Council of Governors Part One Meeting

20 September 2019 10:00 – 13:15

Held in Public

East Sussex National Resort

Little Horsted, Uckfield, TN22 5ES

.

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20 September 2019 10:00-13:15

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Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction and matters arising					
28/19	10:00	Chair's Introduction	-	-	David Astley (Chair)
29/19	-	Apologies for Absence	-	-	DA
30/19	-	Declarations of Interest	-	-	DA
31/19	-	Minutes from the previous meeting, action log and matters arising	A A1	-	DA
Statutory duties: performance and holding to account					
32/19	10:10	Chief Executive's Report: - CQC inspection outcomes - Questions from the Council	B	Information and discussion	Philip Astle (CEO)
33/19	10:25	Assurance from the Non-Executive Directors: - Integrated Performance Report (July data)	C		Council and All NEDs present
Statutory duties: member and public engagement					
34/19	10:40	Membership Development Committee Annual Report	D	Information	Brian Chester (Public Governor for Surrey)
Committees and reports					
35/19	10:50	Governor Development Committee Annual Report	E	Information	Felicity Dennis (Lead Governor and Public Governor Surrey)
36/19	11:00	Governor Activities and Queries Annual Report	F	Information	Felicity Dennis
37/19	11:10	Nominations Committee Annual Report: - Approval of Terms of Reference - Committee effectiveness review	G1 G2 G3	Information Decision Assurance	DA
Statutory duties: performance and holding to account					
38/19	11:20	Board Committee Observation report: - Quality and Patient Safety Committee (20 June) - Workforce and Wellbeing Committee (12 September)	H1 H2	Holding to account and assurance	Pauline Flores-Moore, Geoff Kempster, Nicki Pointer and Felicity Dennis. David Escudier, Was Shakeer, Malcolm McGregor, Chris Devereux

39/19	11:30	Board Assurance Committees' escalation reports to include the key achievements, risks and challenges:		Holding to account, assurance and discussion	All Non-Executive Directors present
		Workforce and Wellbeing Committee - 13 June 2019	**I1**		
		Audit Committee - 11 July 2019	**I2**		
		Charitable Funds Committee - 9 July 2019	**I3**		
		Finance and Investment Committee - 18 June 2019 - 18 July 2019	**I4** **I5**		
		Quality and Patient Safety - 20 June 2019 - 18 July 2019	**I6** **I7**		
11:50 Comfort break					
40/19	12:00	Workforce: - HR Transformation - Culture workstream (including Bullying and Harassment)	**J**	Information and discussion	Paul Renshaw (Interim Executive Director of HR)
41/19	12:30	999 performance and response times: - Local variation - Improvements planned	**K**	Information and discussion	Joe Garcia (Director of Operations) and Rhiannon Roderick (Operating Unit Manager, Polegate)
42/19	13:00	Recommendation to approve the Process for Managing Concerns about Governors	**L**	Decision	Peter Lee (Company Secretary)
General					
43/19	13:10	Any Other Business (AOB)	-	-	DA
44/19	-	Questions from the public	-	Accountability	DA
45/19	-	Areas to highlight to Non-Executive Directors	-	Assurance	DA
46/19	-	Review of meeting effectiveness	-	-	DA
		Date of Next Meeting: 15 November, Crawley HQ, Manor Royal	-	-	DA

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

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 06 June 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
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
Roger Laxton	(RL)	Public Governor, Kent
Was Shakir	(WS)	Staff-Elected Governor (Operational)
Malcolm MacGregor	(MM)	Staff-Elected Governor (Operational)
David Escudier	(DE)	Public Governor, Kent
Brian Chester	(BC)	Public Governor, Surrey & N.E.
ACC Nev Kemp	(NK)	Appointed Governor – Surrey Police
Sarah Swindell	(SS)	Appointed Governor – EKUHFT

In attendance:

Lucy Bloem	(LB)	Senior Independent Director & Non-Executive Director
Laurie McMahon	(LM)	Non-Executive Director
Tricia McGregor	(TM)	Non-Executive Director
Fionna Moore	(FM)	Acting Chief Executive Officer
Peter Lee	(PL)	Company Secretary

Presenters:

Gary Ebsworth-Davies	(GED)	Mental Health Lead
Matt England	(ME)	Blue Light Collaboration Manager
Ryan Bird	(RB)	ePCR Operations Manager

Apologies: Harvey Nash

Minute taker: Katie Spendiff – Corporate Governance and Membership Manager

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1. **Declarations of interest**
1.1. No declarations of interest were received.

2. **Welcome, minutes and action log:**
2.1. Attendees were welcomed to the meeting and introductions were made. It was a number of Governors' first Council meeting with the Trust and the Chair warmly welcomed them.
2.2. DA noted that Adrian Twyning had stepped down from his Non-Executive Director (NED) position due to increased responsibility within his other role outside the Trust. The Council had been previously advised of this. DA thanked Adrian for his contribution to the Trust. RL queried if any replacement NED would also be focussed on IT assurance as Adrian had. DA noted that any recruitment decision would be made at the Council's Nominations Committee.
2.3. The minutes of the previous meeting were taken as an accurate record.
2.4. FN noted he was pleased that that point 7.4 in the minutes had been picked up through the Quality and Patient Safety (QPS) Committee, the Workforce and Wellbeing Committee (WWC) and was covered in the action log.
2.5. The action log was reviewed. Action 223 on impacts of the Meal Break Policy to be considered at WWC. PL noted there were no immediate plans for this to go through WWC as the Board had received assurance at their February meeting from Joe Garcia on an increase in the number of meal breaks being able to be taken. NH noted the implementation of the policy had been rocky at the beginning but had since levelled out now it had bedded in and that staff in EOC were regularly getting breaks. WS noted there were still challenges for crews on 8 hr shifts with lunchbreaks and that this should be kept sight of by the Board. This action could now be closed.
2.6. Action 248 Patient Demographic Search implementation update (this allows us to match a patient to their NHS number). LB noted there was initial concern that it would add time to call processing, it had actually had no impact on this. This action could now be closed.
2.7. Action 252 on information on the Non-Emergency Transport (NET) pilots. PL noted the recent trial and findings on this would be reviewed at QPS. FM noted Trust purchased 30 NET vehicles and invested in them to bring them up to standard. FM noted the NET policy was being reviewed to ensure safety for patients and staff. The action could be closed as the vehicles were in place as advised
2.8. Action 251 agenda item on s136 conveyances and mental health initiatives in the Trust could now be closed. MT welcomed it being on the agenda for discussion. MT noted that conveyance transfers had cost Sussex Community Partnership just under a million pounds on private providers. FM noted she had met with CEO Sam Allen of Sussex Community Partnership and would be meeting with Giles York from Sussex Police to review. DA requested an action be taken for the Exec to pick up. NK requested to be copied in to communications on this for review and circulation to Police colleagues.

   ACTION: s136 conveyances to continue to be reviewed by Executive team and system partners.

2.9. On action 257 on CFR contribution recording – the response to this will be circulated outside of the meeting. The Council sought assurance that the data in the Integrated Performance Report included airwave deployments.
2.10.   On action 259 Freedom of Information requests will go to QPS for oversight.

3. **CEO Report**

3.1. FM noted she had taken over from Daren Mochrie on the 1st April and that it was a huge privilege to provide cover for the CEO role before Philip Astle joined the Trust on the 1st September 2019. FM noted the appointment of an Interim HR Director to review the HR function within the Trust. FM was working on a job description for the substantive HR Director position with Terry Parkin and Philip Astle.

3.2. 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. 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.

3.3. A thorough review has been undertaken and this is currently going through governance processes. Initial findings indicated 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 the Trusts' response. Because of the immediate action taken, the issue was resolved and there had been no reoccurrence.

3.4. FM noted the Trust was currently working closely with its commissioners on a bid for 111 services in Kent Medway and Sussex following the interim arrangements currently in place. The bid was submitted 18th April and the Trust were awaiting outcome sometime in July. The bid was submitted with IC24 as a potential Partner.

3.5. GG asked how the NEDs were assured that the Trust had intervened effectively and that lessons were learned from the go live of 111 challenges. GG further asked how confident the NEDs were that the Trust could run the service effectively.

3.6. TM noted that regarding the preparation of the go-live interim 111 service, the QPS were well sighted on this and it came under scrutiny within the committee on a number of occasions. The challenge mentioned happened the week that a scheduled QPS meeting was taking place. NEDs sought assurance on the issue immediately. TM noted it was dealt with transparently and the full results of the investigation will be coming back to the QPS for further review.

3.7. Elements of the bid came to QPS for review and NEDs sought assurance that the bid was sound. LB noted that the 111 bid was the biggest and most strategic bid the Trust has submitted in some time and that a NED oversight group consisting of LB, LM, and Michael Whitehouse met regularly prior to the bid being submitted. NEDs sought assurance that the Trust could deliver what they were bidding for i.e. the credibility of the bid.

3.8. LB noted the new Computer Aided Dispatch system would be used to support the 111-call element, which offered stability.

3.9. FM advised that the staff survey results had been released in February and the Trust had the highest response of all ambulance services. FM noted key workstreams from the survey centred on leadership communications, improving the appraisal process and looking after staff. FM noted the cascading of local results would be taking place so local action plans could be developed.

3.10.   FM noted she was focussed on continuing to build relationships with hospital and blue light partners.

3.11.   The Care Quality Commission has visited the Trust recently visiting a number of stations, and the Emergency Operations Centres. The 111 inspection was due to take place early July

and the Well Led inspection on the 9th and 10th July. Feedback should be received in due course.

3.12. In respect of a recent communication from the Director of Operations on a pilot utilising SRVs and NET vehicles more actively, JC queried if any data on the effectiveness of the pilot on the c3 and c4 stack was available. FM noted that the data as it stood indicated the NET vehicles were not being used as effectively as they could be. They were for transportation not clinical intervention or assessment. FM noted that during a recent pilot, the Trust were able to identify suitable patients for transfer by NET vehicles by sending SRVs with a paramedic first and NETs were then deployed to transfer.

3.13. MM noted that a recent operational bulletin had been sent which made changes to both the NET policy and Surge Management Plan (SMP). Given that Non-Emergency Transport (NET) vehicles were brought in to the Trust to be utilised as a conveying resource following healthcare professional (HCP) assessment, MM asked how the NEDs were assured that the move towards dispatching NETs without a HCP assessment was safe and effective.

3.14. FM noted it was a reasonable challenge. Ideally, NET patients would have a face-to-face assessment. There were some cases where the notes on CAD would be clear that it was just a transfer that was required i.e. low risk. If NET crews arrive on scene and the patient was not as expected re level of need, the crew can call for back up. FM noted close monitoring on this proposal, but that all resources needed to be used effectively. This pilot and the proposed changes were being scrutinized under QPS.

3.15. GG also sought assurance from NEDs that the necessary governance was in place around the trial. TM noted the data from the trial was due for review at QPS. PL noted that when pilots took place a Quality Impact Assessment checks it is safe to implement.

3.16. FD queried the points around staff engagement and training within the CEO report. FD noted that she felt those two areas were fundamental to improving the culture within the organisation. FM noted there was a development need for frontline managers as many had not had specific management experience, as predominantly a clinical background. FM noted the Director of HR was creating a training package to equip frontline managers with the skills to excel in the management aspect of the role. FM noted this needed to be balanced against limited abstractions. An item on this was going to the WWC and could come to the next Council meeting within the committee escalation report.

3.17. RL queried the potential partnership with IC24. FM noted there had been significant meetings seeking assurance around appropriateness of partner organisations. DA noted both organisations had a shared responsibility to be sighted on this.

4. **Assurance from the NEDs – Integrated Performance Report**

4.1. MBG noted that the volume of calls Community First Responders attended appeared to be on an upward trend. It was positive to see they were being utilised.

4.2. DE noted the impact on time to hospital conveyance with the proposed Stroke changes in Thanet in Kent and sought assurance that the Trust were consulted on these changes. FM noted the Trust was closely involved with work in Kent providing data on times to hospital transfers. FM further noted that the move to hyper acute stroke units would benefit patients in Kent. The Trust was working closely with local hospitals on the response out of the Thanet area focussing on attending the most appropriate location that would help provide the best patient outcome.

4.3. GK queried the level of reported grievances being the same for the last few months. GK queried if it was the same nine cases rolling on each month. FM noted it sometimes took a long time to resolve grievances. FM noted the Trust could clarify regarding the data query.

ACTION: Query 9 grievances on IPR report for last few months, are they the same grievances that have yet to be completed?

5. **Membership Development Committee (MDC) Report**

5.1. BC noted he had recently been elected as MDC Chair and advised that CD had been elected as Deputy Chair. BC thanked KS for providing excellent direction in the interim to MDC meetings. BC gave an overview of the remit of the committee and those groups that report in to the committee. BC noted that all Governors were welcome to attend the MDC.

5.2. At the recent MDC meeting, outcomes from the discussions at the recent joint Council and Board meeting on membership were consolidated, with the aim of making the most of being a membership organisation for our people and our patients.

5.3. BC noted the governor toolkit for member recruitment and engagement had been updated and was now available. BC was making use of it next week at a patient participation group event.

5.4. BC noted early planning for the Annual Members Meeting had taken place at the MDC. The event was due to take place at East Sussex National Resort on Friday 20th September 2019 and members would receive an invitation in the July newsletter.

5.5. The membership data was reviewed and a member recruitment event plan was agreed for 2019 with a balance of large-scale 999 events and smaller disability/patient, BAME and LGBTQ events

5.6. BC noted that the Staff Engagement Forum who report back to the Council through the MDC had met in May. They had received an update on estates work and made suggestions for effective communications around the proposed changes. They received an overview of the draft corporate communications strategy and highlighted areas for focus and further development, including supporting staff with a key messages corporate toolkit. They also noted that the staff bulletin did not work in its current format and suggested solutions and offered to be part of a focus group for the redevelopment of it. There was also an interactive session on HR priorities and culture work.

5.7. BC gave an overview of the recent Inclusion Hub Advisory Group meeting. The IHAG fed back on engagement required for the new Community First Responder strategy; they also fed back on a hard copy patient advice sheet that supported the launch of the electronic patient clinical record.

5.8. BC noted that the MDC and Governors more widely had concerns after the last two Patient Experience Group (PEG) meetings had been cancelled at short notice. BC noted the next meeting was due to take place on the 15th July and that Governors were seeking assurance that this would take place and that work on a strategy and plans on the Trust's ability to collect patient feedback were in progress. DA noted that work was taking place and that Governors would rightly like to see evidence of this.

5.9. On the culture work needed within the Trust, FD queried if the Staff Engagement Advisor post was continuing. FM noted she would pick this up with the HR Director and advise.

ACTION: FM to advise on who would be taking forward plans for Staff Engagement work and/or if the staff engagement post was continuing?

6. **Governor Development Committee (GDC) Report**

6.1. JC noted that at the GDC, previous Council meetings were reviewed and proposals for future agendas were made. Governor training needs were also considered at this committee.

6.2. JC noted the proposal to streamline Council meetings to become four meetings held in public and for a further two joint meetings with the Board in private to be held for joint working and annual planning. The first of these took place recently and received good feedback but would be reviewed in full at the next GDC.

7. **Governor activities and queries report**

7.1. JC thanked Governors for all their activities outside of meetings. JC noted that there were good solid responses to governor queries detailed in the report, which he encouraged colleagues to review.

8. **Board Assurance Committees' escalation reports**

8.1. FN noted good work from Al Rymer, and FM and LM on addressing the paramedic mentoring challenge as touched on in the action log. FN noted he was keen for the Trust to provide assurance on how it planned to ensure there was capacity to mentor all newly qualified paramedics. LM noted this would be picked up through Workforce and Wellbeing Committee (WWC) meeting and could be reviewed through the next escalation report.

8.2. FD asked for a clearer explanation on internal audit not being fully assured on the Trust's processes and internal controls. PL noted that unusually the head of audit split his opinion; they were reasonably assured around governance processes but had found weakness in some specific internal controls. DA noted this showed that the auditors were effective in their duties. TM noted she was pleased to see that risk management and governance had made improvements since the last audit. TM noted that the Exec team had been very proactive to highlight potential areas of weakness to the auditors and this reinforced their commitment to improvement. FM had asked the Exec to prepare an action plan addressing the outcomes of the audit.

8.3. Regarding the Charitable Funds Committee (CFC) report, JC queried how the proposals affected Community First Responder charitable schemes that were in association with SECAmb. This had been thought about but further consideration was needed. TM noted the discussion at CFC had been a workshop to consider options, not an agreement. TM noted that the point JC raised should be further considered.

ACTION: CFC to consider impact of CFR schemes in any new charitable proposals/governance processes that are implemented.

8.4. Regarding the Quality and Patient Safety (QPS) Committee report DE noted that the unique contribution from fire co-responders was no longer included in the IPR. DE sought assurance that this data was not merged with CFR data and should be recorded separately. Assurance could not be provided; this was taken as an action.

ACTION: Contributions of co-responders to be reported on in the IPR

8.5. NP noted a decreasing trend in compliance on duty of candour and an increase in serious incident reporting. NP was keen to understand if managers were getting appropriate training

on delivering this. FM noted that the training was adequate.

9. **Deep Dive: The Quality and Patient Safety Committee (QPS)**

9.1. TM noted that the GDC agreed LB proposals for deep dives on NED committees at Council meetings to provide further assurance.

9.2. TM gave an overview of her extensive NHS experience and background at director level and as a Speech and Language Therapist. TM noted she was the Trust's clinical NED, QPS Chair and lead NED for Freedom to Speak Up. The committee's aim was to ensure everything the Trust did was for the benefit of staff and patients. TM noted QPS was a very busy committee in a climate where there is lots of change nationally and within the Trust, the QPS had a role of oversight. TM noted huge responsibility for scrutinising that the Trust's controls and governance processes are designed appropriately and operating effectively. TM noted the committee was mindful to not cross over into a management role, the committee was looking for evidence on effectiveness. TM noted the QPS aimed to be an open and trusting committee where people could come and speak frankly, be treated with respect and receive honest feedback. The committee had a role in escalating items for further assurance to the Board.

9.3. TM noted that the committee structure and the work addressed in each had been reviewed collectively by committee chairs with the Company Secretary to avoid duplication or gaps and to improve effectiveness. As part of this, the revised cycle of business meant items could be assigned between committees. Certain items that were high risk were reviewed at every meeting as part of the cycle of business. Relevant NED committees reviewed all the risks on the risk register.

9.4. JC noted co-responders under 999 services were reviewed under the cycle of business, and queried level of scrutiny of CFRs. TM noted this was included and had been reviewed frequently at QPS. She would check it was included in latest iteration of the cycle of business.

9.5. MBG queried capacity, as the workload of the committee was high. MBG noted this had been a downfall in previous iterations of the committee. TM noted the QPS was presently meeting six weekly – it was one of SECAmb's busiest committees. TM noted she was keen to increase the quality of the papers coming to the committee to improve effectiveness. TM was comfortable the workload was manageable.

9.6. FN noted that it was useful to have both a staff and public governor in attendance observing the recent QPS meeting. FN noted it had been challenging not to be able to contribute within the meeting; however, he and MM were grateful to TM for speaking with them afterwards. MM noted they were made to feel very welcome, and were impressed by the no blame culture and honesty demonstrated in the meeting. MM noted that NEDs were very encouraging to staff in attendance who were presenting. MM was keen for NEDs to hear frontline views to correlate with what they were hearing from management. TM noted Governors raised a valid point around frontline staff views being heard i.e. the reality of the implementation of items.

9.7. KS noted that the SEF and Quality Assurance Visits were useful for NEDs and Governors in triangulating staff views and bringing a sense check to the implementation of new policy's or ideas. KS encouraged staff governors and NEDs to attend the SEF meeting, but noted this was reported back on via MDC as well.

9.8. LM noted that the Patient Safety Walkabouts were also useful for canvassing staff views informally. TM queried if Governors could also take part in these, as it would be useful.

ACTION: Can Governors take part in the upcoming Patient Safety Walkabouts.

9.9. Key areas of scrutiny at QPS have included Private Ambulance Providers (PAPs), both contracting and managing performance. Continued assurance was sought and provided by Exec over a period of 7 months with progress on these areas. JC asked if the Quality Assurance Visits (QAVs) carried out an assessment on PAPs. FM noted that QAVs on providers took place and the Trust was assured that PAPs had strengthened medicines management protocol and governance structures. TM noted the Trust's new contractual process provided more checks and balances on safety and governance.

9.10. TM noted the Emergency Operation Centre (EOC) call tail had been an area of substantial discussion. Reviewed March 18 with further management response, reviews, and scrutiny over a period of a year. This continued to be an area of focus and was still in train as the committee were only partially assured.

9.11. TM hoped this showed that items did not just pass through the committee once and disappear. TM was grateful for participation of committee members and staff.

9.12. TM noted that the recent 111 challenges and how quickly they were brought to QPS were an example of staff feeling confident in bringing difficult items for scrutiny.

9.13. RL asked what power the committee had. TM noted they can ask for information and can escalate to the Board or directly to CEO if required.

9.14. MM noted the NET vehicles were ambulances that were crewed by ECSW's who were not registered healthcare professionals. The NET vehicles had been brought in to transport low acuity patients following assessment by a healthcare professional. MM noted a recent operational bulletin noted that NET vehicles were allowed to respond to patients as first response without healthcare assessment beforehand for low acuity transport only based on cad information. MM was keen to understand if NEDs had received assurance that this change was safe practice. TM noted the NET/ single responder trial results were coming to the next QPS but they had not been involved pre- trial, any change will have been subject to Quality Impact Assessment (QIA).

9.15. MM noted that instructions were issued prior to any QIA being completed and asked how the NEDs were assured this was safe. TM noted NEDs had previously been assured that QIAs were in place on all changes. TM noted she would need to take this away to review and seek assurance.

ACTION: TM to seek assurance on the implementation of a recent operational bulletin on NET responses and if a QIA was carried out.

9.16. FM noted the use of NET vehicles had been in place since Jan/Feb this year. Targeted dispatch trial ran for 1 week from 20th May and was under evaluation. FM noted that only ECSWs who had been employed for 6 months or more were placed on NET vehicles. FM noted that a C1 could be allocated to a NET vehicle as ECSW's were trained in Basic Life Saving and the focus was on early intervention, and a crew would follow them up. No non-registered clinicians were authorised to make on-scene clearance for safety.

10. Electronic Patient Clinical Record (ePCR)

10.1.　RB gave an overview of the history of ePCR and previous attempts to implement it, plus overwhelmingly positive feedback on the 56 staff users' experience of the new ePCR to date. The benefit of ePCR is that data was more accurately recorded and there was potential for integration with other systems. There would also be further integration with hospitals where they would be able to access the ePCR as the crew were on the way to hospital.

10.2.　RB noted that the system had gone pre-live just over 2 weeks ago and that 326 records were completed so far meaning there was full functionality from day 1. RB noted there was no interoperability with police at the moment – this would be looked at in the future. The job cycle time (time on scene) was currently under review regarding any possible increase or decrease due to ePCR.

10.3.　There had been extensive communications with acute partners on the implementation and checking that information had been disseminated at their own sites.

10.4.　Regarding interoperability with CFRs and PAPs, a new paper form was being produced for the interim, which would be uploaded to the system as per traditional use of PCR. There were talks with colleagues on integration with PAPs, as they had purchased their own devices but checks on security were required first. For bank staff, a plan for ePCR use is being reviewed.

10.5.　RB noted there were familiarisation sessions for staff as part of key skills to embed usage. RB noted a positive approach in helping those who were less tech confident. Events had been held but with limited interest. RB gave an overview of the ePCR on the screen for Governors to understand the platform.

10.6.　NH noted that Critical Care Paramedics used 'CCP Base' as a welfare system. NH queried if this would integrated into the ePCR. RB noted that the functionality on CCP Base was incorporated into the new ePCR so would look to move to solely use the ePCR. NH noted Team Leaders could access audits from ePCR for review. RB noted the ePCR meant quicker times for pulling data to support SI investigations.

10.7.　JC asked if there was any print capacity when tech failure in acute settings took place. RB noted that a full clinical handover would be given to the ward if there were a tech failure. Any offline record on the ePCR would be stored until Wi-Fi connectivity was available. DA noted business continuity plans were in place around this. RB noted the true effectiveness of ePCR would be in on-boarding hospitals as well as other system partners. NH noted most critical patients go to major trauma centres outside the patch and asked what the Trust was doing to align this with ePCR. RB noted on boarding with units frequently used outside the patch was taking place - i.e. St Georges.

10.8.　PFM noted that she had not heard about ePCR at Worthing Hospital. RB noted he was in touch with the Matron there and that individual sites needed to ensure the messaging filtered down on this.

10.9.　MM noted this was exactly what he had wanted from EPCR and was excited to start using it. MM queried advice for patients not conveyed. RB noted there was a hard copy advice sheet for patients who did not need to be conveyed. Clinicians could take a photo of the completed form and link it to the ePCR record.

10.10.　MM asked about funding for the project after it was rolled out, would there be on going funding and support for the project as it developed. RB noted there was and that the team would be facilitating any changes as needed. LB noted it was a supported platform by Cleric – not bespoke so more resilience in that aspect.

10.11.   MBG asked if staff could search for patients' records on the ePCR. RB noted that staff could only view the record they were working on; as soon as the record was signed off, it was no longer held on the individuals' device.

11. **Mental health and patient care**

11.1.   GED and ME introduced themselves. Noted joint working with MT and NK and that it was a shame they had to leave the meeting early and were not able to share their views. GED gave an explanation of Section 136 (s136) as follows. S136 is part of the Mental Health Act. This is a law. Police can use this section if they think you have a mental illness, and you need 'care or control'. They cannot use this section when you are at home or if you are in someone else's home. The police can use Section 136 to take you to a place of safety. Or to keep you somewhere, if you are already in a safe place. A place of safety could be your home, your friend's or relative's home, a hospital, or a police station. You should get a mental health assessment whilst on this section. You can be kept on this section for up to 24 hours. This can sometimes be extended for 12 hours.

11.2.   GED gave an overview of SECAmb's role. When a s136 order is applied by a police officer when someone is ill - SECAmb carry out the conveyance. GDE noted importance of parity between mental health calls and other medical calls. GDE noted that the Trust received a report regarding how many calls and responses they give to s136 calls requiring transfer. There was a large disparity between the Trust's reported figures against the acute hospital and police figures and they are not sure why.

11.3.   GED noted he had spent a morning at Sussex Police listening to calls in respect of s136. Often these calls were passed to SECAmb to request an ambulance response. Police often used to convey patients themselves if there was a long wait for ambulances and he found that unfortunately this was still happening. GED found that a lack of training for police call takers on the handover given to SECAmb led to discrepancies. Police call handlers were not stating that it was a s136 call, which meant an incorrect pathway was being followed. GED noted a script was created by SECAmb to correct this for the police call takers although there were still inconsistencies in specific areas.

11.4.   GED noted the Trust was in the process of recruiting Mental Health professionals into the Emergency Operations Centres 9EOC). Mental Health professionals in EOC reduced conveyances by around 20% in another ambulance service.

11.5.   GED gave an overview of joint working with partner agencies. There was a single point of access for mental health services through the Trust's EOC in the West working with Sussex Partnership. The Trust was looking to replicate this in the East EOC.

11.6.   ME gave an overview of the Joint Response Unit (JRU) pilot – where police and paramedics respond together in one vehicle on a Friday and Saturday night (peak time for calls that require both services at the same time). A JRU response to a s136 call clears in 90mins, this used to take 3 - 4hours prior to the partnership as it was very labour intensive. ME noted they were looking to expand the JRU pilots to other areas the Trust serves pending funding.

11.7.   GED noted that mental health was prioritised as an area of focus for the Trust's Quality Account. GED noted the development of new policy's around mental health and assessment tools for staff. GED noted he was exploring avenues for joint working with blue light partners. GED had secured use of an app developed in another Trust to assist with staff wellbeing called 'back up buddy'. GED noted that resilience training and support was being

implemented across the Trust for staff. DA noted the need for formalisation of the mental health programme of work with scrutiny by the QPS.

11.8.   FM noted MT had previously asked about transfer of patients from within a mental health unit into another facility. GDE noted that SECAmb did not provide this service as they were not commissioned to provide it and the Trust needed to be clear with system partners on this. DA noted the need for consistent messaging on what we were doing in the Trust and sharing this with all those involved.

11.9.   JC asked what the Trust was doing to improve consistency across the areas served, as the pilots were not in all local areas. GDE noted funding was a challenge, and there was not a one size fits all pilot that could be rolled out across the patch. GDE noted that mental health clinicians in EOC could make a huge difference to bringing parity across the areas served.

11.10.   FN was keen to understand what volume of staff suffered from mental health illness and what the Trust was doing to support them. GDE note the provision of Trauma practitioners who assessed and supported staff, alongside the wellbeing hub, which provided a 24-hour counselling line. DA advised that the Trust took the well-being of staff very seriously.

11.11.   DA noted he would like to understand when a pilot becomes a wider programme or should become business as usual in terms of commissioning of services.

12. Election to the Lead and Deputy Lead Governor roles

12.1.   DA extended thanks to JC for his work as Lead Governor over the years.

12.2.   PL noted there were two candidates so one would be voted on as Lead Governor and the person who came second as Deputy Lead Governor.

12.3.   Qualifications to vote were completed and received from Governors. The Company Secretary collected and counted the votes. PL announced that the new Lead Governor was Felicity Dennis and the new Deputy Lead Governor was Nicki Pointer.

12.4.   Both Governors accepted the roles and DA noted they brought a lovely blend of experience.

13. Election to the Nominations Committee

13.1.   PL noted that FD retained her place on the Nominations Committee but now as Lead Governor. JC retained his place on the Nominations Committee as a Public Governor. There was now one vacancy for a Public Governor and expressions of interest from the Council could be made to the Assistant Company Secretary.

14. Any other business

14.1.   There was no further business and no questions from the public.

15. Areas to highlight to the NEDs

15.1.   DA noted he hoped that the Council had received appropriate assurance on the items discussed today from the NEDs in attendance. DA noted that extra assurance had been provided as part of the deep dive on QPS. The actions agreed from the meeting would form areas to further highlight to the NEDs. The Council agreed.

Signed:

Name and position:

Date:

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
14.03.19	6.2	257	GS to advise regarding collation and record of CFR contributions.	GS	Jun.19	CoG	C	GS: CFR hours are reported by callsign. We can run a report of on call hours provided by each callsign. The limitation is when CFRs book on using a shared Airwave – as this callsign is used by a number of individuals the hours cannot be attributed to an individual. They are still recorded as CFR hours and would appear as such in any data provided. Alex Croft is comfortable that this reporting is an accurate reflection of the CAD but cannot comment on the Response Desk Co-ordinator compliance with adding the time at scene or CFRs calling in to confirm time on scene.
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 at the September.
06.06.19	2.8	260	s136 conveyances to continue to be reviewed by Executive team and system partners.	FM/MT			IP	Any update from recent meetings would be welcome at the September Council meeting.
06.06.19	4.3	261	Query 9 grievances on IPR report for last few months, are they the same grievances that have yet to be completed?	IA/PL			C	The numbers are those recorded in month. So the July IPR has data for March – May; 9, 10 & 7.Therefore 26 new cases in those three months. The WWC have asked to see comparative data for other Trust's / what's considered a "normal" volume.
06.06.19	5.9	262	Advise on who would be taking forward plans for Staff Engagement work and/or if the staff engagement post was continuing?	IA			C	Under the HR transformation and organisational development review a new post titled 'Organisation Development and Engagement Advisor' was advertised in June 2019 with responsibilty for staff engagement. We will share details of the post holder when availiable.
06.06.19	8.3	263	CFC to consider impact of CFR schemes in any new charitable proposals/governance processes that are implemented.	IA			C	This was highlighted to the CFC ahead of their July meeting to further discuss proposals. This should be captured in the July CFC escalation report.
06.06.19	8.4	264	Contributions of co-responders to be reported on in the IPR	PL			C	Co-responder responses are already included within the CFR figure. However, the BI team have confirmed that co-responder responses can be reported separately on the IPR and they will do so going forward.
06.06.19	9.8	265	Can Governors take part in the upcoming Patient Safety Walkabouts.	IA			C	These dates were emailed to Governors in June 2019.
06.06.19	9.15	266	TM to seek assurance on the implementation of a recent operational bulletin on NET responses and if a QIA was carried out.	IA/TM			C	QIA in place and approved. The procedure around operational instructions is clear that emergency/urgent (red) ones can be sent without an approved QIA but then one must be done asap. One was done within a couple of days and approved, in this case, following our procedure. In order to ensure governance in the absence of a QIA, the level of seniority required to authorise the issue of a red Operational Bulletin is Director of Operations and that: "These responsibilities will be delegated on a day to day basis to the … Associate Director of Operations (Operational Bulletins). The author of each Bulletin, as above, will be responsible for providing assurance that, following issue it has had the desired outcome." This process seeks to balance the risks between NOT being able to act quickly to change operational procedures, and maintaining quality oversight of changes that may affect our patients. The Quality and Patient Safety Committee will be considering the whole QIA process/system at a future meeting.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

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

1. Introduction

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

2. Local issues

2.1 Changes at Board level

2.1.1 On 1 September 2019, I joined the SECAmb team as Chief Executive Officer.

2.1.2 I would like to put on record my gratitude to Fionna Moore for doing such an excellent job as Acting Chief Executive Officer during the past six months. Her commitment and leadership enabled the Trust to make real progress during this period.

2.1.3 The process is now underway to recruit a substantive Director of People & Culture and I am very pleased to hear that there has been significant interest in this role. An interview and assessment day is scheduled for 21 October 2019.

2.1.4 Ahead of this, Paul Renshaw continues to cover the role on an interim basis and will remain with the Trust until a permanent appointment is made.

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 it's weekly meeting, the EMB regularly considers quality, operational (999 and 111) and financial performance. It also regularly reviews the Trust's top strategic risks.

2.2.3 During recent weeks, the EMB has focussed on a number of key issues, including:

- Closely monitoring the Trust's response time performance and delivery of the Performance Improvement Plan
- Overseeing the work underway to prepare for the new NHS 111/CAS contract

2.2.4 The latest meeting of the Resilience Committee also took place on 28 August 2019. The key agenda item for discussion and considerations was planning for the UK's exit from the EU and the impact on SECAmb (see below).

2.3 Care Quality Commission (CQC) report

2.3.1 On 15 August 2019, the CQC published their most recent report on the Trust, following their inspections in June & July.

2.3.2 This saw the Trust receive an overall rating of 'Good', with Urgent & Emergency Care rated as 'Outstanding' overall, including 'Outstanding' for Caring. Each of the CQC domain areas were rated as 'Good' individually and our NHS 111 service was also rated as 'Good'. It was also extremely heartening to see many areas of good and outstanding practice within the Trust recognised by the CQC in their report.

2.3.3 Following the recommendation made by the CQC, we were subsequently informed by NHS Improvement that they had also decided to take the Trust out of Special Measures.

2.3.4 It was heartening to read that the fantastic progress that has been made during the past few years has been recognised. Although I've not been with the Trust very long, I can already clearly see the areas of excellence highlighted by the CQC and appreciate the effort and commitment from all staff into making these improvements.

2.3.5 We know that we have areas on which we need to continue to focus our attention but I am confident that can build on this improvement and continue our journey of improvement.

2.4 Operational Performance

2.4.1 Further to previous up-dates, the focussed work to improve our response to patients, especially to our less seriously ill and injured patients & to improve our 999 call answer performance, is continuing and is closely monitored on a daily basis by the Operational Leadership Team and by the Executive Team on a weekly basis.

2.4.2 During the past three months, we have been supported in this by the NHS national performance team. As well as scrutiny of our own performance, the national team have also looked closely at regional system issues, particularly hospital handover delays.

2.4.3 As part of our improvement work, we have established an Operational Strategic Hub, which has allowed us to tightly manage delivery of our Performance Improvement Plan, including:

- Taking a more proactive approach to planning the resources we need to match demand
- Targeting overtime to when it's most needed
- Ensuring we are making the most efficient use of the resources we have available, without impacting on the care we provide to patients, for example, by paying close attention to the number of vehicles we send to incidents
- Working with our system partners to ensure we are working effectively together, including ensuring our staff can access support if needed from other healthcare professionals without significant delays

2.4.4 As you will see from the detailed performance information presented to the Council, we are now seeing real improvements in our performance in all categories,

especially in our Category 3 response, where we had previously seen unacceptably long waits at times.

2.4.5 However, we still have a long way to go to hit all our performance targets consistently and we are not yet resilient enough to withstand peaks in demand, as we saw recently around the August Bank Holiday period. However, I have been encouraged by the improvements and will ensure that the focus continues.

2.4.6   Our 111 performance is close to the National average and so we have plenty of room to improve there as well and we need to keep trying to improve our 111 to 999 transfer rates particularly.

2.5 Operational re-structure

2.5.1 A key piece of work that has been on-going during recent months has been Phase One of the Operational Leadership re-structure. This has seen the re-design of the senior leadership team structure, with the aim of strengthening governance, increasing resilience and introducing clearer accountability.

2.5.2 Following a robust assessment and interview process, I am pleased to confirm that the following appointments have been made, with a number of people already in post:

- Emma Williams will be joining the Trust on 30 September as the Deputy Director of Operations
- Mark Eley will be joining the Trust on 16 September 2019 as the Associate Director of Operations West
- Ian Shaw has already started in his role as Associate Director of Resilience
- John O'Sullivan (Associate Director for Contact Centres and Integrated Care), Chris Stamp (Head of Emergency Planning Resilience & Response) and James Pavey (Head of Production and Workforce Planning) all took on their new roles on 1 September 2019, whilst Andy Cashman is joining the Medical Directorate Leadership Team, on a temporary basis, to provide advice and support to the Clinical Education Team

2.5.3 Phase Two of the re-structure, which will cover the remaining middle management layers, will commence over coming months.

2.6 Clinical Education

2.6.1 On 31 July and 1 August 2019, the Trust underwent a two-day Ofsted Monitoring Visit, looking specifically at our apprenticeship training provision. This report was published by Ofsted on their website on 29 August 2019.

2.6.2 The results of this visit unfortunately showed that the Trust had made 'insufficient progress' in two of the three areas inspected. These findings, together with the results of a subsequent Peer Review commissioned by the Trust, have clearly shown that we need to take immediate action to address the issues identified.

2.6.3 We therefore agreed to undertake a planned, 6-week closure of our Clinical Education Department, during which we will be looking to undertake a complete re-structure through consultation. This temporary closure will also allow us to undertake a thorough gap analysis before implementing immediate improvement measures.

2.6.4 The 6 week period began on 3 September 2019 and has seen us pause the delivery of the majority of our classroom-based learning. Following this pause, we are confident that, by working with our staff and utilising support from a range of external sources, we will be able to re-start delivery of a full programme of education and training.

2.7 ePCR (electronic Patient Care Record) roll-out

2.7.1 The roll out of our new eCPR continues to go very well. We now have several Operating Units online, namely Brighton, Chertsey, Dartford and Medway, Gatwick and Redhill and Guildford. In addition, Paddock Wood started their transition into go live on 2 September 2019.

2.7.2 Our remaining OUs – Ashford, Thanet, Tangmere & Worthing and Polegate & Hastings will all start to migrate onto the new system shortly and this should be completed by the end of October 2019.

2.7.3 I am very pleased that we are seeing good ePCR completion rates for what are still early days in terms of system usage. Thank you to our staff who have embraced the new platform so enthusiastically.

3. Regional Issues

3.1 NHS 111 service

3.1.1 On 7 August 2019, it was announced that our bid to provide the NHS 111 and Clinical Assessment Service (CAS) across Sussex, Kent and Medway from April 2020 was successful.

3.1.2 The contract, worth £18.1million in 2020/21, includes being able to issue prescriptions and have access over the phone to a wider range of Health Care Professionals such as GPs, Paramedics, Nurses and Pharmacists, who will be able to directly book people into urgent care appointments, if they need one.
3.1.3 We will act as lead provider with Integrated Care 24 (IC24) working in partnership with us to deliver key elements of the new service.

3.1.4 A great deal of work is currently underway as part of the pre-mobilisation phase, recognising that the new service to be provided from next year will differ significantly from 111 services provided previously by SECAmb.

4. National issues

4.1 EU Exit

4.1.1 Despite an uncertain national picture, we are still working extremely hard to plan and prepare for the potential impacts that the UK's exit from the EU could have on SECAmb and our ability to provide a responsive service to our patients.

4.1.2 As part of our planning, we have agreed mutual aid (for front-line ambulance staff & EOC staff) from the other English ambulance services, to provide us with additional resource and help us mitigate against the impacts of increased traffic congestion. We will have a team in place to ensure that these staff are properly inducted into SECAmb and supported during their time with us

5. Recommendation

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

Philip Astle, Chief Executive

11 August 2019

Integrated Performance Report

Performance Data for our 999 and 111 Services

South East Coast Ambulance Service

NHS Foundation Trust

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

Board Meeting

July 2019

Taking Pride

Striving for Continuous Improvement

Acting With Integrity

Demonstrating Compassion and Respect

Assuming Responsibility

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SECAmb CQC Rating and Oversight Framework

Use of Resources Metric (Financial Risk Rating)	3
Segmentation	Segment 4 (Special Measures)
IG Toolkit Assessment	Level 2 - Satisfactory
REAP Level	3

Chart Key

Data Point	This represents the value being measured on the chart
Run of 3 above average	These points will show on a chart when the value is above or below the average for 3 consecutive points. This is seen as statistically significant and an area that should be reviewed.
Run of 3 below average	
Above UCL	
Below LCL	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.
AVERAGE	This line represents the average of all values within the chart.
UCL	These lines are set two standard deviations above and below the average.
LCL	
Target	The target is either and Internal or National target to be met, with the values ideally falling above or below this point.

SECAmb Executive Summary

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

The performance data shared in this report from Operations 999 is as from 08/07/2019.

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, with a new version to be provided in summer 2019.

SECAmb Our Enablers

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

SECAmb Financial Performance

The Trust did not achieve its planned deficit for the month of May, mainly due to 999 activity being less than planned.

Cost improvements of £0.6m were delivered in the month, which was behind plan, the full year target is £8.6m.

The Trust's Use of Resources Risk Rating (UoRR) for April is 3, in line with plan.

The Trust faces significant financial risks in 2019/20, the main ones are:

- Achievement of contractual income if it is unable to met its activity demand and performance trajectories.

- Ability to meet its demanding resourcing plan for both 999 and 111 that could incur premium costs to ensure delivery of its performance trajectories.

- Delivery of cost improvements that are essential to ensure financial balance.

The finance team continue to work with budget holders and service leads to mitigate as many of these risks as possible.

Further details of financial performance are included in this report. A more detailed reporting pack is provided to directors, senior managers and regulators and this is closely monitored through the Finance and Investment Committee, a subcommittee of the Board.

SECAmb Clinical Safety Scorecard

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

	Feb-19	Mar-19	Apr-19	12 Months
Actual %	46.9%	50.0%	34.6%	
Previous Year %	36.4%	56.4%	40.9%	
National Average %				

Cardiac ROSC - ALL

	Feb-19	Mar-19	Apr-19	12 Months
Actual %	27.2%	33.0%	19.2%	
Previous Year %	22.4%	22.9%	29.7%	
National Average %				

Cardiac Survival - Utstein

	Feb-19	Mar-19	Apr-19	12 Months
Actual %	29.0%	28.1%	8.0%	
Previous Year %	25.8%	22.2%	21.4%	
National Average %				

Cardiac Survival - All

	Feb-19	Mar-19	Apr-19	12 Months
Actual %	6.7%	9.8%	6.0%	
Previous Year %	8.0%	5.5%	8.6%	
National Average %				

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

	Feb-19	Mar-19	Apr-19	12 Months
Actual %	52.2%	61.9%	57.5%	
Previous Year %	58.1%	67.8%	69.1%	
National Average %				

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

	Feb-19	Mar-19	Apr-19	12 Months
Mean (hh:mm)				
National Average				
90th Centile (hh:mm)				
National Average				

Stroke - call to hospital arrival

	Feb-19	Mar-19	Apr-19	12 Months
Mean (hh:mm)	01:16	01:15	01:11	
National Average				
Median (hh:mm)	01:08	01:06	01:04	
National Average				
90th Centile (hh:mm)	01:51	01:55	01:44	
National Average				

Stroke - assessed F2F diagnostic bundle

	Feb-19	Mar-19	Apr-19	12 Months
Actual %	96.6%	97.5%	97.8%	
Previous Year %	96.4%	96.5%	97.4%	
National Average %				

Post ROSC Care Bundle

	Feb-19	Mar-19	Apr-19	12 Months
Actual %	76.3%	80.4%	87.5%	
National Average %				

Medicines Governance

	Mar-19	Apr-19	May-19	12 Months
Total Number of Medicines Incidents	122	229	192	
Single Witness Sig/Inapt Barcode Use CDs Omnicell	6	11	7	
Single Witness Sig/Inapt Barcode Use CDs Non-Omnicell	0	3	2	
Total Number of CD Breakages	17	30	19	
PGD Mandatory Training	65	N/A	N/A	
Key Skills Medicine Governance	29	32	218	

Sepsis Care Bundle Compliance

	Feb-19	Mar-19	Apr-19	12 Months
Actual %	77.3%	74.9%	78.9%	

Medicines Management

	Mar-19	Apr-19	May-19	12 Months
Number of Audits	184	168	192	
Percentage of Audits	99.7%	99.5%	99.6%	

SECAmb Clinical Safety Charts

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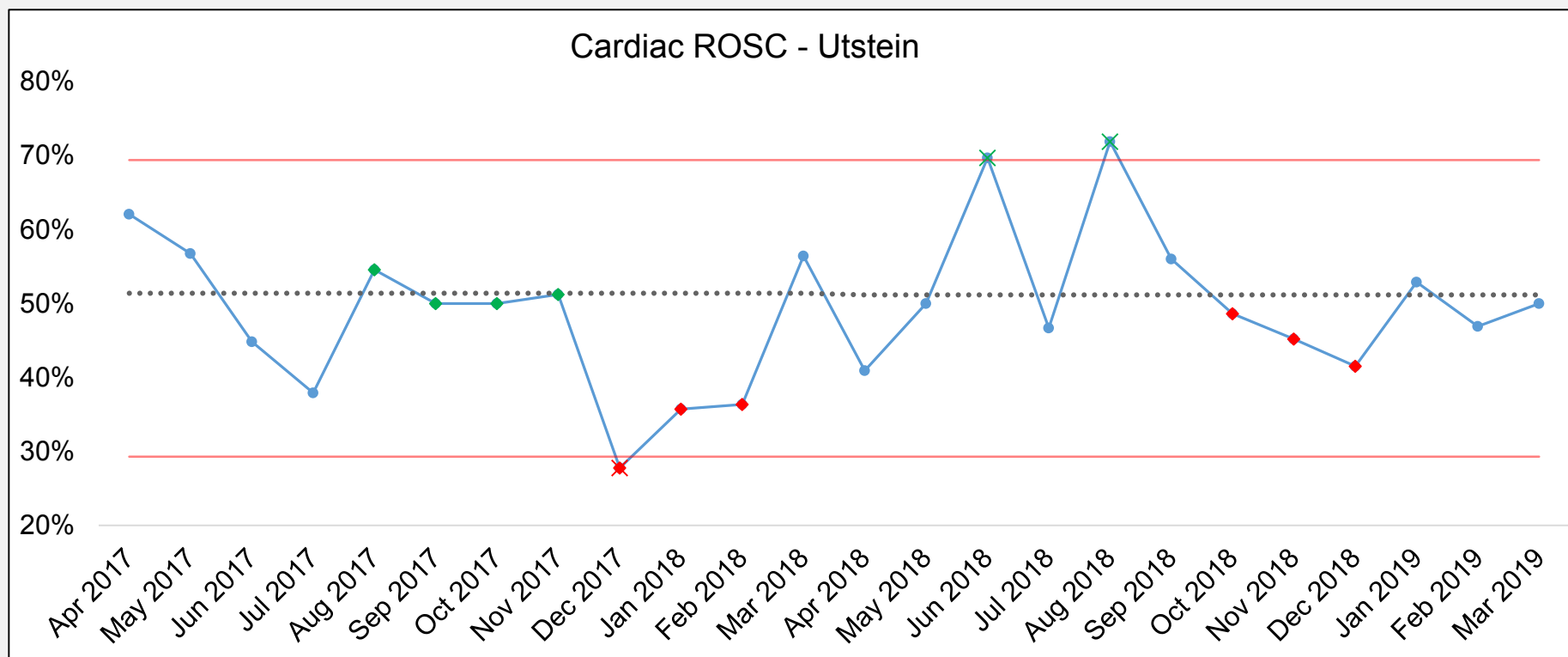
The cardiac arrest charts show the proportion of patients who had a ROSC at hospital and the proportion who survived to be discharged from hospital after resuscitation was attempted.

The charts continue to show normal patterns of variation.

A full day of resuscitation training is currently being delivered to staff through the 2019/20 Key Skills training programme. In Q2 of 2019/20 the Trust will evaluate the effectiveness of the Cardiac Arrest Download programme to ensure that the process leads to improved clinical care and improved patient outcomes.

Cardiac ROSC - ALL

Cardiac Survival - Utstein

Cardiac Survival - All

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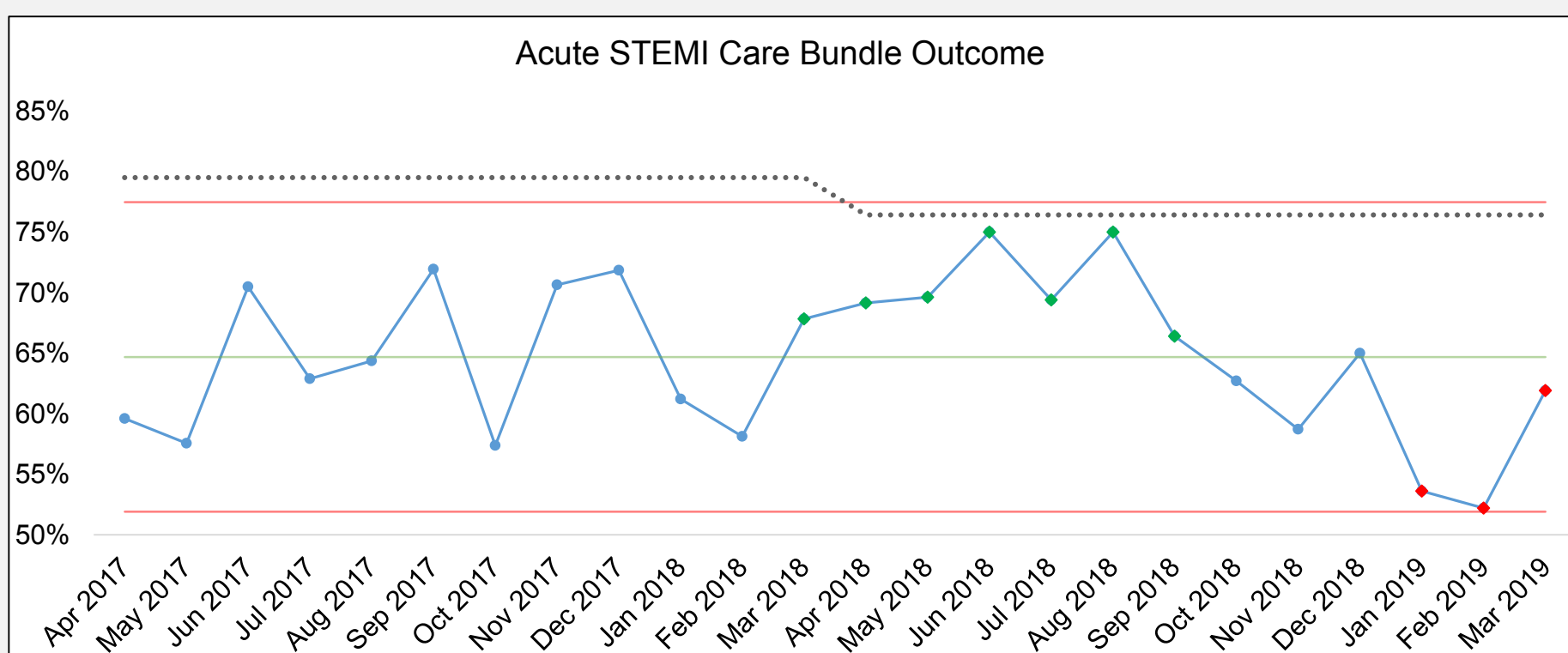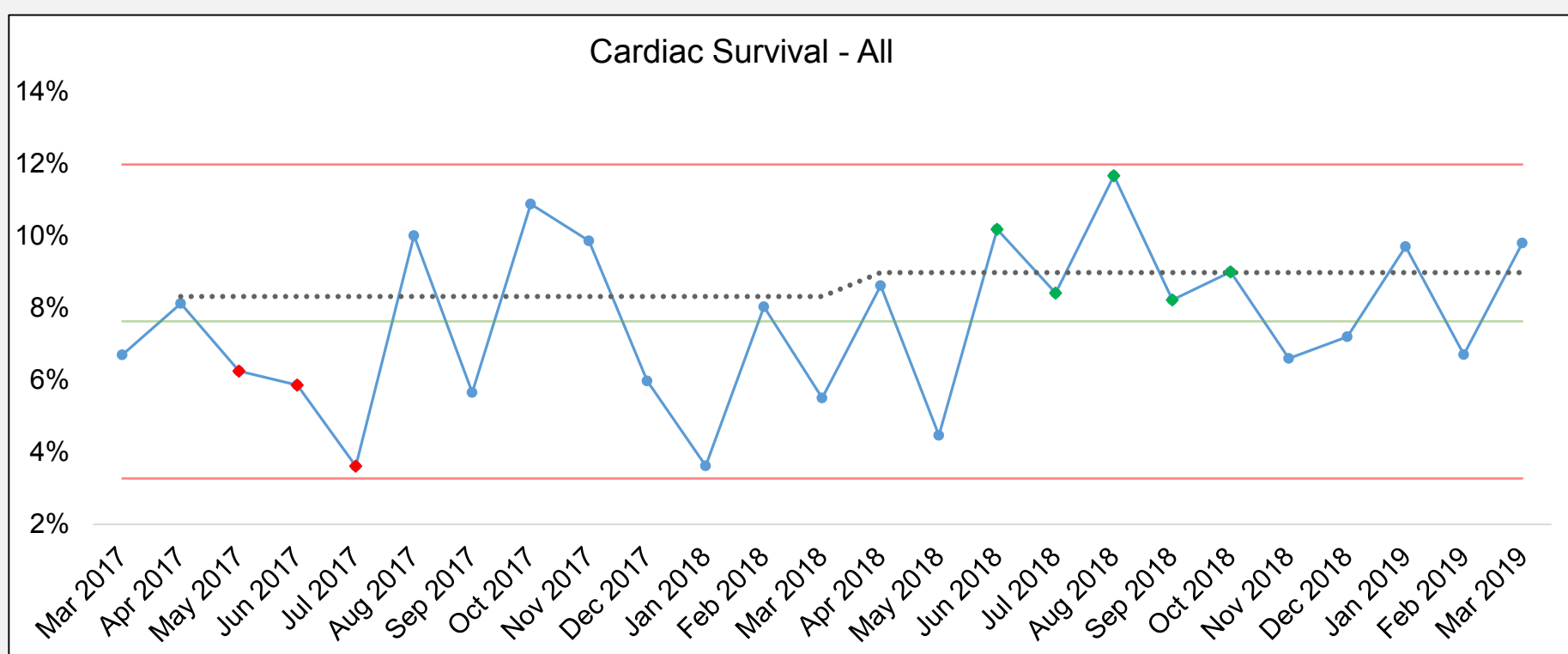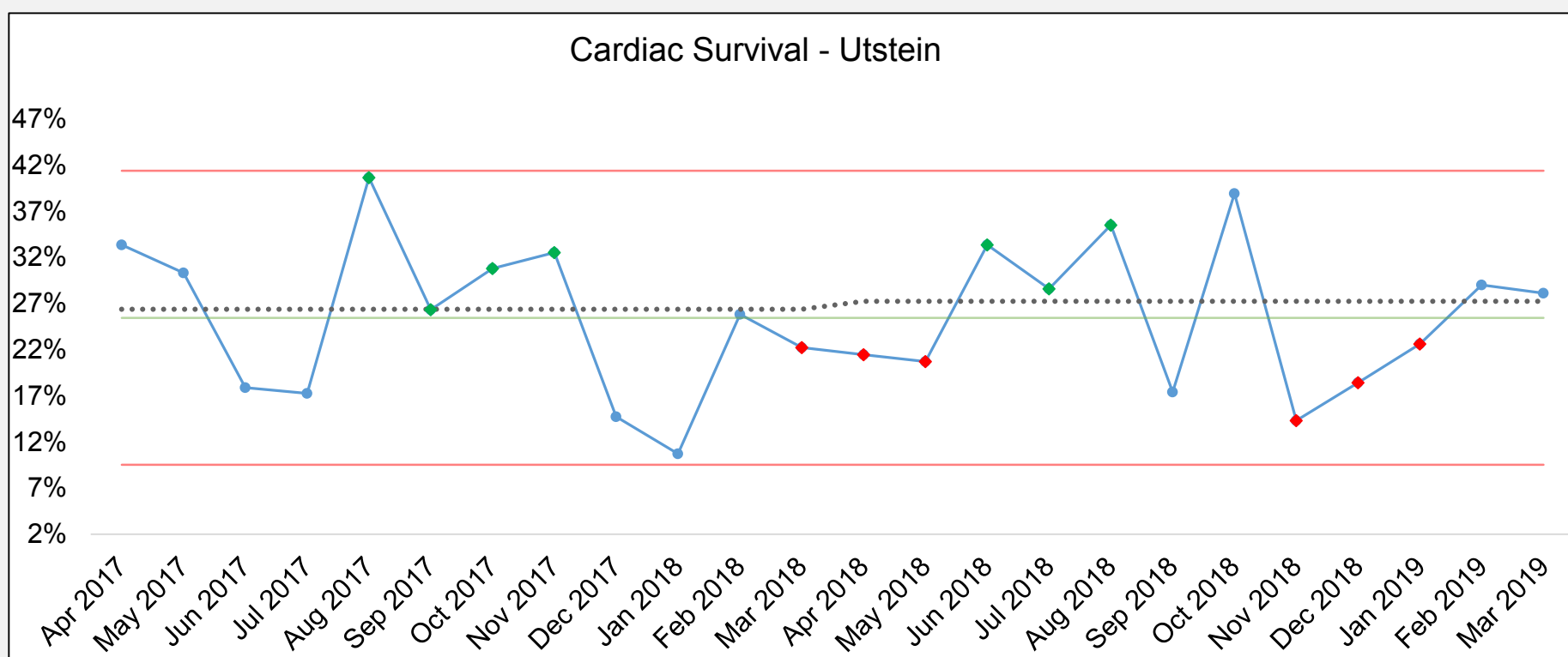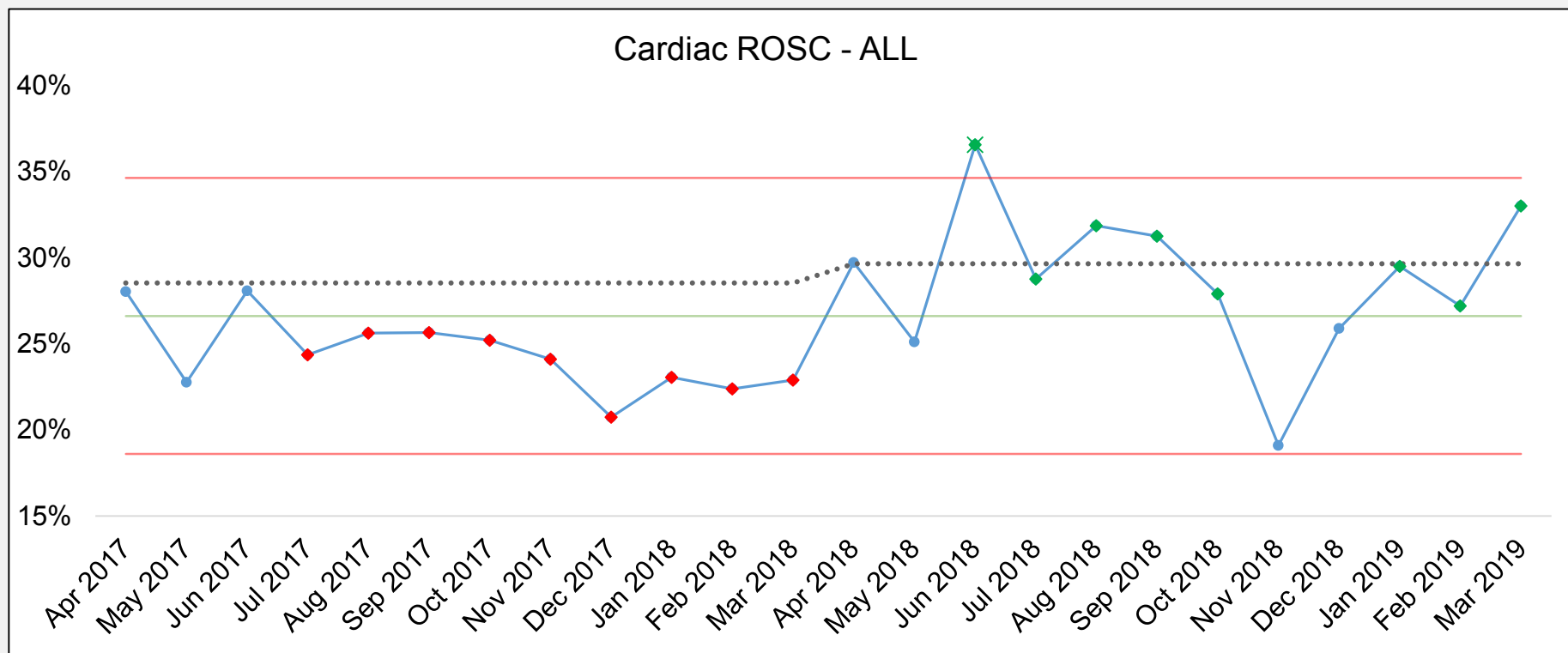
This chart shows the proportion of patients who were suffering a suspected STEMI and received a full care bundle.

There has been a sustained reduction in performance against this measure. A task and finish group has been established in the Medical Directorate to address this. The Doc-Works system is expected to be available to clinicians and team leaders in Q2 of 19/20 to enable feedback and reflection on care bundle incidents.

In the short term, the clinical audit team are manually sending STEMI incidents to OTLs to enable direct feedback. A 'STEMI Care Month' is planned for August 2019 to increase organisational focus on this topic.

SECAmb Clinical Safety Charts

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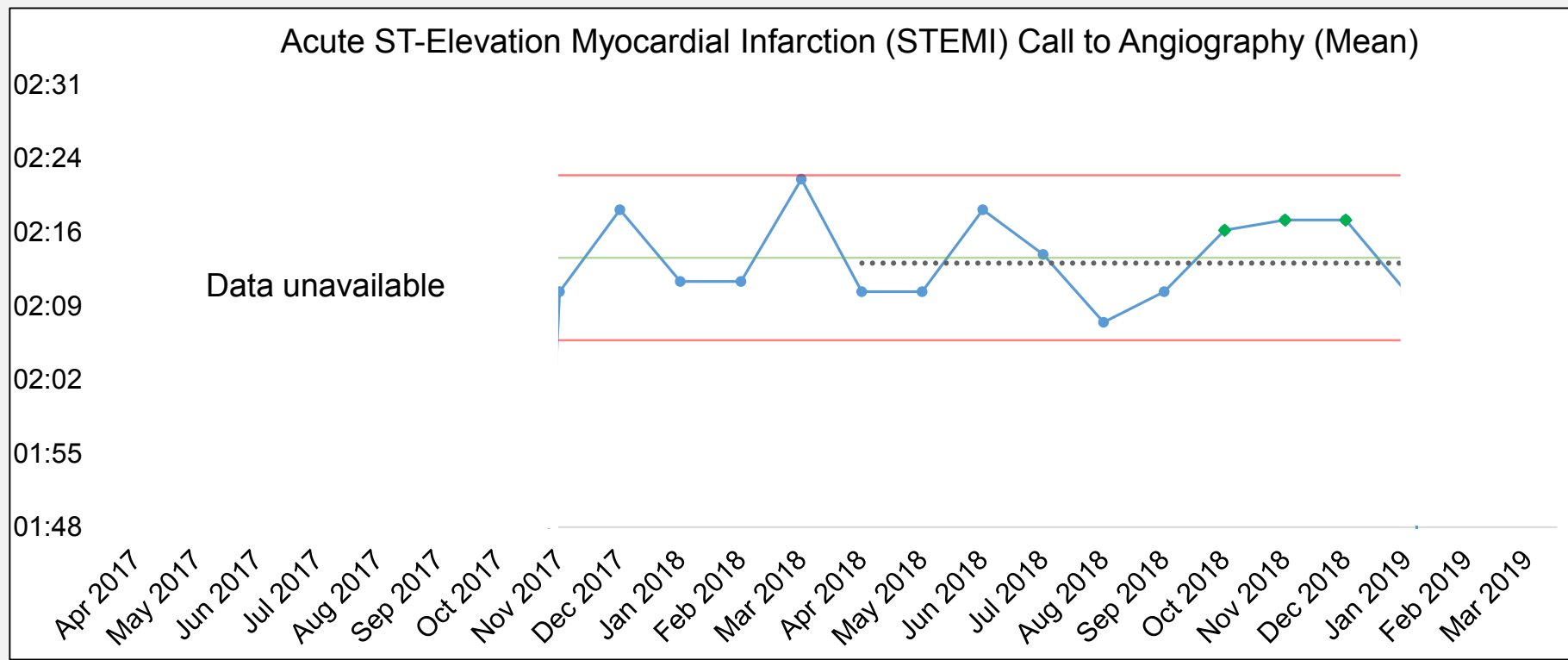
STEMI timeliness charts show the mean and 90th centile call to angiography time for patients who are suffering STEMI.

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

'STEMI Care Month' in August 2019 will include promoting strategies for reducing on scene times for STEMI patients.

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

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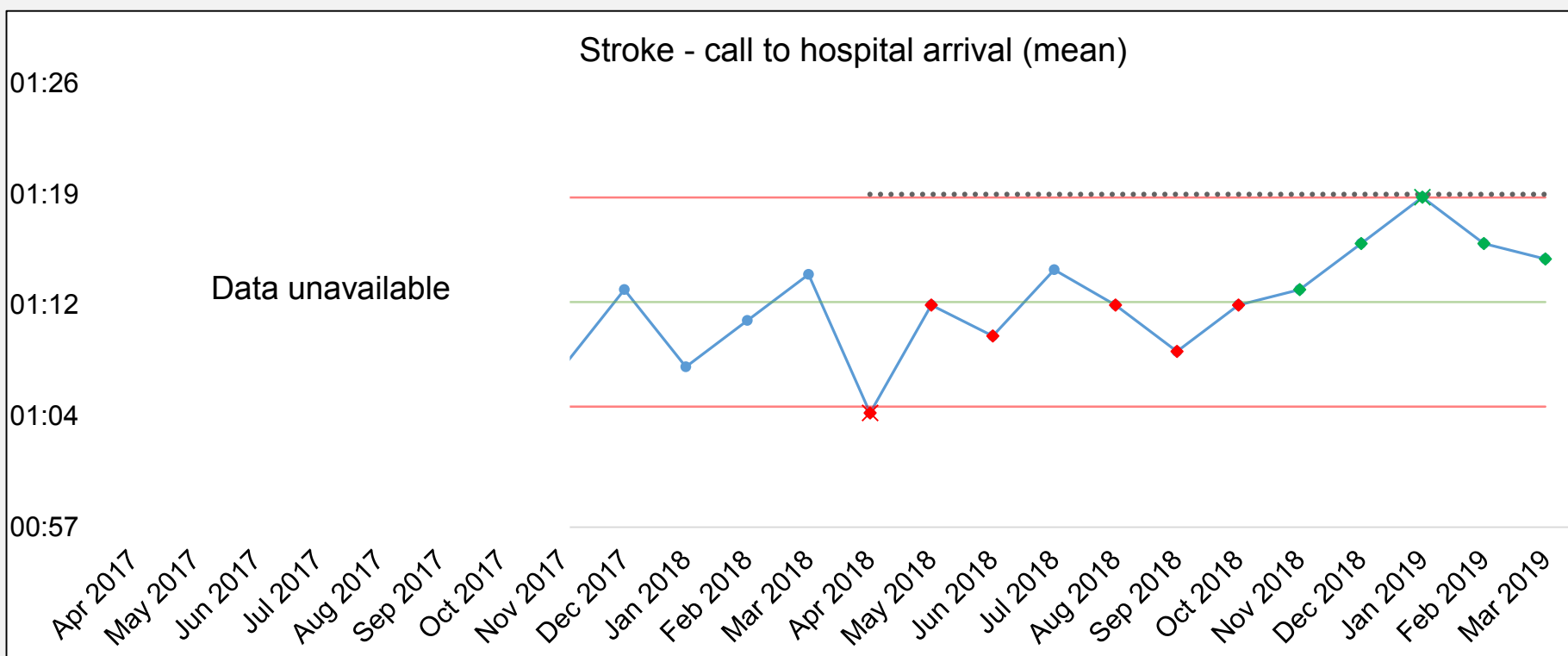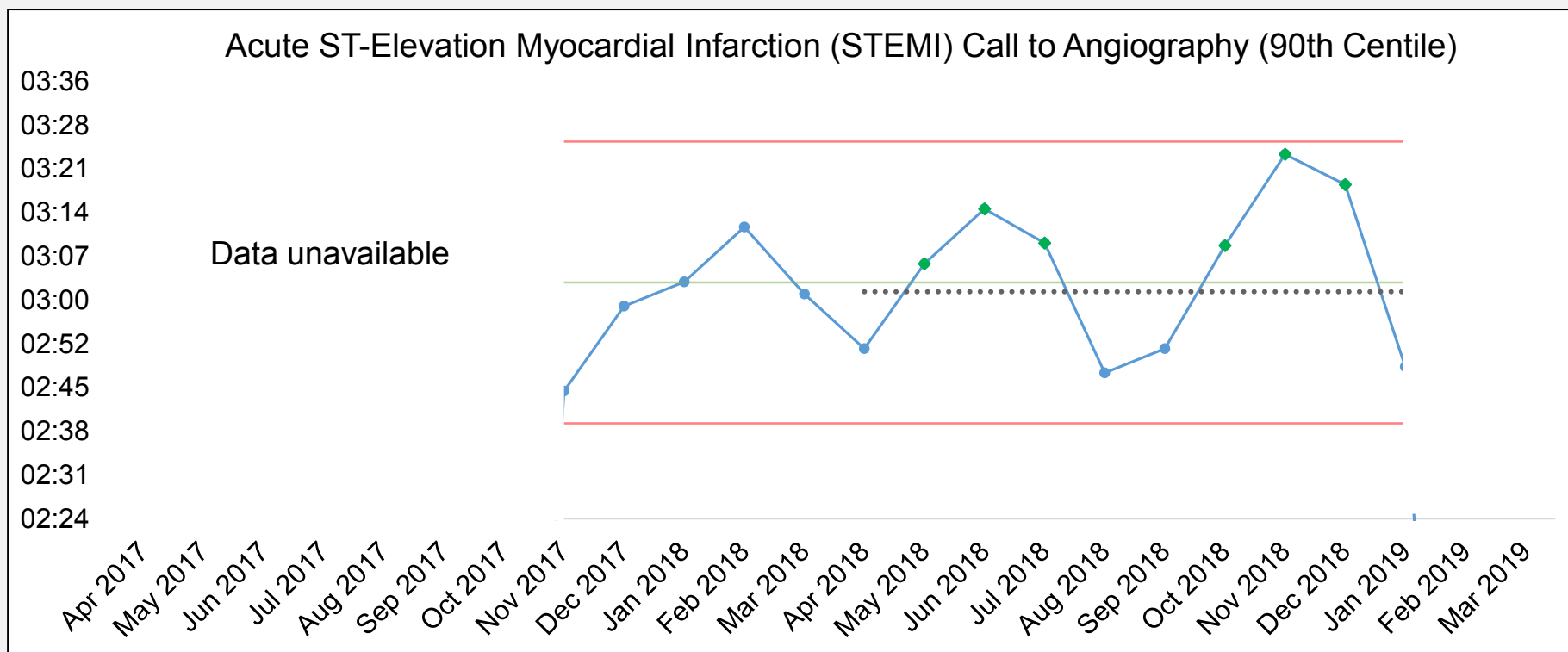
Stroke timeliness charts show the mean, median and 90th centile call to angiography time for patients who are suffering stroke.

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

Stroke - call to hospital arrival (median)

Stroke - call to hospital arrival (90th centile)

SECAmb Clinical Safety Charts

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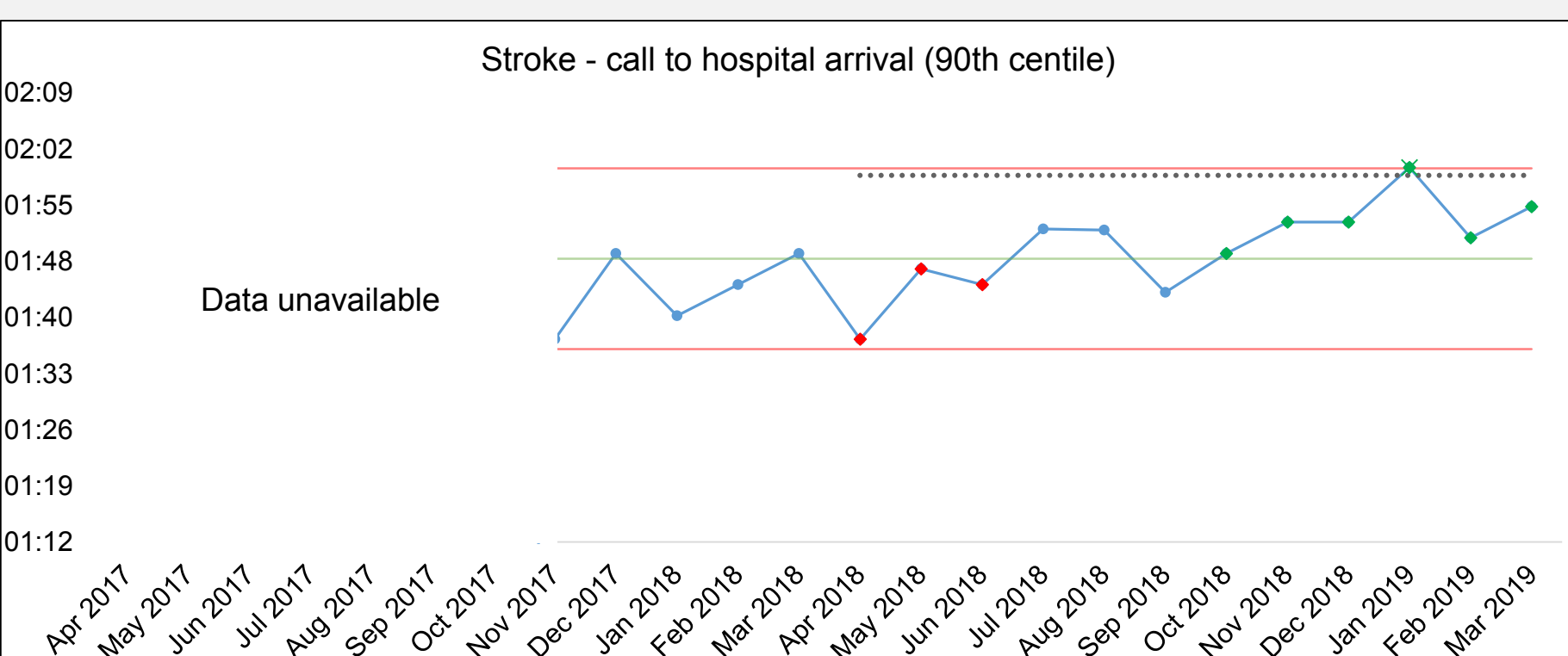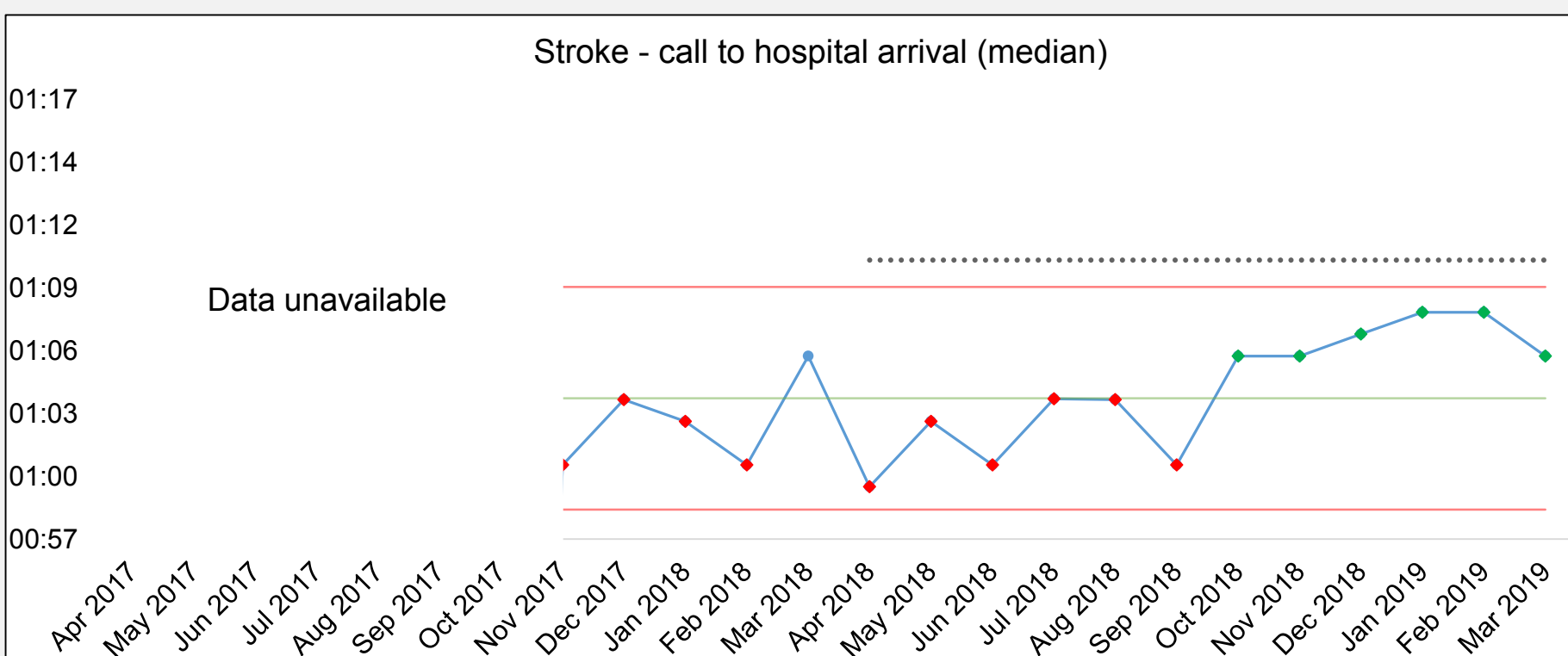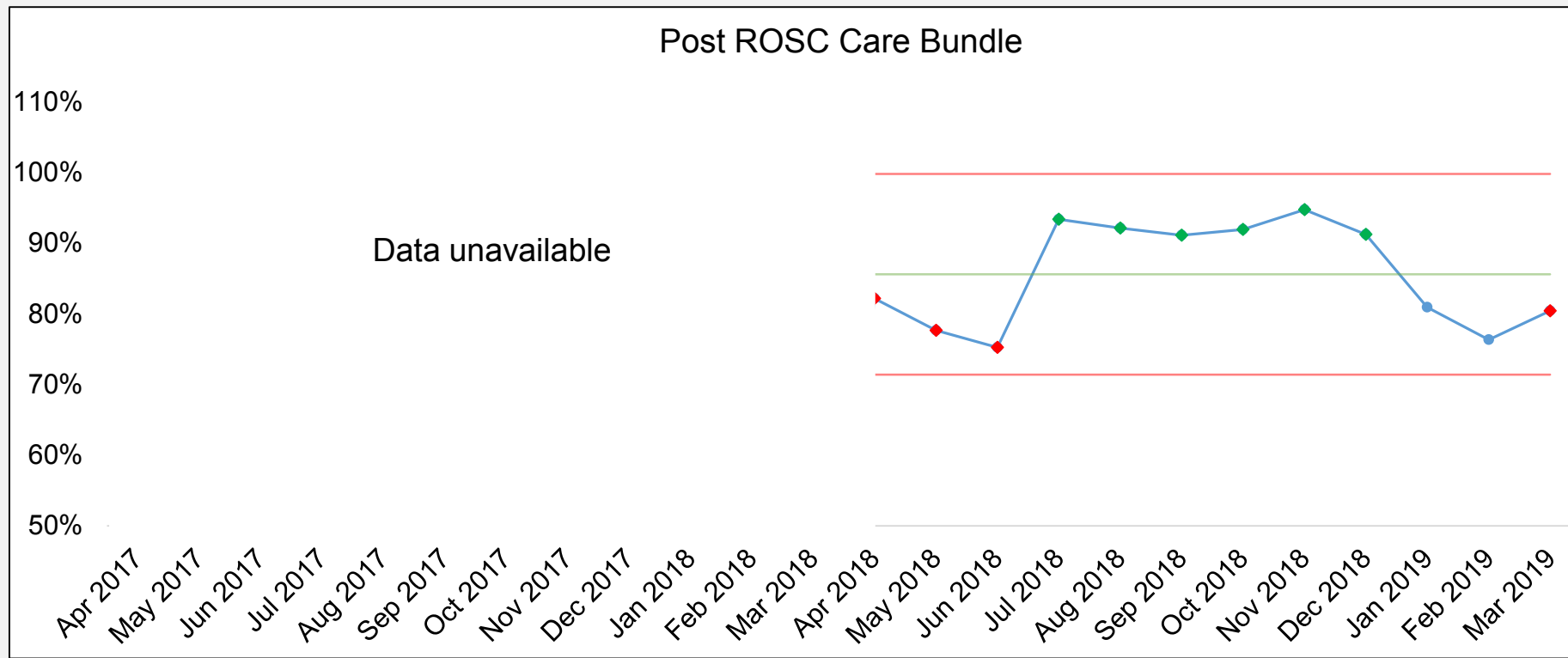
This chart shows the proportion of patients who received a full bundle of care after ROSC was achieved.

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

The Doc-Works system is expected to be available to clinicians and team leaders in Q2 of 19/20 to enable feedback and reflection on care bundle incidents.

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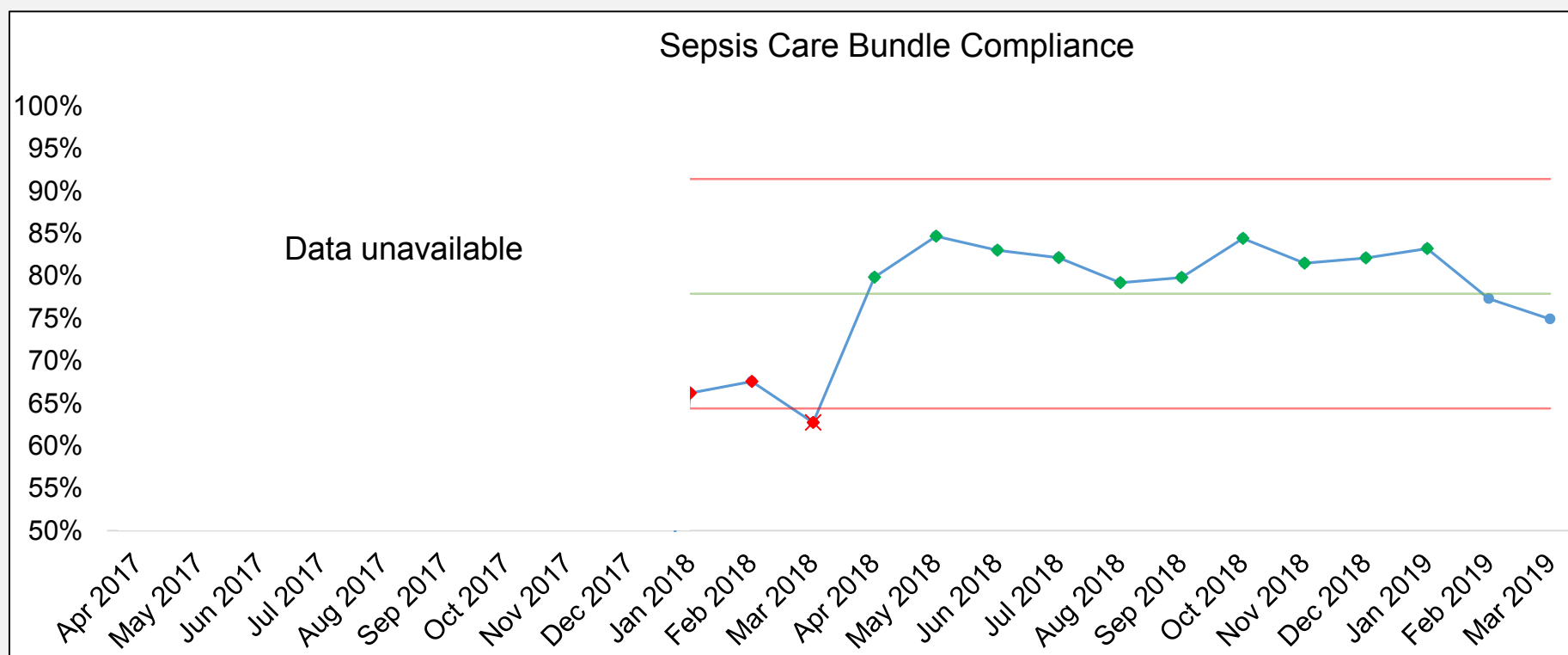
This chart shows the proportion of patients who were suffering suspected sepsis and received a full bundle of care.

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

The Trust recently went live with its updated 'Red Flag Sepsis' guidance, this is expected to improve detection and management of sepsis.

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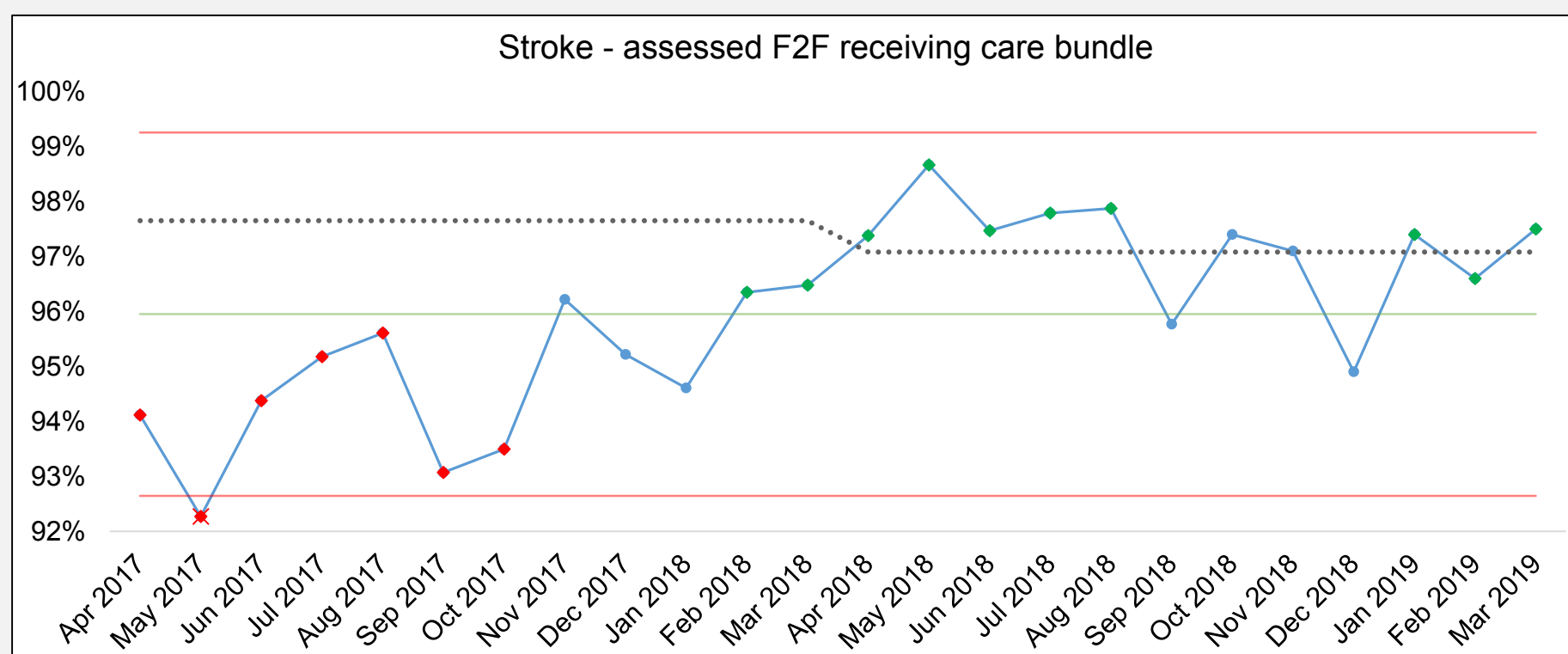
This chart shows the proportion of patients with a suspected stroke who received a full bundle of care.

The data continues to show normal levels of variation. This measure is being monitored to ensure that this level of performance is maintained.

Number of Medicine Incidents Reported
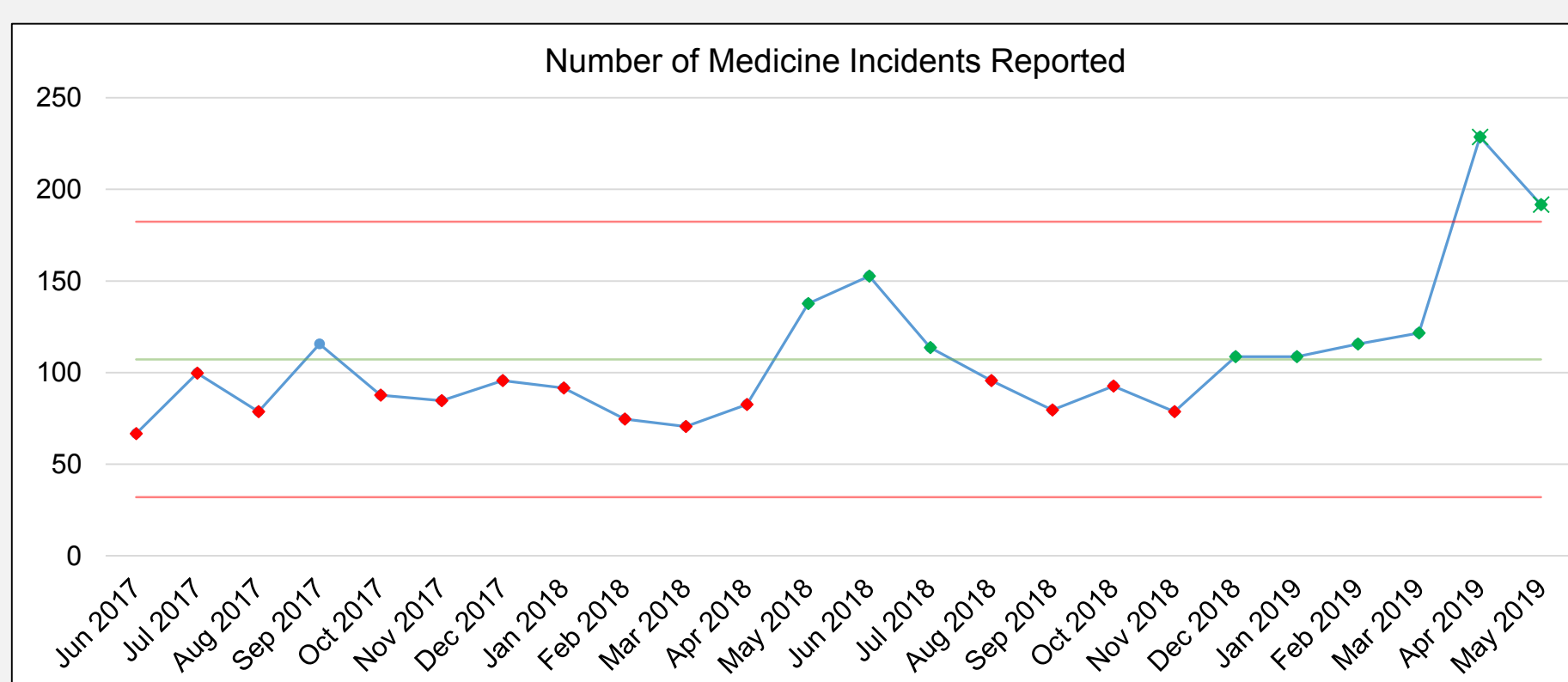
192 medicine incidents were reported via Datix during May 2019. This demonstrates a continuing upward trend following encouragement by Medicines Governance and QI teams to encourage reporting.

Number of Medicine Incidents Reported by Type
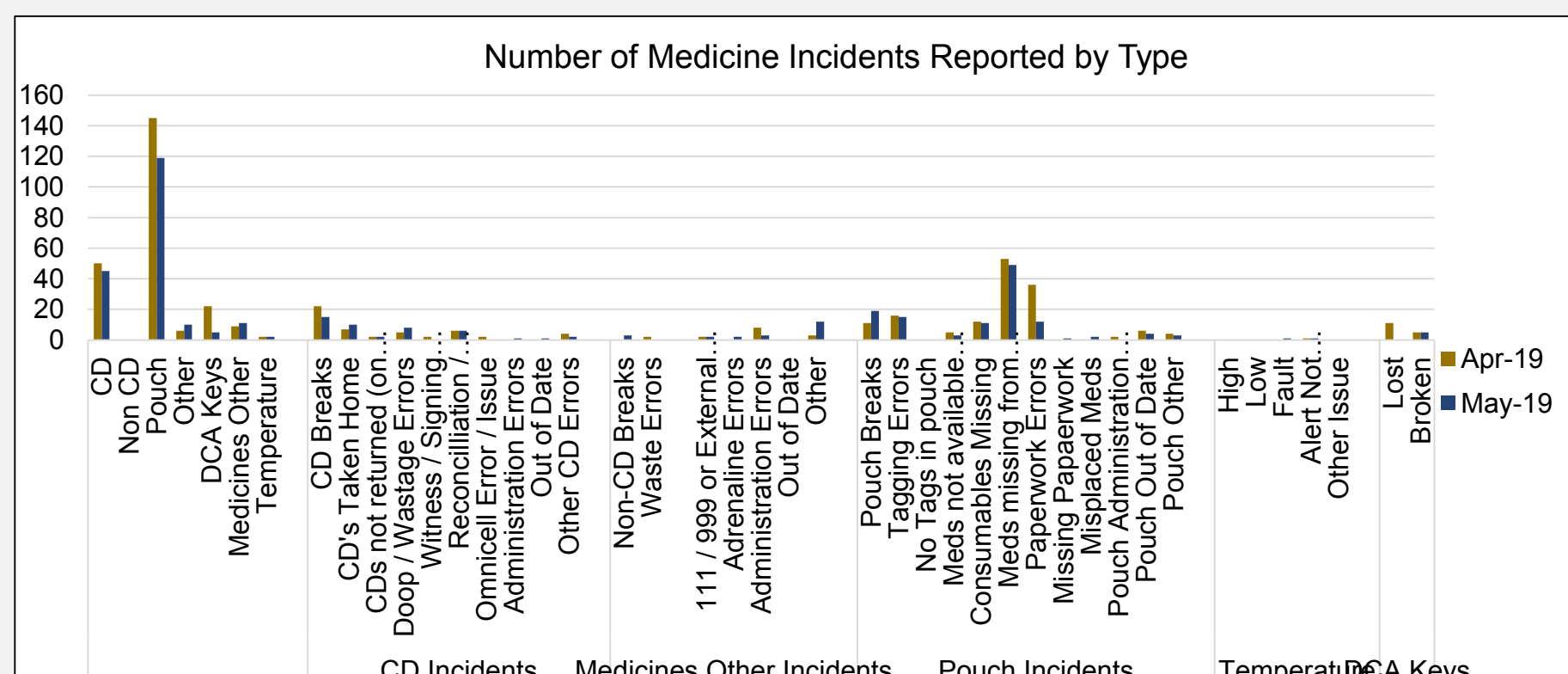
45 of the 191 incidents reported for May 2019 were in relation to controlled drugs (CD). 25 of these related to either CD breakages or CDs being inadvertently taken home by front-line staff.

There were 41 incidents reported around medicine pouches, equating to 119 pouch incidents in total.

There were 3 medication administration errors reported during May 2019 the medicines involved were adrenaline, diazepam and ticagrelor / clopidogrel.

SECAmb Clinical Safety Charts

Single witness signature/inappropriate Bar Code use CDs Omnicell and Non-Omnicell
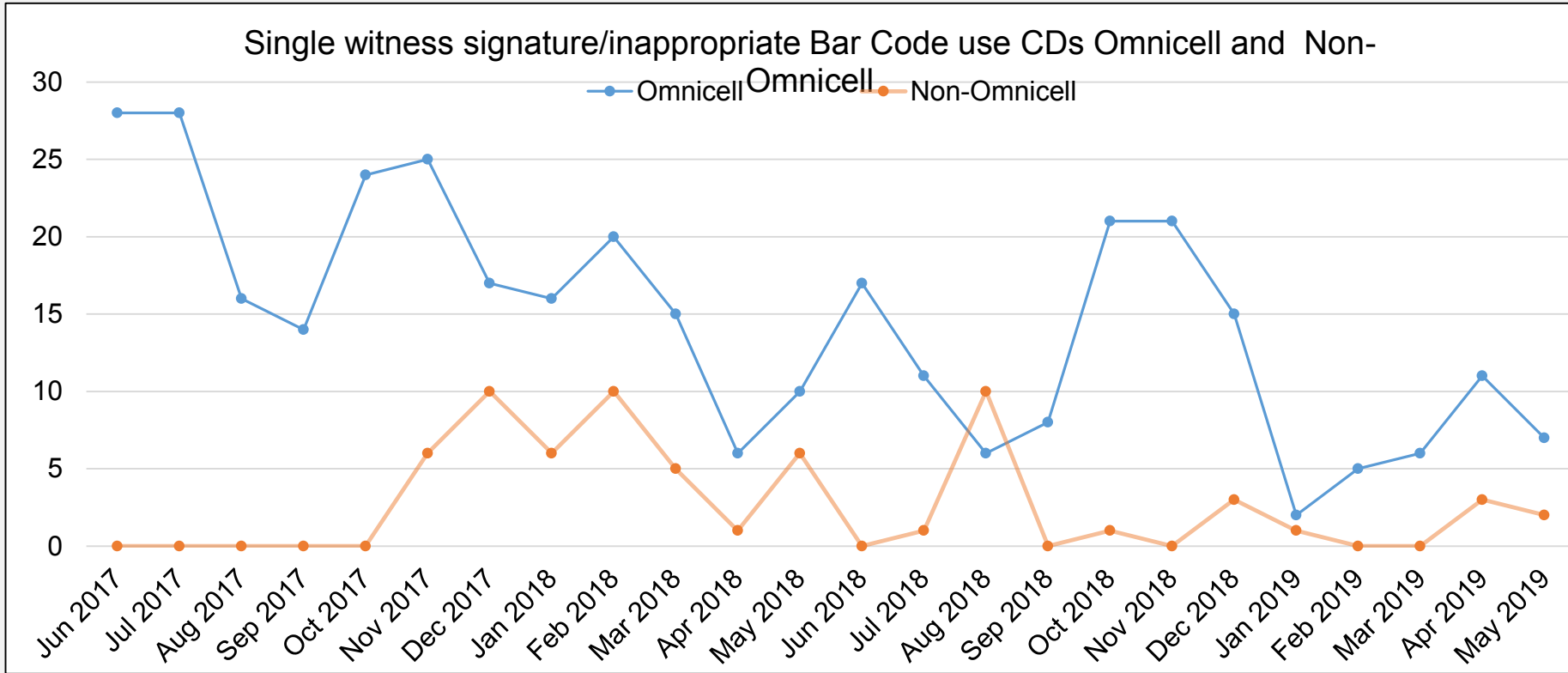
Work continues across the Trust on reducing CD single witness signatures. There were 9 incidents reported during May 2019 of unauthorised single signatures, a slight decrease on the previous month. Continue to encourage staff to report incidences via DIF1. Medicines Governance Team continue to monitor trends regularly and report unauthorised activity.

Number of CD Breakages - by Drug
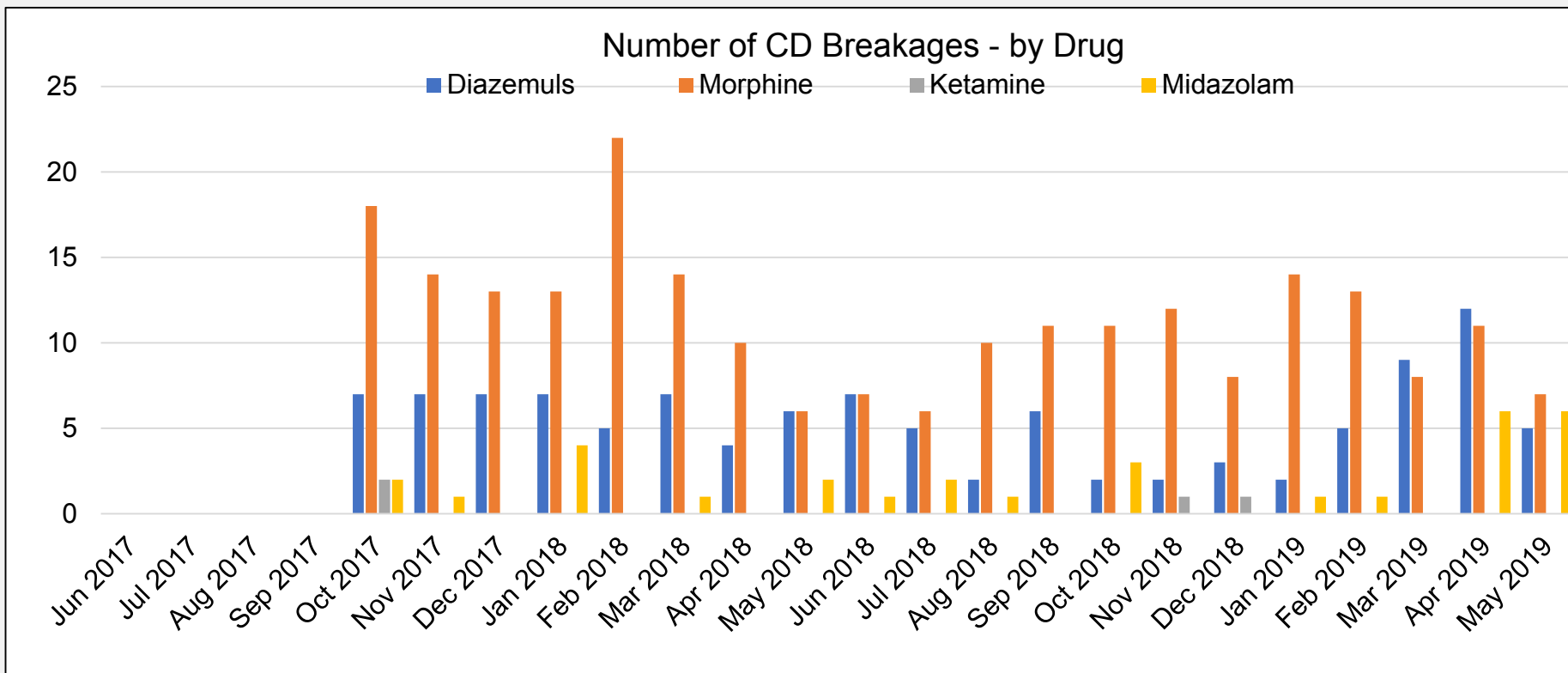
May 2019 reported 19 CD breakages.
        5 Diazemuls
        7 Morphine
        6 Midazolam
 - Logistics staff found 5 broken ampoules (midazolam) during delivery to site

Overall breakages are low, morphine remains the highest break, but this is most frequently used CD within ambulance sector

Key SkillsTraining

Data unavailable
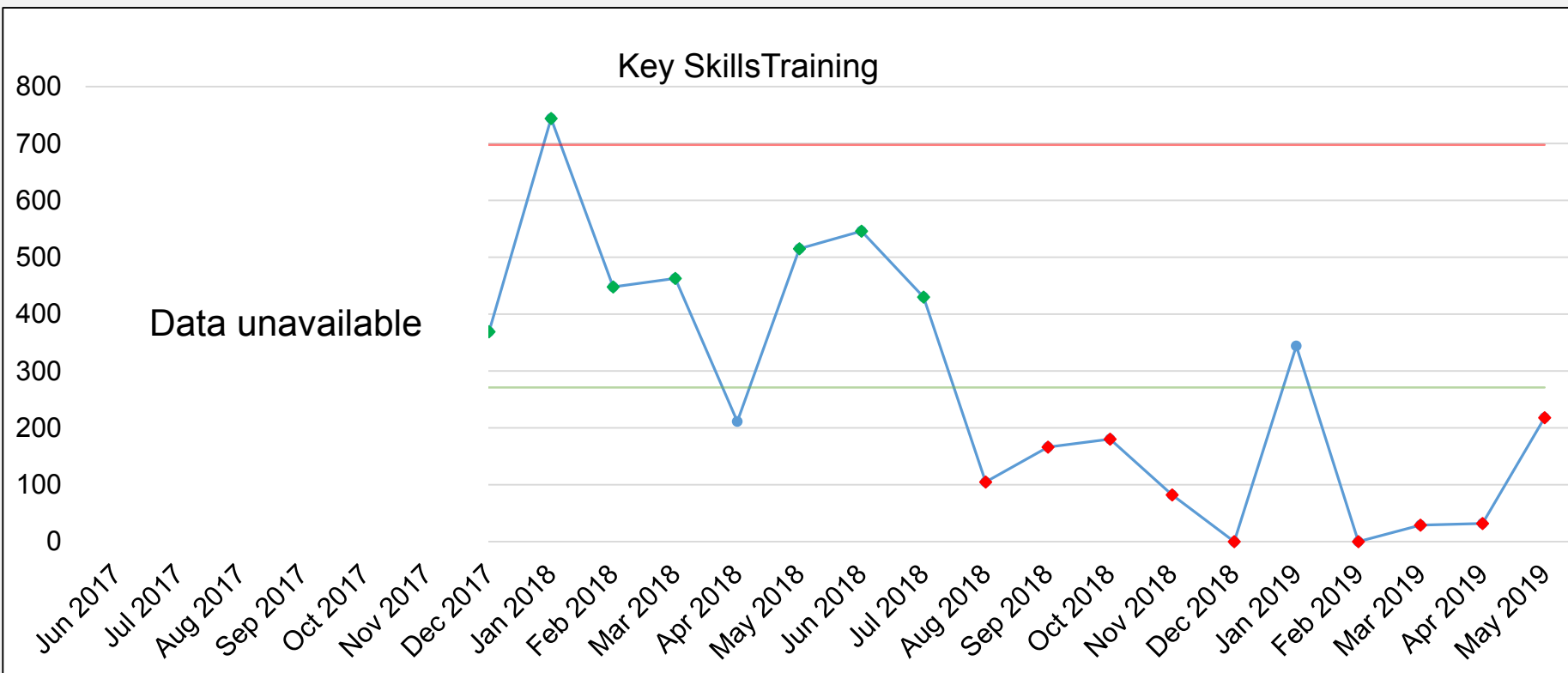
Analysis of Cardiac Arrest Data – February 2019

Total number of cardiac arrests identified = 614
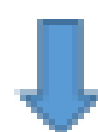
Number of resuscitation attempts = 227
excluding DNACPR 86, DOA 259, No Resus by SECAmb 2,
In hospital arrest 1, Post arrest 7, ADRT 32

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
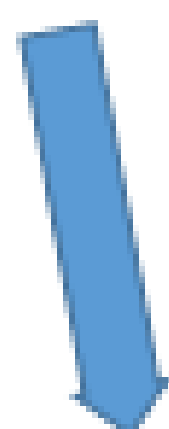
Cardiac Arrests (Utstein incidents) = 32 (1

Cardiac Arrests (All incidents) = 217 (100%)

ROSC sustained to hospital (Utstein)
= 18 (50%) + 5 non ROSC

ROSC sustained to hospital (All)
= 75 (33%) + 13 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients

Utstein	Details	Overall
9	Patient survived to discharge	19
10	Patient died in hospital	55
0	Patient still in hospital*	3
4	Outcome unknown* (Patient identifiable data incomplete)	11

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 (28%)

Survival to Discharge (All) = 19 (9%)

Additional Information – Resuscitation Attempts

Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	106 (47%)	20	3
PEA	55 (24%)	18	2
VF	55 (24%)	32	5
Non-shockable	2 (1%)	1	0
Not recorded	9 (4%)	4	3

CPR Bystander – 147

EMS Witnessed arrest – 28

Cardiac Arrest downloads received for Mar 18	201
Cardiac Arrest download reports sent to crews	106

Analysis of Cardiac Arrest Data by area - 2019

Number of resuscitation attempts = 227
this figures excludes incidents as PAS & VAS crew (of which attained ROSC at Hospital)

Cardiac Arrests (Utstein) East = 17 (47%)

Cardiac Arrests (Utstein) West = 19 (53%)

Cardiac Arrests (All) East = 117 (52%)

Cardiac Arrests (All) West = 110 (48%)

ROSC sustained to hospital (Utstein)
East = 10 (9%) + 1 non ROSC
ROSC sustained to hospital (Utstein)
West = 8 (42%) + 4 non ROSC

ROSC sustained to hospital (All)
East = 42 (36%) + 4 non ROSC
ROSC sustained to hospital (All)
West = 33 (30%) + 9 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients

Area	Utstein	Details	Overall
East	6	Patient survived to discharge	12
West	3		7
East	4	Patient died in hospital	29
West	6		26
East	0	Patient still in hospital*	0
West	0		0
East	1	Outcome unknown* (Patient identifiable data incomplete)	5
West	3	Outcome unknown* (Patient identifiable data incomplete)	9

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

Survival to Discharge (Utstein) East
= 6 (35%)
Survival to Discharge (Utstein) West
= 3 (16%)

Survival to Discharge (All) East
= 12 (10%)
Survival to Discharge (All) West
= 7 (6%)

MENTAL HEALTH CARE APRIL (May 2019 data)

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

Overall RAG Rating =

The mental health indicator has been rated **GREEN** as the mean response measures are within cat 2 standard on the 18 minute and 90th centile response.
Cat 2 = 00: 17:12
90th Centile= 00:35:54

Mental Health Response Times (Section 136 MHA)

During May 2019 there were 154 Section 136 related calls to the service.138 (89.6%) of these calls received a response (90.7% in April) resulting in a conveyance to a place of safety by an ambulance on 124 (80.5% of total calls; in April this was 87.8% of total calls) on these occasions.

The overall performance mean shows a Cat 2 response time across the service as 00:16.17 (April was 00.17:12). Against the 90th centile measure, the response was 00.32.40 (April was 00.35:54).

There were 6 transports of under 18's (4 during April).

There were 16 occasions when SECAmb did not provide a response. This is up from 13 in April. 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 2   Total responses 1   Total transports 0

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

C60 HCP: Total calls 17   Total responses 12   Total transports 7

Performance Mean   01:44:07   90th centile 04:03:42

C120 HCP: Total calls 1   Total responses 1   Total transports 0

Performance Mean   00:48.05   90th centile 00:48.05

C240 HCP   Total calls 0   Total responses 0   Total transports 0

Quality and Patient Safety Report :

Infection prevention and control (IPC): Hand Hygiene (HH) compliance was below target this month at 83%, but staff compliance to 'Clinically Ready' was well above target at 95%. Make Ready Centre (MRC) and Vehicle Preparation Programme (VPP) Deep Clean rates were both very low, which was due to operational demand throughout the month and staffing resources at some of the sites, this is expected to improve within the coming months. The IPC Team have developed two workbooks this year which are now available on the DISCOVER platform for staff to complete. Level One - is for all non-clinical staff and Level Two - is for all clinical staff to complete. There are no figures for completion of the workbooks for April at this time, but we will report monthly from May 2019 onwards and reflect the Trusts trajectory as the compliance level. Training is reviewed on an annual basis to ensure it is up to date. Therefore, all mandatory training compliance drops to zero on 1st April to ensure we capture data on staff who have been trained with the current year's programme. Progress in compliance will be noted as training is rolled out. The IPC and Estates Team continue to hold a monthly meeting with the contractors to discuss any concerns raised locally concerning cleaning standards.

Safeguarding referral rates continue to increase. During May the Trust made 1065 safeguarding referrals regarding adults and 206 referrals regarding children. Given the Trust's significant commitment to delivering safeguarding training during 2017/18, it is likely that the increase in overall referral activity is a direct response to this improved safeguarding profile across the Trust.

Incidents: Incident reporting remains GREEN due to the incident reporting rate remaining above the 20% target and a reduction in the backlog for Serious Incidents. The Trust has reported 858 incidents during May 2019. The highest reporting categories remain relatively consistent, and are: clinical tail audits; meal breaks; call closed in error; injury whilst lifting or moving a patient or other person and incorrect disposition reached. The OUs reporting the highest number of incidents are EOC Clinical; Medway and Dartford; Ashford 111; Gatwick and Redhill and West EOC. Although the overall back log of incidents not investigated within timescales has started to reduce it remains an area of concern, and continues to be discussed and escalated; the clinical tail audits significantly add to the backlog. The Datix team are working closely with the areas of concern to aid them where possible.

Serious Incidents (SIs) and Duty of Candour (DoC): 10 SIs were reported during May 2019, whilst 87 SIs were open on STEIS at May's close. The Trust achieved 100% compliance with DoC requirements for SI's; this reflects the amount that were undertaken within timescale. This much improved compliance with DoC reflects the success with embedding the new process of DoC responsibility once again sitting with the central SI Team. DoC compliance continues to be monitored weekly by the Serious Incident Group.

Patient Experience: The Trust received and opened 64 complaints during May 2019. Timeliness in response to the patient was the most notable trend. Two other trends were also noted: patient care and concerns about staff. The Trust responded to 55% of complaints within the Trust's 25 working day timescale this month; whilst this is an improvement on last month's figure it still remains significantly lower that the target of 95%; the challenge in responding within timescale predominantly relates to EOC complaints where only 22% were completed on time, whereas NHS111 reflected 100% and Operations Aand E reflected 85%. Work is underway to review how the EOC complaints can be returned in a more timely way. The Trust recorded 47 compliments during May.

STEMI Care Bundle: In November 2017, the method for measuring the timeliness of care delivered to STEMI patients changed to a measure of mean and 90th centile call to angiography (the procedure used to visualise the blood vessels that supply the heart). This measure is no longer collated internally and is taken directly from the national MINAP database of confirmed STEMIs. The latest available measure is from July 2018. Performance for July is at 69.4% (from 75%), which continues below the national YTD average of 76.4%. Stroke Diagnostic Bundle performance is now above the national average (97.1%) at 97.9%.
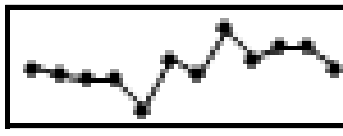
Clinical Audit: The 2019/20 Clinical Audit annual plan continues to be on track and national requirements for the collection and submission of data are being met.

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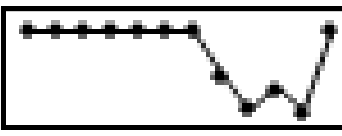
SECAmb Clinical Quality Scorecard

Number of Incidents Reported

	Mar-19	Apr-19	May-19	12 Months
Actual	810	843	858	
Previous Year	627	721	722	
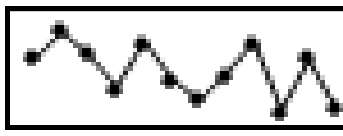
Number of Incidents Reported that were SI's

	Mar-19	Apr-19	May-19	12 Months
Actual	14	14	10	
Previous Year	12	17	6	

Duty of Candour Compliance (SIs)

	Mar-19	Apr-19	May-19	12 Months
Actual %	62%	46%	100%	
Target	62%	46%	100%	
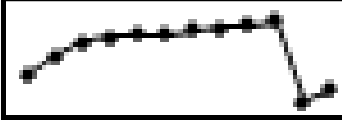
Number of Complaints

	Mar-19	Apr-19	May-19	12 Months
Actual	63	88	64	
Previous Year	112	93	101	
Complaints Timeliness (All	88.0%	36.4%	55.0%	
Timeliness Target	95%	95%	95%	

Compliments

	Mar-19	Apr-19	May-19	12 Months
Actual	145	86	47	

Hand Hygiene

	Mar-19	Apr-19	May-19	12 Months
Actual %	91%	92%	83%	
Upper Target	95%	95%	95%	

Safeguarding Training Completed (Children) Level 2

	Mar-19	Apr-19	May-19	12 Months
Actual %	94.08%	8.33%	21.46%	
Previous Year %	93.99%	6.51%	25.88%	
Target	85%	85%	85%	

SECAmb Clinical Quality Charts

Number of Incidents Reported
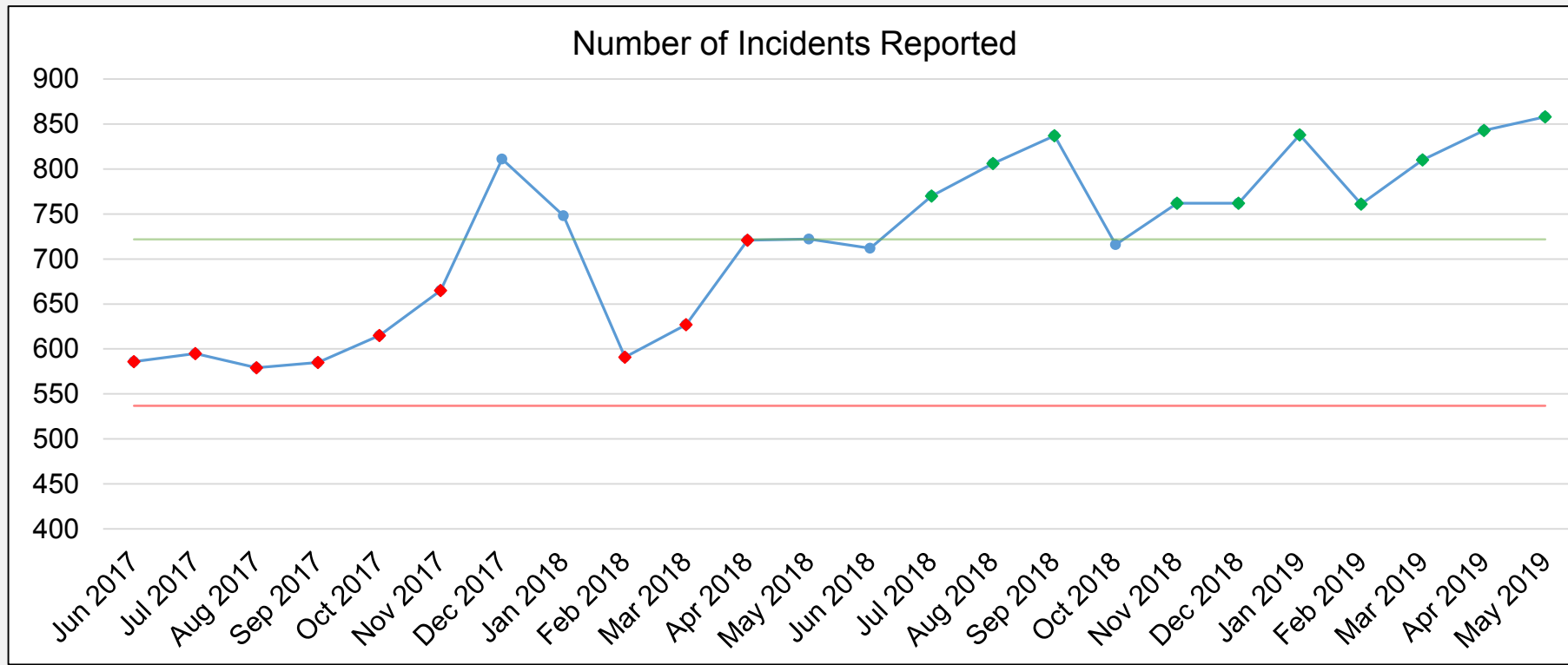
In May, SECAmb reported 858 incidents, this is the highest number reported on Datix to date. The top 5 sub-categories reported are as follows:
1.   Clinical Tail Audits – 64
2.   SMP No Send – 40
3.   Directed Verbal Abuse (General) – 27
4.   Meal Breaks Not Taken – 27
5.   Physical Assault – 25

Across the organisation the following incidents were reported:
1.   EOC Clinical – 121
2.   Medway and Dartford – 81
3.   West EOC – 77
4.   Polegate and Hastings – 71
5.   Gatwick and Redhill – 65

Number of Incidents Reported that were SI's
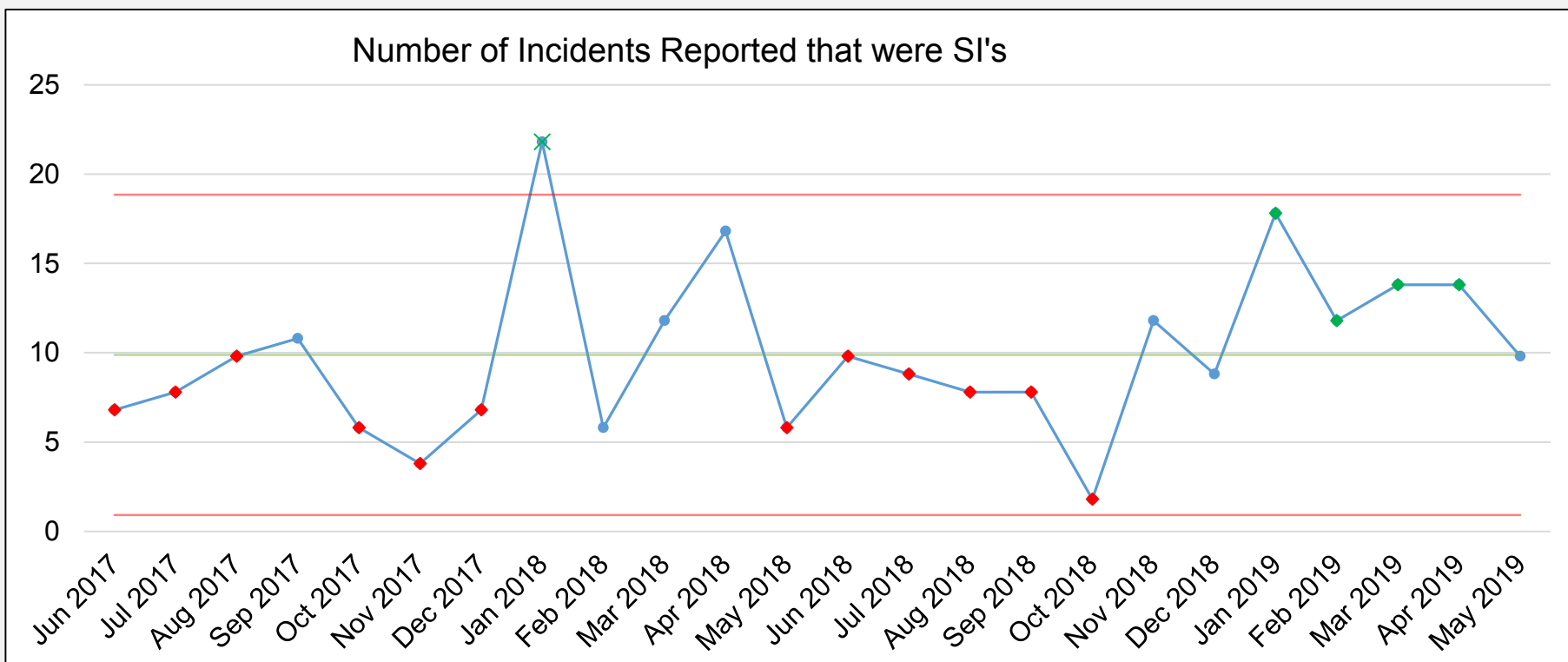
10 Serious Incident were reported in May.

3 x Timeliness/ Delay
2 x Triage/Call Management
2 x Delayed Dispatch / Attendance
1 x Patient Treatment
1 x Medication Incident
1 x Patient Care

22 SIs overall were closed on STEIS in May with another 5 being de-escalated.

Duty of Candour Compliance (SIs)
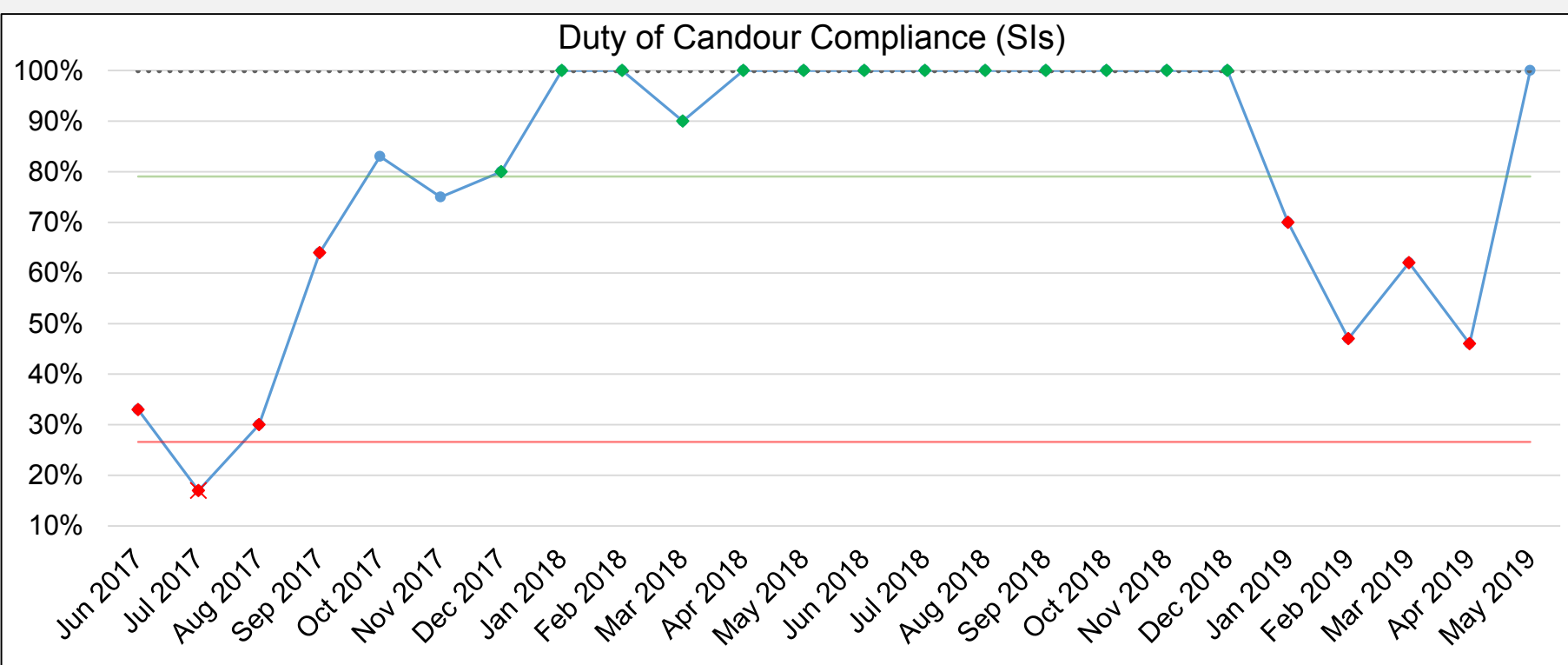
Compliance with DoC for SIs where DoC was required in May 2019 is: (due in the month)

SIs reported (where DoC due in March) - 16
Number where DoC required - 15
DoC made/attempted within 10 working day deadline - 15 (100%)

Number of Complaints
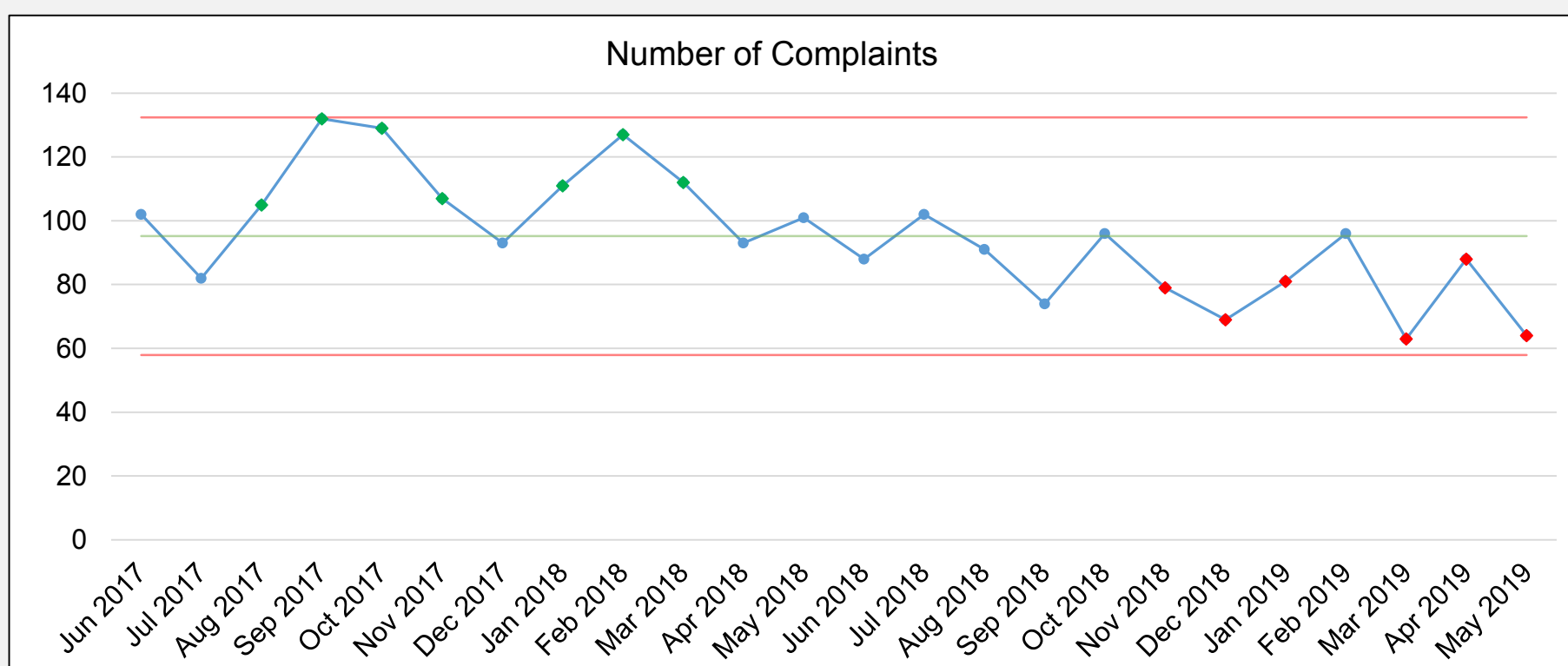
The Trust received and opened 88 complaints during April.

The Trust responded to 36% complaints within timescales.

Delays were mainly due to capacity issues within patient experience team and OUs in relation to investigations, in part due to the increase in complaints in previous months. Most of these issues have been addressed and improvements should be notable in the coming months.
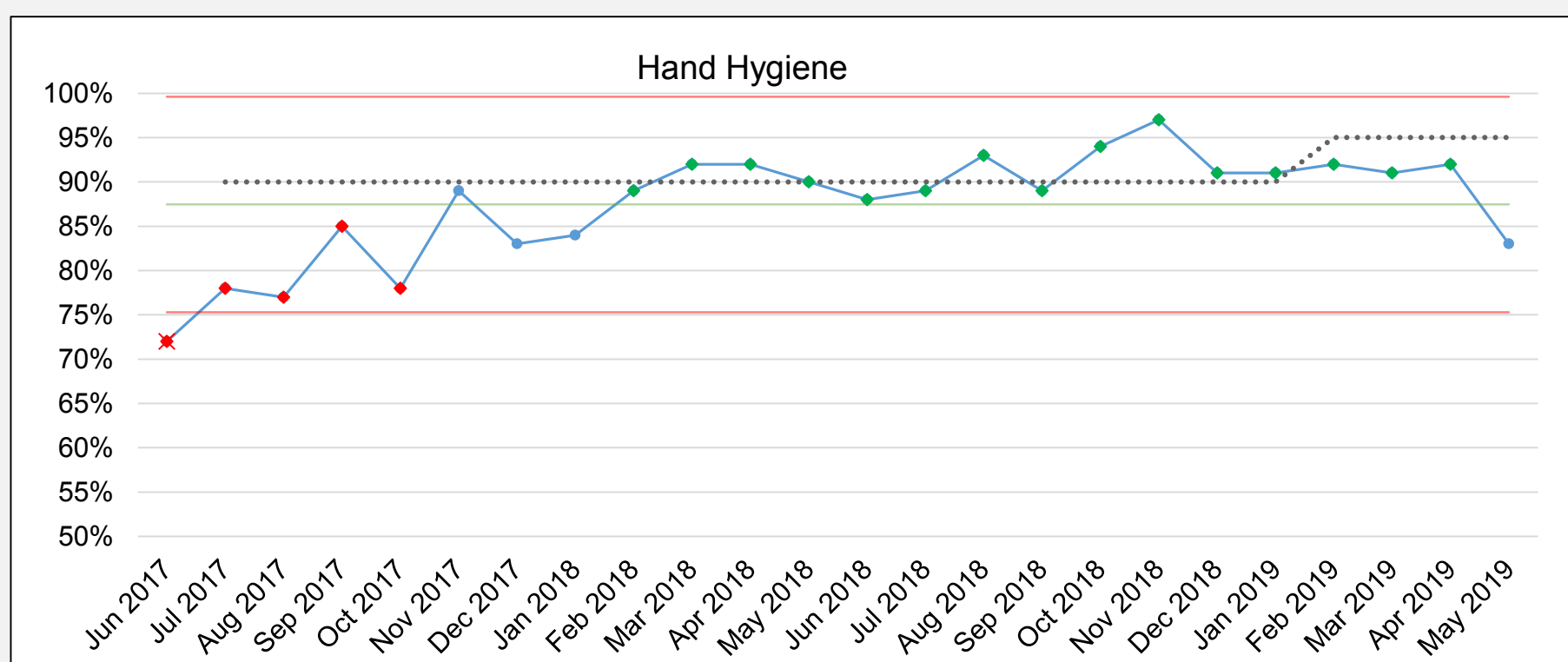
Hand Hygiene

We show a drop in compliance for hand hygiene for May and only 83% of the audits carried were compliant, which is below the lower limit of 90%.

The IPC Team will be doing some internal communications to raise the awareness of the need for the correct hand hygiene to be followed at all times by staff.

Clinically Ready was 95% compliant this month, which still requires improvement and again the IPC Team will raise the non-compliant issues locally.

.... Upper Target
.... Lower Target

Since the implementation of the annual Health and Safety Audit programme 60 audits have been completed. The audits were undertaken in different working environments across the organisation.

The Health and Safety team have started to develop an enhanced training package for our Managers. The aim of the course is to ensure that safety requirements are appreciated by line managers and enable them to review their own departmental systems for safety, introducing new controls or implementing changes as appropriate to make their workplace safer.

Violence and Aggression Incidents - See Figure 1 below

Violence and Aggression incidents towards staff in May 2019 were 79 which is an increase of 34 incidents from the previous month. All staff are encouraged to report incidents of any nature and whilst May incidents are high in this category its positive that our staff are reporting these type of incidents.

Manual handling Incidents - See Figure 2 below

Manual handling incidents reported in May 2019 were 23 which is a decrease of 13 incidents from the previous month.

Health and Safety Incidents - See Figure 3 below

Health and Safety incidents reported in May 2019 were 18 which is an increase of 10 incidents from the previous month.

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

RIDDOR incidents reported in May 2019 were 2 and both incidents were reported on time to the Health and Safety Executive.

Figure 1
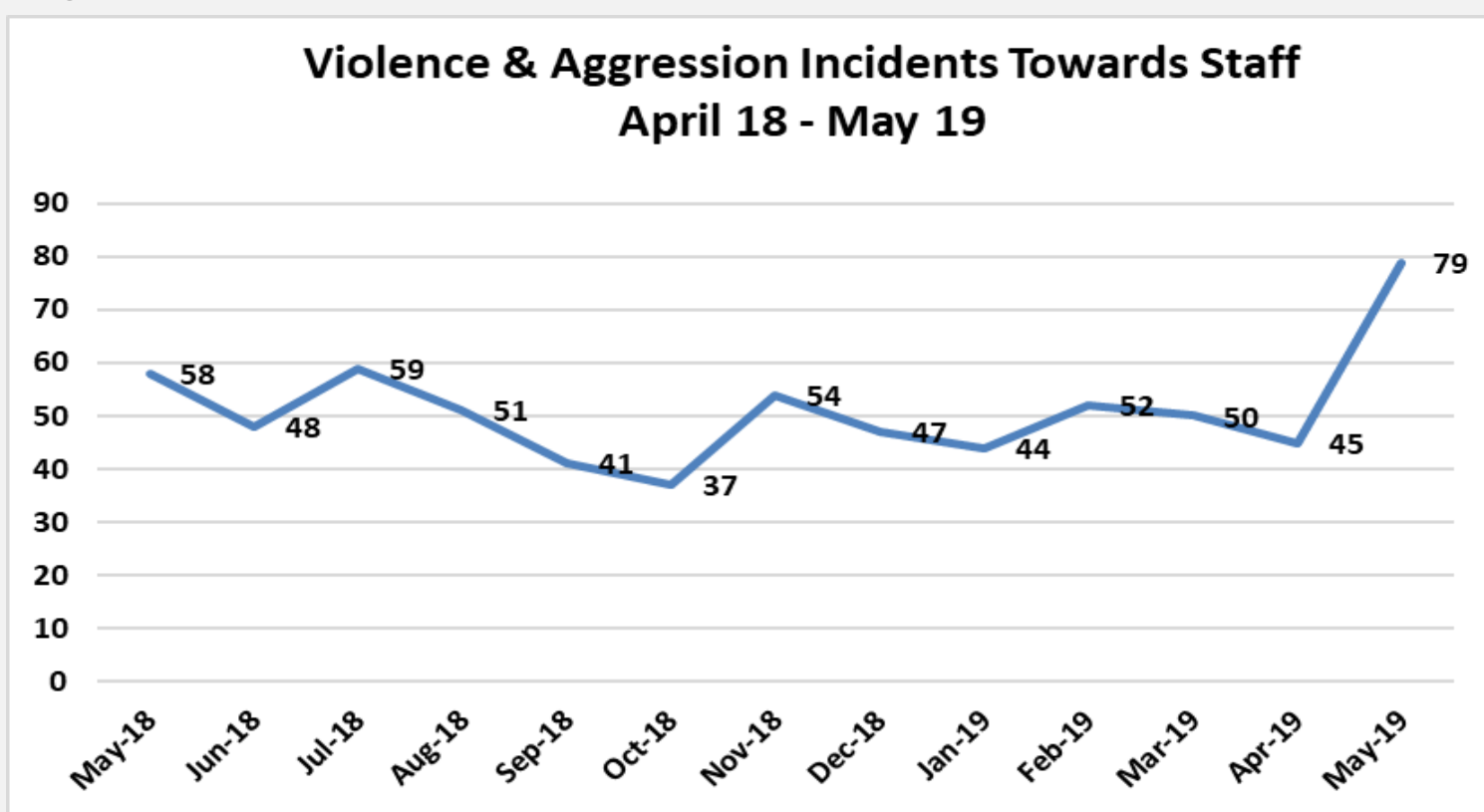
Figure 2
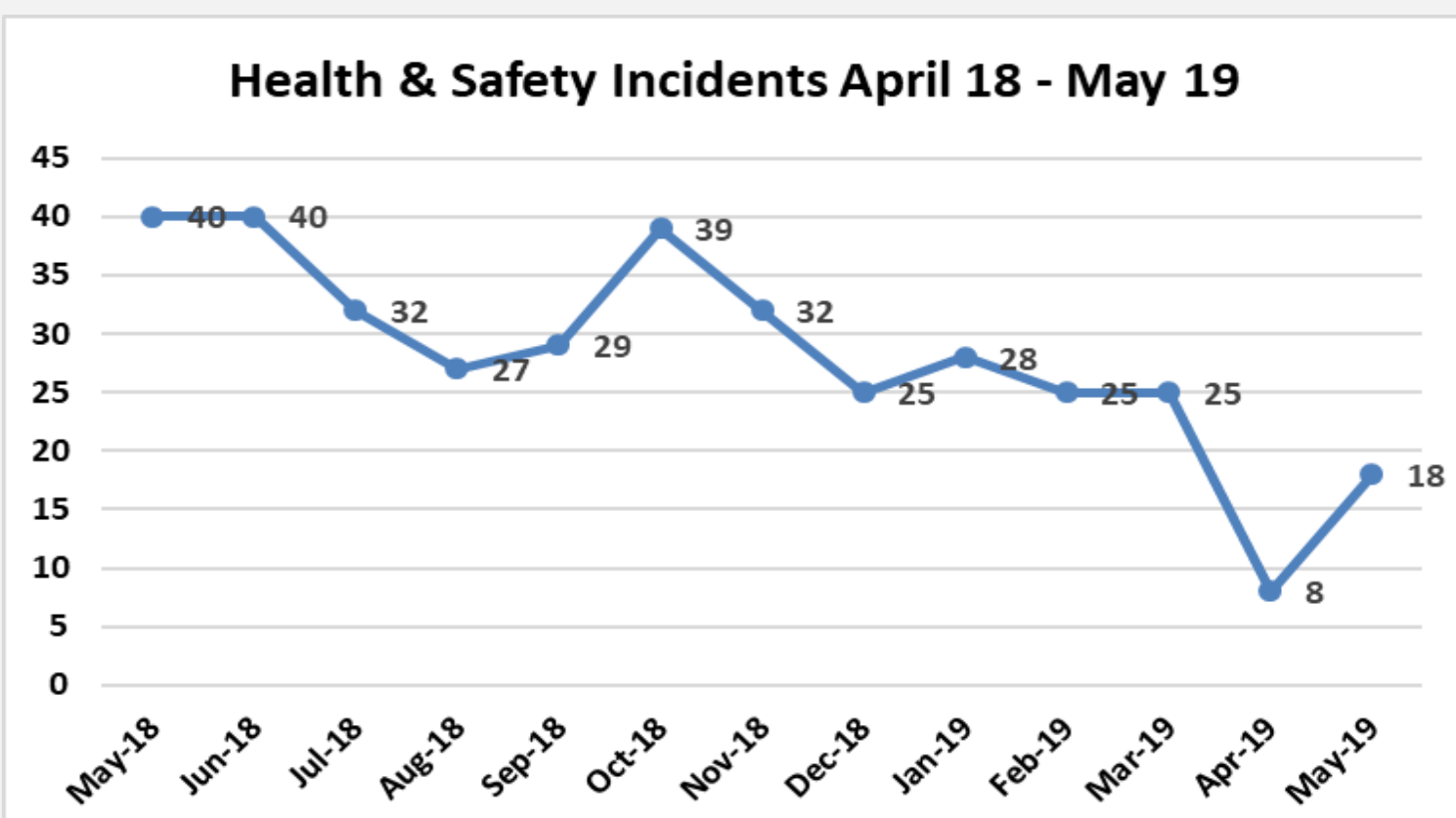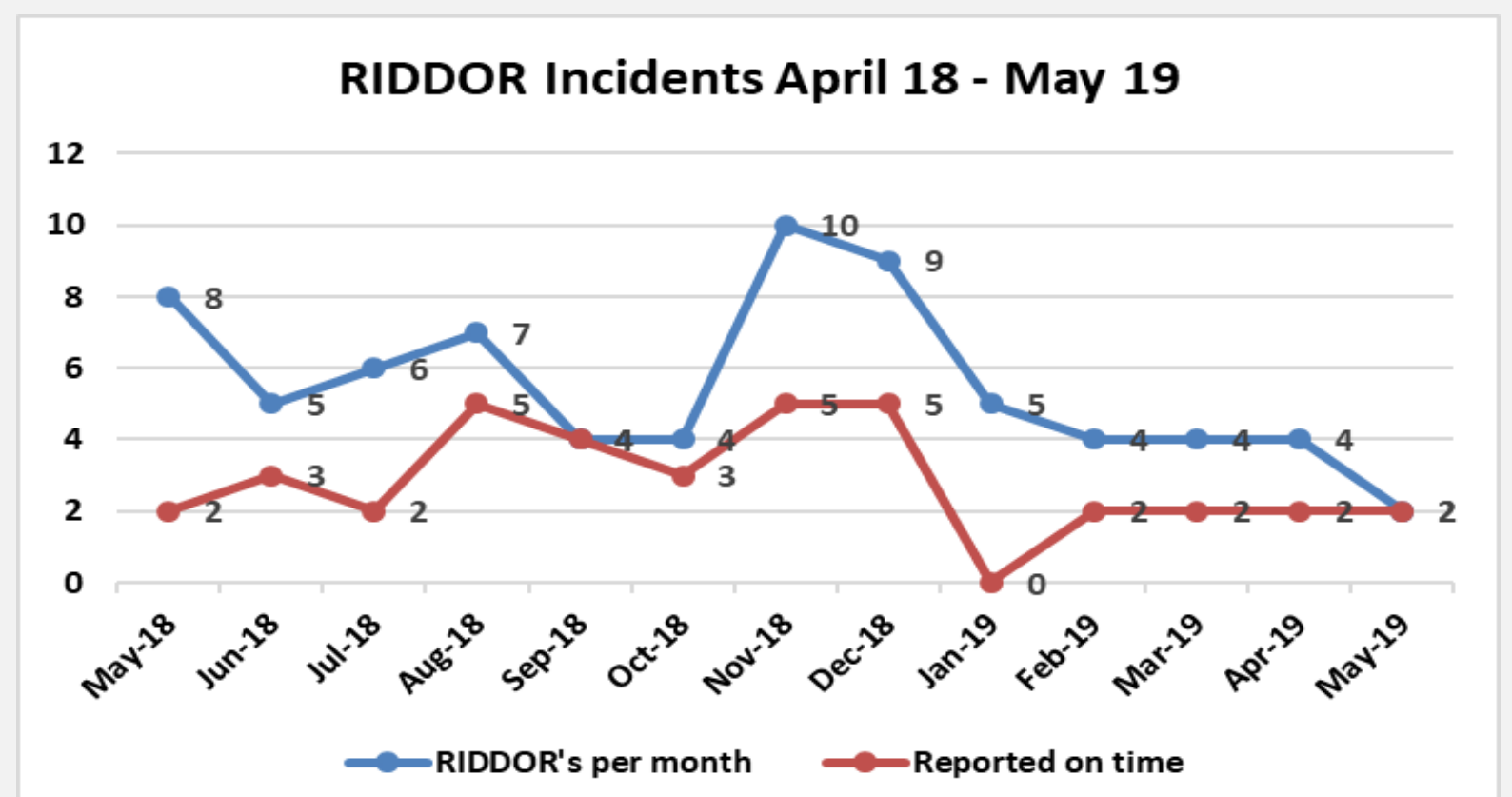

Figure 3

Figure 4

SECAmb 999 Operations Response Time Performance Scorecard
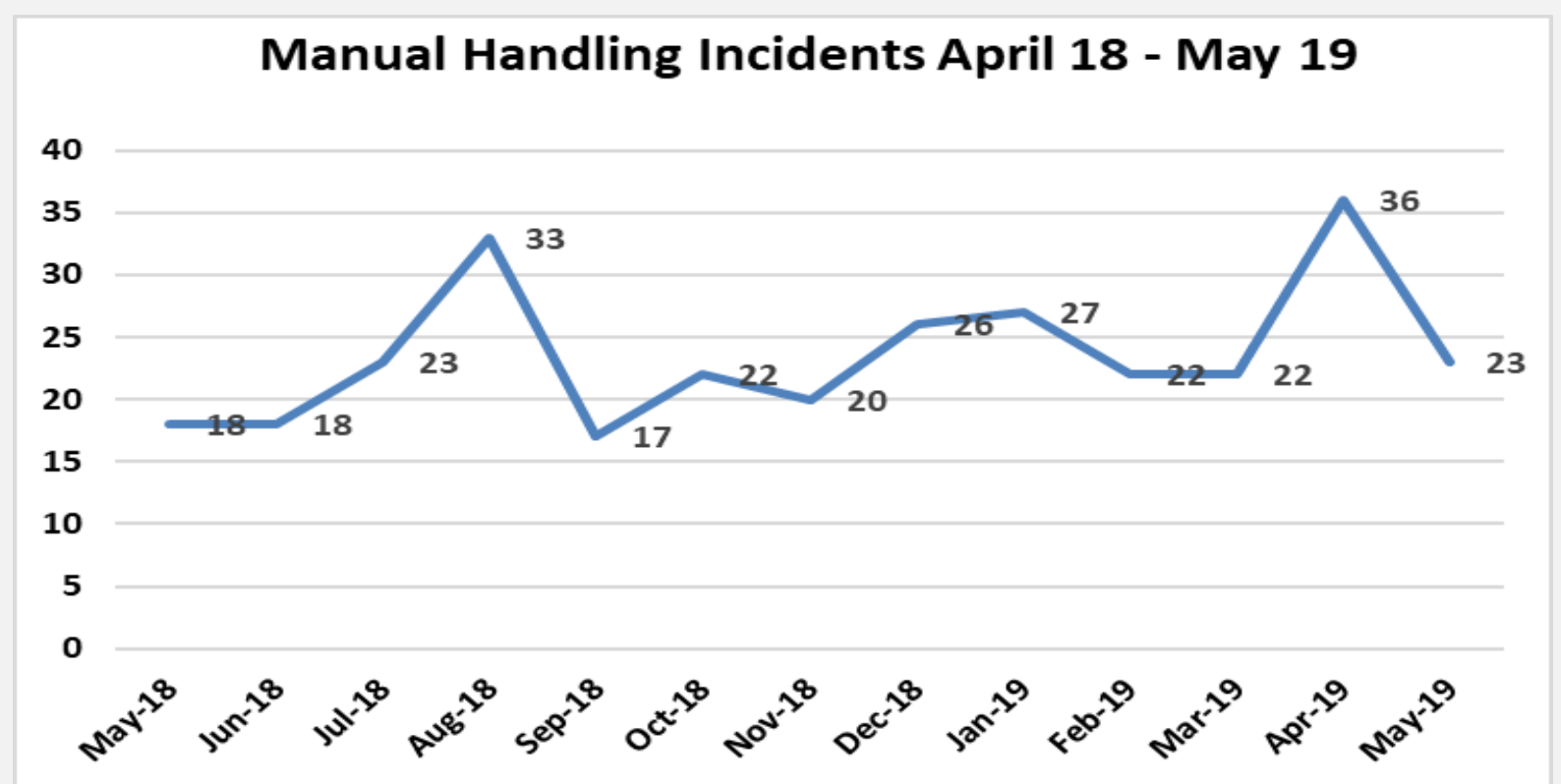
Call Handling

	Mar-19	Apr-19	May-19	12 Months
5 Sec Performance (95% Target)	89.4%	91.7%	91.4%	
Mean Call Answer Time (secs)	6	5	5	
95th Centile Call Answer (Secs)	37	27	28	
National Mean Call Answer	5	5	5	
National 95th Centile Call Answer	31	29	27	

Category 1 Performance

	Mar-19	Apr-19	May-19	12 Months
Mean (00:07:00)	00:07:31	00:07:20	00:07:18	
90th Percentile (00:15:00)	00:13:50	00:13:59	00:13:37	
Mean Resources Arriving	1.67	1.69	1.69	
Count of Incidents	3708	3552	3594	
National Mean	00:07:00	00:07:01	00:06:54	

Category 1T Performance

	Mar-19	Apr-19	May-19	12 Months
Mean (00:19:00)	00:09:47	00:09:23	00:09:27	
90th Percentile (00:30:00)	00:18:13	00:17:31	00:17:23	
Mean Resources Arriving	1.69	1.70	1.72	
Count of Incidents	2376	2187	2268	
National Mean	00:10:46	00:10:47	00:10:32	

Category 2 Performance

	Mar-19	Apr-19	May-19	12 Months
Mean (00:18:00)	00:20:12	00:19:18	00:20:54	
90th Percentile (00:40:00)	00:38:10	00:36:10	00:40:16	
Mean Resources Arriving	1.08	1.09	1.08	
Count of Incidents	32586	31793	31330	
National Mean	00:21:15	00:21:13	00:21:01	

Category 3 Performance

	Mar-19	Apr-19	May-19	12 Months
Mean	01:46:30	01:33:31	01:38:23	
90th Percentile (02:00:00)	04:09:41	03:37:28	03:56:04	
Mean Resources Arriving	1.06	1.06	1.07	
Count of Incidents	18478	19756	19166	
National Mean	01:01:24	01:01:15	01:00:29	

Category 4 Performance

	Mar-19	Apr-19	May-19	12 Months
Mean	02:15:17	01:52:44	01:58:37	
90th Percentile (03:00:00)	05:06:19	04:30:42	04:52:54	
Mean Resources Arriving	1.05	0.92	0.90	
Count of Incidents	745	606	495	
National Mean	01:20:29	01:20:55	01:16:02	

Health Care Professional

	Mar-19	Apr-19	May-19	12 Months
HCP 60 Mean	01:46:22	01:37:01	01:31:54	
HCP 60 90th Percentile	03:53:10	03:34:57	04:07:19	
HCP 120 Mean	01:53:29	01:49:28	01:43:46	
HCP 120 90th Percentile	04:07:43	04:10:37	03:45:51	
HCP 240 Mean	02:39:51	02:17:07	02:15:07	
HCP 240 90th Percentile	06:06:01	06:02:04	05:16:00	

Call Cycle Time

	Mar-19	Apr-19	May-19	12 Months
Avg Allocation to Clear at Scene	01:16:00	01:16:29	01:15:30	
Avg Allocation to Clear at Hospital	01:47:13	01:47:54	01:47:21	
Turnaround Hrs Lost at Hospital (>30mins)	4673	5054	4946	
Number of Handovers >60mins	525	628	508	

Community First Responders

	Mar-19	Apr-19	May-19	12 Months
Volume of Incidents Attended	1484	1319	1420	

Incident Outcome AQI

	Mar-19	Apr-19	May-19	12 Months
Hear & Treat	5.5%	5.7%	5.6%	
See & Treat	31.8%	32.2%	32.1%	
See & Convey	62.7%	62.1%	62.3%	

Demand/Supply AQI

	Mar-19	Apr-19	May-19	12 Months
Calls Answered	66945	65412	65410	
Incidents	60991	61449	60075	
Transports	38229	38177	37410	

SECAmb 999 Operations Response Time Performance Charts

5 Sec EOC Call Handling Performance
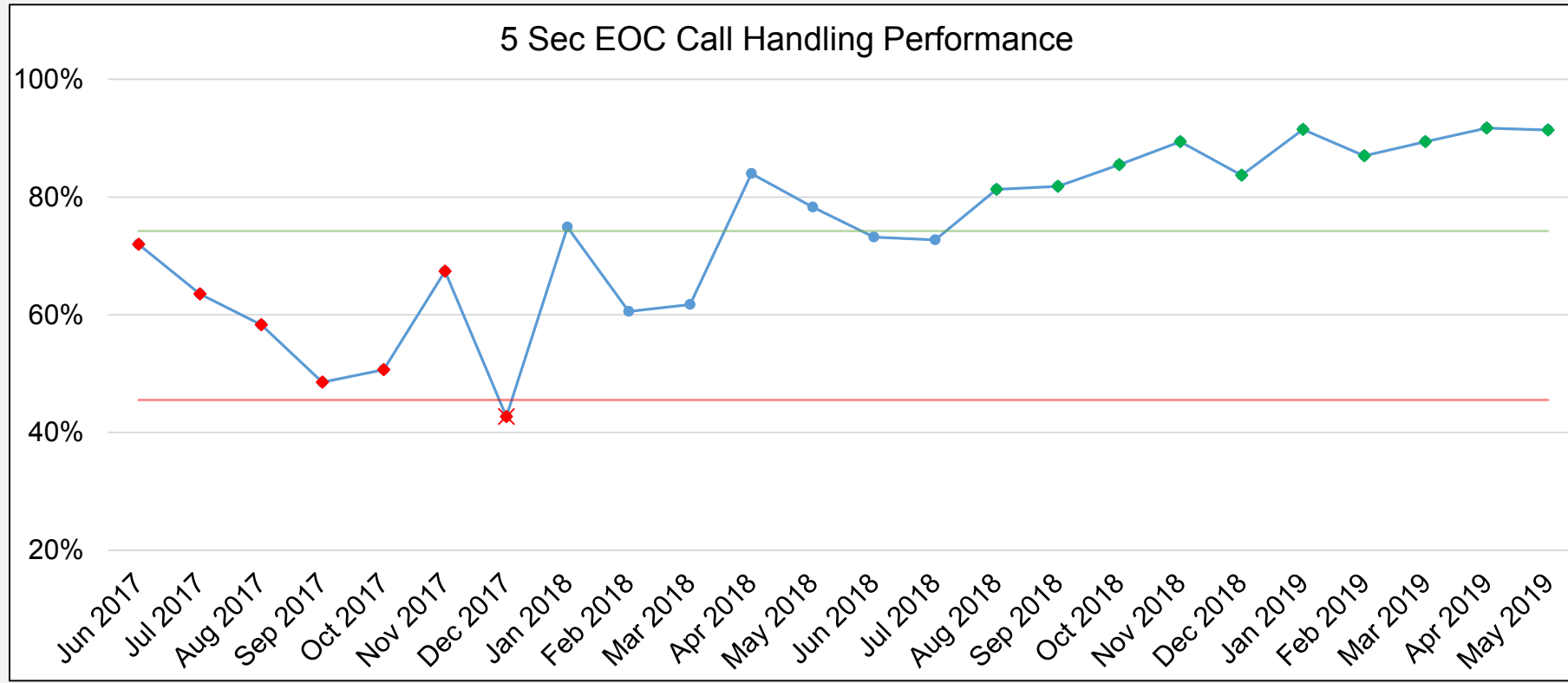
Call answering performance in EOC for May remained stable above 91% on average, whilst the Trust continues to exceed the revised trajectory agreed with the Commissioners in September 2018. National Call Answer performance demonstrates that the Trust's performance for 90th Centile Performance has improved to 2nd position overall and the other metrics remain stable at positions 6/7 in the national AQI tables compared to other ambulance services.

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

Cat 1 Mean (00:07:00) Performance

ARP Implemented 22nd November 2017
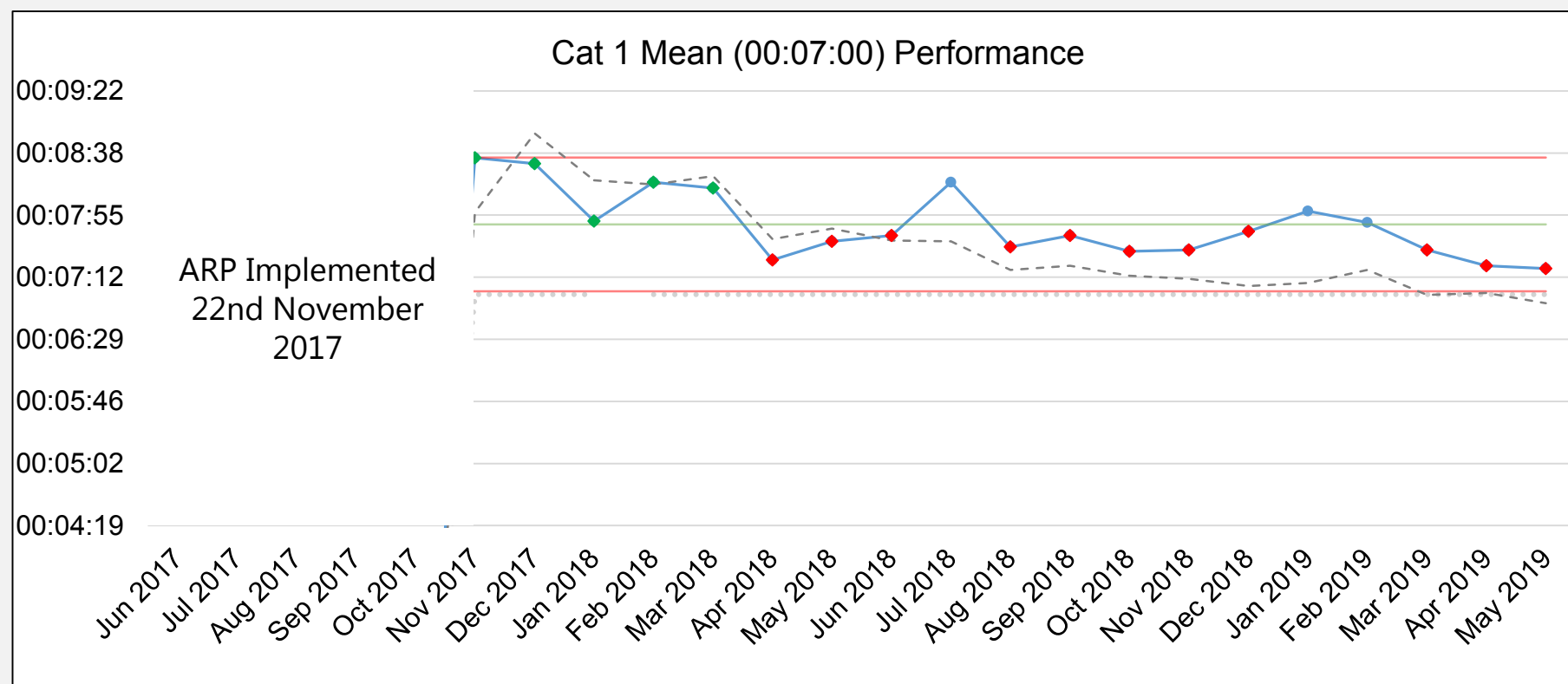
The Category 1 (C1) mean response in May illustrates a further improvement of 2 seconds, achieving an average of 7:18. The number of incidents remained consistent with the previous month.

Whilst the Trust is not yet delivering the Ambulance Response Programme (ARP) target of seven minutes for C1 Mean, the Trust has delivered the C1T Mean and C1 90th centile against ARP standards and resides at positions 4 and 9 respectively for C1 Transport, when measured against all other English ambulance services.

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

----- National Mean

Cat 2 Mean (00:18:00) Performance

ARP Implemented 22nd November 2017
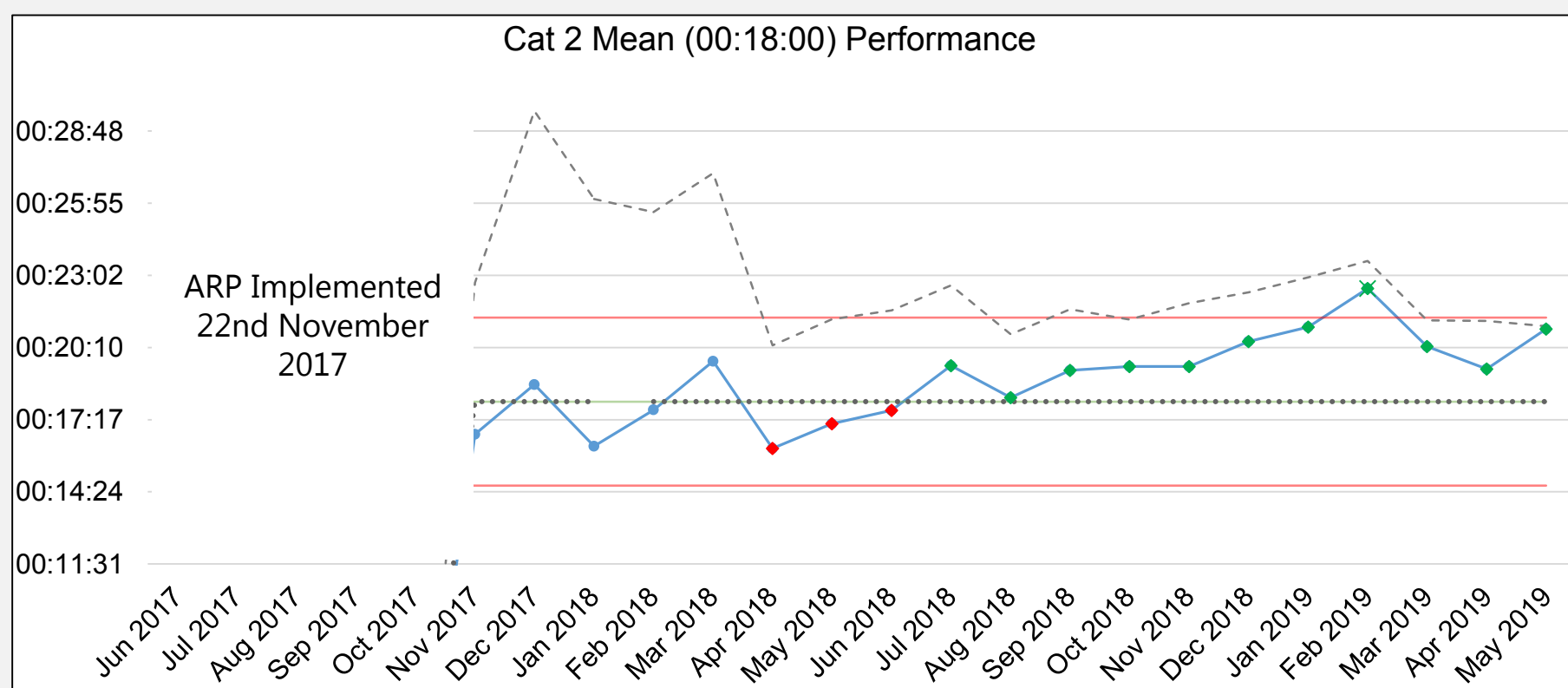
The Category 2 (C2) Mean Performance in May declined by a further 1 minute and 36 seconds compared to the previous month, to an average mean performance at 20:54. In comparison to other ambulance services, the Trust continues to achieve middle table status for both Mean and 90th centile. The Trust did not achieve the ARP standard in May for C2 performance.
As one of the initiatives to improve out Category 3 (C3) performance, the SRV targeted Dispatch Trial was implemented, thereby deploying SRVs with a qualified clinician to C3 calls, backed up by NET vehicles. This enabled DCA's to attend the higher acuity calls that would be more likely to require conveyance. The trial did not deliver the anticipated results and it was identified that this was in part due to inconsistency in the provision of operational hours (right hours, wrong times), increased Job Cycle time due to the inability to access clinical advice in a timely manner and some Trust policies

----- National Mean

Cat 3 Mean Performance

ARP Implemented 22nd November 2017
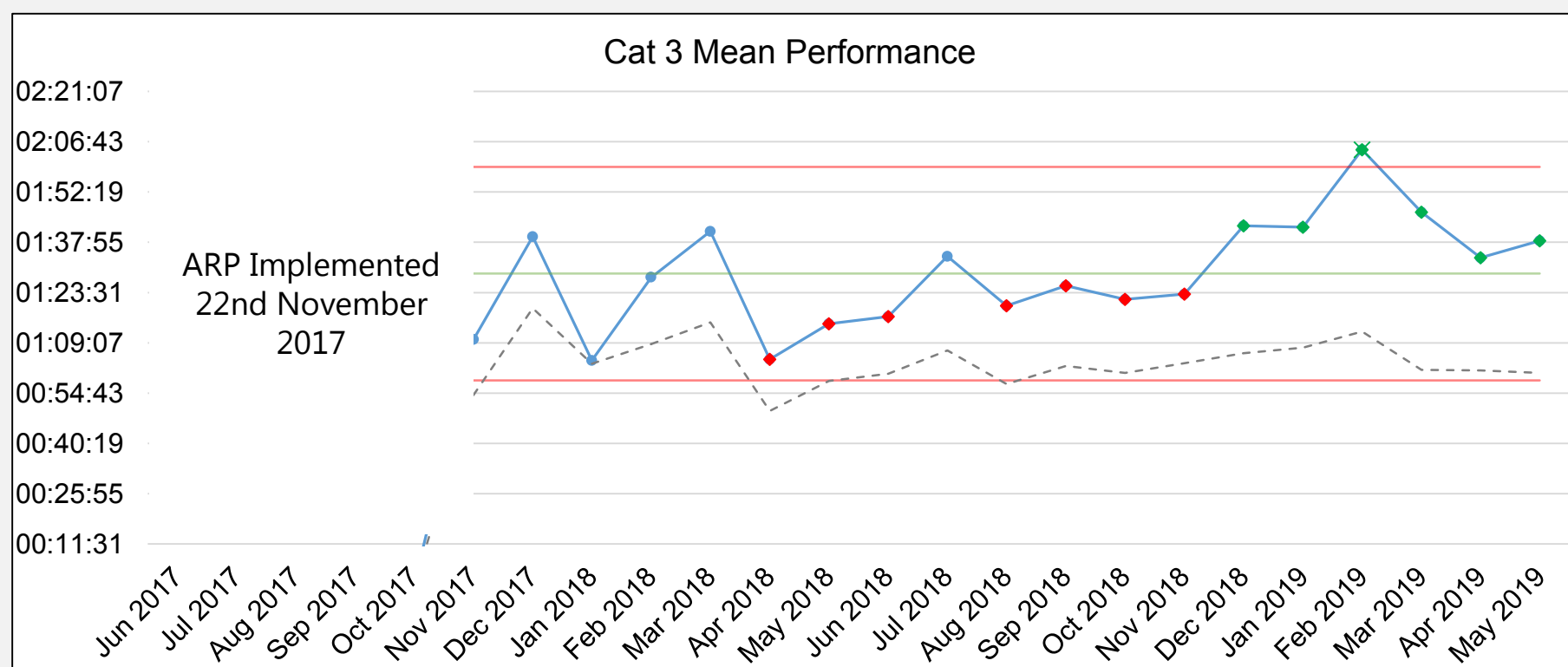
Response to C3 incidents continues be well outside of the ARP target and remains a significant challenge to the Trust. The average mean response is 1:38:23.
The Trust's performance nationally remains sub-optimal for both C3 Mean and 90th Centile remain at the bottom of the AQI table. The average national performance remains approximately 2.5 hours better than SECAmb.
This position is of significant concern and the Trust is now working closely with Dr Anthony Marsh to identify ways that can significantly improve response to this category of patients, who are waiting too long. Actions have already been taken to ensure that there is more resource available, including the deferral of some of the key skills training days to later in the year. Although the Trust should be assured that all staff will receive the appropriate training, albeit at a later date and in a phased fashion.

----- National Mean

Hours Lost at Hospital (over 30 mins)
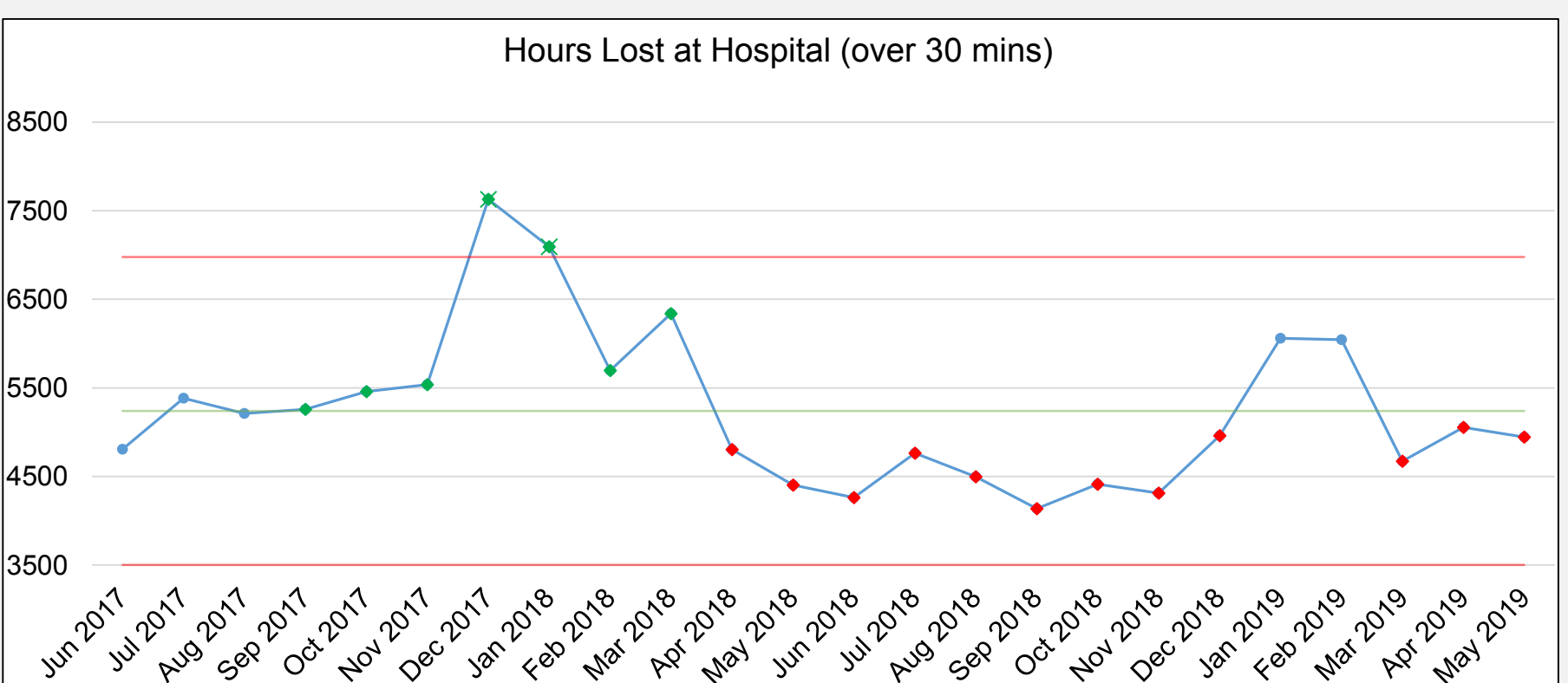
In May there was a decrease of 150 hours lost >30 minute turnaround compared to April. Comparing overall hours lost >30 minute turnaround in May 2019 with May 2018, there was 12% increase lost>30 minute turnaround .
In May 12.7% of patients waited between 30 and 60 minutes for a hospital handover and 1.5% of patients waited over 60 minutes.

The ambulance handover steering group continues to meet and local joint hospital and SECAmb operational meetings are also continuing.

The national programme has been refreshed and all hospital sites have submitted trajectories for improving handover performance over 2019/20. The most challenged trusts will be monitored by the national programme as well as locally through the steering group .

SECAmb Weekly Operational Performance - 8th July 2019

CAT 1

	17/06	24/06	01/07	Last 13 Weeks
Mean	00:07:05	00:07:53	00:07:20	
90th Centile	00:13:49	00:13:38	00:13:45	
RPI	1.73	1.80	1.77	
Count of Incidents	799	854	833	

CAT 1T

	17/06	24/06	01/07	Last 13 Weeks
Mean	00:09:19	00:10:11	00:10:08	
90th Centile	00:18:42	00:17:55	00:19:20	
RPI	1.75	1.85	1.83	
Count of Incidents	493	530	518	

CAT 2

	17/06	24/06	01/07	Last 13 Weeks
Mean	00:21:13	00:21:25	00:21:59	
90th Centile	00:40:32	00:41:06	00:42:48	
RPI	1.10	1.10	1.09	
Count of Incidents	7446	7587	7447	

CAT 3

	17/06	24/06	01/07	Last 13 Weeks
Mean	01:51:15	01:50:40	01:47:33	
90th Centile	04:15:39	04:20:37	04:08:33	
RPI	1.06	1.07	1.07	
Count of Incidents	4292	4253	4347	

CAT 4

	17/06	24/06	01/07	Last 13 Weeks
Mean	02:51:01	03:00:36	02:05:59	
90th Centile	06:18:58	06:23:37	04:20:04	
RPI	1.09	1.05	1.03	
Count of Incidents	104	99	72	

HCP 60

	17/06	24/06	01/07	Last 13 Weeks
Performance	45.5%	34.8%	22.2%	
Count of Incidents	22	23	18	

HCP 120

	17/06	24/06	01/07	Last 13 Weeks
Performance	54.9%	50.4%	51.6%	
Count of Incidents	370	357	308	

HCP 240

	17/06	24/06	01/07	Last 13 Weeks
Performance	55.4%	80.3%	63.6%	
Count of Incidents	65	61	66	

Call Cycle Time

	17/06	24/06	01/07	Last 13 Weeks
Clear at Scene (hh:mm)	01:15	01:14	01:13	
Clear at Hospital (hh:mm)	01:47	01:48	01:48	
Hours Lost at Hospital	1104	1143	1216	

Call Handling

	17/06	24/06	01/07	Last 13 Weeks
Mean Call Pickup Time (Seconds)	5	12	6	
Call Pickup Time 90th Percentile (Seconds)	4	39	18	
Call Pickup Time 95th Percentile (Seconds)	27	75	43	
Call Pickup Time 99th Percentile (Seconds)	77	163	93	
Average Call Length (seconds)	420	353	369	
Abandon Rate	0.70%	0.80%	0.60%	
Staff Hours Provided Vs 6413 Hours 2019/20 Q1 2019/20 Q2 to be	81.09%	78.05%	82.87%	

Incident Outcome

	17/06	24/06	01/07	Last 13 Weeks
See and Convey	63.0%	62.3%	61.5%	
See and Treat	31.7%	32.5%	33.0%	
Hear and Treat	5.4%	5.2%	5.5%	
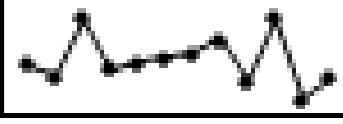
Demand/Supply

	17/06	24/06	01/07	Last 13 Weeks
Call Volume	15682	16215	16056	
Incidents	13171	13309	13123	
Transports	8806	8796	8548	
Staff Hours Provided Vs 65153 Hours 2019/20 Q1 67087 Hours 2019/20 Q2	100.56%	101.08%	93.37%	

Community First Responders

	17/06	24/06	01/07	Last 13 Weeks
Volume of Incidents Attended	334	279	336	
Hours Provided	2750.6	2354.1	2399.4	

SECAmb 111 Operations Performance Scorecard

Calls Offered

	Mar-19	Apr-19	May-19	12 Months
Actual	78251	75211	74311	
Previous Year	112748	93916	92737	
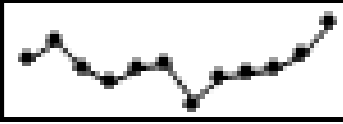
Calls answered in 60 Seconds

	Mar-19	Apr-19	May-19	12 Months
Actual %	83.8%	63.1%	68.5%	
Previous Year %	45.1%	73.6%	74.0%	
Target %	95%	95%	95%	

Calls abandoned - (Offered) after 30secs

	Mar-19	Apr-19	May-19	12 Months
Actual %	2.6%	9.1%	7.7%	
Previous Year %	15.7%	4.8%	4.7%	
Target %	5%	5%	5%	

A&E Dispositions

	Mar-19	Apr-19	May-19	12 Months
A&E Dispositions % (Answered Calls)	8.2%	8.5%	9.2%	
A&E Dispositions (Actual)	6202	4822	5135	
National	7.7%	8.7%	9.1%	

999 Referrals

	Mar-19	Apr-19	May-19	12 Months
999 Referrals % (Answered Calls)	11.6%	15.4%	15.5%	
999 Referrals (Actual)	8779	8743	8649	
National	11.7%	12.9%	12.9%	

SECAmb 111 Operations Performance Charts

111 - Calls Offered
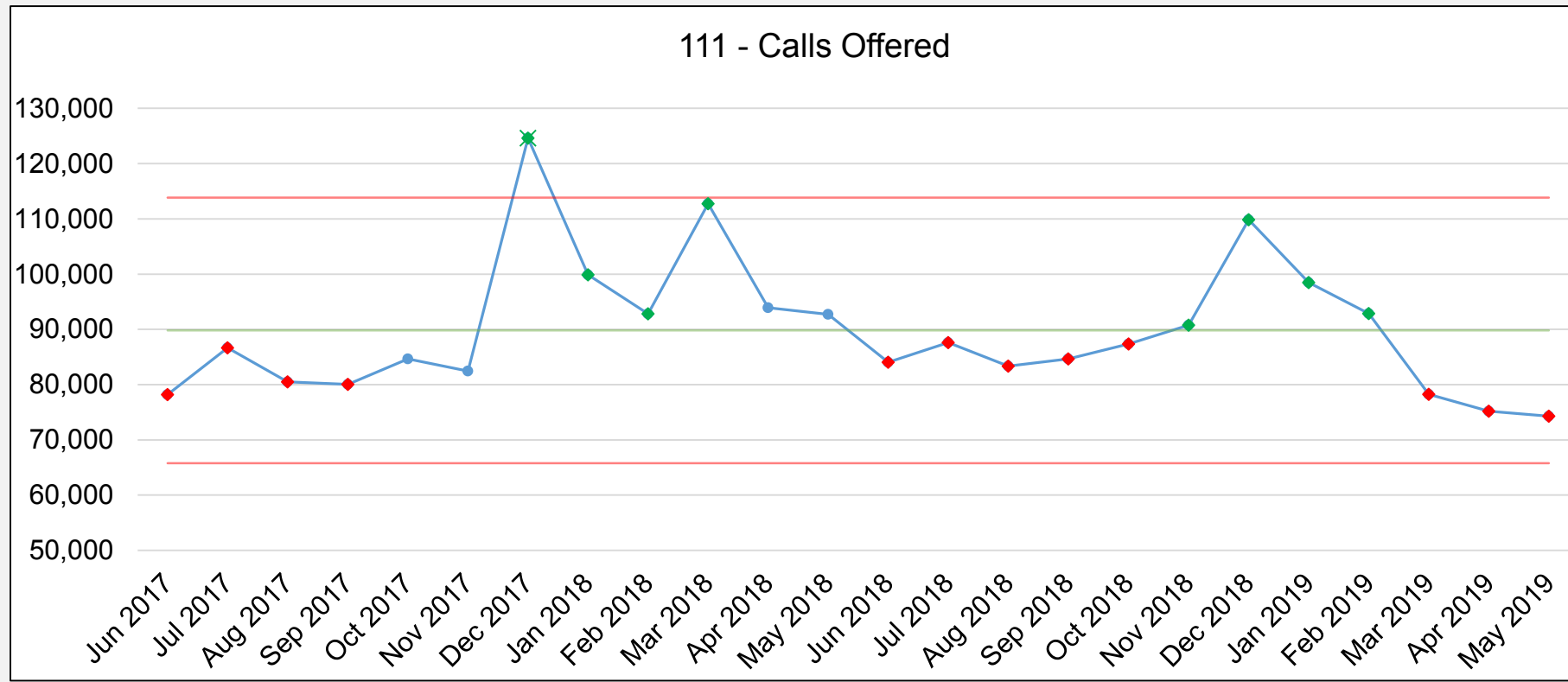
The call volume of 74311 was similar to the April volume. Two bank holidays occurred in May. Call profiles are volatile due to frequent activation of National Contingency by other 111 / IUC providers, and also unannounced PLT events.

111 - Calls Answered in 60 Seconds
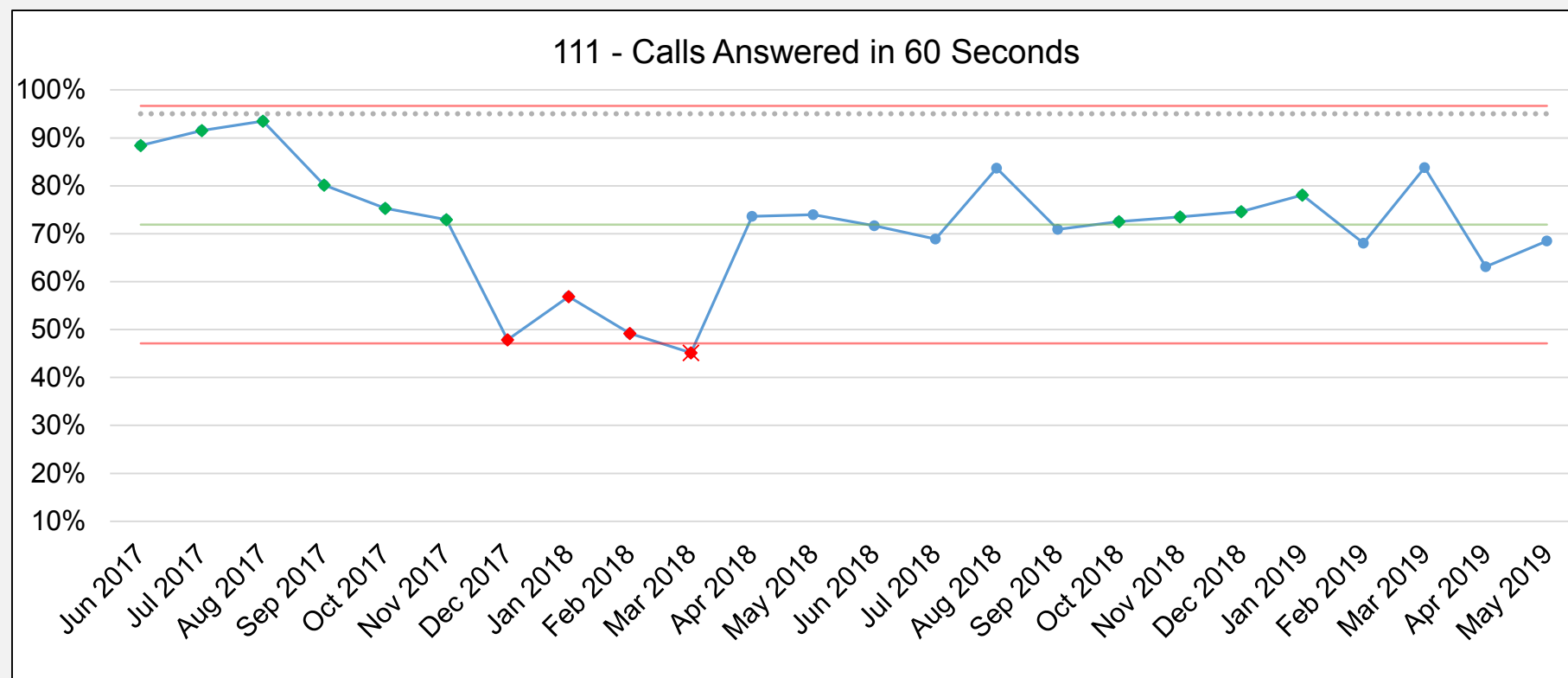
The SECAMB service improved its service level to 68.5%. Further work is being conducted to maximise productivity, reduce Average Handling Time, and reduce unplanned absence.

111 - Calls Abandoned - (Offered) after 30 seconds)
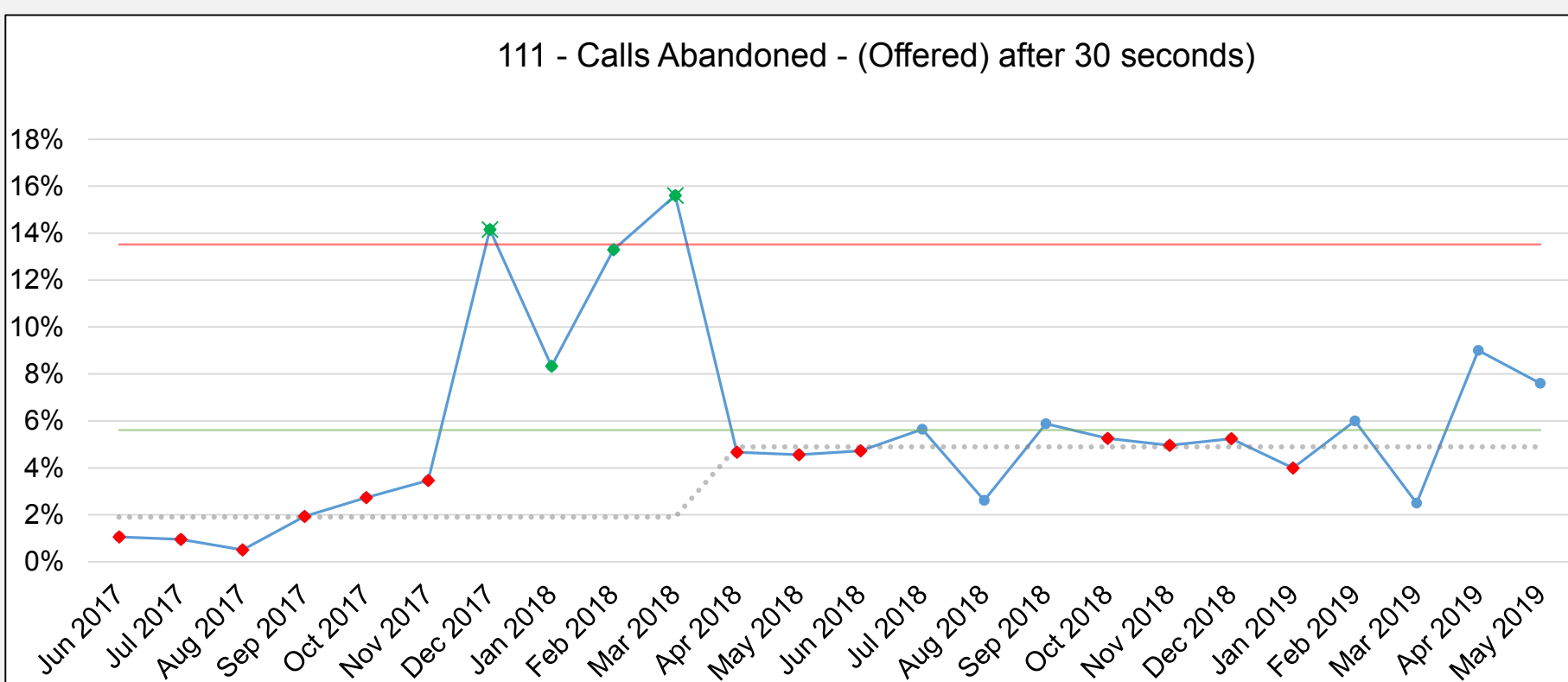
The ABD rate reduced to 7.7% in line with the service's improvement trajectory. The Average Speed to Answer fell to 102 seconds, demonstrating an underlying improvement in answering calls promptly.

111 - 999 Referrals

Data unavailable
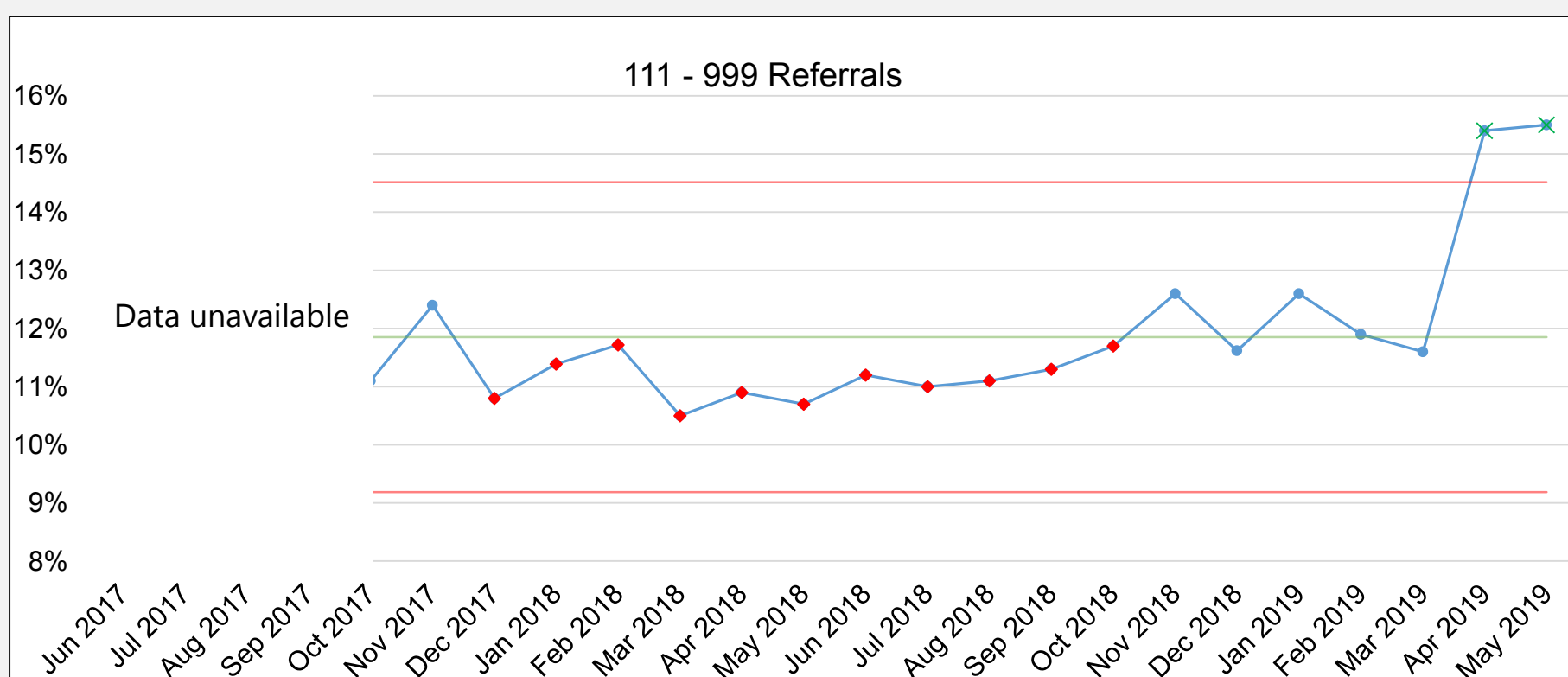
The AMB referral rate remained high due to staff tenure and risk aversion by users new to the Cleric platform. Validation of C3 / C4 dispositions via Clinical Inline Support is still provided. Nationally there has been an upward trend in AMB referral rates

SECAmb Workforce Scorecard

Workforce Capacity

	Mar-19	Apr-19	May-19	12 Months
Number of Staff WTE (Excl bank & agency)	3436.0	3515.5	3517.6	
Number of Staff Headcount (Excl bank and agency)	3724	3813	3811	
Finance Establishment (WTE)	3837.50	3837.50	3837.50	
Vacancy Rate	11.29%	8.39%	8.34%	
Vacancy Rate Previous Year	12.82%	12.23%	12.63%	
Adjusted Vacancy Rate + Pipeline recruitment %	5.46%	4.85%	4.79%	

Workforce Compliance

	Mar-19	Apr-19	May-19	12 Months
Objectives & Career Conversations %	89.57%	90.21%	13.27%	
Target (Objectives & Career Conversations)	80%	80%	80%	
Statutory & Mandatory Training Compliance %	93.58%	12.55%	26.78%	
Target (Stat & Mand Training)	95%	95%	95%	
Previous Year (Stat & Mand Training) %	93.24%	6.54%	85.68%	

* Objectives & Career Conversations and Statutory & Mandatory training has been measured by financial year. The completion rate is reset to zero on 01/04/2019

Workforce Costs

	Mar-19	Apr-19	May-19	12 Months
Annual Rolling Turnover Rate %	14.07%	14.10%	14.72%	
Previous Year %	17.19%	16.50%	17.42%	
Annual Rolling Sickness Absence	5.00%	5.00%	5.17%	
Target (Annual Rolling Sickness)	5%	5%	5%	

Employee Relations Cases

	Mar-19	Apr-19	May-19	12 Months
Disciplinary Cases	2	5	4	
Individual Grievances	9	10	7	
Collective Grievances	1	3	0	
Bullying & Harassment	2	2	1	
Bullying & Harassment Prev Yr	1	2	3	
Whistleblowing	0	0	0	
Whistleblowing Previous Year	0	0	1	

Physical Assaults (Number of victims)

	Mar-19	Apr-19	May-19	12 Months
Actual	18	8	29	
Previous Year	17	22	13	
Sanctions	3	0	4	

Adjusted Vacancy Rate + Pipeline Recruitment
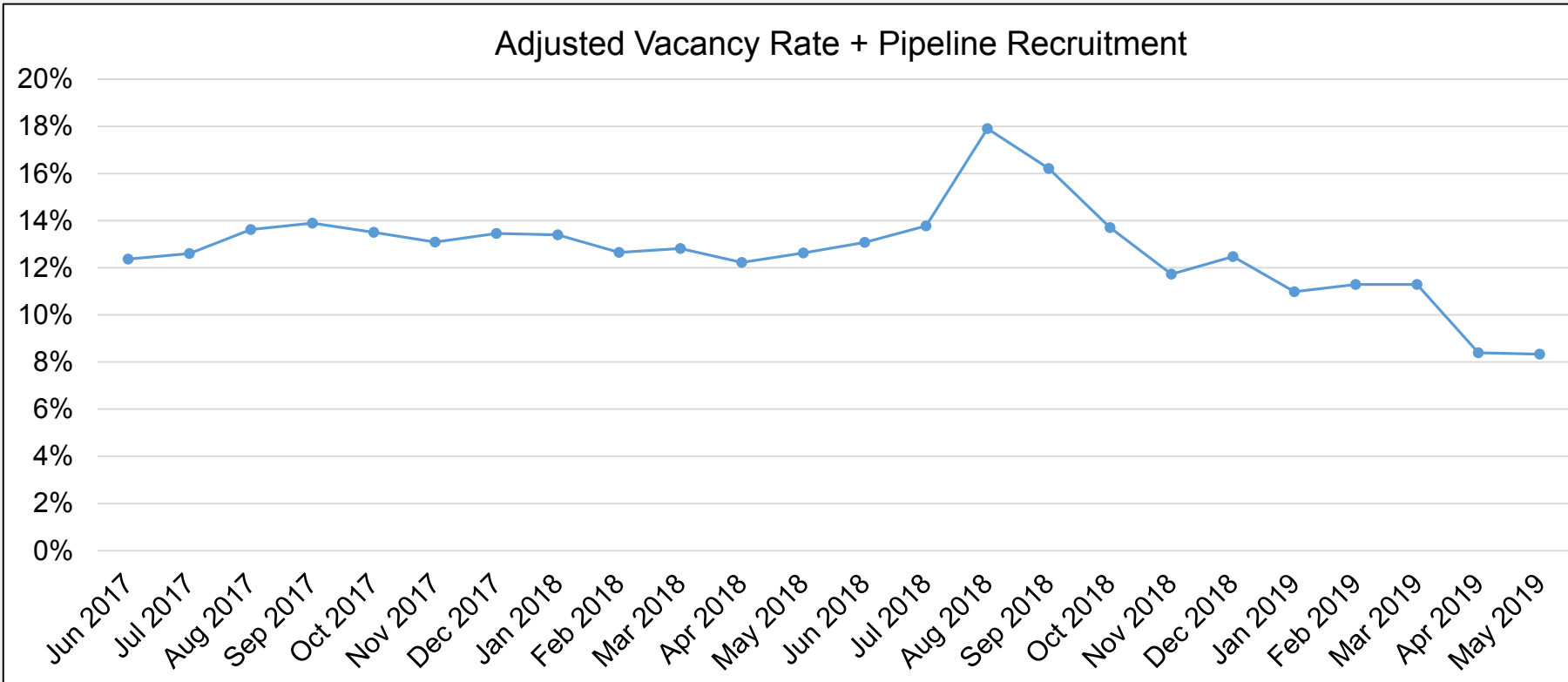
In May we recruited 18 new staff into the Trust. Our adjusted vacancy rate fell from 4.85% to 4.79%.

Our ECSW pipeline continues to be affected by candidate's ability to gain a C1 licence and as a result we had 15 unfilled ECSW course spaces in May. We anticipate that for courses starting after August 2019, this problem will be resolved as we have increased the period from offer to course start to 12 weeks.

For external NQPs graduates due to qualify this summer, we have offered 136 a job, against a target of 135.2.

A further 9 are due to be assessed in July. Attraction of external NQPs will continue until the autumn.

The celebratory event for our 73 in-service (internal) NQP graduates will take place on the 16th and 17th July 2019, we plan to confirm all 73 as Trust NQPs.

For experienced paramedics, 5 have been offered during April and May. A Trust task force has been agreed to establish how and what steps the Trust needs to take to make our experienced paramedic opportunities attractive to potential candidates.

Focus for 111 and EOC continues on Clinician recruitment which remains challenging. The work to secure the arrival of the first 4 of a 9 potential international clinicians in late summer is on-going.

Objectives and Career Conversations
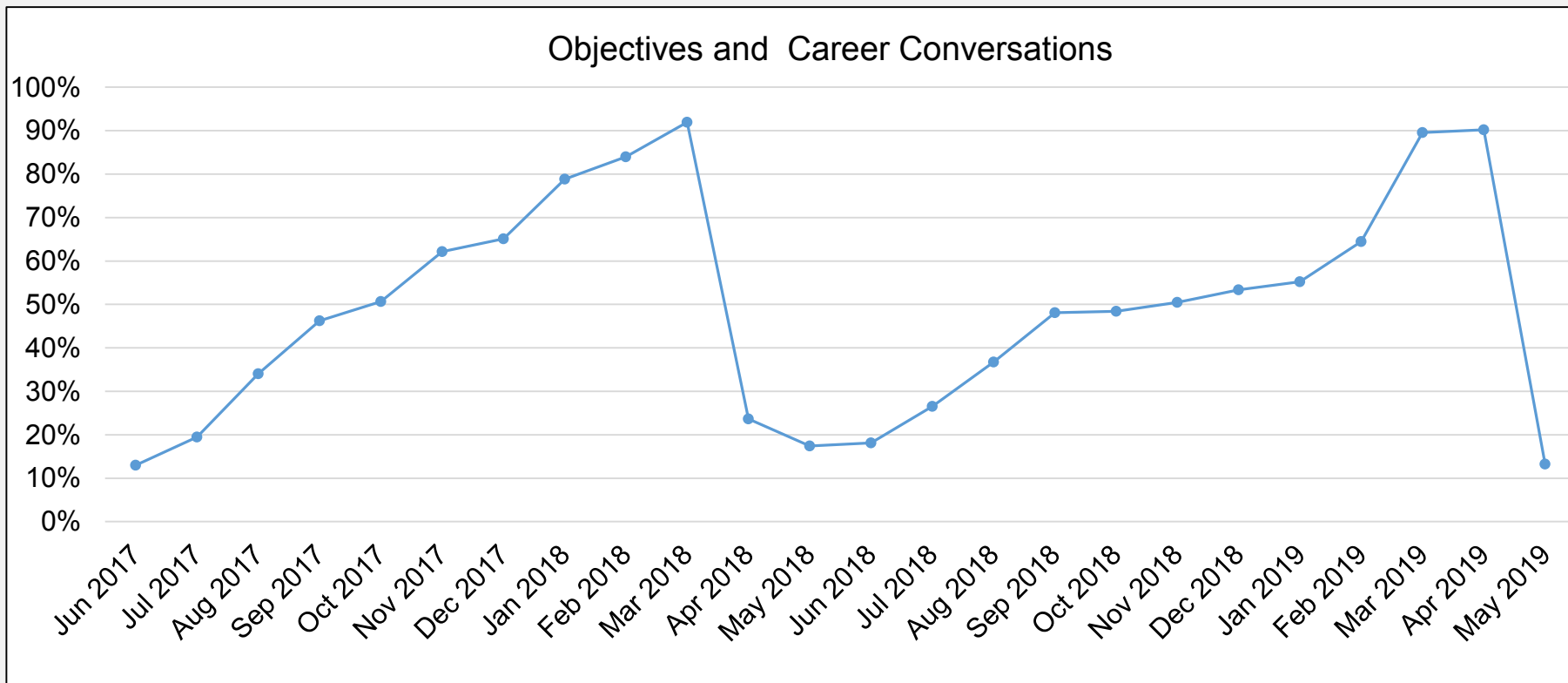
These figures are based on a current headcount of 3737 substantive staff. The exceptions are bank staff, people on maternity and those on career breaks.

The figures are currently reported annually and as such are reset in April. (We are developing a report that will provide the rolling total)

The total % of appraisals completed year to date is 13.27%. This equates to 496 people having received an appraisal since April 2019.

## Annual Rolling Turnover Rate
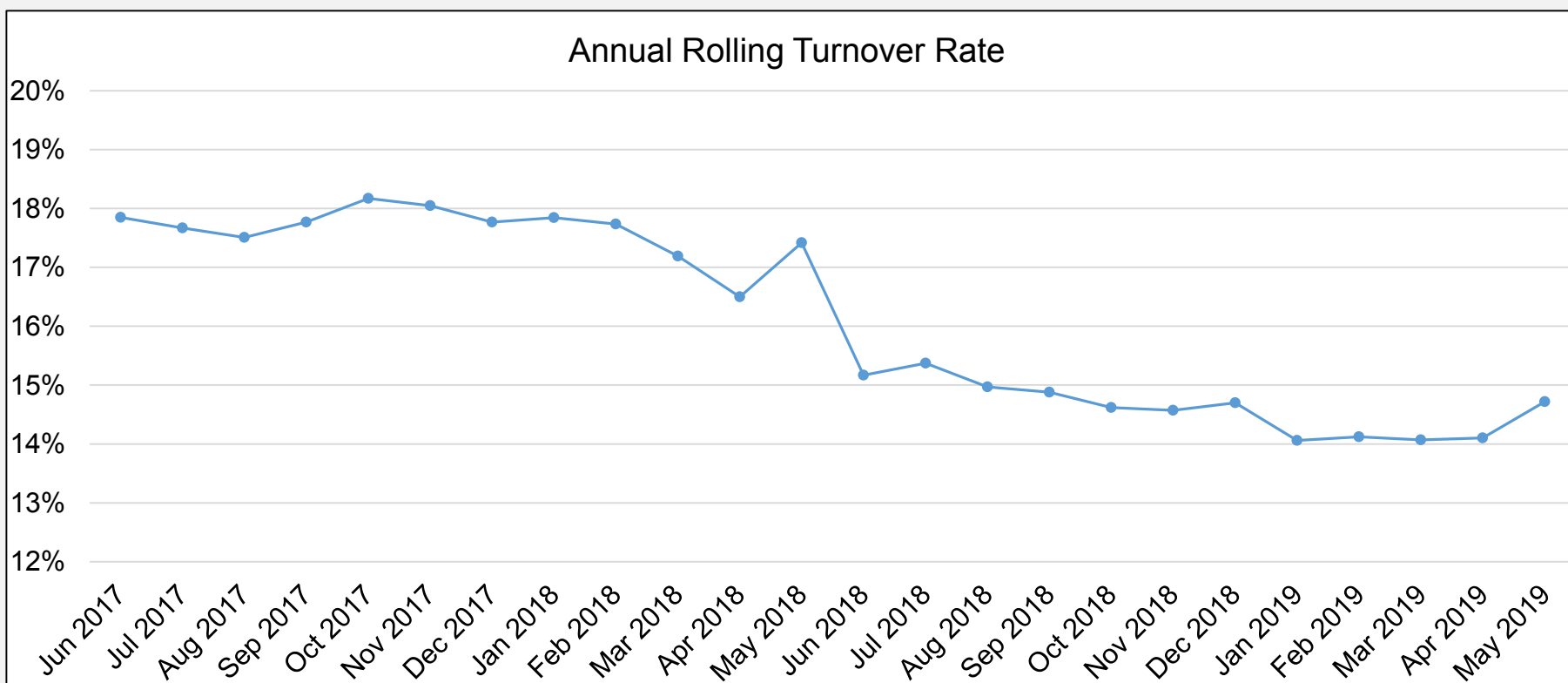
Following a period of continued downward trend on turnover, and a plateau for February, March and April, we have seen a slight increase in staff turnover for May at 14.7%. We continue to provide regular updates to WWC.

EOC East Turnover for May 19 - 32% (By comparison EOC East for the same period last year was 29%)
EOC West Turnover for May 19 - 36.22% (By comparison EOC West for the same period last year was 44.27%)
111 Turnover for May 19 - 46.57% (By comparison 111 for the same period last year was 46.31%)

An updated paper on Exit Interview Data has been written for the HRD, with a focus on the EOC's

Annual Rolling Sickness Absence
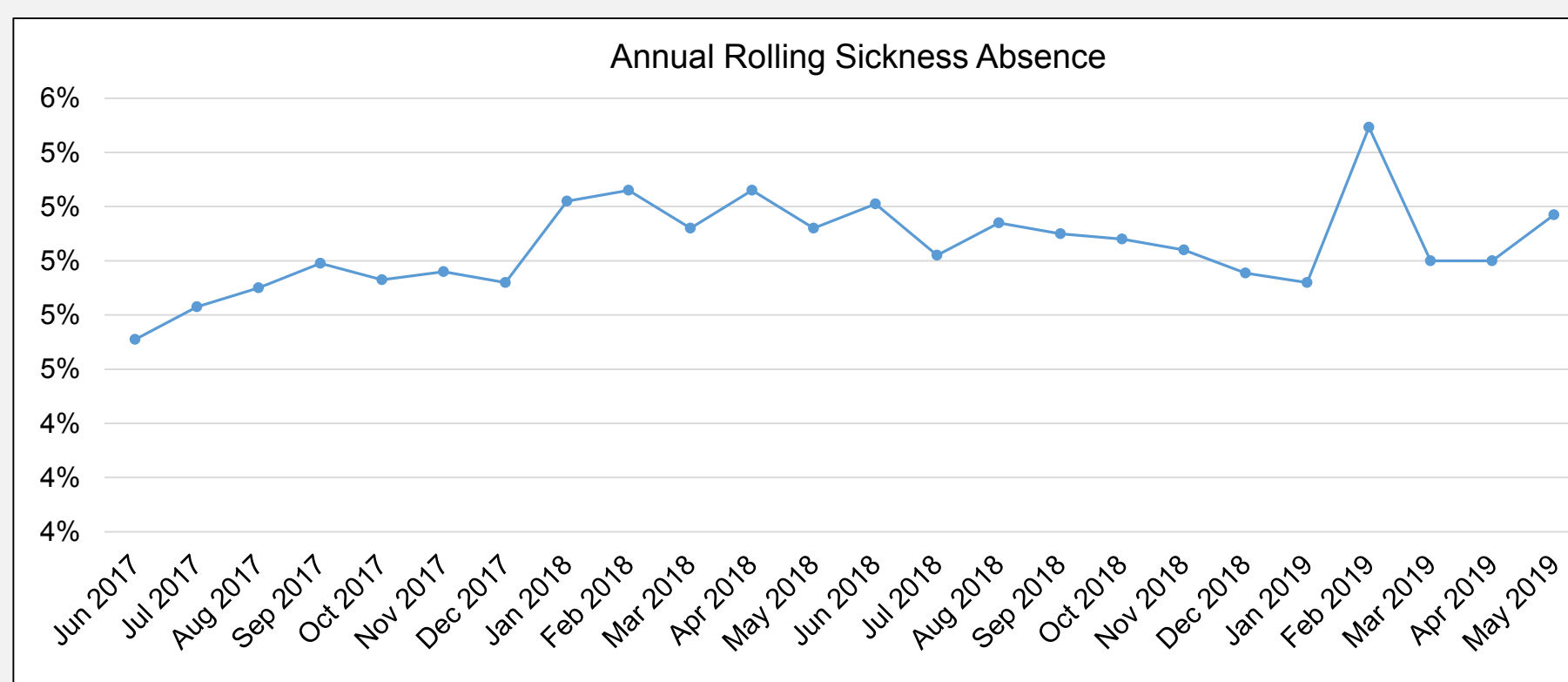
Sickness absence was fractionally above target again at 5.2% for May 2019. Work is in place to reduce this

Bullying and Harassment
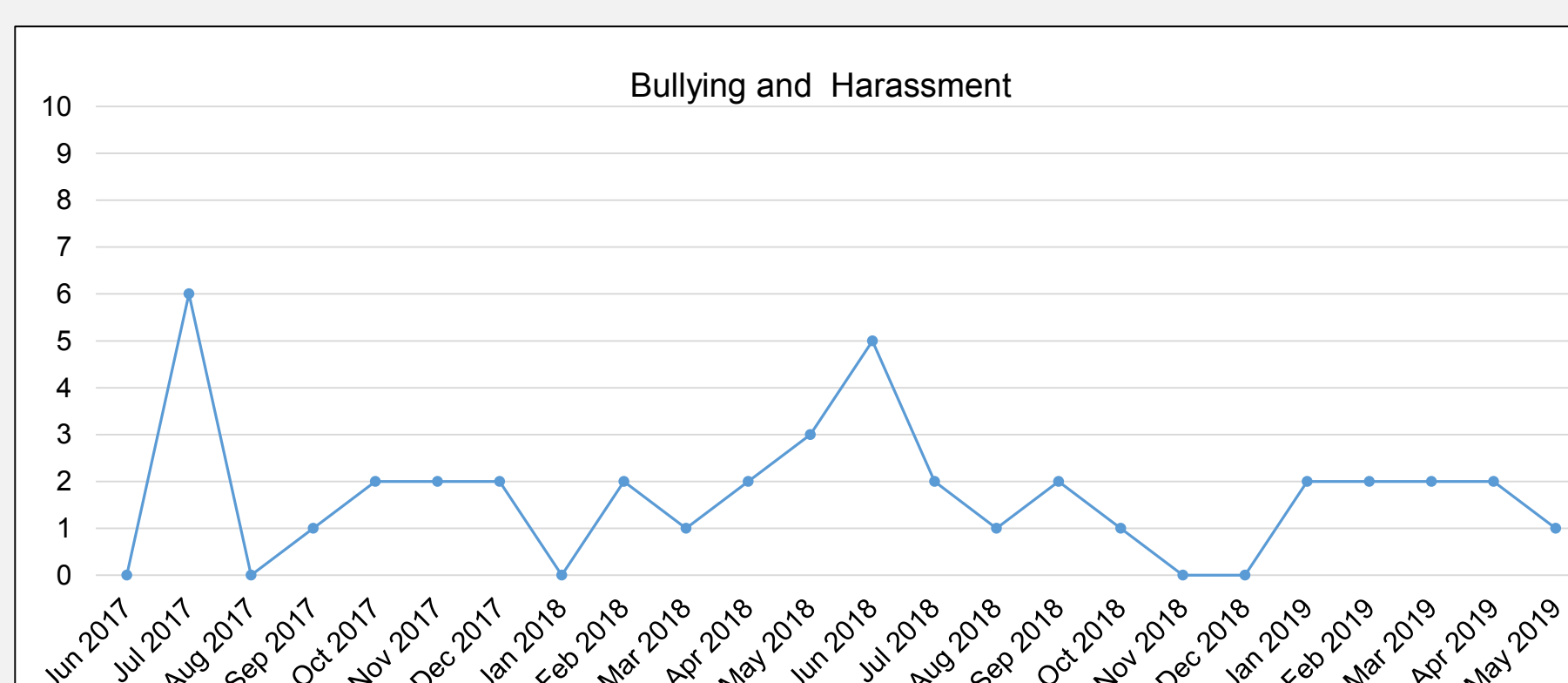
There was 1 reported case of Bullying and Harassment (Band H) in May 19 with the rolling total no at 40 cases since June 2017.
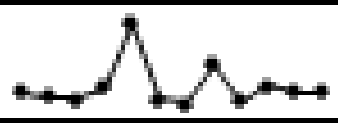
We have now established a new induction (local) with a Corporate Induction, in groups of 30 staff, 3 months into their employment. This will allow for greater understanding of what's good and what's not so good, and head off some of the not so goods quickly.

There will be focus on behaviours and values, and a session on challenging bad behaviour.
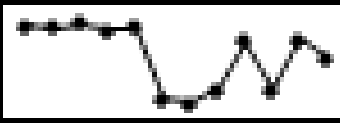
There is also a new First Line Managers Programme with a focus on Culture, values and behaviours.

Expenditure

	Mar-19	Apr-19	May-19	12 Months
Actual £	£ 2,660	£ 1,172	£ 1,021	
Previous Year £	£ 3,190	£ 299	£ 142	
Plan £	£ 2,800	£ 1,765	£ 1,719	
Actual Cumulative £	£ 13,037	£ 1,172	£ 2,193	
Plan Cumulative £	£ 13,304	£ 1,765	£ 3,484	

Cost Improvement Programme (CIP)
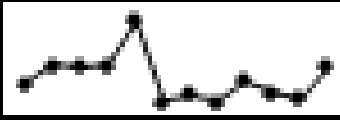
	Mar-19	Apr-19	May-19	12 Months
Actual £	£ 1,786	£ 83	£ 585	
Previous Year £	£ 1,406	£ 392	£ 308	
Plan £	£ 1,801	£ 83	£ 781	
Actual Cumulative £	£ 11,401	£ 83	£ 668	
Plan Cumulative £	£ 11,411	£ 83	£ 864	

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)

	Mar-19	Apr-19	May-19	12 Months
Actual £	£ 2,374	-£ 1,454	-£ 484	
Actual YTD £	£ 2,388	-£ 1,454	-£ 1,938	
Plan £	£ 701	-£ 1,098	-£ 348	
Plan YTD £	£ 707	-£ 1,098	-£ 1,446	

Cash Position

	Mar-19	Apr-19	May-19	12 Months
Actual £	£ 24,154	£ 22,332	£ 17,271	
Minimum £	£ 10,000	£ 10,000	£ 10,000	
Plan £	£ 17,794	£ 16,616	£ 16,736	

Agency Spend

	Mar-19	Apr-19	May-19	12 Months
Actual £	£ 457	£ 447	£ 526	
Plan £	£ 200	£ 295	£ 291	

SECAmb Finance Performance Charts

Net Surplus/Deficit
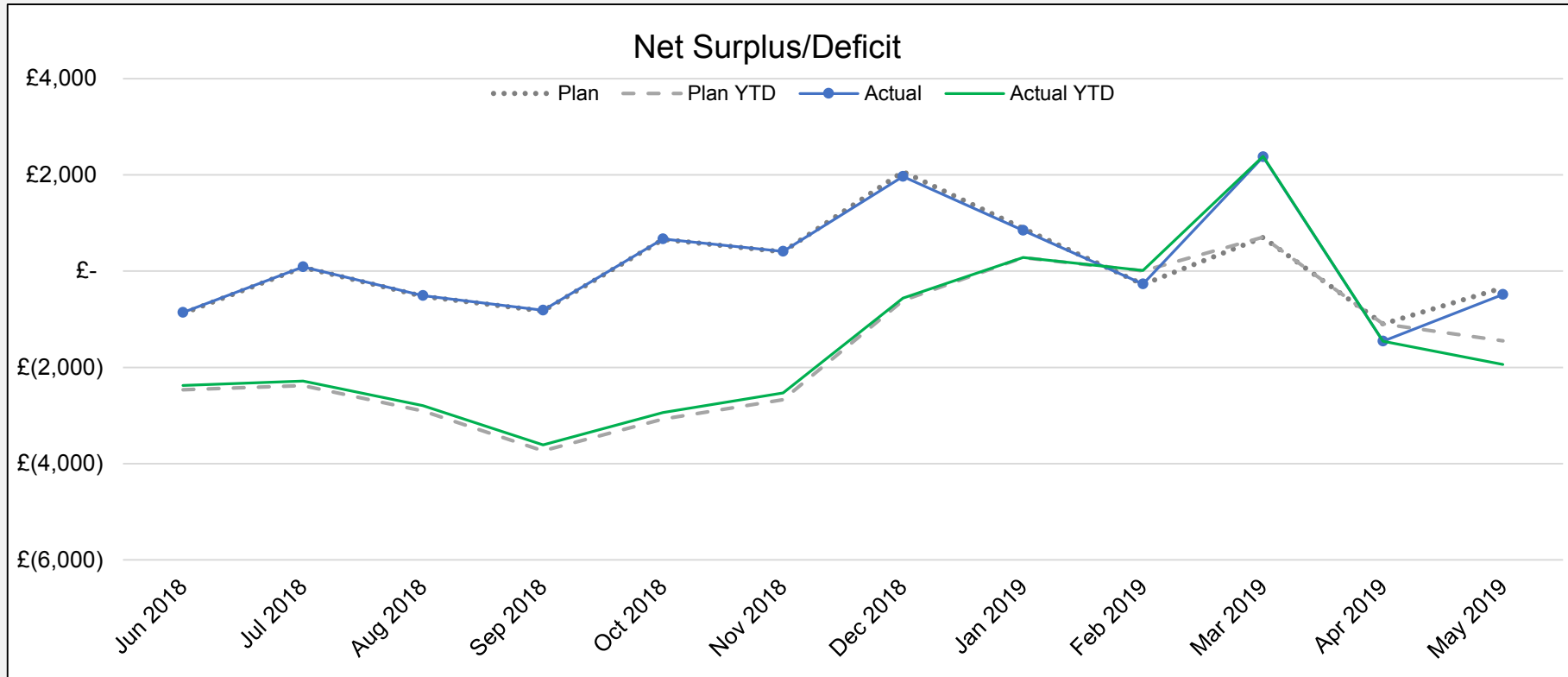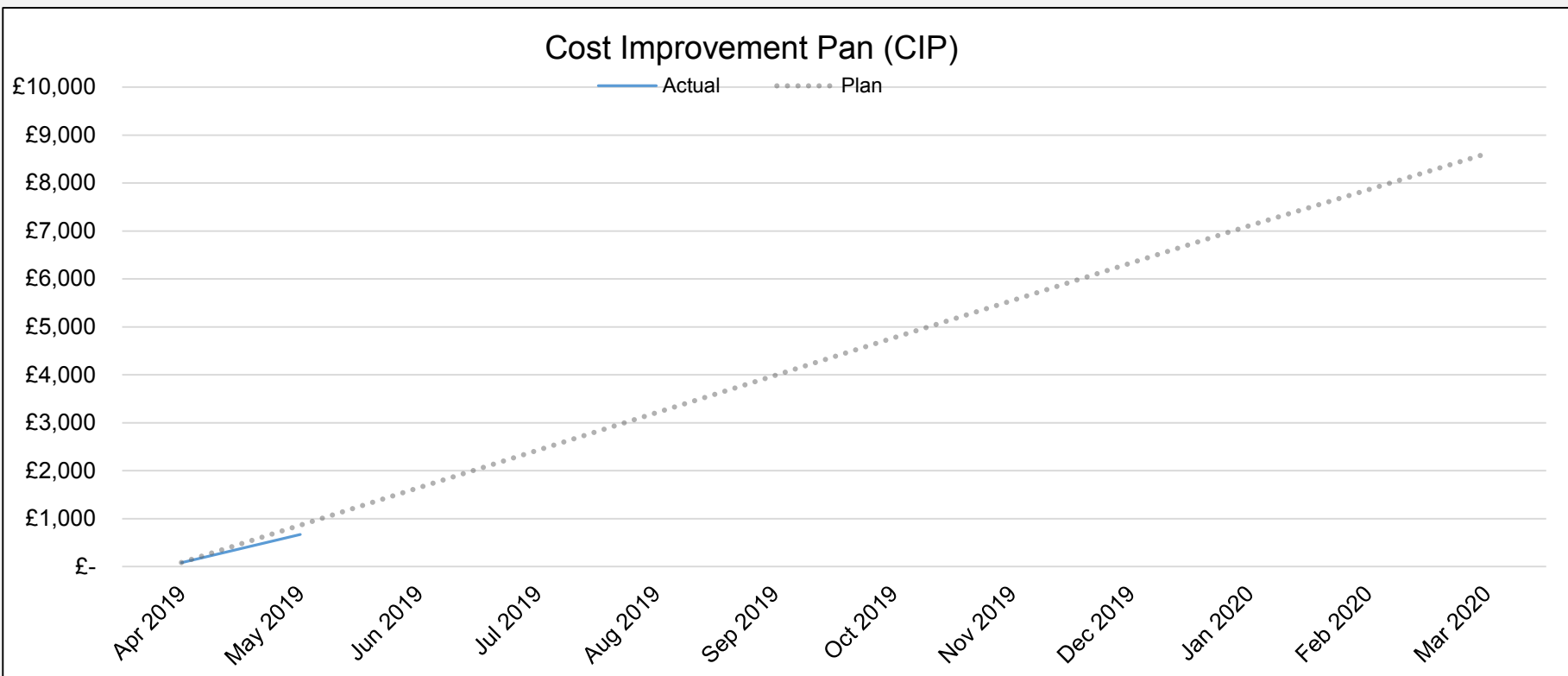

The Trust's I and E position in Month 01 was a deficit of £0.5m, this is £0.1m adverse to plan.

Year to date the deficit was £1.9m, this is £0.5m adverse to plan.

The main reason for this variance was due to 999 activity being less than planned where the Trust is currently unable to meet the demands on its service.

Cost Improvement Pan (CIP)

CIPs to the value of £0.6m were achieved in the month, as planned.

Year to date, we have reported £0.7 which is £0.2m behind plan.

This underachievement is mainly due to timing of reporting and is expected to catch up over the next few months.

The full year CIP plan and forecast is £8.6m.

As part of budget setting CIPs have been devolved to budget holders and schemes are being developed the achieve the efficiencies required.

Capital Expenditure
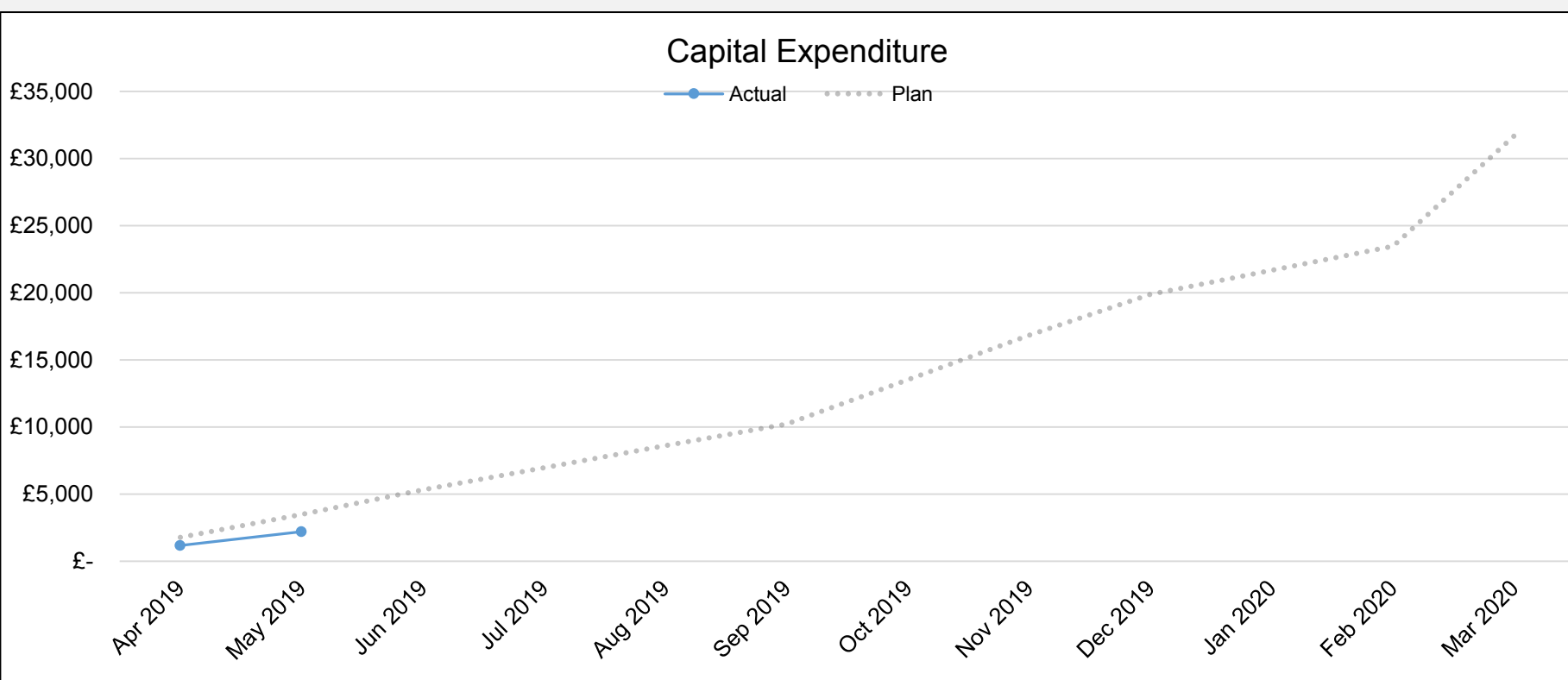
Capital for the month of May was £1.0m, £0.7m below plan.

Year to date expenditure is £2.2m, £1.3m below plan.

This shortfall is due to timing, partly due to awaiting approval on the 'Wave 4' capital bids.

The plan and forecast for the year is £31.7m.

The Trust is seeking formal approval from the Department of Health and Social Care (DHSC) for the £19.1m of schemes that were the subject of successful 'Wave 4' capital bids. The schemes are Brighton, Medway and Worthing Make Ready Centres and Nexus House HQ expansion. £15.8m of the expenditure is planned for 2019/20.
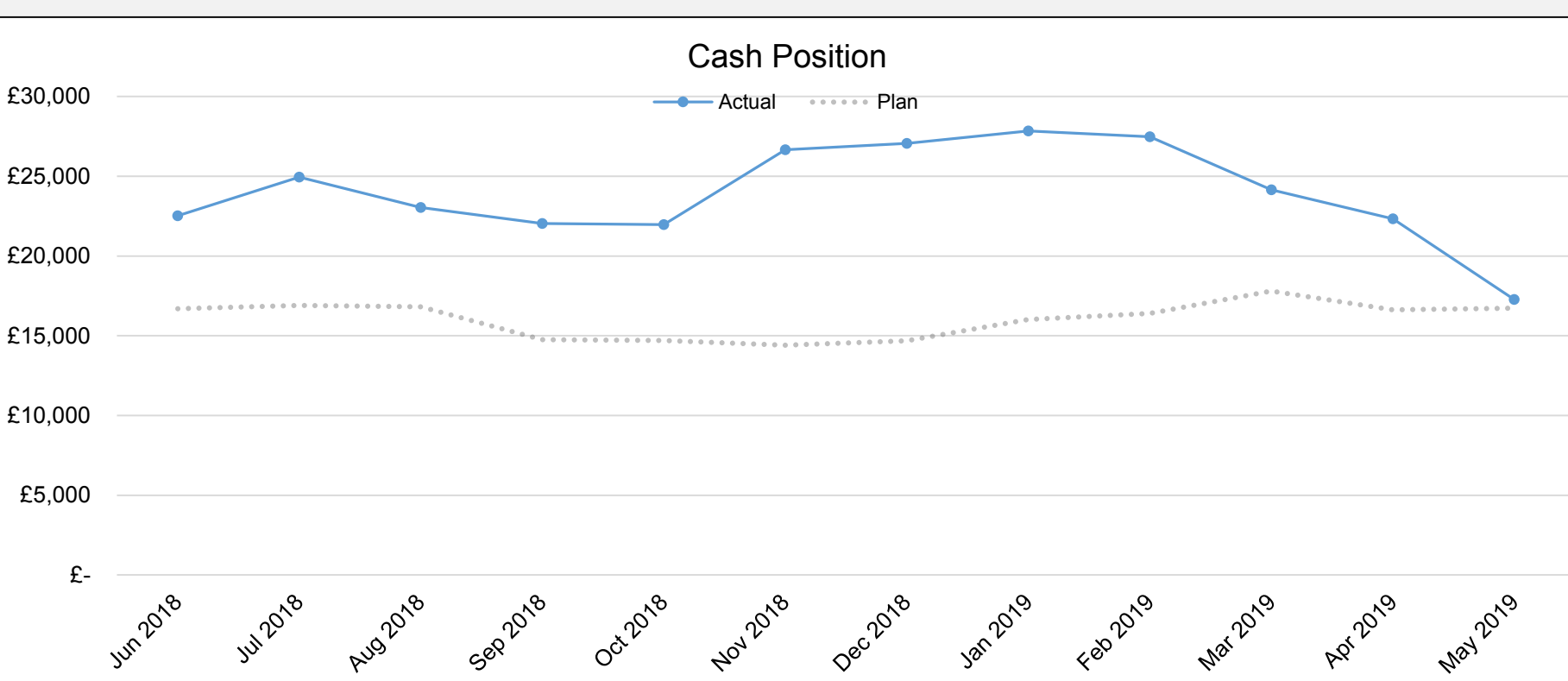
Cash Position

The cash position as at 31 May 2019 was £17.3m which was £0.5m greater than planned and £6.9m lower than the end of the last financial year, mainly driven by trade payables (£2.4m), PDC payment (£1.4m) and capital cash spend (£1.2m).

Performance for the year to date against the 'Better Payment Practice Code', measured by payment of suppliers within 30 days of a valid invoice, was 95.6% by value against a target of 95.0%.
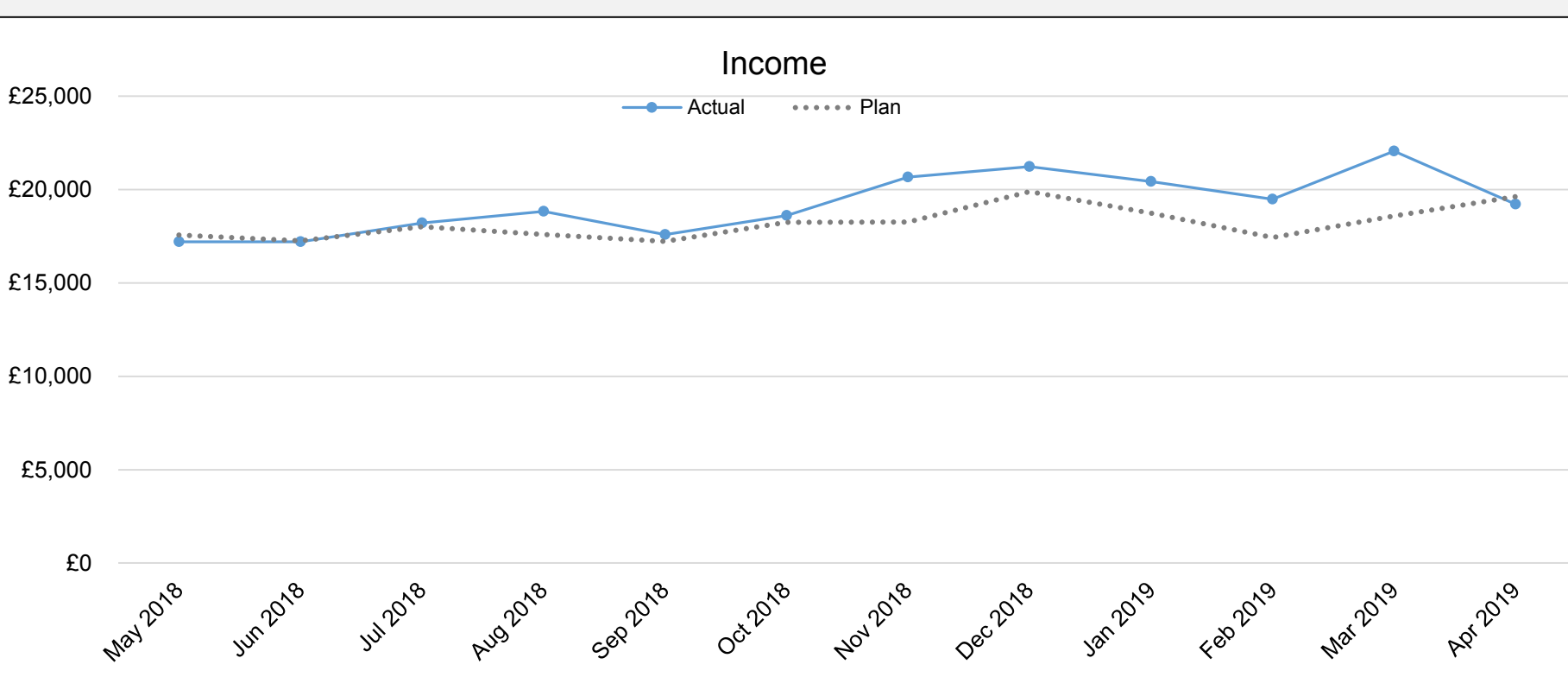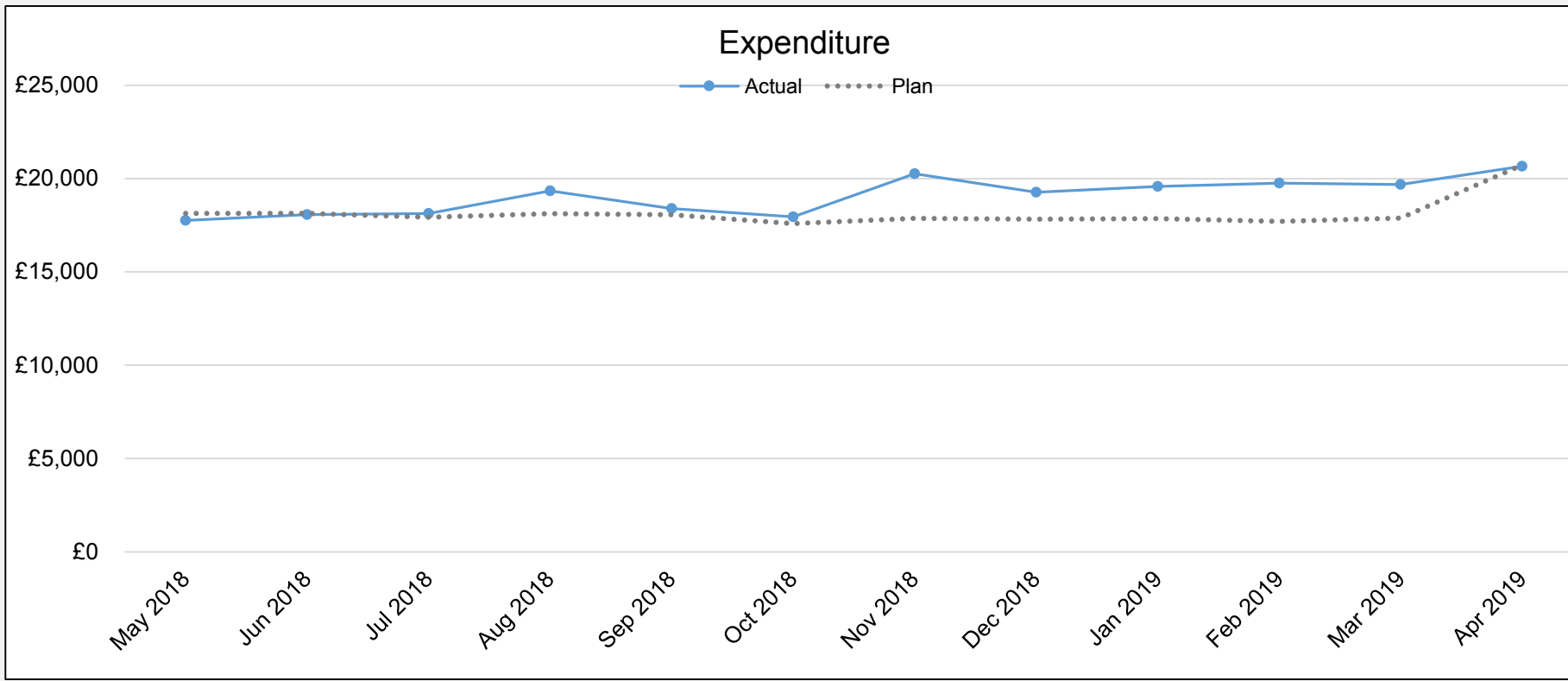
Income

Income for the month was £20.1m, this was £0.2m worse than plan.

Year to date was £39.3m, £0.6m worse than plan.

The main reason for the adverse variance was due to reduced 999 income as a result of less activity being met than planned.

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SECAmb Finance Performance Charts

Expenditure

Total expenditure for the month of May was £20.6m, this was £0.1m less than planned.

Year to date was £41.3m, £0.1m less than planned.

Pay costs were £0.4m less than planned, mainly through EOC vacancies.

Non pay costs were £0.3m worse than plan through overspends in Estates, Procurement, Fleet and Medical.

Finance costs are as planned.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

E - Annual Report of the Membership Development Committee
1st April 2018 – 31st March 2019

1. Introduction

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

1.2. The duties of the MDC are to:

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

1.3. The MDC meets three times a year. All Governors are entitled to join the Committee, since it is an area of interest to all Governors. In addition to Governors, two staff members with responsibility for membership and Governor engagement attend the committee and support its activities. Representation from staff engagement, voluntary services and our equality and diversity department also attend.

1.4. The MDC was chaired by former Public Governor for Surrey & NE Hants Mike Hill through 2018/19, and deputy Chair was Nigel Willmont-Coles former Staff Governor – thanks to both of you for your support and commitment during this time.

1.5. The MDC is currently chaired by Brian Chester Public Governor for Surrey & NE Hants, and Deputy Chair Chris Devereux Public Governor for Surrey & NE Hants.

2. Annual report of the Membership Development Committee

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

2.2. This report includes a summary of our current public membership numbers and geographical representation and reports on the work of the MDC throughout 1 April 2018 - 31st March 2019. It also includes reports on membership engagement at the Inclusion Hub Advisory Group (public FT members), Staff Engagement Forum (staff FT members) and Patient Experience Group (patient FT members) and the outcomes of our annual membership survey.

2.3. During 2018-19, the MDC worked on behalf of the Council to:

- Discuss and understand what the General Data Protection Regulation (GDPR) meant for members, how the Trust prepared for this and reviewed proposed communications regarding the changes.

- Contribute to the Annual Members Meeting planning and provide ideas for new content including a competition to win a tour round the HQ & EOC.

- As part of a membership leads network that has been developed in Kent, the Membership Office worked with Kent Community Health NHS FT, Medway NHS FT & East Kent Hospitals NHS FT on a joint event for Governors with the support of NHS Providers and oversight of the agenda by the MDC.

- A Governor election communication plan was reviewed by the MDC and key recommendations to include in campaign materials to members included: being explicit about the time commitment, having an interest in keeping yourself up to date by reading papers and being able to ask questions in a public forum. It was also noted that the support and training available should be detailed upfront.

- A significant exercise took place around cleaning the data we have on record for members which was supported by members of the MDC. This enabled us to pursue electronic voting for public members with valid email addresses (staff voting has always been electronic). Any email that bounces will be sent a postal ballot and the email address removed from the member record. An email capture exercise went out with all postal ballots to further improve the membership data we hold. This work has resulted in a cost saving of almost £5000 in the 2019 elections.

- Oversee opportunities for Governors to engage with and/or sign up members over the last year at several events.

- Review a proposal to expand the membership of the committee was discussed and put forward to the Council who approved. This included widening attendance to include representatives from staff engagement, equality and diversity and voluntary service departments to provide a more joined up approach to member engagement.

- Review youth representation within the Trust's membership and opportunities for involvement were reviewed and trialled.

- Review the Inclusion Strategy; the MDC highlighted a need to promote how members could be more involved with the Trust and how staff members can consult with the membership.

- Discussed preparations for Governor Elections and made suggestions for an effective training and induction programme.

- Build relationships to encourage local staff and CFRs to attend membership and public events alongside the membership office.

- Ensure appropriate representation of local organisation and staff stands at the Annual Members Meeting.

- Suggest content and contributed Council of Governor blogs for the member newsletter.

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

- Design and review the outcomes of the Trust's Annual Members Satisfaction Survey.

- Plan and participate in many public events to meet members and the public and recruit new members.

- Appoint public members to join the Trust's Inclusion Hub Advisory Group, which advises on Trust policies and plans.

- Review input from the Trust's Inclusion Hub Advisory Group of public members, the Staff Engagement Forum and Patient Experience Group, to ensure members' views are shared with the rest of the Council.

- Seek assurance that the Trust is effectively communicating and engaging with members and the public about key developments.

3. Membership overview

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

3.2. The following table shows the Trust's public members at the year-end of 2017/18 and 2018/19 according to their constituency and the proportion of people who are members in relation to the eligible people in that area.

Constituency	2017/18 Members	2018/19 Members	Population	Percentage of eligible

				population 17/18
Brighton & Hove	496	503	269,923	0.19
East Sussex	1,636	1608	522,155	0.34
Kent	2,941	2920	1,385,521	0.23
Medway	625	624	260,376	0.25
Surrey	2,195	2215	1,291,937	0.18
West Sussex	1,530	1546	797,357	0.20
Total	**9,423**	**9,416**	**4,527,269**	**0.22%**

3.3. Public membership only slightly decreased from 9,423 at 31 March 2017 to 9,416 at 31 March 2018. As of August 2019, we have 776 in the 'Out of Area' constituency (no voting rights and unable to stand as a Governor) bringing the total public membership to 10,192.

3.4. As of March 2018, the Trust had 3,350 staff members, and in March 2019 staff membership was 3,694.

3.5. The MDC has agreed to specific and quality member recruitment and engagement over the last few years with the aim of maintaining overall membership figures and developing representation of specific membership characteristics. Quarterly updates removing deceased members from the register contributes to the reduction alongside those that have moved out of the area.

3.6. We monitor a number of attributes of our members (from those who are willing to share the personal information with us) in order to try to build a membership representative of the diversity of our communities. The table below shows this diversity for our total public membership at year end:

Attribute	No. of members
Male	3,936
Female	5,339
Other/gender not recorded	726
Not identifying with the gender assigned at birth	64
Heterosexual	2,671
Lesbian	76

| Gay man	82
Bisexual	87
Identifies as disabled	1,055
White	8,208
Asian	223
Black	102
Mixed	79

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

Activities (what involvement would the member like)
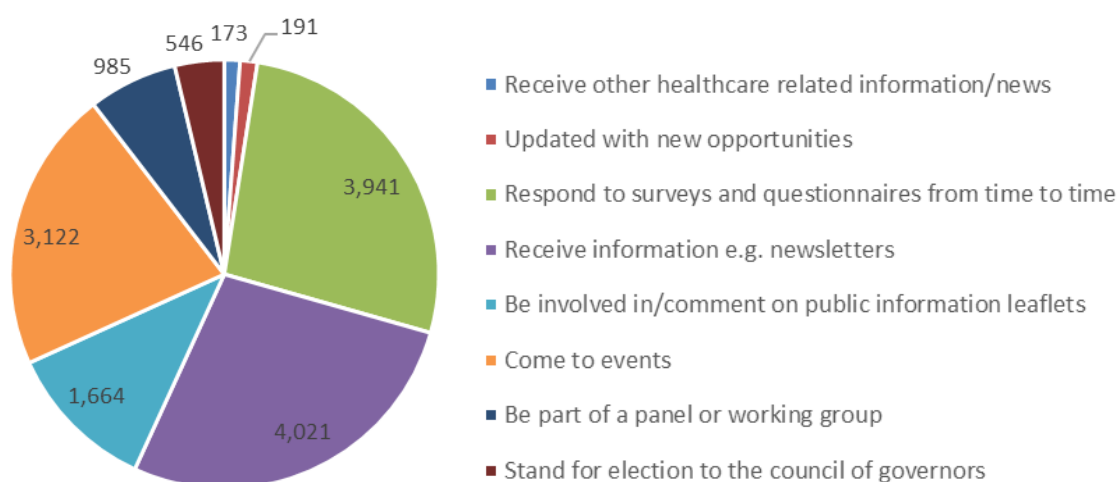
3.8. We also ask members whether they are a carer, are or have been a patient of the service, or whether they volunteer for SECAmb. The chart below shows the number of our members in these categories:

Connection with the Trust

Pie chart: Patient 908, Carer 373, Volunteer 281

Legend: ■ Patient ■ Carer ■ Volunteer
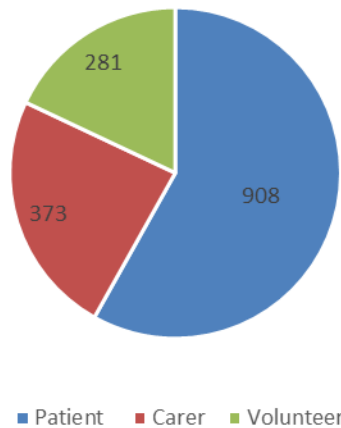
3.9. All our members were invited to our Annual Members Meeting Members in Surrey in 2018. Members were also invited to Trust patient engagement and research events over the year. Several voluntary positions were advertised to members and taken up. We are grateful that so many of our members are happy to be involved.

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

4. Member Survey outcomes

4.1. Our member satisfaction survey was sent out in December last year. It was great to see that 85% of public members who responded found the member newsletter 'interesting' or 'very interesting' – a small decrease of 4% on last year's figure.

Q4 We have been working hard to become the ambulance service you deserve. As a member, do you feel you have received relevant information on the Trust's improvement work this year?

Answered: 140   Skipped: 5
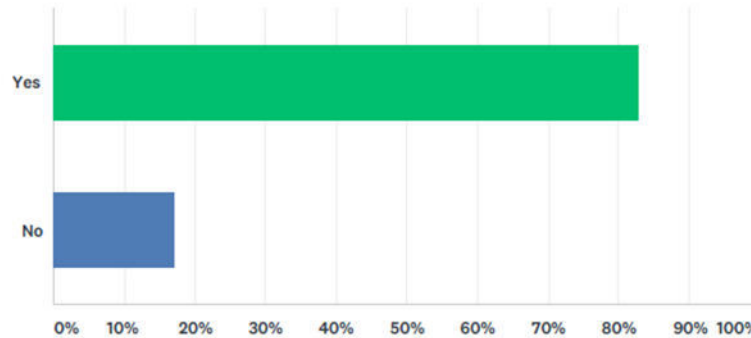
4.2. It was positive to see that most members felt we had kept them up to date with what we were working on to improve. This is something we will continue to report on in the newsletter under the 'Improving our service' set of articles of which there have been many since 2016 charting our improvement journey. you can read them online here:
http://www.secamb.nhs.uk/get_involved/membership_zone/newsletters.aspx

4.3. We asked members to select three words that represented how they felt about their membership. **Informed**, **interested** and **proud** were the most highly selected words. This question was first introduced in 2016 to see how members felt about their membership during a particularly challenging time for the Trust. It serves as an ongoing membership temperature check. This year's results are very similar to last year's in almost all areas! This perhaps denotes a bit of stability. It is reassuring that 56% of respondents selected 'Interested' and 54% of respondents feel 'informed' which is a key part of the purpose of membership. These were closely followed by 'proud' and 'content'. 10% feel unengaged so there is still work to do.

4.4. The MDC will be considering approaches to surveying our staff members in respect of membership in 2019. It is noted there is a certain level of survey fatigue within the Trust so the approach will be considered carefully and modern popular platforms that staff want to use will be researched.

4.5. We will continue to try to provide a good balance of information in the newsletter, with a focus on the following as requested in the survey:
- staff interviews,
- patient stories,
- challenges the service faces,
- what PTS services are in place now,

- volunteering opportunities.

5. Public involvement and engagement

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

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

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

- Took part in a workshop on the pilot of a new SECAmb volunteer position in Kent – Community Guardians who would support frontline crews in post care for falls patients.
- Heard about how complaints are categorised within SECAmb and how the most serious cases were reviewed weekly at a 'deep dive' meeting. They secured patient representation at these meetings.
- Heard about the frequent caller's programme in SECAmb and proposed revisions to a process to better support the callers.
- Sought assurance on work happening to diversify our workforce.
- Provided feedback on what areas needed to be considered under the 5-year strategy moving forward.
- Provided feedback on our 999 hold message which is put in place as part of the surge management plan when all the lines are busy.
- The IHAG received a presentation on the demand and capacity review and funding and sought to understand impact this would have for patients.
- Gave views on the format of engagement on the Quality Account.
- Took part in Quality Assurance Visits Trust wide.
- Participated in a number of SECAmb working groups, sub groups, and reported on the outcomes.
- Received a presentation on the role of Consultant Paramedics and given an overview of the broad selection patient facing clinical road-based roles within SECAmb.
- Reviewed the Trusts Inclusion Strategy 2016 -2021, views were canvassed on what was working well within the strategy and what could be improved or focussed in on.
- IHAG carried out a self-reflection exercise on what they could do to improve their effectiveness as a group.
- Provided initial feedback on a draft operational volunteer strategy proposal.

5.4. On behalf of my Governor colleagues, I would like to thank the members of the IHAG for their passion and effort during 2018-19.

6. Patient involvement and engagement

6.1. The Patient Experience Group (PEG) is a group, which oversees the development and implementation of a patient experience strategy and associated work plan. It seeks to ensure that the organisation is using Patient Experience feedback from a wide range of sources to improvement services, based on what people say about the service they received

6.2. The group focuses on the review of complaints and patient experience data, identifying core themes, areas of learning and ensuring changes to practice are shared and embedded. The also ensure that the findings from patient surveys, the NHS Friends and Family Test, and Healthwatch are shared and changes to practice made where appropriate. This group reviews existing mechanisms and considers new mechanisms for eliciting patient experience.

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

6.4. Over the last year the PEG:

- Held patient experience strategy development events across the areas the Trust serves, and members and stakeholders were invited to contribute their views. The PEG has oversight of the development of the strategy.

- Refreshed the Terms of Reference for the group to reflect the reviewed attendee list, which now includes the Head of Clinical Audit, which is a positive move to see implementation of learning linked to quality improvement.

- Reviewed the level of patient experience information the Board receives in terms of quality and detail.

- SECAmb were part of a national ambulance service initiative to trial a patient questionnaire during June 2018.

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

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

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

investigation turnaround times.

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

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

7. Staff involvement and engagement

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

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

7.3. During this year, the Staff Engagement Forum has, on behalf of the wider staff membership:
- Given views on how to improve the Staff Awards to bring them into line with the new Trust values – and to better use them as a vehicle to reward and recognise behaviours we all wished to see.
- The SEF discussed how local Champions had developed their own communications and meeting structures for staff engagement to suit local needs and shared what worked well.
- In a workshop session, the SEF were asked to consider the three key barriers to colleagues being able to do their jobs effectively. The SEF considered how to overcome each of these and noted issues and solutions.
- Promoted the relevance and usefulness of clinical audits within their area.
- Provided feedback on changes to scheduling around bringing it in-house to each Operating Unit.
- Heard about the Demand and Capacity Review and the implications for the Trust with a staff focus.
- Took part in a Freedom to Speak activity.
- The Trusts Culture team attended to canvass the perception around completing the staff survey and how they could work with staff to adjust this.
- Discussion and feedback on the Trust's meal break policy.
- HR and culture updates were received; the SEF noted they would welcome a toolkit to implement positive change locally aligned to the staff survey results.
- The SEF were given a demo of the new electronic patient clinical record and were supportive of the changes and new platform, which incorporated

feedback from staff on the previous version.

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

8. Get involved

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

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

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

8.4. **We will be holding 2020 elections for:**
   1 Surrey & North East Hampshire Governor
   3 Kent Governors
   1 Medway Governor
   1 East Sussex Governor
   1 West Sussex Governors
   1 Operational Staff Governor
   1 Non-Operational Staff Governor

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

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

E - Annual Report of the Governor Development Committee

1 April 2018- 31 March 19

1. Introduction

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

1.2. The duties of the GDC are to:

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

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

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

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

1.5. Also in attendance during the year were:

David Astley	(DA)	Chair
Peter Lee	(PL)	Company Secretary

Isobel Allen   (IA)   Assistant Company Secretary
Katie Spendiff   (KS)   Corporate Governance and Membership Manager

2. Annual report of the Governor Development Committee

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

2.2. During 2018-19 the GDC met six times and worked on behalf of the Council to:

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

2.3. Achievements and activities of the GDC last year include:

2.3.1. **Improving effectiveness:** Reviewing and developing Council **meeting agendas**: to ensure more focus on the Non-Executive Directors and holding them to account for the performance of the Board which is one of the two statutory duties of the Council. Specifically, realigning Council discussion of the Trust's Performance Report so that challenge was directed to NEDs for assurance and introducing a rota for NED attendance that enable a 'deep dive' approach to the work of the assurance Committees of the Board.

2.3.2. **Improving effectiveness**: Introducing and reviewing the effectiveness of a Council of Governors **'pre-meet'** to ensure that Council queries and challenge is coordinated and focused on priorities.

2.3.3. **Improving effectiveness**: Advising the Trust whether each Council meeting had been effective and raising issues where items had not been fully covered the proposed topic or questions and concerns remained

2.3.4. **Council meetings review**: Supporting a proposal to reduce the number of formal Council meetings to four per annum (from six) to enable the use of the further two sessions for join workshops with the Council and the Board of Directors.

2.3.5. **Trust Governance Review**: Reviewing the outcomes of a KPMG Governance review of the Trust, to understand their recommendations, and where good practice and risks within the Trust existed.

2.3.6. **Governors' attendance**: Regularly monitoring at Council and escalating to the Chair if there were any issues with attendance.

2.3.7. **Trust risk management**: Reviewing risk and having a discussion with NEDs about how risk is managed in the Trust.

2.3.8. **Council self-assessment**: Managing and reviewing the annual Council effectiveness self-assessment, which include '360 feedback' from NEDs and Executives and making recommendations based on the results.

2.3.9. **Appointed Governors:** Focusing on ensuring the vacant places on the Council were filled.

2.3.10. **Training:** Discussing and advising on Governors' training needs throughout the year.

2.3.11. **Community First Responder (CFR) Volunteers**: Escalating issues around the support, utilisation and management of CFRs through GDC reports and minutes to the Council.

2.3.12. **Supporting quality**: Recommending that Governors take part in Trust Quality Assurance Visits, alongside NEDs.

2.3.13. **Council leavers survey**: Instigating a 'leavers' survey' for Governors who left the Council, to understand the reasons why and whether anything could be done to improve their experience.

2.3.14. **GDC Terms of Reference (TOR)**: Reviewing the TOR and conducting an annual effectiveness review of the meeting.

2.4. Based on the recommendations of the GDC, the Council of Governors requested assurance in the following areas during the year:

Volunteer strategy	Section 136 mental health transfers
People and workforce strategy	111 urgent care
Handover delays	Trust strategy
Demand and capacity review	Sustainability and Transformation Partnerships/Integrated Care Systems
Bullying and harassment	Community First Responders
CQC inspection outcomes and progress reports	Quality improvement (quality account objectives)
Electronic Patient Clinical Records	

2.5. I would like to thank all members of the GDC for all their hard work over the year. I would also like to thank those Governors who left us this year after being part of the GDC: Mike Hill, Charlie Adler and Matt Alsbury-Morris. I also must pay tribute to Brian Rockell, who sadly passed away during the year. He worked tirelessly on behalf of the Council.

Felicity Dennis
Chair of the GDC
Lead Governor and Public Governor for Surrey
On behalf of the Governor Development Committee

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

F - Review of Governor Activities and Queries 2018-19

1. **Introduction**

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

   1.2. It is compiled from Governors' updating of an online form and other activities the Membership and Governor Engagement Manager has been made aware of.

   1.3. For this meeting, all activities over the financial year 2018-19 are documented for the benefit of members who may wish to understand what Governors have been doing. As can clearly be seen, Governors were involved in numerous events and activities during the financial year.

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

25.04.18	Shepway CSP Mental Health Conference – contributed views to a discussion, recruited members, learned new skills/knowledge.	David Escudier
08.06.18	Informal meeting with managers and staff at Tongham Ambulance Station – Felicity says "Useful to build links with my local Secamb team and triangulate what I hear at COG and the Board with how that's translating to the crews and managers"	Felicity Dennis
14.06.18	Governor representative on Stakeholder meeting for pre-interview for Deputy Medical Director position	Nick Harrison
04.07.18	Public and Patient Involvement and Engagement in Research – Felicity says "If interested I would recommend keeping abreast of the research going on in SECAmb via the website and weekly newsletter."	Brian Rockell, Felicity Dennis
12.07.18	Quality Assurance Visit at SECAmb HQ - Conducted QAV visit on HR and HQ Functions – Felicity says "I would highly recommend other members of the Council of Governors to participate in an internal quality assurance visit either at HQ or the stations. It is an opportunity to meet and talk to a wide range of SECAmb staff on a number of different topics, as well as a chance to actively support the trust as it strives to meet a range of challenging standards which are crucial to patient safety and the running of a high quality service."	Felicity Dennis, James Crawley
23.07.18	Observation of Quality and Patient Safety Committee – Felicity says 'It was extremely useful to observe the QPS meeting to support and inform my Governor responsibility of holding the NEDS to account. I	Felicity Dennis, Brian Rockell,

	was able to observe the committee chair driving the QPS agenda and holding the trust management to account, and see appropriate & robust challenge by all of the NEDS present. I highly recommend this to colleagues.'	James Crawley
04.09.18	Attendance at the Staff Engagement Forum – Francis says 'As Governor, I think the main thing is to listen and learn; this helps Staff immensely who feel that they can speak openly about the things that matter to them. In other words, a passive role can, at times, be more beneficial than being overly active.'	Francis Pole
14.09.18	PAD Training Event in Ashford – spoke to people about SECAmb informally and recruited members. David says 'Positive feedback around the use of a PAD and the support the call handlers will provide to help talk through the CPR process'	David Escudier
29.09.18	Save our NHS meeting in Broadstairs – spoke to people about SECAmb informally, recruited members. David says 'General concerns around the travel time for an ambulance from Thanet to Specialist Stroke services in Ashford.'	David Escudier
06.10.18	East Kent Stroke services demo in Margate - spoke to people informally about SECAmb and contributed views to a discussion.	David Escudier
05.07.18	Observation of the EOC team in Crawley. Marianne says: This provides an excellent insight to the demanding work of the EOC team and how they interact with the public. Their patience and compassion is outstanding.	Marianne Phillips
04.10.18	Governwell Core Skills Module – contributed views, learned new skills and about the role of Governor. Marianne says: The training day provided an excellent insight into my role and responsibilities as a public governor and I would recommend it to anyone taking on the role of governor in the future. It also gave me ample opportunity to share experiences with other health service governors from around the country.	Marianne Phillips
26.10.18	Quality Account Stakeholder Workshop – contributed views and learned about the service. Felicity says: The event was hosted by Judith Ward Deputy Director of Nursing and its aim was to make public engagement in choosing quality metrics for next year more effective than previously. We had in-depth presentations on improvements and progress in the 3 current quality priority areas from the project leads: learning from incidents and complaints/ Cardiac arrest improving outcomes/ safeguarding training & reporting concerns. Presentation from Jane Phoenix on the refreshing of the Trust Strategy. CQC Inspection update from the Director of Nursing and Quality. The launch of the Clinical Strategy from the Medical Director. The group requested that our input going forward should be meaningful with clear guidance to assist our decision making. Next meeting January 2019. I would recommend that governors engage in this and will share the slides from the day ASAP	Felicity Dennis
03.12.18	Rushmoor and Surrey Heath Community First Responders monthly meeting – gave a talk about SECAmb and membership and talked to CFRs about their experience of being in the role and issues they find challenging being part of SECAmb. Felicity says: It was very useful to make links into my local CFR community, to talk to them about	Felicity Dennis

	SECAMb as an organisation from my perspective and my role as a Trust Governor. I welcomed the chance to speak to them about their experience of Responding. Going forward I will be linking with the group to confirm any improvements discussed at CoG will impact positively on the team at a local level, and am happy to receive feedback from them.	
04.12.18	Governwell Effective Questioning and Challenge Module - contributed views, learned new skills and about the role of Governor. Marianne says: This was the second Governwell training day I attended and, yet again, it was an informative and extremely useful event. I would recommend attendance to fellow governors as it helped me gain further insight into my role and helped me to build confidence to contribute to Council meetings more effectively.	Marianne Phillips
16.01.19	Inclusion Hub Advisory Group meeting – Contributed her views to a discussion and got to know IHAG members, who are FT members. Felicity says: Useful for COG members to attend IHAG meetings as an observer to listen to patient and public representatives express their thoughts and concerns about their ambulance service. There was a useful discussion about the Trust Inclusion Strategy going forward.	Felicity Dennis
28.01.19	Quality Account 2019/20 Stakeholder Event – Contributed views to a discussion, learned more about SECAmb. Felicity says: I welcomed the opportunity to hear about key improvement projects within SECAmb and be in engaged in recommending which should be adopted as one of the 3 priority projects for 209/10 within the trust.	Marguerite Beard-Gould, Felicity Dennis
30.01.19	Service Transformation and Delivery Plan Oversight Group - Contributed views to a discussion, learned more about SECAmb. Felicity says: I was pleased to join this group as COG and public representative, which brings together stakeholders from across the health care system to oversee the trust transformation and delivery plan.	Felicity Dennis
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	Frank Northcott and Geoff Kempster

	reflection of the business.	
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 informally and contributed views to a discussion.	David Escudier

2. Governor Enquiries and Information Requests

2.1. At each Council meeting, the council receives this report on enquiries and information requests from Governors and the Trust's response. This enables all Governors to see what other Governors are asking for assurance about.

2.2. The Trust reminds Governors that general enquiries and requests for information should come via Izzy Allen (Assistant Company Secretary) in the first instance to prevent duplication and ensure issues are captured for this report.

2.3. This report collates all formal queries and responses during the financial year 2016-17 for the benefit of members present.

Please can we ask what the trust is doing to replace the OUM role looking after volunteers that has been vacated by Tim Fellows.	Response received 10.05.18: My understanding is it is currently going through the normal HR processes, prior to sending out the advert. Update sought prior to Council meeting.

What is the impact (financial and on quality of training) on not being able to use out of date bandages and other non-meds supplies in training staff?	Response from Steve Carpenter (contingency and resilience lead): This issue has seemed to capture the attention of a lot of people within HART, although I'm not convinced at this time that it is having the impact that is being suggested. The current position within HART is: • We are complying with the Trusts position and we are not using any OOD consumables within the training environment. Therefore, there will be no OOD items on the HART bases, which has removed any potential patient risk. • Training has not been affected, as HART operative has been advised to use in-date consumables in training if required. • The financial impact of this decision has not been quantified, as it is currently unclear how many consumables is required per annum. • Going forward, we are looking at a number of options, which may allow us to use OOD consumables without presenting a risk to patients. These options will need to be fully supported by the Trust, before they can be implemented. We are managing this issue, via our team meetings and addressing any items that come up. I hope this helps. If you need any further information, please let me know.
Query about the use of chargable 0845 number for contacting scheduling, which is costing employees money to dial in sick etc.	Information went onto the Community FB group on the day and in the Bulletin this week (01.06.18) as below: Staff are reminded there are direct contact numbers for scheduling in the Trust: They are: Lewes 0300 123 9167 Coxheath 01622 740540 Banstead/Crawley 01737 364540 EOC 0300 123 9168 Jerry Hillman-Smith, Production Manager
Please could you just explain to me the term/ process of what is meant by ambulance deposition - I am unsure how the calls would be routed to 111 - have the patients called 999 in the first instance?	It means that when they called 111 the NHS pathways system (the same as what is used in our 999 centre) reached an outcome of dispatching an ambulance – likely under the lower acuity response categories. They have clinicians onsite at 111 so are able to do a bit more care work over the phone. I think that some of the categories are for 3hours or so, so when faced with a 3 hour wait or you could make your own way to A&E/ GP as per clinical recommendation on pathways people probably choose the latter. They are also able to give really specific recommendations for where to go for care based on the callers locality.

I would like to officially ask the board what assurances they can provide that due consideration regarding the event on 23rd of September has taken place in regards to public & patient safety. Can they provide scenario planning examples? Can they provide traffic impact assessments? (Some A roads will be closed for up to 8 hours). My concern is primarily on the operational impact to SECAmb, considering the impact of 15,000 cyclists, their family & friends and the 100 miles of closed road creating a substantial area of population which will become isolated by road closures and blocked by cyclists isolating at least 10,000s of people from ambulances and hospitals. The area I represent is already underserved and under target, and this event will exacerbate that. I cannot see how, if the organisers claim is true, this is something we can be assured the trust is able to support - so would be keen to understand the gap in my knowledge.	Our involvement with the planning for this event goes back to January this year when it was first brought to the Horsham District Council (HDC) Safety Advisory Group for discussion. The event will cross into the HDC's area for a significant part of the route which is why I have been involved from an early stage. I have previous experience of the medical providers for the event and I am reassured that this company has been chosen as they have a good track record of covering large events in the area (e.g. Tough Mudder). I drove the route yesterday and have a good understanding of the issues that we might face responding to patients; as Tim mentions, the event organisers have given assurances that they will assist with responding to incidents where we might take extra time getting to the patient because of the road closures. Good communication and co-ordination will be essential to ensure that we can continue to provide our usual service to the public while the event is going on, to that effect I have tried to engage with our EOC colleagues to discuss the event. Matt has since replied on this and is being put in touch with local COM Duncan Jones to discuss further.
Which Executive leads on Research for the Trust? How can Governors get involved?	Bethan Haskins - Director of Quality and Nursing, as this is research and development designed to improve the quality of our services and staff experience/wellbeing, which itself impacts on our capacity for patient care. Governors who wish to be kept informed about research opportunities and developments should email research@secamb.nhs.uk and ask to be put on the research mailing list.
I've noticed the Integrated Performance Report does not include % of staff trained to L3 Safeguarding. Is this intentional? Are you able to provide the latest stats for this please?	Our Safeguarding Lead says that the L3 training percentage will no longer be reported as we're not measured against it in the same way this year. We reached 98.04% compliance at year end and now continue to train all new clinical employees as they join us – in addition the classroom training being offered as part of our key skills for clinicians will contain refreshers on safeguarding. On the demand and capacity review, there is still optimism

	that something is agreed this week and certainly the Board and Council will receive updates from Daren and the executives on this. If there is no resolution through negotiation, we move into mediation.
There was an announcement at the start of the month regarding a £36.3 million government investment for new ambulances. The press release doesn't specifically mention SECAmb and Graham was wondering if SECAmb had benefited from this?	The simple answer is 'no'. We made some bids for new ambulances, but were unsuccessful in that round. However, there is a further round of bidding and we have submitted another set of bids, which effectively includes the short-term requirement from the original set, plus an extra number to meet longer term needs.
In light of the published recent results of the Paramedic2 trial which showed that administering adrenalin to patients in a pre hospital setting can cause neurological impairment, are you assured that the Trust have assessed the risks associated with the use of adrenalin, if used by the Trust, and will take appropriate action until such time that there is official guidance.	Just to put this study in context; it was intended to answer the question around the benefit of using adrenaline in out of hospital cardiac arrest, given that the existing evidence suggested that patients were more likely to gain a return of spontaneous circulation, but there was a theoretical risk that as a powerful vasoconstrictor, adrenaline might reduce cerebral perfusion and neurological outcomes might be worse.

This trial recruited over 8,000 patients from 5 ambulance services. SECAmb were not one of the services involved, but I was the Principle Investigator for the London Ambulance Service, so have been involved in the trial since its inception.

Essentially the results do indicate that patients treated with adrenaline have a small increase in ROSC and overall survival, when compared with placebo, but that the numbers of patients with good neurological outcomes was smaller.

The numbers in both groups were small, despite the large numbers recruited into the trial.

In terms of next steps, it's important to recognise that drug therapy is only one aspect of the management of cardiac arrest, and one where the evidence of benefit is much less than, for example defibrillation, which is 20 times as effective, early recognition of cardiac arrest and call for help, 10 times as effective and good quality CPR which is 8 times as effective.

The Resuscitation Council (UK) and the International Liaison Committee on Resuscitation provide clinical guidelines which inform the Clinical Guidelines used in UK Ambulance Services (commonly known as the JRCALC Guidelines). The results of this study will be evaluated by these organisations in the context of all the available evidence, |

	and the values and preferences of patients and the wider community. In the meantime, SECAmb will continue to follow the existing guidelines and in particular to highlight the importance of the interventions which have strong evidence of benefit.
Is the investing in volunteers report able to be shared publicly and what Board oversight does it have/ next steps. How are the outcomes being communciated within the Trust.	Report sourced and sent to Governors. The report went to all staff via the weekly Bulletin and was presented at the Executive Team meeting.
On Friday Graham asked about the 22% increase in safeguarding referral rates between Q1 2017/18 and Q1 2018/19 and it was suggested that he follow it up with Bethan Haskins. Would it be possible for you to forward this email onto Bethan for a written response please?	Safeguarding Cases The following table reflects the number of referrals made during the reporting period. Number of Referrals May – July 2018 KPI Title May June July Referrals Actual Adult (18/19) 900 961 951 Prev. Year (17/18) 680 747 759 Actual Child (18/19) 206 232 195 Prev. Year (17/18) 157 170 142 There has been approximately a 23% overall increase in referral rate for the same period during (2,655 - 2017/18 to 3,445 - 2018/19). There has been a slightly higher proportionate increase for referrals involving children at 26% vs 22% in adults. Closer breakdown of the figures indicates an increase in referrals of 62% for people with increased care needs and those who appear to be self-neglecting. There are two considerations that need to be noted: • Over the past twelve months the Safeguarding CQC Improvement Action Plan committed considerable resource on increasing the number of SECAmb staff who undertook L3 safeguarding training. • The Care Act 2014 statutory guidance includes self-neglect in the categories of abuse or neglect relevant to safeguarding adults with care and support needs. The face – face L3 training provided significant focus on promoting the wellbeing of the child and has also incorporated national guidance regarding self-neglect. Although difficult to reconcile, the increase in referrals to social care teams may be a reflection of greater awareness within the Trust's clinical and operational teams.

I read of a plan to devolve the OU rota scheduling down to the local teams. In this context I was saddened to read that staff at the meeting where concerned that the individual who takes this role on may be subject to bullying and harassment . I can only assume from their comments that this has been their previous experience when rotas where done at a local level . Please could I ask you to kindly pass on my concerns to Terry as chair of the WCC and ask him to seek assurance from execs and senior mangers that such behaviour will not be tolerated from the outset, and safeguards will be put in place which will protect individuals and that they are given the confidence to speak out if it starts to occur.	With reference to your recent e-mail, I can confirm that it is recognised that by bringing the scheduling staff closer to the operational workforce it poses a potential for both favouritism or Machiavellian behaviours that could potentially disadvantage some staff. These are, however, very real risks currently and any suggested concerns are raised immediately with the line managers responsible. Observed behaviour in other Ambulance Service Trusts where scheduling teams have been more locally based has resulted in a far greater degree of positive interaction between the scheduling teams and the workforce they are there to schedule. It creates an opportunity for local members of staff who may not be able to participate in the full range of operational duties to work with and engage directly with the scheduling team. Therefore, there is a skills transfer of local knowledge and local pressures that will inform the schedulers in their role. In order to further safeguard the scheduling team, they will report directly to a named manager who will be acting in a full line management capacity and will therefore be measured against the same leadership qualities and objectives as all other front line leaders. As a consequence, any concerns can be raised and followed up by this particular line management, with an escalation route directly through to the Operating Unit Manager and Regional Manager if necessary through the Teams A-F meeting and governance process that exists. There is a further opportunity to triangulate any concerns through the formal governance review processes that both report to myself and the Chief Executive. I have every confidence that this structural change to the scheduling team will prove to be very beneficial for all colleagues.
Guidance around the use of charitable donations on the Trust website doesn't seem correct. Can I check whether this is right and what the guidance is for the Trust in using its charitable funds?	Text was removed from the website and it was be replaced by more accurate text.

Please could I ask if the NEDs are assured that SECamb as an organisation has the will and capacity to start another Volunteer programme . Surely it would be much better to get the CFR programme running successfully rather than start another one. Given all the ongoing issues we hear about relating to the volunteer CRF team, my level confidence in its success would be very low indeed .	The Governor responded to project lead's request for feedback, as set out in the staff Bulletin of 07.12.18. Tricia was unsure if the Quality and Patient Safety Committee had been advised and would seek further information and assurance as appropriate.
I am aware of the impact of a poorly managed NHS 111 service can have on SECAMB and I would like some assurance that SECAMb will have appropriate arrangements in place to have a robust dialogue with Surrey HEartland CCGs who have commissioned this provider, to provide feedback if issues like over referral to 999 calls start to occur.	Email sent to Chair of QPS and copied to 111 lead. My answer revolves around the following points, although happy to cover this also at the next CoG as per the plan to include an update in Part 2/private session. • You are absolutely right that an effective 111 service is important to provide excellent patient care and to minimise impact on other services. • The service that has been procured for Surrey Heartlands (and East Surrey) will be required to meet the NHS England Integrated Urgent Care Service specifications. As such it is anticipated that patients will receive an enhanced 'consult and complete' service with a reduction in the amount of calls which are transferred outside of the service to other providers for resolution. • IUC is accessed by dialling 111 but this is legitimately a new service in its own right which incorporates Out of Hours GP provision and a multi-professional Clinical Assessment Service (CAS) that will be able to make direct booking requests into a range of services as well as electronic prescribing. • The service will be subject to national performance monitoring and local commissioning contractual standards so there will be clear mechanisms to monitor the positive or negative impact of the service. • In summary, service users dialling 111 in Surrey Heartlands and East Surrey should therefore expect to receive a better experience from this service. Similarly, SECAmb looks forwards to working with Care UK as we each learn more about the new dynamics that will develop between 111 and 999. • It should be noted that service users in Surrey Heath will receive a similar service provided by South Central Ambulance Service.

	Sent to Joe Garcia 5.2.19 Response:
Can the trust provide data on which county or operational units demand has driven the use of Surge Management Plans? I would like to see up to 12 months of data, and the driving factor / OU on each escalation of level. It has been a regular matter of public news that Sussex, especially West Sussex, has had poor response times for high priority calls in the areas where Ambulance stations have been closed and no alternative resources have a base. This has been confirmed by SECAmbs own data! With MRCs only being in Tangmere & Gatwick, West Sussex is sparsely covered on a good day and has response times in excess of 45 minutes to category 1 & 2 calls on a bad day (which my own family have been subject to twice, let alone the other residents in the area). I would appreciate this data as a matter of urgency as I have had two local councillors enquire on what Governors are doing on this matter as their letters directly to SECAmb seem to have fallen on deaf ears.	In response to your recent e-mail, I am able to provide the following information. As you will be aware, the tools developed to manage surge are relatively new to the Trust and, as a consequence, we are only able to historically draw back to data from July 2018. Our ability to consistently and reliably record our surge activity has been driven by the introduction of the Ambulance Response Programme changes to ambulance dispatch. This occurred in November 2017 and we quickly experienced issues with high numbers of waiting patients through the Christmas/New Year period of 2017 into 2018. This situation became the key driver for developing the tools that we have today and it has only been since the introduction of a revised Business Information platform that we have been able to record this data in a consistent manner. The below heat map, which lists the 14 dispatch desk areas within SECAmb, refers to the percentage of calls that trigger what we refer to as an SEWT (Surge Escalation Warning Trigger). It represents waiting incidents by category that are about to go out of time from a response performance perspective.

%Exceeding SWT Months

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

	Polegate 40% 42% 44% 38% 45% 51% 49% 45% Redhill 41% 41% 39% 39% 32% 43% 49% 41% Tangmere 40% 39% 44% 43% 34% 38% 41% 40% Thanet 50% 42% 43% 40% 47% 53% 50% 47% Worthing 39% 43% 43% 45% 40% 43% 38% 42% Average 48% 44% 45% 45% 45% 51% 51% 47% I hope the above meets with your requirements. Kind regards.

2.4. On behalf of myself and the Deputy Lead Governor I would like to sincerely thank all Governors for the amount of work they undertake in their role.

Felicity Dennis
Lead Governor
Public Governor for Surrey

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

G1 - Annual Report of the Nominations Committee 2018-19

1. **Introduction**

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

   1.2. The duties of the NomCom are to:

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

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

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

   1.5. Membership of the NomCom changed during the year due to changes on the Council. Those Governors who served on the NomCom during 2018-19 were:

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

1.6. Tim Howe (NED and Senior Independent Director) chaired the NomCom from April 2018 until September 2018 while recruitment for the Trust Chair, David Astley, was conducted. Once in post, David Astley became Chair of the NomCom. Lucy Bloem, NED and Senior Independent Director since Tim Howe left the Trust, has also attended the NomCom.

1.7. Those in attendance during the year were:

Peter Lee – Company Secretary
Isobel Allen – Assistant Company Secretary

2. Annual report of the Nominations Committee

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

2.2. During 2018-19 the NomCom made recommendations to the Council in respect of Non-Executive appointments, terms and conditions and the performance of the NEDs as follows:

3. Appointment of a Trust Chair

3.1. Following the resignation of former Chair Richard Foster due to ill health on 18 April 2018, the Nominations Committee led a process to appoint a new Chair of SECAmb. The process began in April 2018 and culminated with the appointment of David Astley who started with the Trust on 25 September 2018. The NomCom send Richard Foster its thanks and hope his health is improved.

3.2. The NomCom worked with a recruitment agency to define the job description, agree a long list and short list of candidates, plan the elements of the assessment day and then conduct the interviews and select the appropriate candidate. Other members of the Council as well as other NEDs, Executives and key stakeholders were involved in the assessment day.

3.3. The NomCom has also worked with the Senior Independent Director to develop objectives for the Chair and recommend them for approval to the Council.

4. Appointment of an Independent Non-Executive Director

4.1. Following a rigorous recruitment process the NomCom recommended to the Council the appointment of Michael Whitehouse. The Council made the appointment on 14 September 2018 and Michael started his three-year term of office on 24 October.

5. Reappointment of Independent Non-Executive Directors

5.1. Graham Colbert's term of office was extended for a number of days so that when he stepped down as Interim Chair he could spend a week doing a

handover with David Astley when he started with the Trust on 25 September 2018. The Council approved this extension on 14 September 2018.

5.2. Terry Parkin's first term of office came to an end on 31 August 2018 and, with advice from the Chair, the NomCom recommended that the Council asked Terry to remain in post for a second three-year term of office (1 September 2018-31 August 2021). The Council met on 27 July 2018 to approve the recommendation.

6. Other notable activity during 2018-19

6.1. Tim Howe left the Trust after many years of service as a NED on 30 September 2018. Tim had been Senior Independent Director and worked closely with the NomCom: we would all like to thank him for his support.

6.2. Following market research to test our remuneration rates against other NHS Foundation Trusts and NHS Trusts, the NomCom recommended that the Council increase NED remuneration from £13,000 per annum (with an uplift of £2500 for the Audit Committee Chair and Senior Independent Director, reflecting their additional responsibilities) to £14,000 per annum (with the same uplift). The Council approved the increase at its meeting of 31 May 2018.

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

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

6.5. The Council approved a recommendation to appoint Lucy Bloem as Deputy Chair of the Trust, at its meeting of 15 November 2018.

6.6. It has been a busy year, as usual, and I would like to thank all members of the NomCom for all their hard work.

David Astley
Chair of the Trust and Chair of the NomCom
On behalf of the Nominations Committee

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Nominations Committee

Terms of Reference

1. Constitution

1.1. The Trust hereby resolves to establish a Committee to be known as the Nominations Committee (NomCom), referred to in this document as 'The Committee'.

2. Purpose

2.1. The purpose of the Committee is to ensure that there is a formal, rigorous and transparent procedure for the appointment of the Chair and Non-Executive Directors to the Trust Board of Directors in line with the terms of the NHS Foundation Trust's Constitution and the *NHS Foundation Trust Code of Governance*.

2.2. In addition, the Committee will consider whether the Chair and Non-Executive Directors reaching the end of their tenure in office should be put forward for re-appointment at a general meeting of the Council of Governors without the need for a formal competitive recruitment process.

2.3. The Committee is also responsible for making recommendations to the Council of Governors in relation to the remuneration and terms and conditions of the Chair and Non-Executive Directors.

3. Membership

3.1. The Committee shall not have less than six members, appointed by the Council of Governors. The Chair of the Committee shall be the Chair of the Foundation Trust, or the Senior Independent Director for matters relating to the appointment of, or terms and conditions of, the Chair. The Chair of the Foundation Trust shall not chair the Committee when it is dealing with the matter of succession to the Chair of the Trust, including possible re-appointment and shall not participate in discussions concerning their performance, remuneration or terms and conditions.

3.2. The membership comprises of:

- Chair (or Senior Independent Director when concerning matters relating to the Chair of the Trust)
- 1~~2~~ appointed governor~~s~~
- 1 staff elected governor
- 4 public governors

3.3. The Lead Governor will be a member of the Committee, and will be included within above categories.

3.4. Appointments to the Committee shall be for a period of up to three years, which may be extended for a further three-year period, provided the committee member remains a member of the Council of Governors.

4. Quorum

4.1. The quorum necessary for formal transaction of business by the Committee shall be 4 members, including the Chair.

5. Attendance

5.1. The Company Secretary, or their nominee, shall act as the secretary to the Committee. The Corporate Services office will provide secretarial duties to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

5.2. The Chair of the Committee will follow up any issues related to the non-attendance of members at Committee meetings. Should non-attendance jeopardise the functioning of the Committee the Chair will discuss the matter with the members and if necessary seek a substitute or replacement. Attendance at Committee meetings will be disclosed in the Trust's Annual Report

5.3. Other individuals such as the Chief Executive, Senior Independent Director and external advisers may be invited to attend meetings for specific agenda items or when issues relevant to their area of responsibility are to be discussed.

6. Frequency

6.1. The Committee shall meet as required to fulfil its duties, as the Chair shall decide, but at least once annually.

7. Telephone Conference

7.1. With leave of the Chair of the Committee, any member or attendee of the Committee may participate in a meeting of the Committee by means of a conference telephone call where circumstances require it.

8. Authority

8.1. The Committee has no executive powers other than those specified in these Terms of Reference or by the Trust Board in its Scheme of Delegation.

8.2. The Committee is authorised to investigate any action within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

8.3. The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers necessary.

9. Duties

9.1. The Committee shall:

9.1.1. Regularly review the structure, size and composition required of Non-Executive Directors of the Board of Directors and make recommendations to the Council of Governors with regard to any changes;

9.1.2. Give full consideration to succession planning for all Non-Executive Directors, in the course of its work taking into account the challenges and opportunities facing SECAmb;

9.1.3. Be responsible for identifying and nominating, for the approval of the Council of Governors at a general meeting, candidates to fill non-executive director vacancies, including the Chair, as and when these arise;

9.1.4. Before any appointment is made by the Council of Governors prepare a description of the role and capabilities required for a particular appointment;

9.1.5. Review the job descriptions of the Non-Executive Director role and that of the Chair on an on-going basis;

9.1.6. Review annually the time required from Non-Executive Directors to perform their roles effectively;

9.1.7. With the assistance of the Senior Independent Director, make initial recommendations to the Council on the appropriate process for evaluating the Chair. The Committee will then be involved, again with the assistance of the Senior Independent Director, with making recommendations to the Council on the objectives to be used in the assessment of the performance of the Chair. The Committee will seek and take into account the opinions of the Trust Board, Council of Governors and other stakeholders in making the recommendations;

9.1.8. The appraisal of the Chair will be conducted by the Senior Independent Director, against the agreed objectives and a report on the outcome provided to the Council of Governors;

9.1.9. Consider the reappointment of the Chair or Non-Executive Directors in advance of each three year term of office, in line with the requirements of the Constitution, and make recommendations to the Council of Governors; and

9.1.10. Receive and consider advice on fair and appropriate remuneration and terms of office for Non-Executive Directors. This will be in the best interests of SECAmb, but take into consideration the remuneration made to other Foundation Trust and comparable organisations' Non-Executive

Directors, the commensurate responsibilities of the posts, the Monitor Code of Governance, and the performance of the post holders.

9.2. The Committee shall make recommendations to the Council of Governors concerning:

9.2.1. Formulating plans for succession for Non-Executive Directors and in particular for the key role of Chair;

9.2.2. Suitable candidates to fulfil the role of Senior Independent Director. In line with the Constitution, the appointment of the Senior Independent Director is a matter for the Board of Directors, who should take into consideration the views of the Council of Governors;

9.2.3. Proposals for the position of Deputy Chair, where appropriate and with due regard for the opinions of the Board of Directors;

9.2.4. The re-appointment of any Non-Executive Director at the conclusion of their three-year term of office having given due regard to their performance and their ability to continue to contribute to the board of directors in the light of future requirements; and

9.2.5. Any matters relating to the continuation in office of any Non-Executive Director at any time including the suspension or termination of service.

9.3. The Committee shall ensure that the NHS Foundation Trust's annual report provides sufficient information about its role and duties and the process by which it fulfilled those duties;

9.4. The Chair will present a report to the Annual Members Meeting and take any questions that arise at that meeting.

10. Reporting

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

10.2. Recommendations in respect of appointment, remuneration, terms of appointment and performance of the Chair and Non-Executive Directors will be made to the Council of Governors; these recommendations may be made in private;

10.3. All declarations of interest, which could be regarded as relevant or material, must be declared at the beginning of each meeting in line with the Constitution.

11. Support

11.1. The Committee shall be supported by the Corporate Services' office and duties shall include:

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

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

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

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

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

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

11.1.4. Recording formal minutes of meetings and keeping a record of matters arising and issues to be carried forward, circulating approved draft minutes within five working days from the date of the last meeting;

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

12. Confidentiality

12.1. All members of the Committee are required to observe the strictest of confidence regarding the information presented to the Committee and must not disclose any confidential information either during or after their term of membership. Failure to comply with these requirements could result in the termination of membership of the Committee.

13. Review

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

13.2. The Committee shall review its own performance and Terms of Reference at least once a year to ensure it is operating at maximum effectiveness. Any proposed changes shall be submitted to the Council for approval.
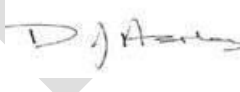
13.3. These Terms of Reference shall be approved by the Council and formally reviewed at intervals not exceeding two years.

Review Date: ~~October 2018~~September 2021

Committee Effectiveness – Self-Assessment Form

G3 - Nominations Committee

Evaluation date	31.07.19
Members present at review	David Astley, Marguerite Beard-Gould, James Crawley, Felicity Dennis, Marian Trendell, Malcom McGregor

1. Review of Terms of Reference (ToRs) – for any negative response, note any remedial actions agreed, including owner of the action and timescales	
a. Do the ToRs still reflect what is needed from the Committee?	Y for the most part. Update Committee membership to show 1 Appointed Governor is needed only.
b. Are the ToRs clear and easy to understand?	Y
c. Is the membership of the Committee right given its purpose?	Y

2. Review 3 meeting agendas (can be done prior to the meeting at which the review will take place, then report back and take comments from members)	
a. Do the agendas reflect the ToRs?	Y However, the focus has been on recruitment and appraisals, not on succession planning. This is now remedied with future agendas but is noted as a crucial part of the NomCom's role.
b. Is meeting effectiveness reviewed as part of each agenda?	Y but only in perfunctory fashion. Prompts around good behaviours, papers, chairing etc to be added to each meeting agenda.

3. Review the minutes of the 3 meetings (can be done prior to the meeting at which the review will take place, then report back and take comments from members)	
a. Were the Committee's decisions recorded clearly and in sufficient detail?	Y
b. Is meeting effectiveness considered seriously and improvements noted in the minutes if relevant?	Not fully – see above.

4. Review the action log (can be done prior to the meeting at which the review will take place, then report back and take comments from members)	
a. Does the action log set out clear actions, with owners and timescales?	N – there is no action log at present. An action log will be set up and maintained for the NomCom.
b. Does the action log demonstrate that actions are being effectively	N – see above.

	undertaken or escalated to the parent Group/Committee if not?	
5.	**General evaluation**	
a.	**Are the papers provided of sufficient quality?**[1]	Y
b.	**Is the chairing of the meeting effective?**[2]	Y
c.	**Overall, is the meeting effective?**[3]	Y
6.	**Summary of evaluation, including remedial actions planned and/or positive aspects noted**	Prompts around good behaviours, papers, chairing etc to be added to each NomCom meeting agenda. An action log will be set up and maintained for the NomCom.
7.	**Conclusion**	The NomCom is effective at present and will be more effective once the above actions are taken
8.	**Evaluation sign off – including confirmation that remedial actions have been taken if any were identified**	Signed: David Astley Chair of Nominations Committee Date: 4.9.19

This evaluation should be carried out annually and presented to the Committee's parent group/committee. Please send a copy of this form to Isobel.allen@secamb.nhs.uk

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[1] Quality papers will provide assurance not assertion, are not too long, focus on improvement/risk management, draw people's attention to salient points/decisions needed, are open in identifying risks and challenges clearly

[2] A good Chair should facilitate clear decision-making and follow-up, bring all members into decision-making/discussion, provide effective summaries, and keep to time

[3] Are the right people round the table, with good attendance, and good meeting behaviours (active listening, good preparation, constructive challenges, respectful of colleagues)?

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

H1 – Governors' Report on the Quality and Patient Safety Committee

Date of meeting   20th June 2019

Governors present: Geoffrey Kempster
                    Felicity Dennis
                    Pauline Flores-Moore

The following report is from these Governors, noting their observations.

1. Prior to the meeting:
Tricia McGregor, the chair of this committee, gave a briefing on the function of the committee, explaining that it is not a committee that makes any decisions, but reviews the operation of SECAmb and will make recommendations. She explained that she expects all members to have read all of the papers relating to the meeting prior to the meeting.

2. Introductions:
 All members of the committee introduced themselves and their role prior to the meeting.

3. Attendance:
The meeting was well attended, with the majority of members present. The three non-executive directors present were:-
Tricia McGregor
Lucy Bloem
Laurie McMahon

4. Agenda:
The Agenda was circulated prior to the meeting with the items clearly detailed. Also all papers that were to be discussed, apart from one late inclusion, were included with the Agenda.

5. Discussion during meeting:
The discussions during the meeting were open and non-accusatory. The three non-executive directors all challenged the executive directors and managers effectively during the discussions, which were relevant.
The main discussion was centred around the SRV trial and Key Skills training.

This related to attempts to improve the response to C3 and C4 calls and the better use of NET vehicles and crews. A number of questions were asked by the non-executive directors relating to how this performance could be improved. It must be added that Joe Garcia presented a highly detailed paper demonstrating the problems and how the trial had impacted on the normal operation.

The chair reiterated the actions to ensure that they were captured and minuted as agreed.

6. Chair

Tricia controlled the meeting well, not allowing the discussions to drift from the topic in hand. Although not all topics in the agenda were covered during the meeting, the items to be dropped were agreed. This was reasonable, as the discussions around the potential ways of improving C3 and C4 responses was an important topic, and justified the overrun of that section of the agenda.

The chair was very good at introducing the guest speakers as and when they entered the room to present their reports and presentations. The chair also made it clear that some speakers were running late (as explained at the start of the meeting) and managed to move agenda items around to accommodate the time delay.

7. De-brief
We did not hold a de-brief after the meeting however the chair asked how everyone felt the meeting had gone, including the Governors.

8. Conclusion
The meeting was well run, with the non-executive directors making a positive contribution to the meeting and its outcomes. The meeting itself was discussing topics that have a major effect on the quality of service the patients receive. It should therefore be viewed as a critical committee.

Even though the meeting over ran by 30 minutes it was still a well-controlled meeting and one of the important meetings because it is all about the patients care.

It also showed the quality of the information being presented and a clear understanding what has been done to ensure patient care especially in C3 & C4 response time.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

H2 - Governors' Report on the Workforce and Wellbeing Committee

Date of meeting   12 September 2019

Governors present: David Escudier, Was Shakir, Chris Devereux

The following report is from these Governors, noting their observations.

1. Prior to the meeting:
The Chair gave an overview of the agenda, invited questions during the meeting, and gave an overview of the focus of the Committee.

2. Introductions:
 All members of the committee introduced themselves and their role prior to the meeting.

3. Attendance:
The meeting was very well-attended and the right people were in the room, with a good mix from across the Trust. It was a shame the Operations Director could not attend but the Medical Director was available for her item.

4. Agenda:
Governors had received the papers in advance, and this had been helpful. The areas for discussion were all relevant and timely. Governors noted that the issues discussed in this assurance forum were similar to those recently raised as concerns by the Council – which perhaps showed how the NEDs were responsive to issues being raised, and also that Governors were aware of the key challenges for the Trust.

5. Discussion during meeting:
The paperwork and reports were good quality, and the discussion avoided jargon and corporate-speak. Reports were open and honest, and the discussion and challenge was similarly open and non-defensive. Governors observed good work from the NEDs present in seeking assurance.

The Committee also asked the Executive what the Committee could do to help and support it. The Committee discussed whether it had the right datasets for assurance. Governors particularly noted that the Workforce Race Equality System (WRES) and SECAmb's poor scores was treated candidly and accompanied by robust discussion.

6. Chair
Governors felt the Chair did really well. The meeting kept to time despite a large agenda. There were clear summaries of each item following the discussion and any action points were noted.

7. De-brief
There was no individual debrief but the Chair asked Governors their views at the end of the meeting, and he encouraged questions and feedback throughout.

8. Conclusion
A well-prepared, well-led, productive meeting. Governors felt included and were impressed by the Committee and its members and presenters.

HR Transformation update

What we will cover today

Brief you on the implementation of HR Transformation:

- The need for change
- The aims of this work
- The work done to date and outcomes
- What this means in practice
- Planned structures and investment
- New systems
- Next steps - How we implement systems structures, recruitment plans for senior team
- Update on other improvements
- Questions

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The need for change

- **Insufficient team capacity** to deliver the service we need to

- **Resourcing** & **Service Centre** lack reliable electronic systems to provide efficient and accurate processing.

- **L&OD** have been unable to deliver any leadership development at any scale in recent past

- **Culture** progress remains a concern and wish to further reduce poor behaviour

- **HR team** have no time to focus on developing & implementing retention strategies.

- **HR team** are heavily involved in a high level of industrial and employee relations issues, where resolution is slow

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Our aims

- Accurate and efficient E-Systems and process improvements for the service centre

- Systems for high quality and high volume resourcing needs

- An HR Business Partner structure that enables proactive service

- A new Employment Relations and Reward team that effectively and efficiently deals with individual cases and high level union relationships

- A Learning and OD/Engagement function that delivers development, retention and engagement plans

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Work done to date and outcomes

Project objectives

- Assess current state and future ideal state
- Develop plan for team structure, team size and new E-Systems
- Business case for investment
- Plan for delivery

What's been agreed

- Additional Investment in the team
- Investment in new systems and procedures

What does this means in practice

- The right level of investment in the team
- More automation of current processes
- Opportunities for more permanent roles by the year end and no redundancies

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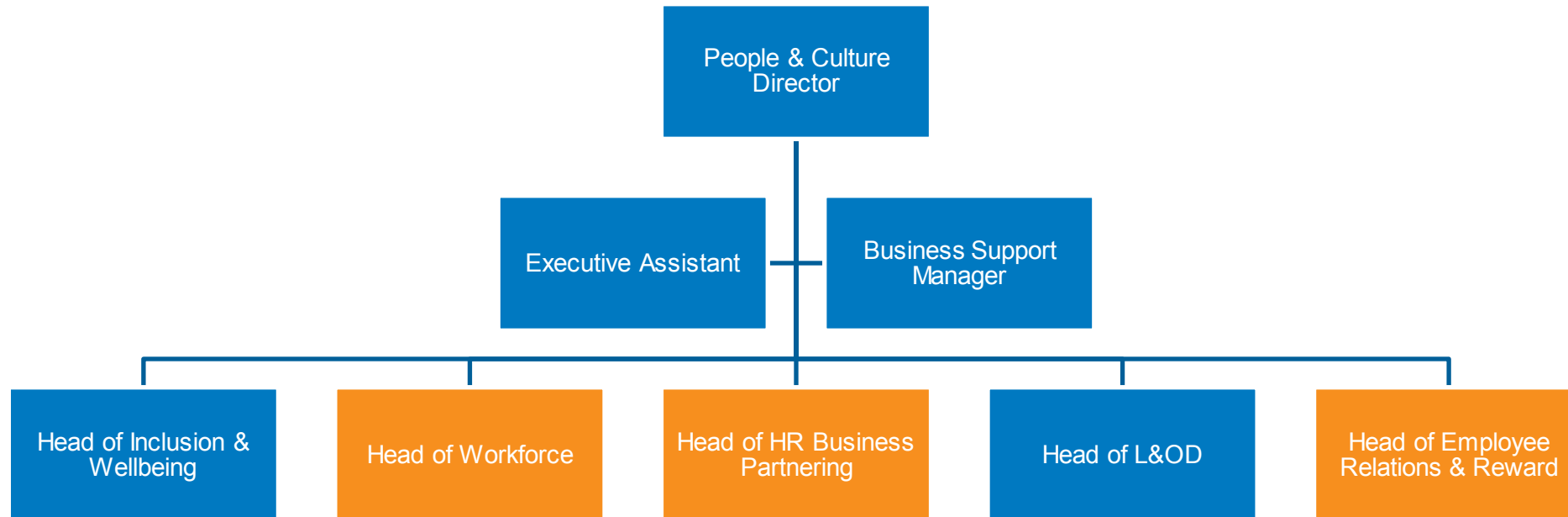
Future Directorate structures

Investment into our team

- 12 WTE of additional permanent roles

- 2 WTE of fixed term posts

- Meaning in circa £600,000 of additional permanent staffing budget funding = approx 20% increase

- Up to £250,000 to invest in new systems

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Senior Team Recruitment update

- **Director of People & Culture (HRD)** - Agency search – assessment event on 21 October – high level of interest

- **Head of Learning and Organisational Development and Head of HR Business Partnering** - Searching via Agency and shortlisting in October

- **Head of Workforce**- Assessment event 25 September

- **Head of ER & Reward**- appointed internally – Richard Crouch

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Systems Implementation

- A project team consisting of programme management, project management, IT, ESR expertise, business analysts and data cleansing resource will implement the system changes. This team will work within the Trust PMO governance framework.

- Involvement will be needed by team members to make sure we get our new systems right first time.

- Investment of up to £250,000 in new systems

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Service Centre processes

- Implement E-Expenses by October 2019
- Implement E-Timesheets by March 2020
- Implement E-Forms by March 2020
- Be ready to implement ESR Manager Self-Service by March 2020

These changes will improve accuracy, reduce overpayments and duplication of work and improve services for everyone

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Resourcing processes

- Implement Applicant Tracking System by October 2019
- Automate recruitment processes & workflows
- Improved applicant communications
- Simplified pre-employment checks
- Real-time information and reporting
- Integrate systems with NHS Jobs

Better candidate and hiring manager experience

Better experience for Resourcing team

Example

Update on other improvements

- New induction by October

- New leadership development programme starting in December

- Both of these programmes firmly rooted in Culture work and our aim to ensure all our people are ' listened to, respected and well supported'

- Changes to appraisal process in 2019

- Review of the success of the Wellbeing team and plans for the future

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Culture workstream update
Including: Bullying & Harassment

Behaviour in the workplace

Our vision is to have an organisational culture where **'Our people are listened to, respected and well supported'** with delivery against a plan that enables a positive and sustainable shift by tackling the issues using a multiple level approach:

- ✓ New Induction
- ✓ New Fundamentals of Leadership development to focus on resolution of conflict in the workplace
- ✓ New resilience focused recruitment and assessments
- ✓ A toolkit for all staff focussed on behaviours
- ✓ A video demonstrating good and poor behaviours,
- ✓ 360 degree feedback for managers and leaders
- ✓ Increase in numbers of trained mediators.
- ✓ Proposal for behaviours focused workshop as part of Key Skills 2020-21.
- ✓ New two tier appraisals – for October Launch
- ✓ Values Toolkit

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Wider culture work

- October to April – Piloting a new appraisal process to ensure that we have useful and meaningful appraisals that inform succession and talent management work

- October /November- A change recruitment processes in 111 and EOC to assess behaviours and ability to work within high pressure environments

- By November –a proposed comprehensive retention strategy focused on 111, EOC and Paramedics, with input from NHSI experts – this is a significant piece of work that must be a priority for Culture work in 2020/21

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OU Performance Variation

Category 1 for w/c 02-09-2019

Legend: Mean · 90th Centile · Mean Standard · 90th Centile Standard
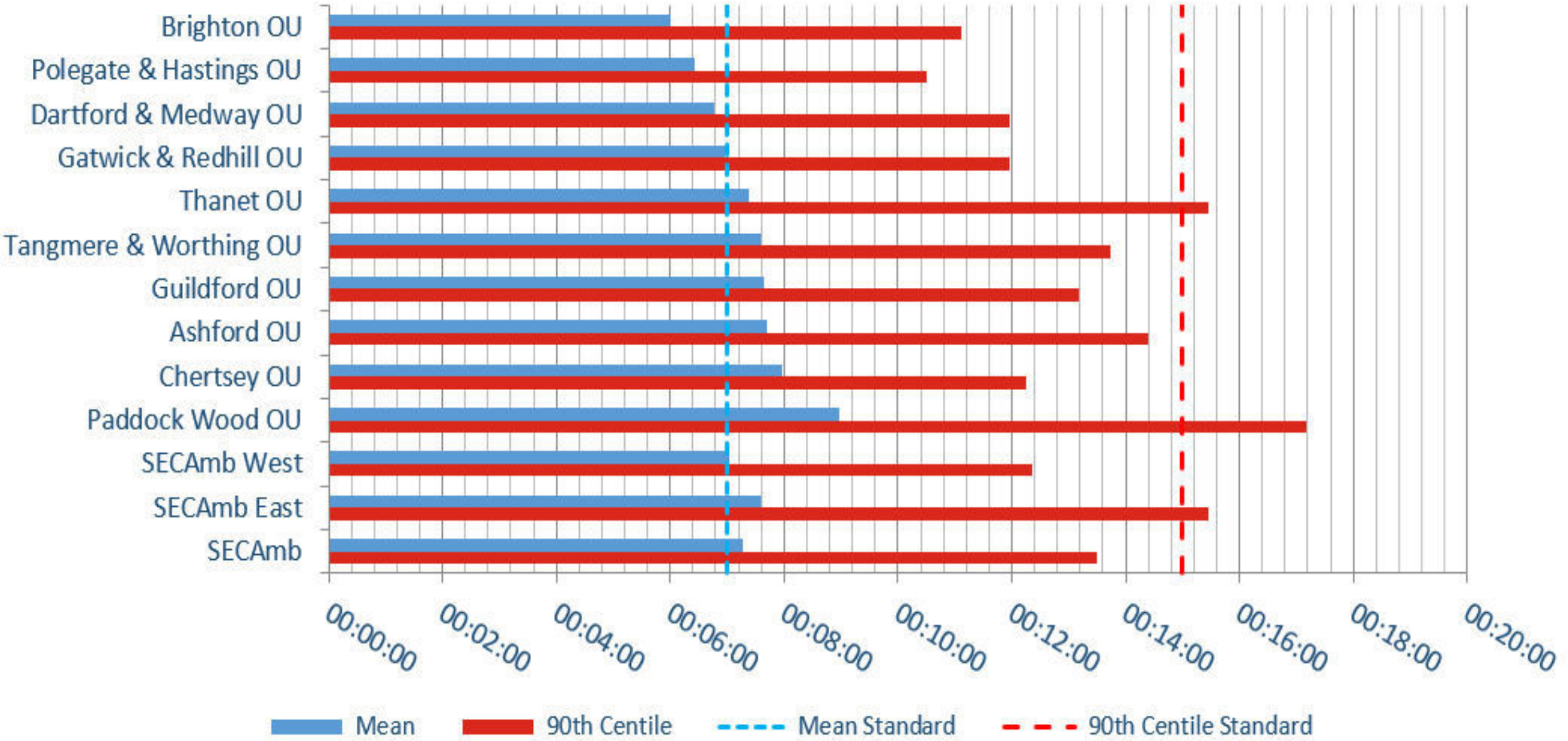
Category 2 for w/c 02-09-2019
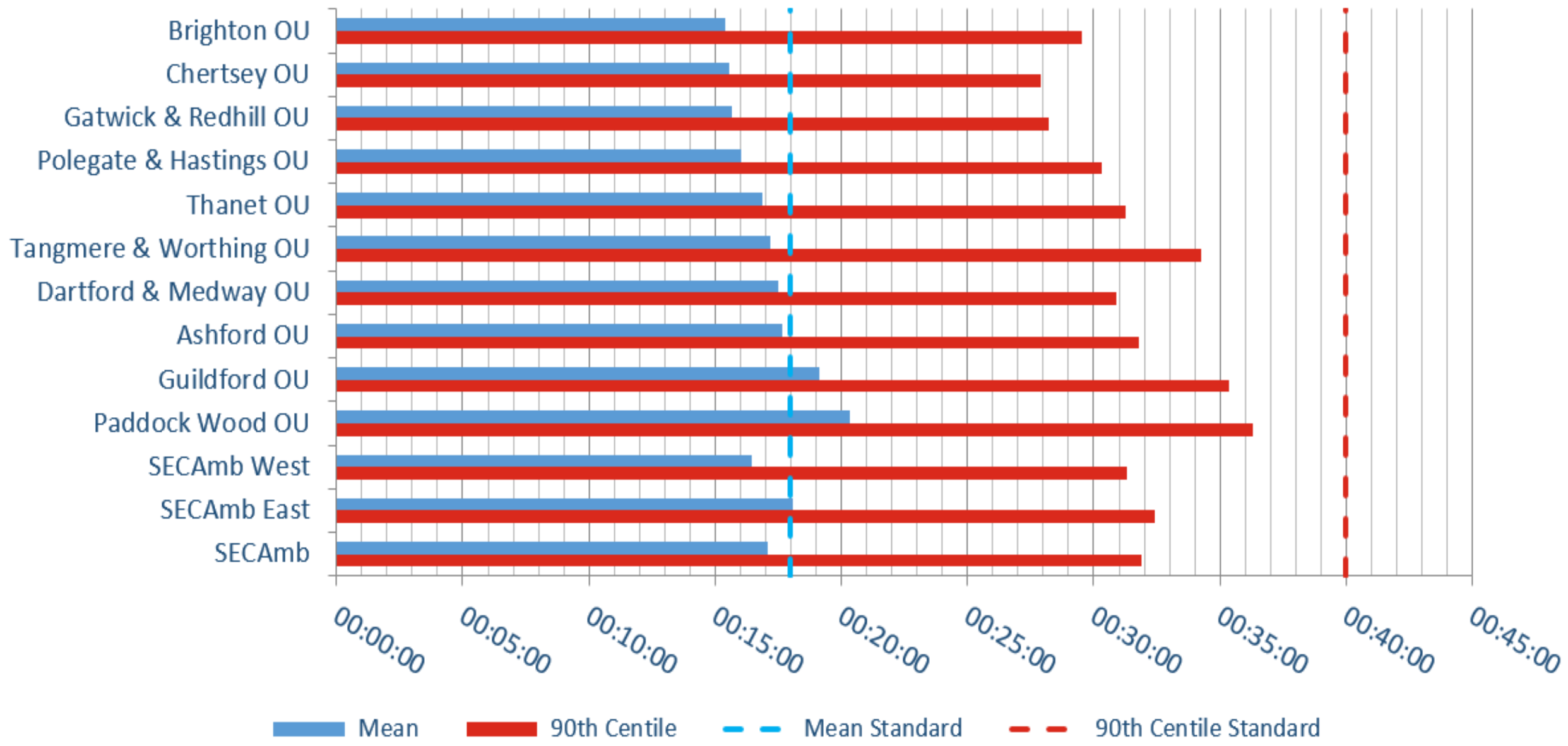
Category 3 for w/c 02-09-2019

Horizontal bar chart comparing Mean and 90th Centile response times by operating unit, with a 90th Centile Standard line at 02:00:00.

Categories (top to bottom): Gatwick & Redhill OU, Ashford OU, Brighton OU, Thanet OU, Guildford OU, Chertsey OU, Paddock Wood OU, Dartford & Medway OU, Polegate & Hastings OU, Tangmere & Worthing OU, SECAmb West, SECAmb East, SECAmb

Legend: Mean, 90th Centile, 90th Centile Standard

Category 4 for w/c 02-09-2019
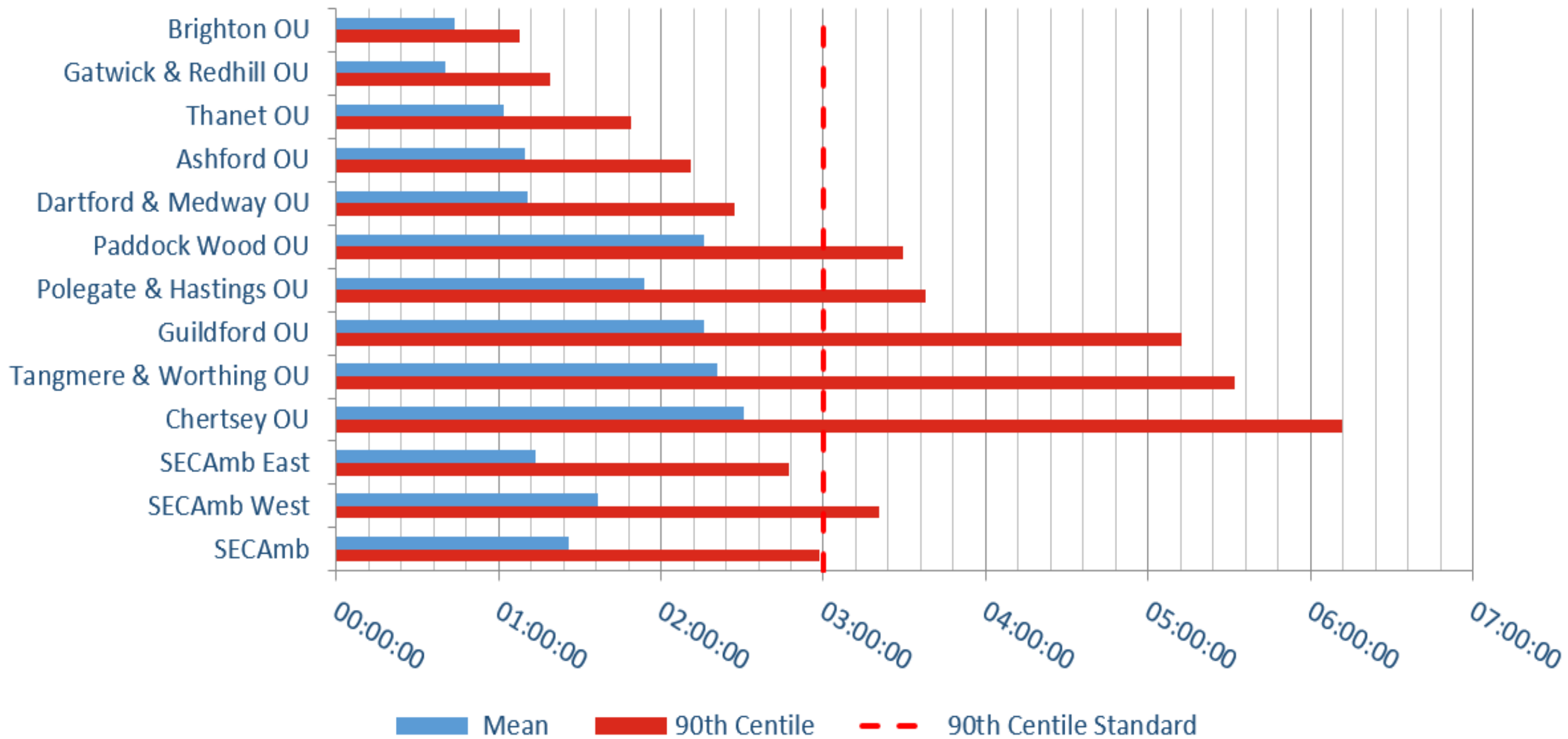
Category 1		Standard: 00:07:00
OU	Mean	Time above standard
SECAmb	00:07:16	00:00:16
SECAmb East	00:07:36	00:00:36
SECAmb West	00:07:03	00:00:03
Paddock Wood OU	00:08:59	00:01:59
Chertsey OU	00:07:58	00:00:58
Ashford OU	00:07:42	00:00:42
Guildford OU	00:07:39	00:00:39
Tangmere & Worthing OU	00:07:35	00:00:35
Thanet OU	00:07:23	00:00:23
Gatwick & Redhill OU	00:06:57	Standard Achieved
Dartford & Medway OU	00:06:47	Standard Achieved
Polegate & Hastings OU	00:06:26	Standard Achieved
Brighton OU	00:06:00	Standard Achieved

Category 1		Standard: 00:15:00
OU	90th Centile	Time above standard
SECAmb	00:13:30	Standard Achieved
SECAmb East	00:15:28	00:00:28
SECAmb West	00:12:22	Standard Achieved
Paddock Wood OU	00:17:10	00:02:10
Thanet OU	00:15:27	00:00:27
Ashford OU	00:14:23	Standard Achieved
Tangmere & Worthing OU	00:13:44	Standard Achieved
Guildford OU	00:13:11	Standard Achieved
Chertsey OU	00:12:15	Standard Achieved
Dartford & Medway OU	00:11:58	Standard Achieved
Gatwick & Redhill OU	00:11:57	Standard Achieved
Brighton OU	00:11:07	Standard Achieved
Polegate & Hastings OU	00:10:31	Standard Achieved

Category 2		Standard: 00:18:00
OU	Mean	Time above standard
SECAmb	00:17:06	Standard Achieved
SECAmb East	00:18:04	00:00:04
SECAmb West	00:16:28	Standard Achieved
Paddock Wood OU	00:20:19	00:02:19
Guildford OU	00:19:07	00:01:07
Ashford OU	00:17:41	Standard Achieved
Dartford & Medway OU	00:17:29	Standard Achieved
Tangmere & Worthing OU	00:17:11	Standard Achieved
Thanet OU	00:16:52	Standard Achieved
Polegate & Hastings OU	00:16:02	Standard Achieved
Gatwick & Redhill OU	00:15:39	Standard Achieved
Chertsey OU	00:15:34	Standard Achieved
Brighton OU	00:15:24	Standard Achieved

Category 2		Standard: 00:40:00
OU	90th Centile	Time above standard
SECAmb	00:31:53	Standard Achieved
SECAmb East	00:32:25	Standard Achieved
SECAmb West	00:31:19	Standard Achieved
Paddock Wood OU	00:36:19	Standard Achieved
Guildford OU	00:35:23	Standard Achieved
Tangmere & Worthing OU	00:34:14	Standard Achieved
Ashford OU	00:31:48	Standard Achieved
Thanet OU	00:31:16	Standard Achieved
Dartford & Medway OU	00:30:53	Standard Achieved
Polegate & Hastings OU	00:30:20	Standard Achieved
Brighton OU	00:29:32	Standard Achieved
Gatwick & Redhill OU	00:28:13	Standard Achieved
Chertsey OU	00:27:54	Standard Achieved

Category 3		Standard: 02:00:00
OU	**90th Centile**	**Time above standard**
SECAmb	**02:17:36**	**00:17:36**
SECAmb East	**02:19:41**	**00:19:41**
SECAmb West	**02:16:48**	**00:16:48**
Tangmere & Worthing OU	02:52:18	00:52:18
Polegate & Hastings OU	02:37:04	00:37:04
Dartford & Medway OU	02:35:52	00:35:52
Paddock Wood OU	02:35:22	00:35:22
Chertsey OU	02:23:02	00:23:02
Guildford OU	02:09:29	00:09:29
Thanet OU	01:58:09	Standard Achieved
Brighton OU	01:49:37	Standard Achieved
Ashford OU	01:47:39	Standard Achieved
Gatwick & Redhill OU	01:33:29	Standard Achieved

Category 4		Standard: 03:00:00
OU	**90th Centile**	**Time above standard**
SECAmb	**02:58:28**	**Standard Achieved**
SECAmb West	**03:20:41**	**00:20:41**
SECAmb East	**02:47:09**	**Standard Achieved**
Chertsey OU	06:11:46	03:11:46
Tangmere & Worthing OU	05:31:50	02:31:50
Guildford OU	05:12:28	02:12:28
Polegate & Hastings OU	03:37:38	00:37:38
Paddock Wood OU	03:29:28	00:29:28
Dartford & Medway OU	02:26:56	Standard Achieved
Ashford OU	02:10:47	Standard Achieved
Thanet OU	01:48:50	Standard Achieved
Gatwick & Redhill OU	01:18:48	Standard Achieved
Brighton OU	01:07:53	Standard Achieved

SECAmb : Cat1 Fractile Response Graph : August 2019
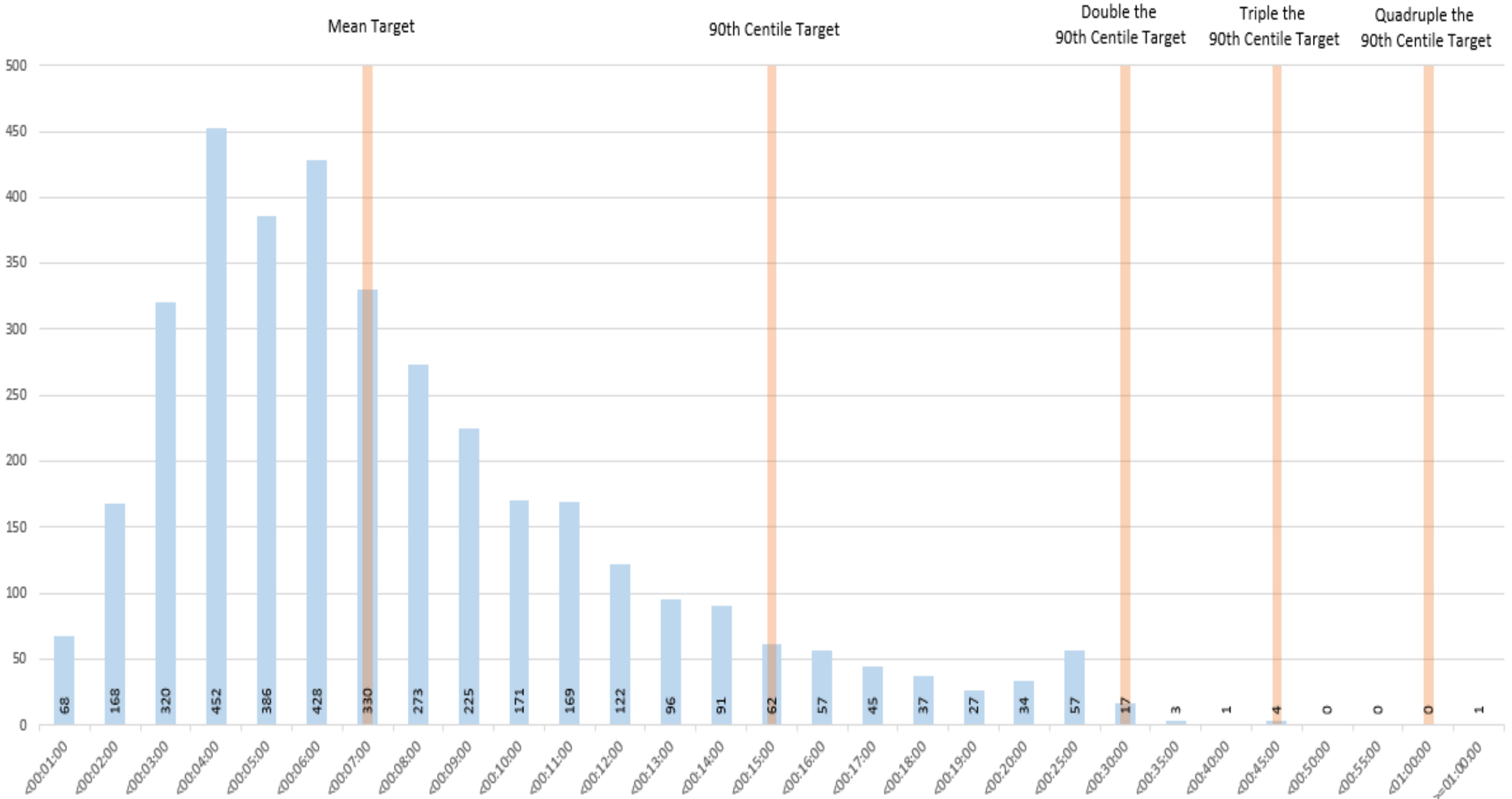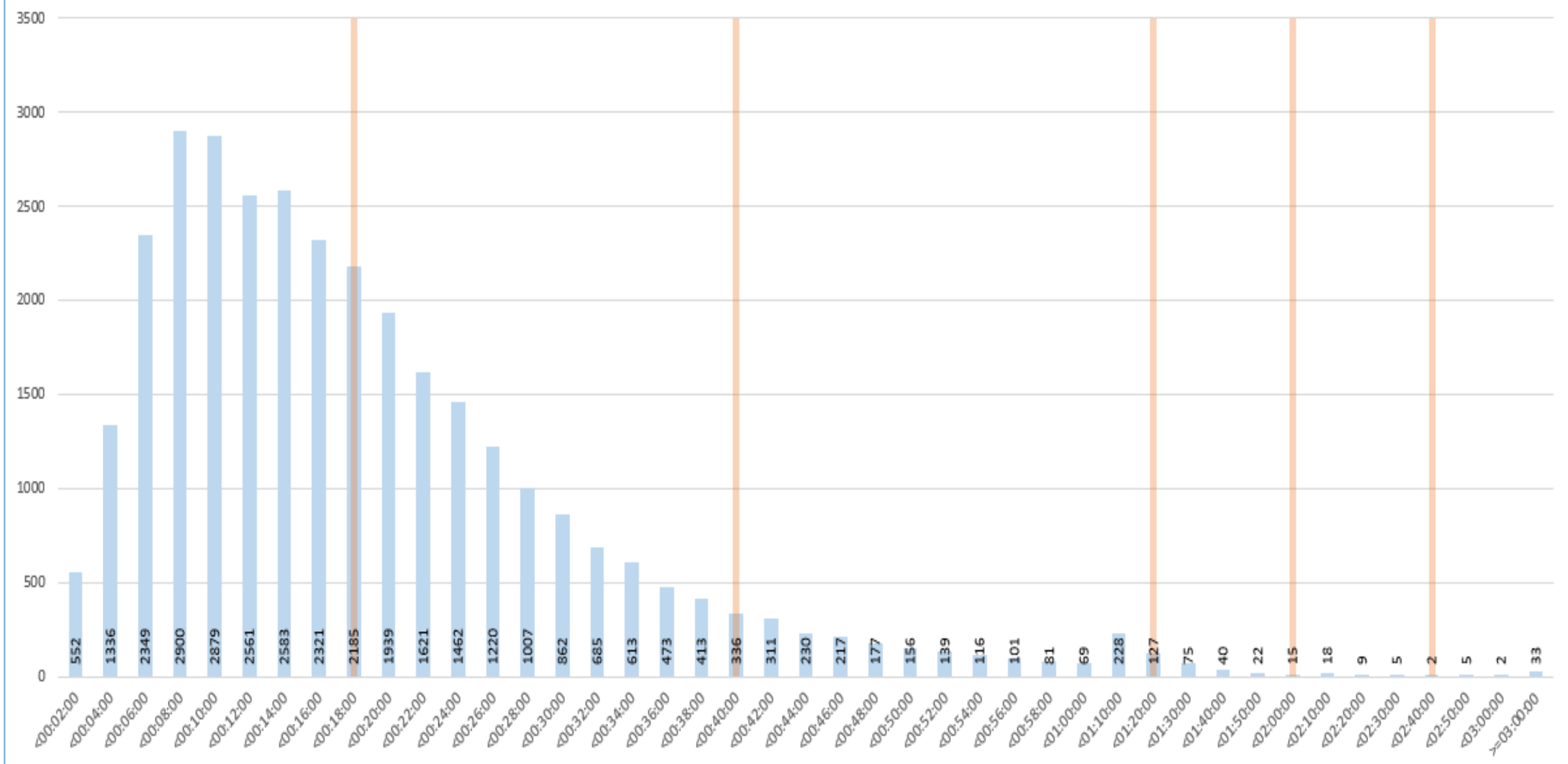
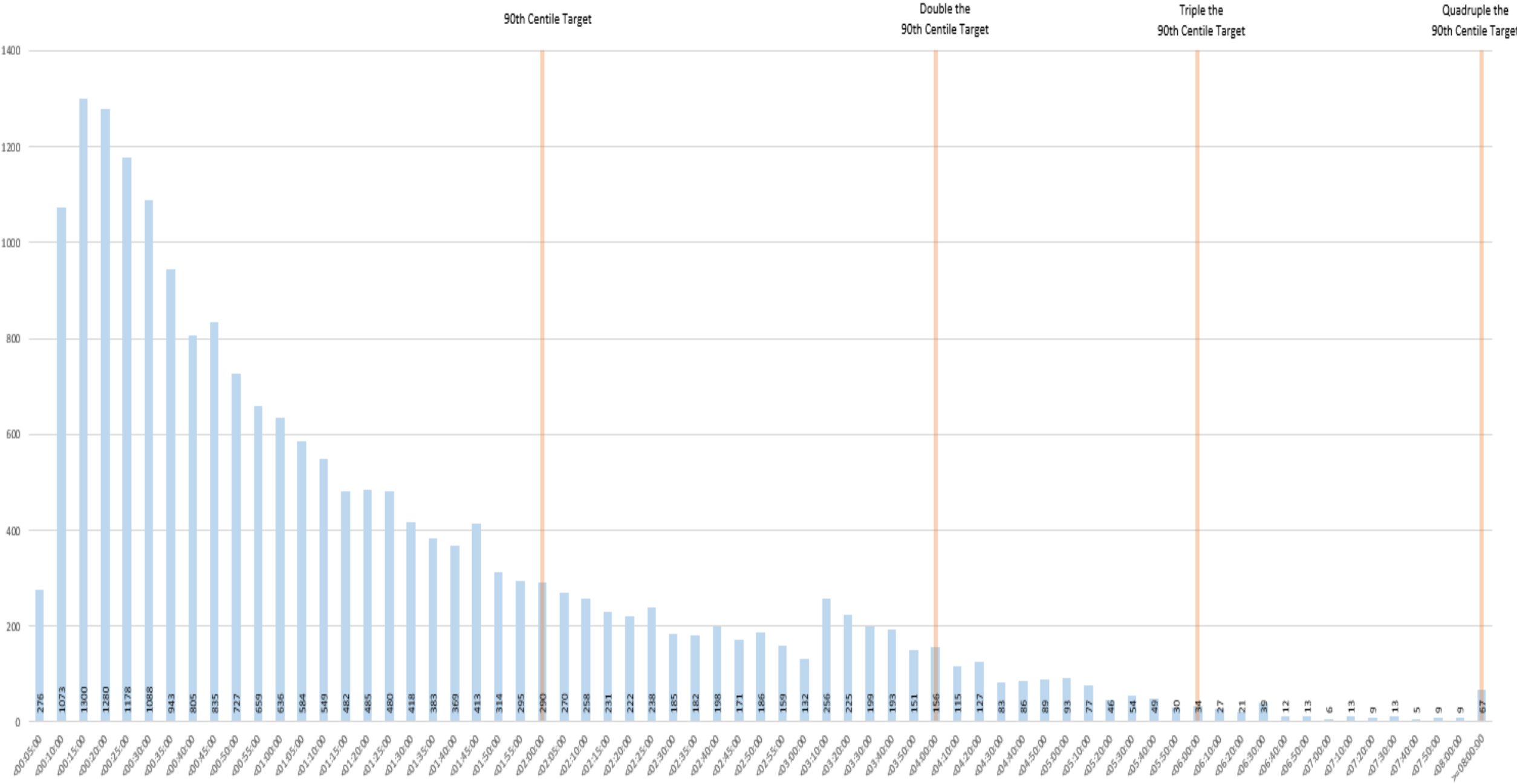SECAmb : Cat2 Fractile Response Graph : August 2019

SECAmb : Cat3 Fractile Response Graph : August 2019

CFR Reports 6 SEP 2019	**CP** Culture and Engagem... 20 FEB 2019	**Demand and Capacity...** 11 SEP 2019	**East Operations** 6 SEP 2019	**EOC Operations** 4 SEP 2019	**GRS Reports** 6 SEP 2019
HU HR UAT 5 SEP 2019	**Live Reports** 10 SEP 2019	**Medicines Governance** 6 SEP 2019	**CALL 111** NHS 111 11 SEP 2019	**Operations** 11 SEP 2019	**Private Ambulance Pr...** 3 SEP 2019
Recovery Plan 9 SEP 2019	**SECAmb Hospital Rep...** 11 SEP 2019	**User Acceptance Testi...** 23 AUG 2019	**West Operations** 9 SEP 2019	Get more apps from Microsoft AppSource	

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

L – Recommendation to approve the Process for Managing Concerns about Governors

1. Introduction

1.1. The Governor Development Committee has drafted some guidance to aid Governors and the Trust in ensuring fairness and transparency if anyone raises a concern about a Governor.

1.2. Where concerns have been raised in the past the Trust has sought to be even-handed and fair, however without an agreed process there can be room for misunderstandings or ad hoc actions. It seems preferable to have an agreed process for handling concerns that are raised.

1.3. In developing the guidance, the GDC has sought to balance the need for:
 1.3.1. Equitable treatment;
 1.3.2. Flexibility of response; and
 1.3.3. Respect for those raising a concern.

1.4. The proposed process sets out the various codes and requirements of Governors in one place, to make it clear the standards to which Governors are held. It is anticipated that Governors will recognise these standards from their induction with the Trust.

1.5. The GDC reviewed the document for a second time at its August meeting and has now recommended it come to full Council for approval.

1.6. The Process document is appended to this paper.

2. Recommendation

2.1. The Council of Governors is asked to:

2.2. Read and approve the Process for Managing Concerns about Governor's Standards of Conduct.

Process for Managing Concerns about a Governor's Standards of Conduct

Contents

A. Introduction

The purpose of this document is to provide a process to follow if allegations are made that a Governor has not acted in ways consistent with what is expected of a Governor. The aim is to ensure openness and consistency in the management of such allegations.

B. Guidance

The **Trust's Constitution** lays out the standards required:

Annex 6, section 4:
Code of Conduct

All members of the Council of Governors are required to comply with any Code of Conduct for Governors adopted by the Council of Governors or Board of Directors from time to time.

All Governors are required to sign the Code of Conduct on election or appointment to the Council of Governors.

The Code of Conduct for the Council of Governors provides detail about the standards expected and notes:

Personal Conduct

Governors are required to adhere to the highest standards of conduct in the performance of their duties. In respect of their interaction with others, they are required to:

- o Adhere to good practice in respect of the conduct of meetings and respect the views of other governors.

- o Be mindful of conduct which could be deemed to be unfair or discriminatory.

- o Be present for meetings at the correct time and be in attendance for its duration.

- o Treat the Board of Directors and other employees with respect and in accordance with the Trust's policies.

- o Recognise that the Governors and Trust managers have a common purpose i.e. the success of the Trust and adopt a team approach.

- o Governors must conduct themselves in such a manner as to reflect positively on the Trust. When attending external meetings or any other events at which they are present it is important for Governors to be ambassadors for the Trust.

- o Respect the confidentiality of information received in their role as a Governor.

All appointments to NHS Trusts are bound by the seven Nolan Principles of public life, which are the basis of the ethical standards expected of public office holders:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

In addition, Governors are expected to uphold the Trust's values:
- Taking pride
- Striving for continuous improvement
- Acting with integrity
- Demonstrating compassion and respect
- Taking responsibility

Disqualification from the Council is also provided for in the Code of Conduct:

11.2 If a Governor is considered to have acted in a manner inconsistent with the Code of Conduct the Governor may be removed from the Council of Governors by resolution approved by not less than two thirds of the remaining Governors present and voting at a General Meeting of the Council of Governors.

C.   **Process**

1. When anyone (including but not restricted to a Governor, member of staff, volunteer or member of the public) raises a concern about a Governor's conduct, they should bring their concerns to the attention of the Trust Chair or Company Secretary, providing a written statement (email is fine) giving all details of the concern. Those outside the Trust should submit their concern to ftmembership@secamb.nhs.uk. All concerns will be treated with the strictest confidence until the process is completed.

2. The Trust Chair and Company Secretary are to decide whether the allegation does represent a concern in relation to the Code of Conduct and the standards expected of a Governor, within a timeframe agreed with the person who raised the concern, based on the complexity of the issue raised. This may necessitate undertaking an investigation, including taking statements and collating evidence.

3. If the decision is taken that the concern is not substantiated, the person raising the concern should be advised and:

   a. If the person raising the concern accepts the outcome, then the matter will be closed without any further action save advising the Governor the complaint was about that a complaint was received but was not deemed substantiated.

   b. If the person raising the concern does not agree with the decision, they may submit their concern to the Senior Independent Director (SID) for the decision to be reviewed. This must be submitted within five working days of them being advised of the decision following stage 2 above.

4. The SID must reach a decision within 10 working days of receiving the request and either support the decision taken by the Trust Chair and Company Secretary or instruct that, in their view, it is possible that the Code of Conduct has not been followed. The SID may request further enquiries be made, which must be completed within a timeframe agreed with the person raising the concern.

5. If the decision is taken that there are grounds to consider that a breach of the Code of Conduct has occurred, the facts are presented to the Governor who is alleged to have made the breach. This should be done within five working days of the decision being taken, unless there is a valid reason that makes this unrealistic. In which case, it must be done at the earliest opportunity.

   a. If the Governor concerned accepts that a breach has occurred, the resulting action will depend on the severity of the breach.

   b. The Governor may choose to stand down from the Council voluntarily. This must then be reported to the full Council virtually and confirmed at the next formal public meeting.

   c. In cases where the breach is for a non-mandatory requirement, the Trust Chair, Company Secretary and/or SID can consider issuing a warning note rather than asking the Governor to resign. They may also insist on mediation, training or other action alongside the formal warning. Again, the matter must be reported to the full Council virtually and confirmed at the next formal public meeting.

   d. If the Governor concerned contests that a breach has occurred, they will be asked to provide a written statement (email is fine) outlining their reasons for contesting the allegation. This needs to be done within ten working days of being informed of the allegation unless there is a valid reason which makes this unrealistic. In such cases an extended deadline must be agreed and the person raising the concern notified.

6. The Chair and Company Secretary are to consider the statement provided and reach a decision, within ten working days of receiving the statement, as to whether a breach has occurred. If further enquiries are required, then these must be completed within a timeframe agreed with the Governor concerned and the person raising the concern.

D.   Outcome

   a. If it is considered that a breach has not taken place the person raising the concern should be advised of the conclusion, with an explanation if this can be provided without breaching the confidentiality of the Governor against whom the allegation has been made. The Governor against whom the concern was raised will also be informed.

   b. If a breach is deemed to have occurred, and it relates to a mandatory requirement, this will result in permanent disqualification from the role of Governor and from the FT membership. It will be for the Chair and Company Secretary to decide whether the Governor should be given the opportunity to resign before being removed from the role, however their disqualification will be permanent.

c.   If the breach is of a non-mandatory requirement, and it is not considered suitable that a warning be issued, the case should be taken to a formal meeting of the full Council, in private, by way of providing the statement from the originator who raised the potential that the breach had occurred and the statement from the Governor concerned. A minimum of three weeks' notice must be given.

d.   If 75% of the Governors attending the meeting (virtual attendance at the meeting via the phone or electronic means is accepted) agree that there has been a breach, the Governor concerned will be permanently excluded from the role and FT membership.

7.   Following completion of step 6, it will be reported at the next formal public meeting of the Council that an allegation had been made and the outcome of the process provided. The level of detail included will be on a case by case basis considering the confidentiality of those involved.

Annex A below provides examples of potential areas of concern.
Annex B provides a chart summarising the above process.

Review date: September 2021

Annex A: Examples of areas of legitimate concern

Non-Statutory	Statutory	Criminal
Conflict of interest making membership of the Council untenable, or failure to declare a significant conflict of interest, or failure to remove oneself from voting where one has a conflict of interest.	A person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it.	Potentially, breach of confidentiality.
Governor's personal conduct which could reasonably be regarded as prejudicial or as bringing the Council of Governors or the Trust into disrepute.	A person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him.	To make a declaration which a Governor knows to be false in some material respect
Treating Trust staff, volunteers or Governor colleagues without respect or without recognition of common purpose.	Named on registers of Schedule 1 offenders pursuant to the Sex Offenders Act 1977 and/or the Children and Young Persons Act 1933.	Breach of data protection rules.
Breach of confidentiality (may also be criminal depending on the circumstances).	A person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged.	Slander / libel.
Knowingly making untrue or misleading statements relating to the Council or the Trust.	Governor who fails to comply with the Trust's values, the Trust's code of conduct, the Nolan Principles, the requirements of the Statutory Framework and any relevant guidance issued by NHS Improvement.	Stealing from the Trust, members of staff or the public or other offences of dishonesty, including fraud and/or corruption.
Failure to attend required training within a reasonable timescale and without good reason.	Governor who ceases to meet the eligibility criteria.	Sexual misconduct and violent or abusive behaviour.
Failure to arrange Trust visits or attendance at Trust events with the involvement or prior notification of the Corporate Governance Team.	Failure to attend three consecutive meetings without a reason acceptable to the Council.	Discrimination, harassment or bullying on the grounds of gender, pregnancy, sexual orientation, race, disability, age or religion or belief.
Failure to involve the Trust's Communications Team prior to speaking to the media.		Failure to comply with some elements of the fit and proper persons requirements.
Inappropriate use of social media (in contravention of the Trust's policy)		Breaches of the Fraud Act 2006.
		Breaches of the Bribery Act 2010.

Annex B: Summary of the process

Log concern
- Written statement (email is fine) of concern provided to Chair or Company Secretary
- They jointly decide whether the conduct breaches the Code of Conduct
- If no breach identified, no further action is taken save informing the complainant and the person the complaint was made against
- If the complainant is not content, the SID reviews the decision and makes a final decision

Identify breach
- If a breach is identified, the Governor concerned is advised of the allegation
- If the Governor concerned agrees their conduct falls short, they will be asked to stand down, can be issued with a warning (for breaches of non-mandatory requirements) or offered mediation or training if applicable

Governor contests allegation
- Chair and CoSec investigate further. Governor concerned is asked to provide a written statement (email is fine)
- If a breach has not occured, Governor concerned to be advised. Report to next formal public Council meeting
- If a breach of a mandatory requirement has occured, the Governor is removed from the role without recourse to the Council

Vote held at Council
- If the breach is non-mandatory, the issue is taken to the next full Council meeting in private, and 75% of Governors attending must agree a breach has occured in order to take further action
- If Governors agree breach, the Governor is asked to resign
- If Governors find no breach, case is closed

South East Coast Ambulance Service NHS Foundation Trust

SECAMB Board

I1 - Escalation report to the Board from the Workforce and Wellbeing Committee

Date of meeting	13 June 2019
Overview of issues/areas covered at the meeting:	The committee focused on the revised HR transformation business case. The Committee was **assured** that the need for change was established and that the balance in the business case between the development of HR processes and OD and transformation was appropriate. The committee was interested to discover just how many electronic systems we held but which had never been activated. The case for outsourcing services was, then, hard to make.

There was strong support for using systems we already hold and supporting and securing compliance before looking elsewhere, recognising that many similar organisations are actively using such systems.

We were further **assured** that the changes to the business partner arrangements would lead to better relationships, reducing overall caseloads and long term costs. Concerns were expressed about our ability to recruit to these new posts in a timely manner. These were recognised by the HRD who was confident that there is an active marketplace in finding such professionals and so the committee was **assured** that this investment would lead to a reduction in overall caseloads long term.

We were able to also debate the future shape of HR/OD and see that we are on a journey which will require that we recruit a strong head of OD to work to an HR executive director.

The committee had previously raised the issue of a lack of management training and development for staff and were pleased to receive a paper on the 'fundamentals of leadership and management' training. Colleagues felt that a learning set approach rather than a cohort, classroom approach would be of benefit and with that change of focus would be able to support it.

Colleagues were confident that extraction would not be a problem and that all relevant managers – around 360 staff – should be expected to attend with a view in starting the programme in the autumn with a target completion date of around two years from commencement. This was felt to be too long. It was also felt important that competence assessment formed part of this programme.

The Committee asked that a revised plan structure on peer to peer learning comes back to July WWC for its approval.

Progress with personnel files and DBS checks was considered. The Committee was **not assured** that HR file systems were sufficiently robust to prevent such issues arising in the future and supported the need for a document management system across the Trust. Again, we heard that we hold a number of systems that could do this but further work is needed as, currently, files could be held in a number of online locations. This has been a focus for internal audit and this needs to be seen by the committee so it can be assured by the management response. |

	The was a high degree of **assurance** in the DBS status of staff across the organisation.
Reports *not* received as per the annual work plan and action required	None. Papers were late when compared to the expected standard but this had been agreed between the Chair and HRD to ensure the relevant papers had been cleared by the Executive Management Board. A more pro active approach to the action log also meant that the Committee would in future be able to focus more on scrutiny and less on commissioning papers that progress chase.
Changes to significant risk profile of the trust identified and actions required	The committee was **assured** that the processes underway to rationalise the register are ensuring that the Committee will increasing see the most relevant and concerning risks. The key risks were reviewed and the challenges of recruiting high level clinicians noted within risk 111. We heard that a range of actions are in place but WWC would ask that QPS is appropriately assured that the risks caused by this challenge are appropriate mitigated. The score was felt appropriate but also that not all the mitigation's had been captured. The committee also reviewed the other BAF risks within its purview as reflected in the BAF risk report on the Board agenda.
Weaknesses in the design or effectiveness of the system of internal control identified and action required	The Committee remain concerned about just how much is to be done before we move to a business as usual state. This makes financial planning particularly challenging and so the Committee would want to see robust financial oversight of the changes so that when the opportunities to reduce spend become apparent, for example when external consultants have completed task, costs are taken out of the system. Rightly, the business provides a set of solutions to problems 'as seen' but the Committee had some concerns about committing too much resource to fixed processes and asked for further assurances to the Board of future flexibilities. This would include having a stronger focus on Organisational Development so that we become more proactive in our working (the business case was subsequently approved by the Board at its meeting in June). The committee requires further assurance before it can be confident that the Trust is fully compliant both with GDPR and basic expectations of what might be held consistently and safely held in staff files.
Any other matters the Committee wishes to escalate to the Board	None

South East Coast Ambulance Service NHS Foundation Trust

SECAMB Board

I2 - Escalation report to the Board from the Workforce and Wellbeing Committee

Date of meeting	11th July 2019
Overview of issues/areas covered at the meeting:	This meeting continued the scrutiny of the developing workforce plan and the assumptions underpinning it. This included consideration of its impact on the EOCs, the role of apprenticeships in the organisation and support for the management and leadership development programme. We received the **Equalities Report** and was **assured** that we meet all relevant external standards. However, the Board will want to be aware that WWC has considerable concerns about the extent to which our workforce at all levels reflects those communities we serve and feel this aspect needs consideration in all aspects of recruitment and retention. The diversity and inclusion annual report was considered and is before the Board for information.

Unless we change our current approaches to recruitment and, particularly, retention, the committee was **not assured** that we will meet the recruitment targets expected by the Board. There remains a feeling that we could remove further barriers to ensure the pathway from application to activation is shorter. We were able to have a very detailed discussion of the barriers and recommend that this area be the subject of an extended discussion at a future Board meeting. This would include considerations of a future regional role as providers of high quality, supervised paramedics to the wider health system. However, WWC is able to report its considerable **assurance** that the new HR team has both a good understanding of the issues and a grip on their solutions. This is reflected in the very positive recruitment figures for paramedics which are above target.

WWC received its first substantive paper on the **apprenticeship levy** and how it might be used not just in the best interests of the Trust, but also the wider public sector in the Region. We understood that this had also been reviewed by the Executive and whilst seeing it as overwhelmingly positive, shared its concerns that this has to be carefully planned to ensure partners share our public service values, and that it is sustainable. It was supported strongly. It was also suggested that this provides a useful annex to the Equalities discussion and should be used to ensure our staff becomes not only more representative of the communities we serve, but look also to ensure it has a focus on school leavers and in bringing jobs to our more deprived areas.

We continued to explore the content and structure of the Committee's 'dashboard' and its relationship to the risk register.
WWC was happy to give its support the **management and leadership development programme** but reiterated its request that the work is driven through learning sets, given meaningful tasks to solve on behalf of the Trust. |
| **Reports *not* received as per the annual work plan and action required** | The reorganisation underway within clinical education meant that it was not timely to produce one of the programmed reports. The Chair was happy to agree to this request. |

Changes to significant risk profile of the trust identified and actions required	We continued our discussion of the issues around staff files and the committee received sound evidence that for new joiners the processes are robust. This will need monitoring to continue to give assurance but does reflect the necessary changes. However, we continue to not be assured with regard to historic files. At some point a decision will need to be taken about the respective levels of risk but the Committee felt more work was needed to ensure as many historic files as is reasonable be reviewed and completed. As this is a highly reductionist process, ie the older the file the harder it will be to resolve, management will need to agree an endpoint and give the Board an assessment of the risks then carried forward. The Committee did not feel it was financially prudent to resolve all files; nor did it think it acceptable not to attempt to resolve as many as possible.
Weaknesses in the design or effectiveness of the system of internal control identified and action required	None not identified above.
Any other matters the Committee wishes to escalate to the Board	WWC would want the Board to be aware that we need to keep our approaches to recruitment, staff development and retention under constant review if we are to meet our workforce targets but that this needs to be done within the context of agreed strategic programmes. WWC heard emerging concerns about the capacity to generate sufficient paramedics in an acceptable timescale. The committee felt that this again highlighted the need to model the workforce planning more thoroughly and capture it in an endorsed plan. The Committee closed with a strong feeling that management grip is now stronger than at any time in the recent past.

SECAMB Board

I3 - Summary Report on the Audit & Risk Committee (AUC) Meeting of 11th July 2019

Date of meeting	**11th July 2019**
Overview of issues/areas covered at the meeting:	The key areas covered in this meeting were • Progress with outstanding Internal Audit actions and the development of our internal controls environment • Consideration of an Information Governance Report • Consideration of a Business Continuity Update • Proposals to enhance Integrated Performance Reporting The Committee did not have enough time to review the Board Assurance Risk Report, nor to complete a review of Standing Financial Instructions (SFI)
Internal Audit	The committee was pleased to note continuing good progress with outstanding Audit actions and the focus from the Chief Executive in improving the overall quality of the control environment; however, concerns were raised in respect of: • Older Staff Records • The effectiveness of Implementation of the Data Security and Protection Toolkit • The timescales proposed to complete outstanding Audit Actions • EoC Management Response **Older Staff Record & EOC Management Response:** The committee was able to get some assurance from evident executive focus and action but was less confident that actions will be effective enough and/or timely. Both these areas are an oversight focus for the Workforce and Wellbeing Committee **Data Security and Protection Toolkit:** The Committee asked the executive to determine how best to test the effectiveness of Information Governance Arrangements and Report back to Committee **Timescales:** The committee asked for a review of proposed Audit Action timescales with a view to identifying earlier completion opportunities and reporting back to Committee.
Information Governance Report	The Committee commended a much improved report from that presented in May. Discussion identified some further areas for enhancement before the paper is brought to the full Board.
Integrated Performance Reporting (IPR)	The Executive presented proposals to improve the Integrated Performance Reporting based on best practice from Frimley Park. Substantial discussion and feedback followed. Perhaps the three most important overall points made were that reporting should:

	• Be written with one audience in mind – the Board rather than trying to be all things to all audiences • Be forward / action /implication focussed • make key constraints and associated response clearer A draft IPR reflecting discussion and feedback will be presented to the September Meeting of the Committee.
Business Continuity	The Committee was pleased by the work program underway but asked for clarification as to timescales for resolution of areas of EPRR non-compliance
SFI/Scheme of Delegation	There wasn't enough time to complete a full review of SFI proposals at this meeting. Discussion at committee, and subsequently, has established a way forward. An Extraordinary meeting of AUC may be convened in due course to review revised proposals.
Risk Management	The committee reviewed a risk report in respect of those risks overseen by Audit Committee itself. The Committee noted good progress and will discuss a further report in September intended to: • Offer specific assurance on risk related to Brexit • Give further detail on other high-rated risks to support appropriate discussion and review

SECAMB Board

I4 - Summary Report on the Charitable Funds Committee (CFC) Meeting of 9th July 2019

Date of meeting	9 July 2019
Overview of issues/areas covered at the meeting:	The key areas covered in this meeting related to Accounts and Governance
Governance	A Full/Comprehensive Review of the Trust's Charitable funds and the role of the Charitable Funds Committee remains outstanding due to prioritisation of other activity. This is now planned for the December 2019 meeting. This meeting was used to further clarify principles to be applied to both fundraising and expenditure. The committee was particularly concerned to ensure that we work towards appropriate governance over all donations / funds raised by use of, or in association with, the SECAmb brand.
Charitable Fund Accounts	The Committee approved the Financial Accounts to the end of March 2019 (subject to External Audit) and the management accounts to the end of May 2019. The Committee requested an increase in narrative within the reports, where possible appropriate and practical, to give additional information about sources of funds, expenditures and outcomes.

SECAMB Board

I5 - Finance and Investment Committee Escalation report to the Board

Date of meetings	18 June 2019 18 July 2019 (extraordinary meeting)
Overview of key issues/areas covered at the meeting:	***Financial Performance*** *Partial Assurance* The committee explored the adverse variance from plan, arising in the main due to a shortfall in income. This is directly linked to operational performance and the Trust not unlocking the unmet demand; despite the operational hours aligning to what was modelled in the demand and capacity review. Acknowledging that the executive has clarity on the investment decision (business case) in the pipeline as part of budget setting, which helps set out the financial exposure, it was tasked with reviewing the forecast to ensure better clarity on the risks. There was a good discussion about the emerging picture relating to the quality of hours being provided, linked to challenges in ensuring the right skill mix and targeting the hours at the right period in the day / week. In summary, the committee is supportive of the work management has done to ensure a financial plan that best supports quality and patient safety, there are a significant risks. In this regard, the committee supported this being added to the BAF risk report. **Cost Improvement Plan (CIP)** *Partial Assurance* A presentation was provided giving an overview of the plan to achieve the CIP target of £8.6m. There is much focus on 'Carter' efficiency and productivity improvement. The targets has been allocated to each directorate with related schemes being progressed through the governance process, which included quality impact assessments. The committee noted that at the time the Trust was £200k behind plan. The committee received some assurance from this and explored the extent to which budget holders take a tactical rather than strategic approach, i.e. the balance between recurrent and non-recurrent schemes. **999 Transformation /Performance** Not Assured At its meeting in June the committee asked for more clarity on the actions being taken to deliver performance and the extent to which this is having the desired impact; giving both a current/past and a forward view. It subsequently held an extraordinary meeting to review the remedial actions in greater detail; this was held on 18 July and the committee focussed on how the actions were improving Category 3 performance, in particular, given the Trust is such an outlier, when compared with other ambulance services.

Firstly, the committee tested the extent to which there is confidence in the understanding of the root cause(s). It acknowledged the enormous efforts that had been made since the meeting in June and the view of the executive that the two root causes could be summarised as *grip and focus* and *vacancies.* There was a really constructive discussion about why we are in this position and, most critically, what is happening to ensure sustained improvement; the performance in the past two weeks has seen a marked improved with Cat 3 reduced by approximately one hour.

The executive expressed confidence that the grip and focus will be sustained, and the committee challenged it to confirm in due course a trajectory (with related risks) to ensure better manage the expectations of the Board, and its stakeholders.

With regards vacancies and ability to fill rotas (which is more specifically being picked up by the workforce committee - see separate escalation report) the committee sought assurance that the rotas align to the demand and capacity review; the issue is not being able to fill the rotas and more specifically, fill them at specific times of the day / week. A number of actions are in place to fill these gaps, including an incentive scheme, and this has resulted in a significant improvement in the past two weeks.

In terms of sustainability, although the recruitment pipe-line shows some promise, but the Trust is unlikely to achieve the recruitment trajectory this year. Therefore, the incentive scheme will need to continue focussed on the hard to fill shifts and ensuring the right skills mix by OU. Financially, this is being covered by the vacancy shortfall, but this will need to be kept under close review.

In summary, the committee acknowledged the complex nature of the actions being taken by management given all the different interdependencies. It has some assurance that there is a basis of a plan with a better understanding of the levers needed to improve performance. However, what is missing is a trajectory over the next 3-6 months, with metrics such a rotas / skills mix. Also there is a gap in assurance that the retention strategy is robust enough. The committee therefore asked the executive to develop a three-month forecast with the associated risks. The Board will then consider this in draft at the development session planned in August; this will give the time to have a proper cross-board discussion to walk through all the issues and levers.

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 June the HR Transformation Business Cases was reviewed; this has subsequently been approved by the Board.

In July the committee considered a business case relating to Datix i-cloud, which is being taken in part 2, due to it being commercially sensitive.

111/CAS
At the extraordinary meeting in July, the committee reviewed the ongoing work in connection with the current bid. This is commercially sensitive and so will be covered

	in part 2.
Any other matters the Committee wishes to escalate to the Board	None

SECAMB Board

I6 - QPS Committee Escalation report to the Board

Date of meetings	20 June 2019
Overview of key issues/areas covered at the meeting:	This meeting was attended by three Governors who were present to observe the committee and gain assurance on its effectiveness. As is usual, the committee started by considering **Management Responses** (*response to previous items scrutinised by the committee)*, including: **Cluster Serious Incident (re 111 mobilisation) Assured** This was an update on the review of the incidents that occurred shortly after the launch of the interim 111 service between in March 2019, where some calls reaching an ambulance disposition were closed in error. A detailed paper was received setting out how the Trust responded to the incident and the committee explored the learning and related action that was taken. It was assured that, despite this issue, mobilisation went well and that when the issue was identified management responded decisively. **Co-Responders Assured** The committee was assured by the processes in place to ensure adequate DBS records for co-responders. **Medical Equipment Partially Assured** The committee received a paper relating to the maintenance of non-medical equipment, including the process of checks and where this is recorded and audited. In the context of missing equipment being the third highest reason for a reported incident in the annual incident report, the committee asked for evidence of the workshop equipment checks including bariatric equipment once the data is available on the new fleet management system. 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 three specific aspects of the overarching EOC improvement plan; 1. <u>Dispatch </u>– the committee was updated on the different work-streams. There is an ongoing peer review of dispatch to help establish where improvements can be made, including the apparent disparity between East and West. 2. <u>Call Handling </u>– good assurance was received by the positive impact of EMA recruitment and improved retention. The fragility of hours, including abstraction rates was explored; the committee asked WWC to pick up the issue of EMA abstraction to ensure better sustainability of hours. Overall, the committee felt there is good understanding of issues and with the

improved data available this helps to ensure targeted corrective action.

3. Clinical Capacity – there is continued progress being made in increasing clinical capacity, although there is a greater challenge in the East, compared with the West. The committee explored how management looks to mitigate the risks where gaps exist.

Although the committee received good assurance on call handling, EMA recruitment in particular, it was partially assured when taking all three areas together.

Consent to Treatment Partially Assured
The central issue here for the committee was whether consent to treatment is being sought in line with legislation and guidance. An honest appraisal was provided by management, which confirmed that it could not currently provide full assurance largely on the basis of the gaps in some patient care records. The actions taken to address this were set out in the paper and while the committee therefore could not be fully assured consent is always obtained, it was assured with the plan in place which focusses particularly on the benefits of the new ePCR..

SRV Trial Dispatch Model Assured
The committee was updated on the outcome of the pilot to introduce the targeted dispatch model and was assured that the process and planning for the trial had been appropriate. It noted that the model appeared effective where resources matched demand, but as soon as this balance was not met the benefits were not realised. In other words, it helped to clarify that it is about having not just the resources/hours, but ensuring they are allocated in the right places and the right time. The pilot did demonstrate that SRVs have a role to play, but predicated on the right skill mix being in place.

Operating Model Adjustment / Key Skills Assured
This paper clearly articulated the context of some of challenges that exist to ensuring timely response to patients. It helped to highlight the root causes, relating to gaps in rotas and its impact on performance during specific times of the day and week. A range of actions have been agreed, one of which was to look at where hours are lost, e.g. abstraction. This led to a decision to re-phase key skills so that it is delivered through the year, rather than 90% by the end of Q2, as has been the case in the recent past. The committee noted the immediate impact of this on the better utilisation of hours from the end of June. It also noted that the senior operational leadership team has been tasked with providing a plan to deliver key skills by March 2020.

In summary, the committee was assured that the management actions taken in testing conditions are well thought out and based on good evidence. The committee requested a management response to provide further assurance on how key skills will be delivered throughout the year to ensure patient safety.

The Committee also referred the matter of supporting policies to WWC and has requested a scrutiny paper in September to provide assurance on how we ensure the right staff are working at the right time to deliver safe care.

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The committee also noted the importance of effective engagement and communication with staff on changes of such significance.

Medicines Governance Assured

The committee received the quarterly report setting out the outcome of the inspections undertaken in the period. It explored some of the issues arising from Q4 and two main concerns related to tagging (leading to a risk that staff take pouches that are incomplete) and completing paperwork. The committee was however assured with the continued good progress and the comprehensive action plan that is in place.

Medicines (Drug Losses) Assured

This was referred by the Audit Committee and the paper provided a clear and comprehensive analysis of the issues. Having experienced issues with temperature control last summer, the committee was pleased to note that the Trust is the first in the country to bring in an automated temperature control system, which is working well. With regards to lost and missing drugs, plans are currently progressing, working with other ambulance trusts, to look into an electronic system which would provide the required level of track and trace.

The committee also received a number of reports under its section on *Monitoring Performance*:

Incident / SI Annual Report

Overall the committee was happy with progress and noted that this seems to be a view shared by external stakeholders who provide much scrutiny of process and outcomes. Some feedback was provided on how to enhance the report, before it comes to the Board.

Vehicle Cleanliness Update Not assured

This paper confirmed that there continues to be issues with vehicle deep cleans. This is linked to vehicle availability and so the immediate mitigation is to focus on daily cleaning. The committee felt that the paper could have provided more concise information as there were lots of questions and issues arising. It has therefore asked for a scrutiny paper in Q3.

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Any other matters the Committee wishes to escalate to the Board

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None.

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I7 - QPS Committee Escalation report to the Board

Date of meetings	18 July 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: **SI investigations** Assured Despite there being a backlog of open actions arising from SI investigations, which the committee will monitor until it is cleared, assurance was provided on the process in place to ensure agreed actions are taken in a timely way. The committee has requested a management response on the timeline to clear the out of time actions. **Key Skills Delivery** Not Assured This paper was requested in June, to provide assurance that key skills will be delivered by March 2020, following the decision to phase it across the year. The committee was not assured because the paper lacked sufficient detail demonstrating the current position and the plan(s) to deliver key skills between now and March. This led to a discussion about the likely risks, in the context of operational performance challenges, and the executive will bring an assurance paper to the Board in due course [*Tricia I have phrased like this as we need to await confirmation from the Chairman that he will now call a meeting in August*]. 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 Head of PMO provided a presentation on the overall programme of work, giving an update against progress with each of the objectives. The committee noted that this programme is under review with some aspects moving to business as usual and new objectives being developed. The committee confirmed its view on the plan to bring some of the areas in to business as usual which the executive will review and report to the Board in the usual way through the Delivery Plan. The committee also explored why despite exceeding the trajectory for EMA recruitment, call answer performance has in recent weeks deteriorated. A request was made for the executive to explain this at the July Board meeting when operational performance is discussed under the IPR. The committee was grateful for the really good overview and noted the assurance the executive is seeking to ensure sufficient confidence to move some areas in to business as usual. Going forward, the committee will review the key clinical indictors to inform how it will prioritise its focus in this important area. **111 Clinical Effectiveness** Partially Assured The committee received an overview of the effectiveness of the 111 service, noting some of the initial feedback following the recent CQC inspection. Specifically, the

committee explored performance, which is on the expected improvement trajectory, but still not meeting contractual standards. The remedial actions aim to achieve the expected standards by the end of August 2019. There is a similar positon with audit, which expects to be back at the right level by Q3.

The committee also explored why referrals to 999 are 2% above the national average and was assured that the 111 senior leadership team has sufficient grip and focus to reduce this within the next two months.

A detailed review of the related 111 Service Delivery Improvement Plan is scheduled.

CFR/co-responder Administration of Salbutamol Assured
Ahead of the Board meeting, the committee discussed this paper, which recommends the use of salbutamol for CFRs and co-responders. While the committee supported this, it asked for a review of the paper, as it lacked some information, such as a third party view and confirmation that the rationale for recommending this is consistent with any other ambulance services who take the same approach.

SI Thematic Review Assured
The committee welcomed this overview of the themes arising from incidents, SIs, and complaints, and took good assurance from the processes now in place to ensure better triangulation. There were some examples where the data showed some spikes and / or variables across the OUs and the executive will ensure for future reports that these are explained. The committee also asked that some work be undertaken to map the complaints, incidents and SIs, by time of day / week.

Duty of Candour Assured
Assurance was received that appropriate action was taken to address the recent dip in compliance with duty of candour; we are now back to 100% compliance.

The committee also received a number of reports under its section on *Monitoring Performance*:

Quality and Safety Report
This is a temporary report provided monthly until the new IPR is introduced. The committee confirmed its overarching view on what it would like from this, with relevant KPIs and data trends, so that the narrative report is then only by exception; this will ensure the committee focusses on the right areas.

QAVs / Patient Safety Leadership Visits
Management set out how the intelligence from these visits, plus the A&E leadership visits, is reviewed. Although work is still required to ensure better triangulation, an example was provided which demonstrated how this can work well; where concerns raised about a specific OU, concerns following a patient safety leadership visit and QAV, then during an A&E visit, was assessed against an increase in complaints and two serious incidents. This has led to the executive asking for an urgent review, which is ongoing.

The committee acknowledged the benefit of the patient safety leadership visits for board members, in particular, and asked for more analysis of the outcomes of the

	QAVs, including themes and actions taken.
	Risk Register / BAF Risk The committee is assured that it has good visibility and focus on the most significant risks on the risk register. It will continue to keep this under review to ensure sight on any emerging risks. With regards the BAF risks under its purview, some feedback was provided which will be reflected in the version that is on the Board agenda.
Any other matters the Committee wishes to escalate to the Board	None