadership and the continuity that both our service and frontline staff deserve.

5.4 Interim HR Director, Paul Renshaw will be leading the HR team until a successful substantive HR Director is recruited.

5.5 Members discussed issues around staff retention, DA confirmed that the staff survey results showed significant improvements. However, there is a need to remember this is a longer-term issue. DA also clarified that leaving figures are not always accurate, as individuals are often promoted within SECAmb and these figures don't reflect this. Head count stability figures instead are showing improved retention. DA also confirmed improvements in reduction of handover delays at hospitals, and this has been due to better and more co-ordinated planning.

PB expressed concern about patient experience and engagement – that there is a huge block here and it needs urgent attention and work.

5.6 DA noted that Category 3 calls continue to provide the biggest response challenges and currently experience the biggest delays. Clinicians are working hard to ensure they monitor the condition of those patients who are waiting, and that are often unaware of how long patients have been waiting.

5.7 DA confirmed that the EU Exit team have been planning extensively in the case of a no deal. Professor Keith Willett (NHS England's National Lead for the EU Exit) has recently made two visits to SECAmb and was impressed by our plans, taking messages back to Whitehall. SECAmb have also developed a very good relationship with the Chief Constable of Kent to ensure that all Blue Light services are working collaboratively on this area.

5.8 The CQC have been very positive that SECAmb are travelling in the right direction. We now need to demonstrate sustainability in our improvements, having strengthened our foundations. The CQC are due back in May for further inspections. DA encouraged all who are approached by the CQC to remember to feedback on positive points too, not just the negative.

5.9 DA confirmed the Trust have signed the 999 contract for 2019/20 with commissioners. SECAmb are required to generate £8 - £9 million in savings.

5.10 He also advised of the successful implementation of a new IT system providing a seamless service for calls to 111 that need to be escalated. DA informed IHAG members that there is currently a bid being prepared for the longer 111 contract and that SECAmb are trying to ensure a balance between an affordable service and good patient care.

5.11 PWa asked DA if there were any figures that could be provided which show response times to more rural locations such as Midhurst. WS confirmed there are response times available for all areas including rural ones. The overall mean response for Category 1 calls in SECAmb is 7 minutes, and 90% of responses have to be under 15 minutes. These figures are coming down.

Action:	WS to share rural response data for Midhurst with PWa, (HealthWatch) via AIC.
Date:	July 2019
Action:	KS to include an item on rural response times in the next member newsletter in July.
Date:	July 2019

6 Update from Membership Development Committee (KS)

6.1 KS informed the group that there are currently about 10,000 public members and 3500 staff members. The Membership Development Committee (MDC) meets three times per year to discuss strategy, newsletters etc.

6.2 There is currently a lack of engagement with the youth in the membership (18-29 years old). KS has therefore designed a survey to send out to them to help get feedback on how to get them more involved/more aware of SECAmb careers etc.

There is currently no youth representation on IHAG. KS will work with AIC to seek expressions of interest and raise the profile of IHAG.

6.3 The Council of Governors is also not as diverse or representative of the communities it serves. KS hopes to promote the work of the council; currently meetings are ‘live streamed’ on social media. The next edition of the newsletter is due out soon, and this includes an interview with DA, as well as information about our new Chief Executive and new Governors. KS noted the recently elected Governors have brought a fresh perspective to meetings.

PB queried if the newsletter only goes to members, and if it can be distributed into communities (libraries etc). KS confirmed more membership uptake happens as a result of face-to-face interactions. The following suggestions were also made:

- Include a paragraph about membership which can then be sent out to friends to encourage them to join

- Ask current members to help determine the most successful recruitment locations
- Sharing of the newsletter with local groups

6.4 PB confirmed the Patient Experience Group meeting in February was cancelled at the last minute and there has been no update since.

Action:	AR to escalate concerns regarding cancellation of Patient Experience Group meetings to IWG.
Date:	April 2019

7 Update from Staff Engagement Forum (RD)

7.1 RD confirmed the last Staff Engagement Forum was held on 22nd February.

7.2 The meeting included: an update on the HR Transformation programme; a presentation from Ryan Bird (RB) on the electronic Patient Clinical Record (ePCR) project which had received positive feedback and further suggestions for development; and an update from Vivienne Edgecombe (HR Consultant) on the Culture Programme and the development of a toolkit for managers.

7.3 The next meeting will be on 16th May 2019. Planned agenda items include:

- An update from Alexandria Dyer on the Actus system (used for staff appraisals) and the need to develop it
- A workshop by KS on Annual Members Meeting.
- An update on estates from Paul Ranson, Head of Procurement and Logistics.
- A progress report on the move from centralised to local Scheduling.

8 Community Engagement (DW)


2019-04-03 CFR Strategy Presentatio


Our Community Resilience Strategy.p

8.1 AR welcomed DW to the meeting, who has recently become Head of Community Engagement. DW provided an overview of his role and his plans for engagement in the development of a Community Resilience Strategy, requesting feedback from those present. DW advised that feedback on the strategy would be captured via a number of methods: online, phone, future surveys or at one of the engagement events that are being held.

Action:	DW to send event information to KS and AIC for distribution to IHAG members.
Date:	April 2019

8.2 DW ran through the five strategic goals that have been identified, which include:

- Doing what's right for our patients
- Looking after our people
- Being inclusive

- Embedding our values
- Integrating our trust with the community

These raised several concerns/queries from IHAG members, which included:

- Lack of clarity within the presentation that there are lots of non-public facing volunteers within the Trust as well.
- Request that the name 'Community Resilience' be changed to emphasize 'community' more. It was felt the word 'resilience' needs to be unpacked and for it to be made clear exactly what this means. Suggestion made that this could also be achieved via visual images.
- Members commented on the accessibility of the presentation itself, advising that font sizes need to be increased.
- Define and clarify the treatment missions. Including a definition if using the word 'excellence' as this would both add context and help manage expectations.

8.3 PD queried why IHAG members had been overlooked during a National Volunteers Week last year. AR explained that there had been no specific event or communication organised in 2018.

8.4 Questions were received around training for Community First Responders (CFRs). DW confirmed that this had been placed on hold whilst the training programme was being re-developed. Now that it has been standardised, all CFRs will undertake modules not previously covered as part of the old training programme, ensuring a consistent standard of training.

8.5 A suggestion was made that the strategy engagement events start with a survivors' video, which will show the difference volunteers make to patients.

8.6 DW informed members that the Community Guardians pilot which is going to be run in Kent, has been outsourced to Age UK and will see a member of the Age UK team attending the lower acuity calls (e.g. non- emergency falls) to provide support to patients whilst they await an ambulance.

DA stated this would be a great opportunity to find a different way of working.
PB raised concerns: those knocking on the door would need to identify themselves; will the patient be asked if they want this support; and what would happen if the volunteer couldn't gain access to the house.
IHAG members requested assurance that all issues are in the memorandum with Age UK to ensure safety/effectiveness.

Action:	DW to share a copy of the Memorandum of Understanding with AIC for circulation to IHAG members.
Date:	April 2019

8.7 AR stated that they have enjoyed working with Greg Smith, Voluntary Services Manager over the last few months and there has been great progress in engagement with the IHAG. However, at the last IHAG meeting there was a little

confusion about DW's job title, as the remit for Patient and Public involvement lies within the Inclusion portfolio.

Action:	AR and DW agreed to discuss job titles/roles outside of the meeting.
Date:	July 2019

8.8 Suggestion was made that 'Community Groups' be added to the list of external stakeholders set out in the engagement pack, e.g. East Sussex Seniors Group. DW confirmed they were welcoming lots of stakeholder feedback throughout these initial phases. AR agreed to share a list of community groups with DW. DW thanked the IHAG for their feedback

Action:	AR to share community group list with DW.
Date:	July 2019

8.9 AR thanked DW for his presentation.

9 Electronic Patient Clinical Record (ePCR) Update

Ambulance Service Advice Sheet.pdf

9.1 AR welcomed RB, Operational ePCR Lead, advising that RB is seeking feedback on the Ambulance Service Advice Sheet that has been introduced (see above), and will be left as a record of attendance for those patients that do not require an transport to hospital.

9.2 RB started with a brief overview of the new ePCR system and introduced the Ambulance Service Advice Sheet. The sheet has been designed to not only help the patient, but also to provide a record if a patient is left at home. Crews will have the functionality to upload a photo of the sheet directly onto the ePCR.

9.3 Feedback included:

- Recommendation that 'Confidential' should be written at the top of the sheet.
- Options listed under 'General Advice' should have their order changed and 'pharmacy' should be included.
- Under 'Plan', use of the word 'should' suggests this is advisory advice.
- Request whether 'walk in centre' could be changed to Urgent Treatment Centre (UTC) or Clinical Assessment Unit (CAU). It was felt that due to the large number of different names used, "Walk-in Centre" was appropriate as a "catch-all".
- Suggestion the page be made A4 so wording could be clearer, and there would then be more space for the paramedics to write information.

9.4 It was also felt that leaving a piece of paper out with private details about the patient could result in a breach of their confidentiality, as this could be accessed by anyone entering the property. Following in depth discussions, it was agreed that it is good for carers to view that there has been an attendance by SECAmb, and if a patient was opposed to their knowing, they could ensure it is moved. RB confirmed there is no requirement to leave any record, but it felt it would be of benefit to patients and carers.

WS suggested that if the sheet was A4 size, it could then be folded over by the paramedics that attended, therefore reducing the risk of confidentiality being breached.

9.5 RB thanked members for their feedback.

10 Service Transformation and Delivery Programme

STAD Programme.pdf

10.1 AR welcomed Caroline Sargent (CS), Interim Communications Manager for the Service Transformation and Delivery Programme (STaD). CS gave an overview of the STaD programme to date, advising that it comes as a result of the Demand and Capacity review, with the CCGs approving an investment programme of £30million over 3 years. Phase One has ended and work is beginning on Phase Two. There is a focus on intensive recruitment, with the goal of reducing staff turnover by 50%.

10.2 Trust is also investing in its fleet, with additions to both frontline and Non-Emergency Transport (NET) vehicles. PB queried that this name is the same as the Patient Transport vehicles used. It was confirmed that the “NET” is a national standard.

10.3 JR queried where we are with regard to progress. He stated that it is unclear where SECAmb started, and therefore it is unclear how much progress has been made. CS acknowledged that so far there has been minimal communication around the STaD programme, but she is hoping to change this with more regular updates. She also confirmed availability of the data which still requires collating.

10.4 CS confirmed there are a number of directorate restructures that are currently underway, to ensure maximum efficiencies and capacity to fully support frontline staff. CS recognises that it needs to be ensured that leaders are communicating these changes to frontline staff to keep them aware and up-to-date.

10.5 CS informed IHAG members that there will be a STaD ‘hospital handover stock-take’ event happening on 21st May 2019, which will provide an engagement opportunity for colleagues from other Trusts/primary care/Clinical Commissioning Groups (CCGs)/NHS England, etc to learn more about the work we have done to improve hospital handover delays across our Trust. An event invitation was circulated, and the feedback provided included:

- That the event invitation does not include patients – are patients invited too to give their patient experience of this?
  CS confirmed it will include patient experience and HealthWatch were invited.
- KS stated that the invitation was overly positive and gave no indication that the more negative aspects were going to be discussed. She also queried what the STaD team were hoping to get out of the session?
  CS stated the aim of the session is to share learnings and next steps for the programme and they are hoping to include a patient story.
- PD queried what the baseline of patient experience is and said that this needs to be clarified so improvement can be clearly seen.
- PD also felt the messaging needs to be more accessible and tailored to the audience they are trying to attract.

10.6 DA confirmed SECAmb had a good working relationship with all hospitals across the Trusts, confirming SECAmb sit on the Accident & Emergency Delivery Boards of the hospitals, as well as being engaged in regular meetings regarding handover delays. However, he recognised that it is a pressurised system, so it will never be perfect.

11 Review of EDS2 process

11.1 AR thanked members for their input to the EDS2 process and for their attendance at the grading event on the 21st March 2019.

11.2 AR noted that the grading day was challenging due to the technical issues of the voting system and the format of the day, noting it had been difficult to separate into protected characteristics. AR/AIC are hoping to have a new process for at the next event which will take place in 2020, following the launch of EDS3.

11.3 AR confirmed that feedback on the day stated there was a need for more focus on protected characteristics in the presentations. Members asked whether presenters had reported having taken any learning away from the day. AR confirmed they had feedback informally, stating it had been valuable and they had seen things form a different perspective. However, more feedback could be sought.

Action:	AIC to get feedback from presenters regarding EDS2.
Date:	July 2019

12 Horizon Scanning

12.1 AR confirmed that final amendments are being made to the risk procedures that were handed out at the previous IHAG meeting, feedback is needed so please feedback if you can.

12.2 AIC asked if there was anyone willing to volunteer to sit on the Innovations Committee which meets for two hours bi-monthly. There were no volunteers, so

AR and AIC suggested the wider membership of the Trust be engaged and asked for representation at this committee, which can then be fed back to IHAG. Agreed as the best way forward.

Action:	KS to promote this opportunity to Foundation Trust membership
Date:	July 2019

12.3 It has come to the attention of AR and AIC that a patient with hearing difficulties had difficulty accessing the Trust via the 999 system. There is a text accessing service, however, AR confirmed patients have to pre-register. When ringing 999, pressing 55 if unable to speak should alert the call handler.

Action:	AR/ AIC to send text accessing information to PWa.
Date:	July 2019

12.4 AIC confirmed updated Equality, Diversity and Inclusion training was now available. If any IHAG members wish to complete this, please contact AIC who will arrange for the creation of an online account.

12.5 A query was raised to AR regarding the colour of medicine pouches (currently red, yellow and green) and those that have sight difficulties being able to differentiate between the pouches. AR confirmed that if the colour was put on the pouch, wording should be added in black type to say what the colour was (e.g. 'Red').

Action:	KS to feed medical pouch colour information back to IA.
Date:	July 2019

13 AOB

13.1 AR confirmed Bethan Haskins and the new CEO are booked to attend the IHAG meeting in October. PD queried whether BH could attend in July or at least provide a written update on her planning for the Patient Experience strategy.

13.2 PB advised SECAmb staff to check junk email folder for emails as many of her emails have gone unseen as they have ended up in junk folders. This is due to an increased IT security at SECAmb as a result of a rise in spam emails.

13.3 PB also stated the website is often very out of date. AIC advised that the Communications Manager is currently mapping and hopefully updating the website, but this is a large project and won't be completed quickly.

13.4 PD queried with Ed Griffin leaving as HR Director, who would be taking responsibility for delivery of the Trust Equality Objective. AR confirmed that this is not something that sits directly with Ed in his capacity as HR Director, but AR is hoping the IWG meetings will be chaired by the new CEO going forward to help deliver progress.

13.5 PD raised the concern that there is still currently no representation on IHAG from the Gypsy and Traveller community.

Action:	AR/ AIC to attempt re-contact with Hilda Brazil. Failing this, will look for a new Gypsy and Traveller representative for IHAG.
Date:	Oct 2019

13.6 OW expressed his heartfelt thank you everyone involved in the IHAG meetings. He said he felt accepted by all, that the meetings were truly life saving for him and the group has changed his life.

14 Meeting Effectiveness

14.1 AR thanked everyone for their participation.

14.2 The top priorities from the meeting were identified as:

- Cancellation of recent Patient Experience Group meetings.
- Ensuring projects/programmes leads contact IHAG at the appropriate time so IHAG can feed into the development of their project and appropriate engagement.
- Leadership and delivering progress on our equality objective.

14.3 The next meeting to is scheduled to take place on **8th July 2019,** 09:30 to 16:00 hours at Holiday Inn Gatwick Airport.

Staff Engagement Forum – Meeting Notes – 16 May 2019

Present:

Isobel Allen (CEO – Chair), Roxanne Dobson (HR/OD), Justine Buckingham (Finance), Lee Warwick (HART - Ashford), Piers Millier (HART – Gatwick), Hilary Parsons (Operations), Katie Spendiff (CEO), Nigel Wilmont-Coles (Ops – Chertsey), Lynne Briggs (Ops – Chertsey), Rob Groves (EOC), Nigel Sweet (Ops – Unison), Lorraine Tomassi (CEO), Paul J Ellis (Ops – Medway), Paul Renshaw (HR/OD), Dave Atkins (Ops - Redhill), Asmina Islam Chowdhury (HR/OD – Inclusion), Lee-Ann Whitney (Fleet), Lucy Ebdy (Fleet), Emma Saunders (EOC), Was Shakir (Ops – Staff Governor) Teresa Tyler (EOC), Jane Norris (EOC).

Guests:

Geoff Kempster (Public Governor), Vivienne Edgecombe (HR/OD), Jerry Hillman-Smith (Scheduling), Caroline Sargent (Comms), Alexandria Dyer (HR/OD), Paul Ranson (Estates), Janine Compton (Comms).

Contents:

Actions:

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

- **News alerts** were now available on the Intranet and on a SharePoint App – we can set up an alert to highlight any new publications etc., useful for example when coming back from leave. We will be circulating full details separately.
- **JRCALC** will be published for Bank staff but otherwise is available on iPads.
- There remains a need to coordinate various pilots etc. happening with **blue light partners** across the Trust. This had already been raised within Ops but would be raised again at Teams A.
- Clarification would be sought about clinicians doing **call backs in EOC** who had not been trained on the CAD. The SEF was unclear about the rules.
- **Skills mix** as new staff roll out was still an issue for OTLs. This would be escalated to Teams A and SEF requested information about how the issue was high on Teams A agenda and the work being done to mitigate issues, to share with all OTLs.
- Staff had received **Human Factors trainer** training but were not being utilised. This would be followed up to make the most of those already trained.

Service Transformation and Delivery communications

The SEF received a brief reminder/overview of the STAD programme and heard about the plans to communicate more widely with colleagues about the improvement programme.

The SEF had previously shared ideas about the type of comms that would be useful for staff and this was now with the Communications Manager. It was important for colleagues to realise **the STAD programme was not a stand-alone thing but cut across all business as usual** as a programme of growth and improvement in frontline resources, infrastructure, business intelligence,

fleet etc. The SEF would help disseminate communications and offered to test any plans or tools, and help evaluate the success of the comms plan.

Interim Director of HR – Paul Renshaw

Paul introduced himself and explained his commitment to colleague engagement and why it should be at the heart of everything we do. He noted that the SEF would be considering the employee lifecycle later in the day (the points where staff interact with the Trust and where SECAmb can either be effective and make it a good experience, or could create frustration and feelings that the Trust didn't care by being ineffective). In a previous Trust, he had reorganised interactions around making it the safest place for patients which had been a huge success. He was keen to find a similar 'hook' for SECAmb's culture change programme and asked the SEF to think about this.

Lots of improvements were underway in relation to the Trust's culture – including around bullying and harassment and appraisals. Paul was keen to secure the necessary investment to transform HR processes, to make them user-friendly and, where possible, electronic. He was also keen to see more investment in HR/employee relations and in development for first line managers.

Scheduling

The SEF noted that in place where the move to local scheduling had been completed, things were working well. There was more to do to get scheduling staff into each OU – but it was great that it worked well where implemented so far.

Schedulers would mainly work within their OU but would sometimes need to provide cover across East/West if phone lines were busy or schedulers took leave. The SEF again highlighted the need to be cautious of favouritism (either real or perceived).

The SEF suggested it could be more effective for each OU to have a 'buddy' site and share scheduling, so relationships could be built up and schedulers would have some local knowledge.

The SEF were impressed that the new rota changes had almost been completed, and noted this had happened significantly faster than the previous set of changes.

Appraisals

The SEF agreed that the Actus system was not particularly user-friendly and was not yet being used to its full capacity. It was suggested that Actus be used for induction/on-boarding to familiarise new staff with it from the get-go.

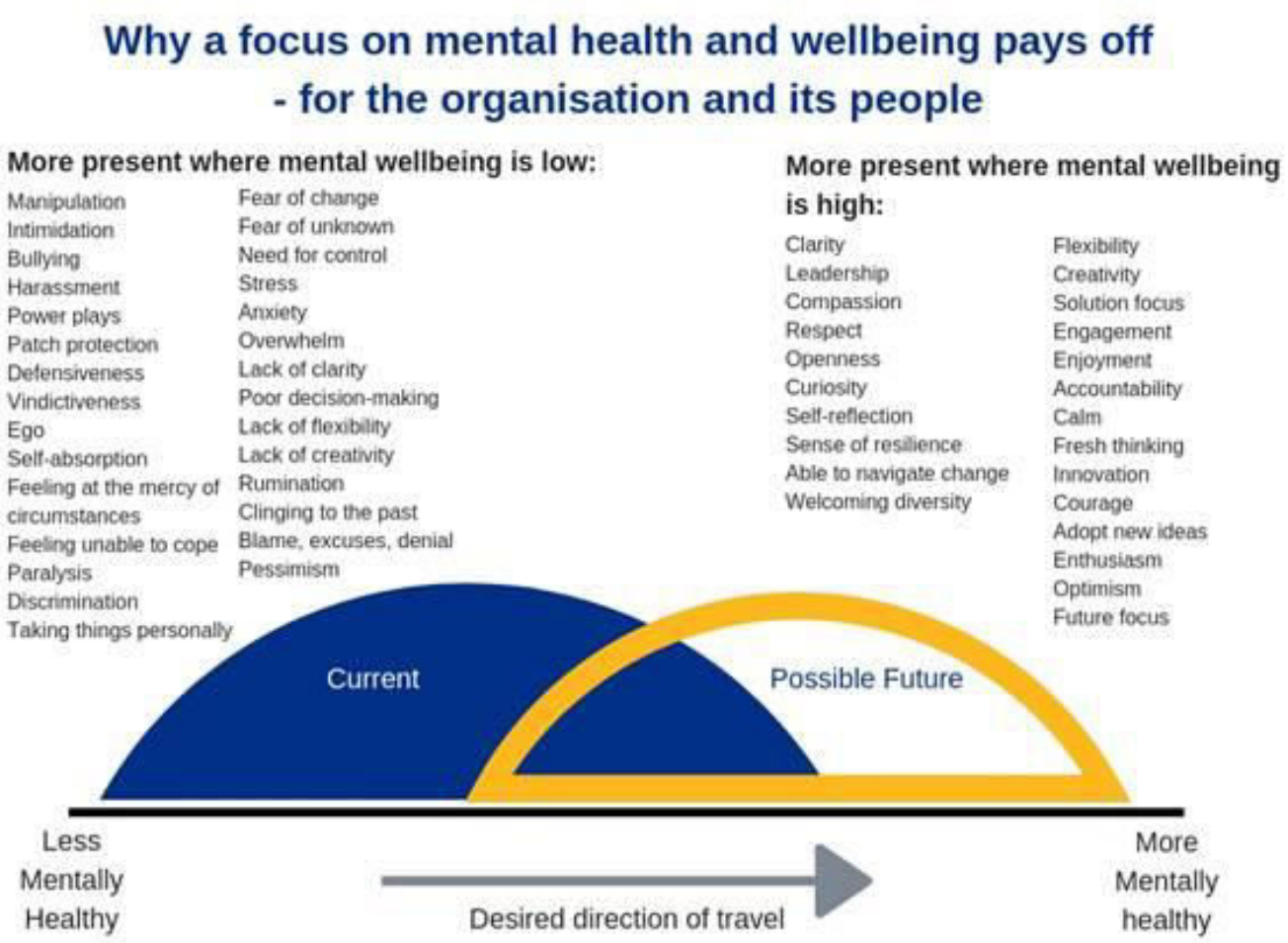
Training had been offered across the Trust and feedback suggested that use of Actus had improved recording of CPD and more personal development plans were in evidence.

The SEF discussed how hard it was for OTLs to find the time to undertake regular meetings with their direct reports. Some OTLs went on ride-outs and used these to do appraisals and one to ones: this was felt to be effective. It then needed to be written up on Actus though and it was often hard to get colleagues to engage with the system.

Resilience

Vivienne Edgecombe (HR Consultant) joined the meeting and gave an overview of the resilience training she had been doing with colleagues. The next training session was on 21 June and SEF members were encouraged to participate.

The SEF discussed the importance of not losing sight of removing blockages and frustrations that impeded colleagues' mental health and led to frustration, while acknowledging that the training sounded useful alongside this.



Estates

The SEF were given an overview of the current estate of the Trust and learned it cost c£8million per year to heat, maintain, clean and pay rates on all the buildings.

Plans and possibilities were discussed:

- 3 new MRCs – Brighton, Medway, North Surrey
- Development of Banstead being considered
- Possible new MRC in Guildford under consideration - potential to share site with fire and police
- Coxheath options being considered, including moving to a new location nearby or in Medway or sharing resilience through a partner ambulance Trust and expanding in Crawley
- A business case had been done to expend EOC in Crawley across the ground floor to create room for more clinicians, specialists etc. and to move office provision into 2nd floor – this was awaiting ministerial approval from NHS Improvement to start work
- Worthing and Sheppey stations would be redeveloped
- Possibility of a new MRC in Hastings

- Options regarding Paddock Wood to be considered – lease was up in 5 years
- Discussions were underway about how to accommodate training locally
- Discussions about Chertsey with St Peters

The Estates strategy was also under review in its entirety to support the programme of investment and expansion under Service Transformation and Delivery.

The SEF asked how staff were routinely engaged and consulted on estates decisions and suggested that this be done in future to avoid costly mistakes and ensure plans were as effective as possible.

Membership and our Annual Members Meeting

Katie Spendiff reminded the SEF that SECAmb is a membership organisation and all staff are members.

She gave an overview of the governance structure around the SEF itself and how membership was key to the purpose of the SEF – listening to and engaging with our members, including staff.

The SEF split into groups to think about things that could be promoted about the Trust at the upcoming Annual Members Meeting. Suggestions included:

- Demonstration of a 999 call from start to finish, to include simulations of an incident/ dispatching choices
- Responses to C3 &c4 calls
- Survivors' stories
- Specialist roles and resources
- Pathways and Manchester Triage
- Staff mental health and welfare
- BLS/CFRs and training
- Doing flu jabs for the public as well as staff
- Recruitment and retention
- Using the 'a day in the life' format about different roles
- Focus on the modernisation of the service / service transformation work
- Vehicle displays/ HART simulation

This feedback alongside public members' views will be reviewed and common themes will be taken on board where possible. A proposal for content for the event based on this feedback will be put forward to the CEO & Chair for consideration

Communications Strategy

Janine Compton gave an overview of what the strategy would cover (corporate communications including internal comms and media) and wouldn't cover (for example engagement, volunteer communications).

She highlighted a number of principles which she asked the SEF for feedback on. She would circulate the principles to enable further feedback from all SECs after the meeting.

The SEF noted that it had provided suggestions previously about improving the staff bulletin and Janine advised this was currently under consideration. The SEF asked that a Communications Team rep attend every SEF as there were always relevant issues under discussion.

Principles – initial thoughts

- **Responsive** - listening to people and their feedback and acting on it
- **Consistency** - planning of communications activity to ensure consistent messages across multiple audiences
- **Appropriate** - ensuring the correct audience receive the correct messages; avoiding a 'sheep dip' approach
- **Timely** – issuing communications at the right time & avoiding unnecessary delay
- **Transparency** - being open and honest in all communications
- **Inclusiveness** - accessible and inclusive communications, kept as simple as possible and avoiding jargon
- **Enhancing & protecting** the reputation of the Trust - being on the front foot; getting clear messages out regularly and engaging with and listening to, stakeholders

Issues from Staff Engagement Champs

Uniform:

A business case for new uniform was underway but not yet approved. Some new staff had already been given polo shirts because of delays getting the 'normal' shirts – but if the business case is approved all staff will get polo shirts.

A decision was still needed about EOC uniform and the SEF would escalate to those working on the Uniform Policy.

Assessment centres:

There were concerns about 'bias' during assessments, and variation in interviewers and their seniority, and being assessed by one's own managers. Case studies used in assessments were not always role specific e.g. people for EOC roles being asked to react to scenarios aimed at OTLs.

Hilary noted that in Ops assessments, the whole process was being overhauled based on feedback like this and improvements should be seen.

The SEF also noted that a number of staff had been trained to do assessments and had not been utilised at all – which seemed wasteful and their skills would fade. These issues would all be escalated to Clinical Education and recruitment.

Meal breaks on 8-hour shifts:

Geoff had been out with a crew and had concerns that EOC were not aware of the correct meal break windows for those on 8-hour shifts. SEF colleagues noted that the EOC had adopted the right meal break windows now, however the issue was more often than those on 8-hour shifts didn't get a meal break.

IT:

The SEF noted the new Marvel system for reporting IT issues. There had been set up problems with all operational referrals regarding new equipment escalating to Director of Ops level for approval. The IT team were aware. It would be helpful to share a communication to everyone affected in the meantime, and IT would be asked to do so.

Support for public events:

Piers noted that it is increasingly difficult to get support from the Trust for attendance at public events, whether vehicles, people or other resources. The SEF noted the value of this public engagement and promotion of the service, and that it would be helpful to have a toolkit for staff to empower them to go out and do public events with some resources.

The SEF would suggest this be covered in the new Communications Strategy.

Conference calls:

The SEF noted that a new conference call system was being introduced in June. The system did not have a Chair PIN to control access to the meetings, and could only record calls for up to 14 days, which created potential issues with security and knowing who was on a call and certainly issues around audit trails for decision-making. This had already been escalated as an issue but the SEF noted its concern and queried what engagement about functionality had taken place prior to selecting a new provider.

The SEF would escalate the general principle that staff affected should be engaged in the specification of new equipment/services prior to decisions on procurement being made.

Personal Issue Assessment Kits:

The SEF noted that they were on their way! It was important that colleagues took responsibility for the kit, and it was noted that they would be expected to calibrate one piece of equipment on a monthly basis/. This was not considered too onerous!

HR Transformation:

The SEF noted concern about the apparent lack of progress in improving HR systems and practices, but also noted that the new HR Director had committed to making urgent improvements. The SEF would review this again and ask for an update at its next meeting. It was noted that the Council of Governors had raised the same concern previously, particularly around value for money from the number of HR consultants employed.

Staff Engagement Adviser:

The SEF were very concerned that the remaining Staff Engagement Adviser's employment contract ended in June and as yet no decision had been made about whether the post would remain funded. The original two Adviser posts had been introduced when the CQC had identified lack of staff engagement as an issue and would surely be concerned to come back and see no posts remained. This did not send a positive signal about the importance of staff engagement within the Trust, and would badly let down the Staff Engagement Champions who had already been recruited and needed support and advice.

The SEF would seek assurance that there would be continued investment in and a commitment to staff engagement at Board level. The Council of Governors and Union colleagues would similarly follow this up and escalate as required.

Technicians on SRVs:

The SEF noted some lack of clarity over guidance on whether Techs could be sent out on SRVs. A member found the latest guidance, which was entirely clear, but obviously had not reached

some people and so the SEF would request that additional communications be sent to OTLs to ensure everyone knew that it was ok to send a Technician on an SRV, if they were happy to do so.

Items for the next SEF:

Agenda items for the next meeting or future meetings:

- Clinical Education would be invited to engage about the future of clinical education/training.
- IT and Procurement would be invited to discuss how staff engagement could become routine when making purchasing decisions or designing systems for use by staff.
- HR transformation and culture work would remain a standing agenda item.
- Further staff engagement on the Communications Strategy should take place either at the next meeting or through a focus group once a draft was available.

The next meeting of the SEF takes place on 12th August. It's currently planned for Crawley HQ but this may change.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

E – 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 9 April 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, aligning Council meetings to focus on different NED committees and selecting the Trust's Quality Account indicator for audit.

2. Feedback from the previous CoG

2.1. The GDC discussed the importance of ensuring the Chair was able to chair the meeting effectively and there were some differences of opinion as to whether the Lead Governor needed to cue up the next speaker or whether it was ok to simply discuss questions in the pre-meet and then allow members to put their hands up in order to speak.

2.2. Everyone agreed that the pre-meetings remained useful in order to share questions and reduce duplication, and enable Governors to back each other up with questions where necessary. It may be worth Governors discussing at the pre-meet how they would like these to operate in future.

2.3. The Chair noted that he would try and chair more tightly in future as well.

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, which had been carried over from the previous meeting due to the presenter being involved in a car crash.

3.2. The GDC also sought assurance around the electronic Patient Clinical Record (ePCR) project as some Governors had heard rumours that things were not progressing according to plan. The project lead was available for the June meeting.

3.3. Members wished to seek assurance around culture and HR plans, and also on training and mentoring compliance. These would be brought up during the Workforce and Wellbeing Committee escalation report section of the agenda.

3.4. Members were concerned about continued issues with C3 performance and wished to understand what was being done to improve it. This could be raised during the CEO's report and NEDs asked about it during the Performance review (Integrated Performance Report).

3.5. The GDC discussed the numerous IT issues that Governors had seen mentioned by staff, particularly on the SECAmb Community Facebook page. The Chair committed to raising this with the Board more widely, but members also noted this sat under the Finance and Investment Committee so could be raised during the NED escalation reports.

3.6. The GDC also helped to plan the joint Board and Council session (which took place in May) and agreed the focus on the Trust as a membership organisation, to encompass patient experience and how we listened to and acted on the advice of others.

4. Aligning Council meetings to focus on Board Committees

4.1. The GDC reviewed a proposal from Lucy Bloem (Senior Independent Director) that she hoped would help bring more focus to Council meetings and improve engagement with NEDs.

4.2. The proposal was for three of the four formal Council meetings to be used for focus on particular committees where the relevant Committee NEDs would attend.

4.3. The GDC liked the proposal but discussed whether it would limit discussion if NEDs from all Committees did not attend each meeting.

4.4. It was noted that all Committees' escalation reports would still come to each Council (after being received at the Board) and that the NEDs present sat on more than one Committee, so there should still be wide-ranging experience in the room. The meeting in June would try this arrangement and the GDC would review how effective it had been.

5. Quality Account indicator selection

5.1. The GDC received a report from Judith Ward, Deputy Director of Nursing, which set out a number of suggestions for indicators from the Quality Account that Governors might select for audit.

5.2. This was required annually as part of the audit process and Judith advised that the most useful indicators to gain assurance about were those related to cardiac arrest and how long it took EOC to recognise it and start CPR over the phone.

1.1. Governors selected two indicators (on out of hospital cardiac arrest call answer to identification time, and time take from identification to commencing CPR) as they noted they were linked as part of the same pathway.

5.3. and asked Judith to return to the auditors and see if they could audit both indicators. Subsequently, in discussion with the auditors, it was the case that the Trust had only provided funds for the auditors to audit one indicator. The time to commence CPR was eventually prioritised by Judith and her clinical data team. The Governors will receive the report on this once it is available.

6. Other business

6.1. There was no additional business on this occasion.

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 21 June 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 – 9th April 2019

Present:

Felicity Dennis	(FD)	Public Governor for Surrey and NE Hampshire
James Crawley	(JC)	Public Governor for Kent & Lead Governor
Geoffrey Kempster	(GK)	Public Governor for Surrey and NE Hampshire
Roger Laxton	(RL)	Public Governor for Kent
Marian Trendell	(MT)	Appointed Governor Sussex Partnership NHS FT
Chris Devereux	(CD)	Public Governor for Surrey and NE Hampshire
Lorraine Tomassi	(LT)	Non Operational Staff Governor
Frank Northcott	(FN)	Public Governor for East Sussex
Waseem Shakir	(WS)	Operational Staff Governor
Nicki Pointer	(NP)	Public Governor for East Sussex
Isobel Allen	(IA)	Assistant Company Secretary
Brian Chester	(BC)	Public Governor for Surrey and NE Hampshire
Harvey Nash	(HN)	Public Governor for West Sussex
Peter Lee	(PL)	Company Secretary
David Astley	(DA)	Trust Chair

Minute taker: Katie Spendiff – Corporate Governance & Membership Manager

Apologies: Marianne Phillips, Pauline Flores-Moore, Lucy Bloem, Marguerite Beard-Gould.

2. Welcome, apologies and declarations of interest

2.1. Governors were welcomed to the meeting. Apologies were received from Marianne Phillips, Pauline Flores-Moore, Lucy Bloem, and Marguerite Beard-Gould. No declarations of interest were made.

3. Minutes from the previous meeting and action log

3.1. The minutes from the previous meeting were taken as an accurate record

3.2. The action log was reviewed. Action 146 on availability of parking at the HQ, IA advised that there was no on street parking in the vicinity but the Trust was looking in to possible additional parking at premises opposite the HQ. IA advised there was possible overflow parking at the Made Ready Centre, approximately 10 minutes' walk from the HQ. IA asked Governors to let us know if they were unable to get parked at the HQ to enable the team to keep track of any challenges. RL queried parking capacity once the other floors at the HQ were filled, and noted this would be a challenge. IA advised that the HQ user group were reviewing this. This action would now be marked as completed.

3.3. Action 147 on Quality Assurance Visits, KS advised that these dates had been circulated to Governors and some NEDs had responded. KS would try to align Governor participation with NEDs taking part where possible.

4. **Discussion of any feedback from the previous Council meeting**
   4.1. FD noted she had found it difficult to effectively challenge the NEDs at the meeting due to the lack of committee reports on this occasion. IA noted this was a timing issue and something to be mindful of going forward.
   4.2. FD noted that Greg Smith (Voluntary Services Manager) had been very articulate when presenting on the Community First Responder recruitment and she was grateful to the NEDs for their assurance on the subject.
   4.3. KS had received feedback from new Governors that it was not clear who was chairing the meeting, as the Lead Governor was also directing questions when this is normally the Chairs remit. JC said the pre-meet had worked well in the past with his direction in the meeting. PL advised that it was for the Chair to elicit responses from Governors. DA noted he would be tighter on chairing the meeting. HN noted he could see the value in the pre-meet, especially around avoiding duplication. HN asked if there would be any value in listing who wanted to ask questions in the margin of the agenda and passing this to the Chair. RL noted the pre-meet was useful and could understand that certain people wished to take on certain subjects. RL noted that the chairing of the meeting needed tightening up, especially in respect of taking questions in order and not allowing others to jump in.
   4.4. FN asked if it would be helpful if Governors submitted questions prior to the meeting. IA noted that it was not essential but keen for others views. IA noted that if Governors had a complicated question it could be useful to receive them in advance of the meeting to allow a more complete answer. IA noted it was important for questions to be raised in the meeting, as the Trust was publically accountable. DA noted that the input of Governors was greatly appreciated and that the challenge and the questions asked at the meeting had been very effective in his view.

5. **Agenda items for the upcoming Council meetings**
   5.1. JC noted he was keen for the mental health item to come to the next formal meeting due to it being cancelled at the last meeting due to illness. There was consensus around this. JC was keen to hear on the projects and new initiatives in this area.
   5.2. FD noted the new Interim HR Director was in post, she was keen to seek assurance from NEDs on the continuation of the HR and culture work streams. It was noted this could be picked up through the Workforce and Wellbeing Committee (WWC) report and through NEDs on the day.
   5.3. The GDC were keen to receive an update on the electronic Patient Clinical Record project. IA noted the project lead was available to attend the June meeting.
   5.4. FN was interested in learning what the Trust was doing to improve its response to C3 calls, especially in terms of recruitment to meet demand. FN noted there were backlogs regarding training and mentoring of those currently studying for roles in SECAmb. JC noted this was a WWC issue and assurance could be sought there under the escalation report.
   5.5. GK noted that IT system challenges were frequently flagged on the Trust's Facebook group. GK was keen to seek assurance on what was being done to address this. IA noted that the Finance and Investment Committee had oversight for IT. It would also sit under multiple committees, as the failures mentioned would potentially have an impact wellbeing and patient safety as well. DA noted he could take this back to the Board and that he also kept an eye on the Facebook group for themes.

   Action: DA to take consistent IT complaints to the Board (Payroll, Payslips, IBIS, satnavs etc).

5.6. JC noted that there were statutory items to come to the next Council meeting including the Lead Governor and Nominations Committee nominations and votes. NED appraisals and Chair objectives would be covered in a part 2 meeting.

5.7. IA noted that there was an upcoming joint session with the Council and Board in May and she was keen for views on the suggested topics to put forward for a mutual agenda. IA gave an overview of the suggestions in the paper. FD noted that patient perspective at the meeting would be important, she was lacking in confidence that the Trust was interested in gathering patient experience. FD felt attendance at the Patient Experience Group was now not worth her time which made her sad. IA noted that the member focus subject could tie in to this. KS had noted there could be an escalation report to the Board around Council top areas of focus and member engagement, to improve the two-way communication and ensure the Board is sighted on it. DA noted the C3 response needed to be kept high on the agenda. PL noted that the Trust had often lost sight of the fact it was a membership organisation.

5.8. NP asked how the Trust measured patient experience. This was through the complaints and compliments received. It was noted that the Trust often had a low response rate to the friends and family test. NP noted there were flexible and more modern ways to collate feedback with QR codes etc. FD was keen to see a Board commitment to collecting patient feedback.

5.9. IA noted the views would be taken back to the Board for discussion.

5.10. WS was keen for the estates item to come as it would be of key interest to staff. DA noted there was a lack of communication on good news stories around the estate work being undertaken, and sought improvement on how change was communicated i.e. narrative around ambulance station closures.

5.11. FN asked if the revised ambulance specification could be covered at the joint meeting. DA noted this was part of the Trusts fleet strategy. The Board needed to be appraised of this first, it could then be a future public council meeting agenda item. IA noted need for it to be a group focus on a subject both parties would find useful.

5.12. The GDC were keen for a patient focus at the meeting, understanding patient perspectives and if in fact the Trust is putting the patient at the centre of its decision making.

6. **Understanding Council reports – terminology.**

6.1. DA noted he was in favour of plain English reports and avoiding hiding behind acronyms. IA sought a view from new Governors on the Trust's reporting style. IA gave thanks to WS for sharing two of the supporting documents. IA noted that the Integrated Performance Report (IPR) had been noted to be a difficult document to interpret and review. The GDC noted the enclosed supporting documents were useful to help interpret the IPR.

6.2. HN asked if the documents could be kept up to date with the latest acronyms. IA noted this could be done.

6.3. WS noted ECHO codes were an example of how things had accelerated re acronyms, there were so many it was hard to retain what each meant. WS was pro more plain English reporting.

7. **Aligning Council meetings to provide NED assurance around committees**

7.1. IA noted she was presenting the paper on behalf of the Senior Independent Director Lucy Bloem. The proposal was for three of the four Council meetings to be used for focus on particular committees where the relevant Committee NEDs would attend. LB had detailed the annual cycle of business and which NEDs were on which committee alongside key risks associated with their areas.

7.2. JC noted that his preference would be for a NED from each committee to be at each Council meeting, and that Governors could gain insight from observing committees. HN asked if the focus were on one committee would this be in addition to the other reports. HN noted the format could be part of a learning tool for Governors, but noted it would be of concern if the sole focus of meetings were on one committee. IA noted the committee escalation reports for all would still go to each meeting. PL noted he could see both views, and it would be important to review all the escalation reports, but it provided opportunity for a deep dive on the particular committee aligned to that Council meeting.

7.3. IA noted it was one item on the agenda; therefore, the balance of NEDs in the room still needed to be broad. The GDC noted they would want multiple coverage of NEDs who are on committees so other escalation reports could continue to be scrutinised as per normal.

7.4. FD keen to observe committee meetings. KS would be issuing shortly.

8. **Quality Account Indicators**

8.1. Deputy Director of Nursing Judith Ward was welcomed to the meeting. IA noted that a paper had been circulated to the Council about which areas of the quality account from last year could be audited. IA noted that normally this would have come to the March Council meeting but had not on this occasion. IA noted the Council had received one recommended area for audit. All four should have come to the Council. FN asked if this was an internal or external audit. IA noted it was an external audit for an independent outcome.

8.2. JW noted the Council and other stakeholders had highlighted three key areas for review at recent stakeholder events; patient safety, patient experience and patient outcomes. According to the auditors, only one indicator (i.e. one specific measure) is to be selected – not a suite of indicators relating to one of the three areas.

8.3. JW noted a recommendation to the Council was usually made, rather than asking Governors to make an unguided choice. Not all indicators were good to conduct a meaningful audit on, and some would give more useful assurance than others would. In this case, cardiac arrest clinical outcomes was recommended and Governors were asked to select an indicator under that heading

8.4. In respect of patient safety, JW noted that safeguarding training stats had been met so this was not felt to need external scrutiny. Completion rates were recorded on the Datix system. RL queried if the Trust was assured that all staff knew how to follow safeguarding procedures. JW noted that all staff had been trained and it was working as the rate of referrals had increased. JW was keen to understand if staff felt confident in making the referrals. RL asked if staff received feedback on their referrals. JW noted that sometimes feedback was issued from local authorities but it was inconsistent. The Trust acknowledges to the staff they have received the referral. NP asked about the regularity of the training. This was annual; JW noted the training was tailored year on year to meet current themes. NP noted it was important to receive this training face to face for impact.

8.5. On the patient experience area on learning from complaints and safeguarding reviews, JW noted this had not been fully embedded within the Trust yet. JW noted auditing this area would be difficult.

8.6. On patient outcomes for out of hospital cardiac arrest, the stakeholder event in January highlighted that the Trust still had work to do on performance around this.

8.7. MT noted that areas 3 & 4 on out of hospital cardiac arrest call answer to identification time, and time take from identification to commencing CPR were linked as part of the same pathway.

8.8. JW noted they had put forward cardiac arrest as an area for audit to the Council as they did not feel the other two areas were as strong. JW was keen for measurable auditable

data to be in place first before trying to audit the other indicators and they were not in position to do it this year.

8.9. The Governors on the GDC approved areas 3 & 4 as a combined area for audit.

9. **Any other business**

9.1. No further business raised.

10. Review of meeting effectiveness

10.1. The meeting was found to have been effective and useful.

The next meeting of the GDC will take place on the 21st June 2019.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

F - 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

15 March 2019	**The NHS Long Term Plan** – Talked to people about SECAmb informally and contributed views to a discussion. Frank says: These public sessions are being held throughout the country to gauge public opinion on where the new funding in the NHS should be spent. At this meeting the consensus was prevention, mental health and support for long term conditions. Each STP will by April will produce a local plan for 2019/20, a five year plan by autumn. I am on the direct mailing list when these plans are released.	Frank Northcott
21 March 2019	Equality delivery System 2 Grading (SECAmb event) - Talked to people about SECAmb informally and contributed views to a discussion. Geoff says: This was a review of the EDS2 Grading. What it did highlight is that SECAmb does not collect the data relating to protected characteristics, so is unable to actually say how well or badly it performs in this area. This results in the majority of gradings being undeveloped, which could imply SECAmb is poor at dealing with the protected characteristic groups, which I do not believe is a true reflection of the business.	Frank Northcott and Geoff Kempster
21 March 2019	Surrey Heartlands Partnership Event - Talked to people about SECAmb informally and contributed views to a discussion. Felicity says: I highly recommend COG members engage with their local Integrated Care Systems / STPs at any level as these will be the health and social care organisations for the whole country by 2022.Any new pathways/ ways of working, not just in urgent and emergency care, will affect how the public use SECAmb services. SECAmb have 4/5 to engage with across SEC so reminding the new organisations of this is very important	Felicity Dennis
22 March 2019	Stroke service campaign meeting – Talked about SECAmb	David Escudier

	informally and contributed views to a discussion.	
25 April 2019	Hailsham and Polegate Community Group – Talked to people informally, gave a presentation, listened to views.	Frank Northcott
25 April 2019	East Sussex County Council's 3VQ Action Group - Talked to people informally, gave a presentation, listened to views. Frank says: In Herstmonceux a community hub centre has been created with a combined facility of the doctor's surgery and Community Hall. It has been championed by the local doctor and recognised as the way forward for country communities by NHS England. The 3VA organisation shares best practice across the member organisations and offers advice on setting up a charity and applications for grants. There were two organisations present who provide shelter and mentoring for patients with mental health and problems which may be suitable for providing alternative pathways for SECAmb	Frank Northcott
16 May 2019	Staff Engagement Forum – Learned more about the ambulance service. Geoff says: I think this event would be useful for other governors to attend.	Geoff Kempster

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.

18.03.19

I have been asked by local residents regarding patients' choice of hospital they want to go to.

Conversation has been arranged for 10 June for the Governor concerned.

01.04.19

Given the trust invested over £40,000 in the Investing In volunteers award, which we twice failed to obtain, what steps are the trust taking to rectify this failure and get some value for money from its investment. Is it spending more money and resources in this area or writing off this investment.

Are the NEDs of the finance and WWC assured on the reasons for the failure and that satisfactory remedial actions are in place to ensure that such a substantial amount of money won't be wasted again without and initial risk assessment.

In 2016, the Trust was successful obtaining an external grant from the Office for Civil Society, which, under the terms of the grant, was used to pursue Investing in Volunteers accreditation – a nationally recognised standard in volunteer management awarded by the National Council of Voluntary Organisations (NCVO). The trust was one of four ambulance trusts that were successful in receiving funding to pursue volunteering projects, and

SECAmb was the first to work towards Investing in Volunteers accreditation.

The trust appointed a member of staff to lead the trust's journey towards accreditation. As part of their work, this member of staff reviewed the trust's volunteer management practices and supported with the development of a number of governance documents such as the CFR policy and handbook. The trust was inspected in June 2018 and was awarded the standard with conditions that needed to be fulfilled over the following months. A reassessment took place in November 2018 – covered by the initial funding received. Whilst improvements were made and recognised by the NCVO, for example; CFR training had recommenced and communication and support had improved, it was decided that the local management structure was not working effectively. Interviews with CFRs during the re-assessment revealed that they had recognised recent improvements, but that the local management support structure had failed. The two members of staff who were interviewed by telephone were clear that they needed to use their personal time to support volunteers because they had no time within their core roles, and this was made known to volunteers, giving the overall impression that volunteers were still not valued by the Trust.

Whilst the outcome of the Investing in Volunteers assessment is disappointing, the trust's journey of improvement continues, and the learning highlighted as a result of a thorough assessment process continues to help influence the development of, and support provided to volunteers within SECAmb. Additionally, the trust is sharing the learning identified from the assessment with other UK Ambulance Trusts and the Association of Ambulance Chief Executives, to assist other trusts who are also working towards this standard. The Voluntary Services Department has recently begun a period of engagement regarding a new Community Resilience Strategy, to be launched in summer 2019. As part of this strategy, the trust will continue to work towards achieving best practice in relation to working with volunteers. Additionally, the trust is reviewing the structure of the Voluntary Services Department and the way that volunteers interact with the organisation locally and centrally. A decision has not yet been made regarding whether to seek Investing in Volunteers accreditation in the future, however, with a strong focus on the development of an effective strategy, the department is confident that the areas for improvement that were identified as part of the assessment will be addressed, and that the trust will be well placed to apply for re-assessment in the future, should it choose to do so.

It is in the nature of applying for awards that sometimes organisations are not successful. In this case the Trust has a clear way forward with weaknesses in the existing systems helpfully identified. The investment was not wasted and we are confident that we are seeing continuous improvements in volunteer management generally and CFR oversight specifically. Should we reapply, this will be a decision for the Executive and we have confidence in their ability to continue the Trust on its journey of improvement.

10.04.19

Can you please put a question to the relevant person within the organisation to ask what action is being taken to improve the reliability of the IT systems that are currently in use in the organisation. In particular I have seen numerous complaints from staff, particularly those who are out on the road, that they are frequently unable to access GRS, IBIS and

ESR systems. This is having a negative impact on staff morale, when they are unable to access their payslips (which is a legal duty of employers to provide a payslip either before or on the day of payment), or look at the rotas. Failings in IBIS access has the potential to directly impact on patient welfare, although in theory the crews can talk to the clinical desk to get the information, if there is critical information relating to the patient welfare that crews may not be aware of and which is not apparent, they may make use of drugs or procedures that will have a detrimental effect on the patient. I feel the issues relating to these problems have been going on for far too long, and need to be resolved as a matter of priority.

Emailed to Chair for info as he said he would take this back to the Board at the GDC. Sent to Tricia and Terry and they requested Exec response - sent to David H on 12.04.19. Response shared with Geoff 09.05.19, Finance working with comms around how to get messaging to staff.

ESR is a national system and not hosted or managed by SECAmb. However, it is accessible from iPads, other mobile devices or home computers but employees need to ensure that their ESR account is Internet enabled. All ESR accounts created in the last year are automatically Internet enabled.

Once logged in to the ESR Dashboard from a Trust computer you can check to see if your account is Internet enabled by clicking ‘Manage Internet Access’ from the left hand side options or the green ‘Manage Internet Access’ option under your name in the top right hand side. Once this has been enabled you can access ESR from any device.

Other common ESR access issues are with usernames and passwords. ESR has very robust password management and will lock your account after 3 failed attempts to login. A guide is available on The Zone here.

GRS

Accessing GRS can be slow via an iPad, especially using 3G/4G. Try using WiFi if available. IT will be upgrading part of the network infrastructure in mid-May which we hope will improve the performance of GRS on iPads.

Older iPads may also contain links to previous GRS instances which no longer work. All links are being updated aligned with the infrastructure upgrade mentioned above.

IBIS

IT will be upgrading part of the network infrastructure in mid-May which we hope will improve the performance of IBIS on iPads. Further testing is required with IBIS itself and will continue through late May. Once completed, further information will be shared.

16.04.19

Is it possible to please confirm for me that Secamb crews are aware of the phone lines below to call for support if they are attending a patient in mental health crisis

Response from our Mental Health Lead is that this is on his to-do list but he needs to circulate through formal channels to ensure he reaches all crews.

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

SECAMB Board

WWC Committee Escalation report to the Board

Date of meetings	18 April 2019
Overview of issues/areas covered at the meeting:	This was the first committee meeting since the departure of Ed Griffin. Paul Renshaw, Interim HR Director attended and general attendance by non-members was, as always, good. The committee 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; **HR Transformation Not Assured** Good progress has been made in understanding the breadth and depth of issues within the HR support processes. In spite of much good work by individuals, the committee was clear that many systems are not adequate. The business case to take forward phase 2 of the transformation programme is being revised by the new interim HRD. The committee supported this, acknowledging the criticality of ensuring we get it right first time. However, it reinforced to the executive that progress on implementing new systems and processes is becoming increasingly urgent. The committee expects to review the business case at its meeting in June. With regards some of the specific aspects, the committee is confident that the DBS issues are now under control and that the new systems around personnel files meant there was better grip on this issue. Management was confident this would be resolved shortly with no more than 1% (and probably a far lower percentage) needing further resolution. The Committee welcomed this assurance and recognised the great deal of good work that had gone into first exposing this then understanding and fixing it. While the committee has some comfort that there is good clarity of the issues which will inform the corrective action via the business case, overall the committee is not assured given the work still to do, and the continuing internal control process issues still need to be fixed. **Resourcing Partial Assurance** Data was provided regarding recruitment suggesting the pipeline is working well for most grades, in both 111 and 999 services but it became clear that there is a very significant risk with regard to the recruitment and retention of EOC clinicians. 17/42 posts are vacant. The team is aware that it needs to look at new ways of recruiting to these posts, given these are difficult positions to attract. Retention remains a concern and the committee heard of issues with the induction systems and the expectations of new starters. Data showed that turnover rates vary considerably between role and sites. The committee was therefore assured that the recruitment practice for 111 and EMAs was on target and that the processes in place were effective. However, it was not

assured about the recruitment of EOC clinicians given the considerable challenges in this area. Unless this improves, we lack the capacity to ensure clinical safety, which the committee notes is a primary focus of the Quality and Patient Safety Committee.

Payroll Discrepancy Policy **Partial Assurance**
A new policy has been developed, but the committee felt that unless managers ensured submissions of payroll returns happened in a timely manner, errors would continue. The need to move to an online system remains paramount. The committee was assured that this is being taken seriously but no more than partially assured that it was resolved. The committee will review this at each meeting, so that progress can be monitored. A clear training need was identified for new and existing managers.

Health & Safety **Partial Assurance**
The committee received an update on the improvement plan (in place now for six months), which is informed by the independent review undertaken in 2018. The objectives are either delivered or on track, and this is overseen by the Quality and Compliance Steering Group.

The committee felt this is an area that has been transformed. There is far greater understanding of responsibilities and a culture shift that ensures staff understand that it is not just the responsibility of the central H&S team; instead they are there to advise and support.

However, the committee felt that that although Estates and Fleet had responded well to the increased degree of challenge, the programme has yet to impact fully. Further training needs for staff have been identified and are being implemented via specific improvement plans. Overall, there is confidence in the grip on this aspect of our work but will require particular assurances from Fleet and Estates at the meeting in June.

New Paramedic Training **Partial Assurance**
The committee thanks the Council of Governors for bringing this issue to its attention. Two particular issues were noted. The first of those in training not getting the elective experiences that are necessary for a rounded training experience, typically in acute hospital settings. In part, this is caused by increasing numbers of students in a number of disciplines competing for the same placements, such as paediatrics. This is ultimately for the HE providers to resolve and SECamb has only limited powers to intervene. The second concerned placements within the Trust: this was in our control. Around a third of the 700 or so students studying at any one time are our staff undertaking the paramedic degree programme. The committee is clear that we must ensure that these have the best possible experience. Issues of rostering were discussed, and the insistence that such staff, even though coming from typically an EMA background, should always be seen as supernumerary. This is a challenge to operations and the committee is assured that this is taken seriously.

The issue of other students (i.e. those on undergraduate courses but not sponsored by the Trust) was less reassuring. Being based at St George's means that many may not be seeking a career in the south east (with London and South Central just as accessible) but this group is clearly vital in terms of recruitment. The Committee felt it important that they should have the best possible experience in SECAmb but, primarily for operational reasons, this was not always the case. This would appear a

	significant risk to the organisation and forms part of the wider picture of recruitment challenges. WWC agreed to look again at this issue but was confident that there is good understanding and grip. **EOC Retention** This paper updated on the actions to improve retention. It was discussed in part under 'Resourcing' above, and the committee remain concerned that in spite of the various actions in place, this remains a significant issue for the Trust and so only partial assurance could be obtained that this is being addressed effectively. A robust programme of interventions has been identified and the committee will monitor closely their implementation. The committee also reviewed the steps being taken in response to the **staff survey** results. A planning toolkit has been developed to establish local priorities. The committee is content with this approach. The usual **HR dashboard** was not received due to ongoing work with power BI to develop an updated dashboard for the committee.
Any other matters the Committee wishes to escalate to the Board	The committee's annual plan and refreshed terms of reference were considered and the updated versions are before the Board. The committee is refreshing how it considers the risks related to its purview, and is planning to hold a workshop to review the risk register so that members better understand the overarching risks/themes. Papers remain of a variable quality and it is clear that there needs to be better support to paper authors. The executive is aware of this. From the scrutiny items considered at this meeting, a clear theme started to emerge related to an unmet training need for staff in leadership and management positions. In particular, the induction programmes for those newly promoted to management roles seemed ineffective in many cases, or simply missing, and led directly to issues such as poor pay returns, DBS failures, grievances, and so on. It was suggested that a new training needs analysis should be undertaken for those entering management roles and programmes addressing that TNA put in place, for example as online packages. The committee formally escalated this to the Executive. The Board may wish to be further assured that the levels of clinicians, and the plans to ensure full staffing levels in the EOCs are sufficient to maintain both safety and to support continuous improvement of services through audit.

SECAMB Board

Summary Report on the Audit & Risk Committee (AUC) Meeting of 4th March 2019

Date of meeting	**4 March 2019**
Overview of issues/areas covered at the meeting:	The key areas covered in this meeting were • Progress with outstanding Internal Audit actions • Audit Reports on EoC, Financial Management and Data Quality • A Local Counter Fraud Report • KPMG External Audit update (for the year ending 31 March 2019) • SFI/Scheme of Delegation • Governance & Assurance Framework • Business Continuity Some papers were again late and the Chair reiterated that the relevant standards are clear (7 days or discussion with, and permission from, the Chair) and should be adhered to
Internal Audit	AUC was pleased to note continuing good progress with outstanding Audit actions; however, AUC noted a lack of management engagement in a small number of areas and actioned the Executive to improve relevant processes and procedures. **EoC (Partial Assurance)** AUC scrutinized the report in detail. AUC was disappointed that the Executive had not realised that such an audit report would give rise to concern at Committee and prepared accordingly **Financial Management (Reasonable Assurance).** The audit scope focussed on the management of budget. Overall, the management team are doing well but there are opportunities to improve communication and training **Data Quality (Substantial Assurance).** The committee commended management work to develop and enhance this area. An audit which can give the Board confidence on performance reporting
Internal Audit Plan **Governance & Assurance Framework Proposal**	Paper received but not discussed at the meeting as a tender for Internal Audit work is underway. The Executive were asked to ensure that a future tender did not occur at this key time in the Internal Audit Cycle AUC commended the progress and development of this initiative since its last discussion; however the Executive were asked to revise the paper to align the proposed framework with the principle that the Board delegates operational authority to the Chief Executive rather than Executive management as a collective whole.

Business Continuity	The Committee was pleased by the work program underway but concerned that the current state of Business Continuity Arrangements did not appear to be consistent with the substantial assurances given to the Committee in September 2018. Overall the Committee is only PARTIALLY ASSURED in respect of Business Continuity.
Counter Fraud Report	AUC noted and was assured by the good work undertaken.
SFI/Scheme of Delegation	This substantial paper was late without tracked changes. Some members were concerned that sections might not be fully aligned to the future direction of SECAMB and some members were unable to see the areas where most change was proposed. The paper was deferred with appropriate actions set
External Audit	KPMG presented an update in respect of the year ending on 31 March 2019. Engagement with the Executive is going well and no concerns were raised at this time.

SECAMB Board

Summary Report on the Audit & Risk Committee (AUC) Meeting of 20th May 2019

Date of meeting	**20 May 2019**
Overview of issues/areas covered at the meeting:	The key areas covered in this meeting were • Internal Audit Reports on Fleet Management, Payroll Feeder and Risk Management • Internal Audit Report and Opinion for the 2018/19 Financial Year • External Audit Reports in relation to the March 2019 Year End • Consideration of the year end Management Representations letters • Consideration of the Financial Accounts and Annual Report for the 2018/19 Financial Year • Consideration of the Quality Report for the 2018/19 Reporting Year • Internal Audit Plan for 2019/20 • Information Governance Annual Report • Committee Annual Plan
Internal Audit (IA)	AUC was pleased to note continuing progress with outstanding Audit actions. There were three new Audit Reports 1. Risk management (reasonable assurance) - good progress but more work needed to embed. 2. Payroll feeder systems (partial assurance) - key issues relate to overpayments and record keeping, linked to management practice. 3. Fleet management (partial assurance) – findings were mixed with some good controls and some weaknesses (specifically in relation to driver licence checks). 4. (HR Records audit report has been deferred but initial findings suggest a finding no better than partial assurance) Unusually, IA provided a split opinion in their Annual Report – reasonable assurance on risk and governance and partial assurance for internal controls – however, the committee was concerned that across almost 100 NHS Annual Internal Audit Reports performed by RMS (our Internal Audit services partner) only around 15 percent of internal control opinions typically fall into this category; with around 80 percent falling into the reasonable assurance category. The committee has asked the Chief Executive to provide a report to be presented to the next audit committee setting out a plan to improve the state of internal controls across the trust. The Committee discussed the proposed Internal Audit plan for 2019/20 and approved it subject to a small number of amendments.
Information Governance	The Committee noted the work and attention that had gone into such a substantial report; however, the committee was concerned that the report did not give a clear enough picture

Annual Report **Committee Annual Plan / ToR**	on compliance (with GDPR), gaps and linked action plans. It therefore agreed that it should be deferred from the Board agenda, and come to the July meeting instead. This is an iterative document which will develop over time as needed. The Committee approved the current version.
Financial Accounts **Annual Report** **Quality Report**	The Committee went through the Financial Accounts and Annual Report on a page by page basis. Subject to the amendments discussed, the Committee recommends both to the Board Members of the Audit Committee present at this meeting had had the opportunity to examine the Annual Quality Report in conjunction with the QPS committee. No further changes were recommended at this meeting and the Audit Committee was happy to join QPS in recommending the Quality Report to the Board.
External Audit Report **IAS 260 Report** **Management Representations Letters**	KPMG presented their reports. The key matters arising were: • Unqualified opinion on the financial statements • "Except For" Opinion (based on Cat 3 and Cat 4 performance challenges and CQC "Requires Improvement" rating) on Value For Money (an improvement from the opinion last year) • (subject to final work ongoing at the time of the committee meeting) a likely clean opinion on the Quality Report • Confirmation that KPMG has provided no non-audit services during the 2018/2019 financial year. The Committee recommends to the Board that it approves Management Representations letters in relation to the Financial Statements and Quality Report.

SECAMB Board

Summary Report on the Charitable Funds Committee (CFC) Workshop of 4th March 2019

Date of meeting	**4 March 2019**
Overview of issues/areas covered at the meeting:	The key areas covered in this workshop related to Governance of South East Ambulance Charitable Funds (CF)
Governance	A Full/Comprehensive Review of the Trust's CF and the role of the Charitable Funds Committee (CFC) is in progress for consideration at the July 2019 CFC meeting. The purpose of this workshop was to discuss principles and seek guidance as to possible directions for future development of an appropriate governance framework. Active fund raising was touched upon by the workshop but largely left to be dealt with after approval of a new governance framework.
Key Aspects of Guidance	Key matters of guidance were as follows: • In future all CF, donated to or, raised by or, raised by association with South East Ambulance should be subject to a single governance framework • The CF should be prepared to accept restricted funds within a relatively small number of restriction categories (to be developed) • Distributions from the CF should never subsidise matters than should be paid for by the NHS trust • Distributions should normally represent benefit for a pool of staff and/or patients; however, there is scope for welfare based CF distributions consistent with a small set of to be developed criteria • The new governance structure needs to be future oriented and consistent with all external regulation. • The new governance structure should consider future membership of the CFC to establish a closer link to funds raisers and beneficiaries

SECAMB Board

Finance and Investment Committee Escalation report to the Board

Date of meetings	13 May 2019
Overview of key issues/areas covered at the meeting:	***Business Cases*** All Business Cases are initially considered by the Business Case Review Group and those requiring Board approval are reviewed by the Executive Management Board prior to submission to the Finance and Investment Committee. At the meeting in May, two Business Cases were brought for review both of which are recommended to the Board for approval: 1. 50 Double-Crewed Ambulance Business Case The committee was assured that the van conversions would comply with the minimum national standard set by Carter and that funds were available, through the capital plan. 2. EOC Audit and Training Business Case The committee strongly supported this given the requirements of the NHS Pathways Licence and need within the EOC to ensure quality. However, there was a detailed discussion about reviewing investment decisions in isolation and the associated risks. The committee noted the work underway by management to ensure greater clarity of the known investments, so that more informed decisions can be made relating to both priority and affordability. This was discussed more specifically under financial performance below. Both Business Cases are in Part 2 due to commercial sensitivities, and the decisions made will be reflected in the next Chief Executive's report to the Board, in July. ***Financial Performance*** The committee acknowledged and thanked the finance team for all the work they had put in to help achieve the year-end financial position, which was set out in the Month 12 month report. Despite meeting all the financial performance targets for the year, overall the Trust is operating with an underlying £2 million deficit. Therefore, over the coming year the Trust will face further challenges with balancing the need for a demanding Cost Improvement Programme (CIP) and further investment. The committee explored the importance of having a longer term strategic financial plan to address the underlying deficit and to guide future investments in terms of affordability and to ensure that planned efficiencies are sustainable. The committee asked that a longer term strategic financial plan be available for its August meeting for subsequent discussion and review by the Board as part of the development session on 29 August. The committee also asked that a draft plan for delivering the 2019/20 CIP be available for its June meeting. This is to provide assurance that the plan is deliverable and not adversely impact on quality / safety. The Quality and Patient Safety Committee will in

	more detail seek assurance on the latter, as part of its review of the related quality impact assessment process. The committee noted that the Trust and Commissioners had yet to reach final agreement on funding for 2019/20. The hope was that this would be resolved by the time the Board meets and a verbal update will be provided then. ***999 Service Transformation / Operational Performance*** The committee carried out a deep dive into 999 Service Transformation Delivery (STAD) Programme and supporting governance. It was impressed by the considerable efforts undertaken to align the various enablers (fleet, recruitment, rotas, and training) to ensure sustained improvement in meeting national Ambulance Response Programme (ARP) standards. There are however a number of internal and external factors including not securing sufficiently qualified paramedics, which means that the Trust will not meet planned performance for the first quarter of 2019/2020, particularly for Category 3 and 4 call response times. In light of these risks, the committee was only partially assured by the remedial plan, set out by the executive team, to ensure compliance with ARP by 1 July 2019. The committee noted that the Trust Board is scheduled to consider this as part of the next Delivery Plan deep dive. ***Fleet Strategy*** The revised draft of the fleet strategy was considered by the committee to be a major improvement. It acknowledged the considerable work that had gone into achieving this. Further suggestions were made for strengthening the rationale for the size and type of fleet needed to support the targeted dispatch model, particularly in achieving sustained improvements in patient care and potential for further efficiencies in the target combined vehicle operating model beyond the proposed 138% (from the current 141%) through the move to Make Ready Centers. The underlying financial projections needed further refinement and the committee agreed that these could be detached from the strategy, which should be principles based, and instead included in an implementation plan. Progress with developing this plan will be reported to the committee at its next meeting on 18 June. Subject to the strategy being amended along the lines suggested, which includes the need to outline the timetable for agreeing the implementation plan, the committee agreed that it should be considered by the Board at its May meeting. Subject to Board approval, the Committee recommends that future decisions on the best procurement approach (outright purchase or leasing) should be agreed by the Director of Finance in conjunction with the committee chair. ***111/CAS*** The Committee welcomed the further work undertaken to prepare for the delivery of the 111 service should the Trust be appointed. It asked that further assurance be provided to the Trust Board in May, on the stated timetable for resolving the outstanding issues, prior to the scenario assessments run by the commissioning body in the week of 17 June. This will be discussed in Part 2.

	The committee also asked for further assurance about the scope and timing of work to secure a solution to ensure interoperability between the various systems. ***Estate Maintenance*** A report was received updating on the work of estates. The committee asked for further analysis for its June meeting to provide assurance that planned expenditure on maintenance and remedial work in 2019/20 is consistent with the approved estates strategy and in complying with appropriate health and safety standards and the wellbeing of staff. ***IT / Digital*** The committee was not convinced that the paper reflected the full extent of planned or essential digital projects in 2019/20. It therefore asked for a more comprehensive assessment to be provided at the June meeting together with assurance about the Trust's capability and capacity to deliver this.
Any other matters the Committee wishes to escalate to the Board	As reflected above, the committee felt that the board development programme should include as a matter of some priority, time to reflect on the developing longer term strategic financial plan. It suggested using the session scheduled in August, by which time the initial proposals should be starting to emerge. The Board will then need some further time to refine and develop this, possibly in October-December 2019. The papers for the committee arrived in good time, and the committee noted the ongoing work to ensure the quality of papers continues to improve.

SECAMB Board

QPS Committee Escalation report to the Board

Date of meetings	04 April 2019
Overview of key issues/areas covered at the meeting:	This meeting considered a number of ***Management Responses*** (*response to previous items scrutinised by the committee)*, including: **Non-Register Clinicians Scope of Practice Assured** This management response clarified the scope of practice governance for non-registered clinicians. It is assured about the work completed to improve the clarity of the scope of practice for the various roles, including the career structure. The Committee requested that this is now communicated and shared so that the model and roles are well understood. As part of the item the committee explored the balance of workforce to deliver quality and safety. It noted the gap in paramedic numbers and the trajectory to deliver the appropriate registered/non-registered balance as part of STAD. This is directly linked to the 999 transformation programme and the committee is aware that recruitment is being closely scrutinised on behalf of the Board, by the Workforce and Wellbeing Committee. In the meantime the mitigation is the use of the targeted dispatch model utilising senior clinical staff in decision making. **999 NHS Pathways License – themes from SIs Partially Assured** This response arose from the committee seeking further assurance on how we follow up actions to ensure the necessary improvements are delivered. It noted the identified themes from SIs, including Sepsis which was the subject of a deep dive at the Morbidity and Mortality Group and will come to the committee in May. Overall the committee was assured by the process underpinning SI investigations, but only partially assured that actions are always properly followed up to deliver the desired impact. It has asked for further assurance on this for its meeting in June. **CFRs Assured** The paper provided a progress update on the developing CFR strategy, outlining the approach and timeframes. The committee noted that 150 new CFRs were appointed following the recent recruitment campaign, but 200 CFRs have not maintained compliance with certification (training requirements etc.) which is being followed up with the individuals concerned. The committee supported the steps to ensure CFRs undertake the necessary training, and asked management to take extra care to ensure there is clear messaging about this. The committee explored the spread of CFRs across the region, which is relatively even although there are some gaps such as in Ashford. The team will be using this data going forward as part of workforce planning. The committee was assured that there is now clarity about numbers of CFRs; ability to communicate with them; plot them by postcode; and ensure training is in place. The strategy aims to establish how best to use CFRs in future, e.g. Cat 3.

The committee asked that the scope of strategy should include the wider CFR support team. Also, that it has a section on how to establish a forum for CFRs to raise issues; at the moment this is a gap and as a consequence many issues come through the Council of Governors.

The CFR strategy is expected to come to the Board in July.

Kent & Sussex 111 Mobilisation **Partially Assured**
A verbal update was provided on the mobilisation of the emergency contract in Sussex and Kent. The committee acknowledged all the good work to ensure this was successful, especially given the short period of time the Trust had to mobilise. The committee explored some of the initial glitches with particular focus on one significant issue that had only just started to emerge at the time of the meeting relating to the closure of some calls. The Committee was confident that a full and thorough investigation was being urgently completed. It was in light of this issue that only partial assurance could be obtained.

More detail on this is provided in the Chief Executive's Board report.

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;

EOC Clinical Safety **Partially Assured**
The committee undertook a very detailed review of the measures being taken to ensure clinical safety in the EOC, as part of the overarching programme of work. The EOC management team attended to present against their specific areas, including; clinical staffing, call handling, dispatch, and audit and training.

The presentations provided a good overview of the progress being made with the EOC improvement plan. The committee continued the discussion here on the issue of clinical capacity and the challenges in attracting clinicians in to the EOC. Despite the significant risk to achieving the target for clinical staffing, the committee noted that we continue to increase the provision of clinical hours. This linked to the discussion about clinical audit compliance, which is a challenge due to the lack of clinicians to undertake audits. This is being addressed through the related business case which is scheduled to come to the Board in May. In meantime, the committee challenged the executive to ensure there is at a minimum one audit per clinician per month, to ensure at least some review.

EOC was also subject to a recent Internal Audit, which the committee received and the actions arising from this are being integrated in to the existing improvement plan.

This area will remain a focus of the committee at every meeting, as reflected in the annual cycle of business.

Data Quality **Assured**
The Internal Audit report on data quality provided 'substantial assurance', and the committee reflected on how positive this is given where the Trust has been in recent

	years with data quality. **DBS Checks Not Assured** The committee received the Internal Audit report, which was an additional audit requested by management and helped to provide assurance that the audit data matched what management had understood. There is now a plan in place with a clear timeframe and the improvement plan is in 'intensive support'. Despite the specific internal control issues, the committee was assured with the mitigation to ensure patient safety, such as ensuring no staff are left unsupervised until a DBS check is in place. It has therefore referred this to the Workforce and Wellbeing Committee to oversee until the weaknesses in controls are rectified. The committee also received an update on the **Quality Account** which is progressing in line with the plan, and reviewed its **terms of reference** and the **committee annual plan**.
Any other matters the Committee wishes to escalate to the Board	None

SECAMB Board

QPS Committee Escalation report to the Board

Date of meetings	20 May 2019
Overview of key issues/areas covered at the meeting:	Ahead of the next meeting, when the committee will be receiving a detailed overview on the mobilisation of the interim 111 service in Kent and Sussex, a verbal update was provided on the system issue that occurred during the initial mobilisation period. An issue was discovered relating to the transfer of some calls to 999 being erroneously cancelled. The reason was quickly established and the corrective action resulted in there being no further recurrence. There has been a look back review of the calls potentially affected and two incidents have been assessed as possibly resulting in moderate harm. These are currently under investigation in line with the Trust's SI policy. The committee was assured by the speed with which this issue was identified and fixed as well as the openness with which it was declared and managed. Details are also included in the Chief Executive's Board report. This meeting considered a number of ***Management Responses*** (*response to previous items scrutinised by the committee)*, including: **Medical Equipment Assured** The committee asked for assurance at its meeting in February on the system in place to ensure the timely servicing of medical equipment. It explored then the reassurance that the committee had from manufacturers on extending the service dates. Management was asked to check with the manufacturers the servicing schedule/timelines. The paper received provided assurance. The committee also explored items that are not classed medical equipment, such as spinal boards, and the extent to which these are checked and recorded in a systematic way. Management will confirm next time what items should be included in an assurance schedule, what level of assurance is currently available and how these will be recorded as part of the new fleet management system. **Co-Responders Assured** At its meeting in February the committee was assured by the arrangements in place for Co-Responders. However, it sought further clarification on how management assured itself that the required DBS and vaccination requirements in the MOU were completed. The response set out the process which assured the committee. 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; **EOC Clinical Safety Partially Assured** The committee undertook a review of two specific aspects of the overarching EOC improvement plan;

1. Audit and Training – the committee noted that the solution to ensuring sustained compliance with both NHS Pathways and Manchester Triage audits required additional capacity. It noted that the related business case is on the Board agenda, having been recommended by the Finance & Investment Committee. In the meantime, the mitigation is ensuring cover by overtime and using clinicians on alternativee duties. The committee is really supportive of the business case (having previously escalated its concern to the Board), which will resolve this long-standing issue.
2. Clinical Capacity – as the Board is aware, ensuring optimal clinical capacity in the EOC remains a significant challenge and the committee explored the main schemes aimed at addressing this challenge. It heard about the EOC workshop held recently to review all (new) ideas to unblock some of the issues. The ideas being considered for trialling include:

    - GPs working within the EOC
    - Expanding the role of Midwives & mental health clinicians
    - Expanding the use of agency staff for certain functions, e.g. welfare calls.
    - Recruitment and retention premium, subject to business case

The committee also explored one of the impacts of sub-optimal clinical capacity on the ability to task ECSW crews; who cannot attend patients without a clinical assessment. The targeted dispatch model running w/c 20 May seeks to review how to utilise such resources more efficiently.

This will be a standing item for the committee in the context of patient impact and it will look to the Workforce & Wellbeing Committee to scrutinise the recruitment trajectory.

In summary, it is a complex set of challenges and so there is a good degree of comfort that management are exploring a number of initiatives, recognising there is no one single answer.

The committee acknowledged the great work of the staff in EOC and wanted to reinforce that these challenges are not a reflection on them; but ensuring there is sufficient resources to provide timely, safe and effective care.

Clinical Outcomes Assured

This item focussed on Sepsis care following a recommendation in a previous QPS paper on SIs that sepsis should be a topic for a 'deep dive'.. The paper set out the steps to identify sepsis patients at the earliest stage, and the outputs of a recent deep dive by the Morbidity & Mortality Group , which identified the following themes that are emerging:

- Recognition of 'red flags' for sepsis/immediately life-threatening concerns by Emergency Medical Advisors (EMA)
- Adherence to the manual upgrade of incident priority process
- Missed opportunities to re-triage
- Surge levels affecting response times
- Clinical staff using NEWS2 scoring and following sepsis guidelines

A recent audit shows that the Trust is consistently above the national average in

	recognition and management of sepsis (care bundle). The committee welcomed the very informative paper, which demonstrated a large number of comprehensive actions that have been taken to address issues identified. The Committee also welcomed the good links with other providers to ensure the whole care pathway is considered. **CFRs Partially Assured** A paper was received which addresses concerns about how we are approaching CFRs who are not compliant with specific requirements, such as training. The committee acknowledged that this has caused some confusion and ill-feeling, but was assured that a proper process has been followed. The committee tested the mechanisms in place now to ensure timely and effective communication with CFRs, for example, how we got important messages through if an urgent issue arose. Management confirmed some of the things in place, which includes having a database for every CFR; email addresses; and meetings led by the new head of community engagement. The Chief Pharmacist also confirmed that with regards medicines, we can now link pouches to individuals. The committee was assured with the progress being made and supported the need to ensure CFRs are up to date and that the governance is strong. It wasn't completely convinced on some aspects of communication and so following the strategy due in July, it asked for confirmation that we can communicate urgent messages quickly enough and that there is in place an effective communication and engagement approach for CFRs. This important area of further work resulted in the overall partial assurance. The committee also received a number of reports under its section on *Monitoring Performance*: **Infection Prevention & Control Annual Report** This is a positive report, which reflects the improving picture in line with the strategy. However, the committee did challenge on the area of vehicle cleanliness, as it felt the report could include more detail on actions given some of the current gaps identified. The committee was acutely aware of this given the scrutiny provided earlier in the year. The Committee will continue to review progress on vehicle cleanliness. Overall, however, the committee is really pleased with progress and reflected how far we've come in the past three years when this area was led by just one person. Now there is a team of five supported by a number of IPC champions. The committee commends this report to the Board. **Complaints Annual Report** This report highlights the great improvement in response times, and how we learn from complaints. Although there is still work to do, the journey this year in how the complaints team triangulates with other areas was noted. The committee discussed whether we approached the allocation of complaints fairly,

	as potentially a disproportionate number relating to delays are allocated to the EOC. The committee challenged whether all these complaints actually relate to an EOC issue. The committee also thought the report could include more on the range of actions that have been undertaken in response to complaints; to better reflect the positive impact. The committee commends this report to the Board. **Clinical Audit Annual Report** The clinical audit report was well received; it set out the completion of the full plan which despite some risks during the year was completed in full with the addition of some extra audits. The focus next year will be on how actions can improve survival rates. The Committee was delighted to see the amount of progress made in the area of clinical audit and suggested that more could be done to share the results and celebrate success. The committee explored the opportunity to do joint audits with other providers, e.g. in Stroke and STEMI. **Quality Account** A full review of the Quality Report & Account was undertaken and there was some relatively minor suggested additions / amendments, which will be confirmed at the Board meeting, as part of a 'change sheet'. Overall, there are no surprises and the committee felt it was consistent with the work of the committee during the year, reflecting an open and honest summary.
Any other matters the Committee wishes to escalate to the Board	The committee undertook a detailed review of the issues arising from the paper on the Board agenda, relating to **non-parenteral prescription only medicines** (POMs) by clinicians (registered healthcare professionals, non-registered clinicians) and volunteers. The paper is quite technical, but in summary, it asks the Board to make a decision on whether to allow non-registered clinicians and CFRs to administer non-parenteral prescription only medicines – specifically salbutamol and ipratropium. The Medical Director confirmed that the view of clinical leaders within the ambulance service is that these medicines should be provided given the clear clinical need, and in the context of the governance arrangements being in place, as set out. In the meantime, there is a call for a decision to be made centrally at some point to clarify the discrepancy. The Director of Nursing and Quality supported this, but agreed to approach the CQC, NHSI and the CCG to first seek their views.

	In consideration of the recommendation from the Medical Director and Chief Pharmacist, the committee concluded the following: • These are low-risk medicines and the risk to patients of not being able to use them outweighs the risk of using them in a way that might contravene the law, as it could be interpreted. Therefore, • Registered healthcare professionals and non-registered clinicians should be able to continue to administer Ipratropium bromide and Salbutamol in accordance with national JRCALC guidelines, despite being a prescription only medicine. The Chief Pharmacist confirms that this is the position adopted by every other trust in the England. • However, in relation to CFRs and Immediate Emergency Care Responders, we do not have confirmation, but it appears that if we would allow these groups to administer Salbutamol as per clinical protocol in Appendix B (despite being a prescription only medicine and no legal framework to administer this medication) then we would certainly be in the minority. Those Trusts that do allow this are in the process of reviewing the position. Therefore, • The committee suggests that if the Board decided to approve this aspect, then it should be introduced in a phased way, using the learning from the planned audits of registered and non-registered clinicians, and review of asthma presentations over the intervening period. In other words, to proceed with some caution until further clarity emerges nationally.

	Lead	4 April 2019	20 May 2019	20 June 2019	18 July 2019	9 September 2019	24 October 2019	5 December 2019	17 January 2020	17 February 2020	*QPS 30/19*
ADMINISTRATION											
Apologies	Chair	√	√	√	√	√	√	√	√	√	
Declarations of Interests	Chair	√	√	√	√	√	√	√	√	√	
Minutes	Chair	√	√	√	√	√	√	√	√	√	
Action Log	Chair	√	√	√	√	√	√	√	√	√	
Next Meeting Agenda / Forward Look	Chair	√	√	√	√	√	√	√	√	√	
Meeting Effectiveness	Chair	√	√	√	√	√	√	√	√	√	
SCRUTINY											
111											
111 Clinical effectiveness (performance & patient outcomes inc clinical indicators, pathways call audits, key risk and concerns)	Director of Operations										
111 transition of new service from 1 April 2019	Director of Operations				√						
EOC											
EOC clinical safety - Deep Dive of aspects of the Project	Director of Operations	√	√	√	√	√	√	√	√	√	
999 NHS Pathways License compliance	Director of Operations										
999											
Consent to Treatment (is it being sought in line with legislation and guidance?)	Medical Director			√							
Surge (application of the SMP / Clinical Harm Review)	Medical Director /Director of Operations				√						
Bariatric Care (vehicle equipment and response) Are they located correctly, Policy, equipment, analysis of performance, tasking, training,	Director of Operations									√	
Private Ambulance Providers: to be reviewed twice yearly to include governance, policies and porcedures in place, system for planning, compliance data to include complaints, risks, issues, serious incidents. Plus clinical effectivness	Director of Operations					√					
Job cycle time for Stroke/STEMI and major trauma (Sept 106/18)			√								
Clinical Outcomes - deep dive in to specific areas, e.g. cardiac survival	Medical Director		√		√		√		√		
Medical Equipment: Full review of Medical Devices IAP including all equipment, pre implementation checks	Director of Operations					√					
Obstretics: Assurance can deliver effective care and treatment (Policy/Procedures, Training, Incidents,Risk)	Medical Director							√			
RTC's - Emergency, non-emergency, Collisions not involving public, and safety. Assurance of learning from incidents	Director of Operations									√	
Co-Responders: Organisation and reporting lines, governance, assurance on skills, knowledge and experience to deliver effective care and treatment. Thematic incident analysis and learning.To include recruitment & retention. To include tasking	Director of Operations									√	
Paediatrics: Assurance can deliver effective care and treatment (Policy/Procedures, Training, Incidents,Risk)	Medical Director							√			
Frequent Callers							√				
Specialist											
HART: Organisation and reporting lines, governance, assurance on skills, knowledge and experience to deliver effective care and treatment. Thematic incident analysis and learning.To include recruitment & retention. To include tasking. NARU Audit readiness assessment	Director of Operations										
Specialist Paramedics (PP & CCP) Scope of Practice - Organisation and reporting lines, governance, assurance on skills, knowleedge and experience to deliver effective care and treatment. Thematic incident analysis and learning . To include recruitment & retention.	Medical Director										
Clinical Governance / Standards											
Non Registered Clinicians - Scope of Practice - Organisation and reporting lines, governance, assurance on skills, knowleedge and experience to deliver effective care and treatment. Thematic incident analysis and learning . To include recruitment & retention.	Medical Director	√									
Medicines Governance Incl. QAVs	Medical Director			√							
Infection Prevention and Control - internal controls / effectivness / progress against strategy and objectives	Director of Nursing & Quality										

	Lead	4 April 2019	20 May 2019	20 June 2019	18 July 2019	9 September 2019	24 October 2019	5 December 2019	17 January 2020	17 February 2020	*QPS 30/19*
Learning. Are lessons learned and improvements made when things go wrong. Thematic Analysis of Serious Incidents, complaints, incidents. Include examples of change	Director of Nursing & Quality										
Serious Incident Q Thematic Review	Director of Nursing & Quality			√	√		√		√		
Duty of Candor - compliance with legislation and staff impact, (internal audit report due Sept)	Director of Nursing & Quality				√						
P**atient Records / ECPR**	Medical Director /Director of Operations			√							
Complaints To consider assurance to the deisgn and effectiveness of the System of controls re Complaints	Director of Nursing & Quality					√					
Internal Safeguarding (including an analysis of activity and outcomes and any lessons learnt)	Director of Nursing & Quality	√									
Key Skills planning	Medical Director							√			
CIP QIAs: A paper detailing the content and process followed in developing this years CIP QIAs	Director of Nursing & Quality		√								
QIA mid year review	Director of Nursing & Quality						√				
CFR Governance & Effectiveness	Director of Operations				√						
Clinical Supervision	Medical Director				√						
MONITORING PERFORMANCE & QUALITY											
Quality & Safety Report	Director of Nursing & Quality		√		√		√		√		
Clinical Audit Review	Medical Director			√			√			√	
Mortality & Morbidity / Learning from Deaths Bi-Annual Review	Medical Director										
Safeguarding Mid-Year Review	Director of Nursing & Quality					√					
Quality Account Development*/Sign Off**/Mid Year Review***	Director of Nursing & Quality	√	√				√				
Incident / SI Annual Report	Director of Nursing & Quality			√							
Infection Prevention and Control Annual Report	Director of Nursing & Quality		√								
Clinical Audit Annual Report 2017/18	Medical Director		√								
Clinical Audit Annual Plan	Medical Director		√								
Annual Safeguarding Report	Director of Nursing & Quality			√							
Accountable Officer for Controlled Drugs Annual Report (Medicines Governance)	Medical Director			√							
Annual NARU Audit Findings	Director of Operations								√		
Annual Review of Quality IPR Dashboard	Director of Nursing & Quality		√								
Freedom to Speak Themes / *Annual Report	Director of Nursing & Quality		*√		√			√			
Quality Assurance Visits / Patient Safety Leadership Visit	Director of Nursing & Quality				√		√		√		
STRATEGIES											
Volunteeers	Director of Operations				√						
Freedom to Speak Up	Director of Nursing					√					
Safeguarding	Director of Nursing								√		
Patient Experience	Director of Nursing					√					
Infection Prevention & Control	Director of Nursing				√						
MANAGEMENT RESPONSES (delete once received)											
Medical Equipment (from Feb 186/19)	Director of Operations		√								
Co-Responders (from Feb)	Director of Operations		√								
NHS Pathways License - Sis (from April 06/19)	Director of Nursing			√							
GOVERNANCE & RISK MANAGEMENT											
Board Assurance Framework / Strategic Risks relating to committee purview	Company Secretary	√		√		√			√		
Bi-Annual Review of High/Extreme Risks	Director of Nursing			√					√		

	Lead	4 April 2019	20 May 2019	20 June 2019	18 July 2019	9 September 2019	24 October 2019	5 December 2019	17 January 2020	17 February 2020	*QPS 30/19*
Committee Annual Self-Assessment: Cycle of Business Terms of Reference	Company Secretary		√								
Mid-Year Review of Cycle of Business	Company Secretary						√				

South East Coast Ambulance Service NHS Foundation Trust

Quality and Patient Safety Committee

Terms of Reference

1. Constitution

The Board hereby resolves to establish a committee of the Board to be known as the Quality and Patient Safety Committee ('QPS') referred to in this document as 'the committee'.

2. Purpose

The purpose of the committee is to acquire and scrutinise assurances that the Trust's system of internal controls relating to quality governance (encompassing patient safety, clinical effectiveness and patient experience) are designed appropriately and operating effectively.

3. Membership

Appointed by the Board, the membership of the committee shall constitute at least three independent Non-Executive Directors and at least three Executive Directors. Executive Directors shall number no more than the Non-Executive Directors.

The members of the committee shall be:
Lucy Bloem, Independent Non-Executive Director (Chair)
Tim Howe, Independent Non-Executive Director
Tricia McGregor, Independent Non-Executive Director
Laurie McMahon, Independent Non-Executive Director
Executive Director of Nursing & Quality (Executive Lead)
Executive Medical Director
Executive Director of Operations
Executive Director of HR & OD

4. Quorum

The quorum necessary for formal transaction of business by the committee shall be two Independent Non-Executive Director members and one Executive Director.

5. Attendance

5.1. In addition to the members, the following individuals shall regularly attend meetings of the Committee:

- Chief Executive
- Company Secretary
- Deputy Medical Director
- Chief Pharmacist
- Consultant Nurse / Paramedic
- Regional Operating Manager
- Head of IT
- 111 Lead

5.2. Other directors, Trust leads, managers and subject matter experts shall be invited to attend or observe full meetings or specific agenda items when issues relevant to their area of responsibility are to be scrutinised.

5.3. With the agreement of the chair, members of the committee or other Trust managers and officers may participate in a meeting of the committee by means of a tele/video conference. In such instances, it is a requirement that all persons participating in the meeting can hear each other. Participation in the meeting in this manner shall be deemed to constitute the presence in person at such a meeting. A member of the committee joining the meeting in this way shall count towards the quorum.

6. Frequency

The committee shall meet at least six times a year and extraordinary meetings may be called by the committee chair in addition to discuss and resolve any critical issues arising.

7. Authority

The committee has no executive powers. The committee is authorised to seek and scrutinise assurances that the Trust's system of internal control is designed well and operating effectively. The committee will seek assurance (i.e. the elimination of reasonable doubt) from sources and systems including the front line operations, corporate services and from external independent sources such as peer review; internal audit, local counter fraud service, external audit and others, including legal or other professional advice when required.

8. Purview

The purview of the committee is set out in the accompanying purview document, which is approved by the Board along with these Terms of Reference. The committee will prioritise the acquisition and scrutiny of assurances according to the Board's requirements, using a risk based approach to prioritisation. The committee will not review all aspects of the system of internal control identified in the purview in every year.

9. Support

Under the guidance of the Company Secretary and, in conjunction with the committee chair and executive lead, the Business Support Manager will provide secretarial support to the committee, including planning meetings twelve months in advance, setting agendas, collating and circulating papers five working days before meetings; taking minutes of meetings, and maintaining records of attendance for reporting in the Trust's Annual Report.

10. Reporting

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

11. Review

The committee shall reflect upon the effectiveness of its meeting at the end of each meeting. The committee shall review its Terms of Reference at least once a year to ensure that they fit with the Board's overall review of the system of internal control. Any proposed changes shall be submitted to the Board for ratification.

VERSION CONTROL SCHEDULE

Version no.	Date approved by committee as fit for purpose	Date ratified by the Board so that it comes into force	Main revisions from previous version.
1.0	5 July 16	26 July 16	Committee established July 16 based on principles set out in Board paper 'governance improvements' at May 16. RMCGC dis-established June 16. Discussed at Board June 16. Ratified 26 July 16.
1.1		23 October 2017	Update to membership Inclusion of additional regular attendees Administrative support provided by the HR Business Support Manager; from the corporate governance dept.
1.2			Updated membership