



Council of Governors Meeting to be held in public

3 December 2019 10:00-13:00

Holiday Inn Guildford, Egerton Road, Guildford, Surrey GU2 7XZ

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction and matters arising					
47/19	10:00	Chair's Introduction	-	-	David Astley (Chair)
48/19	-	Apologies for Absence	-	-	DA
49/19	-	Declarations of Interest	-	-	DA
50/19	-	Minutes from the previous meeting, action log and matters arising	A A1	-	DA
		Minutes of the Annual Members Meeting	A2		
Statutory duties: performance and holding to account					
51/19	10:10	Chief Executive's Report: - Questions from the Council	B	Information and discussion	Philip Astle (CEO)
52/19	10:25	Assurance from the Non-Executive Directors: - Integrated Performance Report (July data)	C	Holding to account, assurance and discussion	Council and All NEDs present
Statutory duties: member and public engagement					
53/19	10:40	Membership Development Committee Report: - Committee Effectiveness Review	D	Information	Brian Chester (Public Governor for Surrey)
Committees and reports					
54/19	10:45	Governor Development Committee Report - Committee Effectiveness Review	E	Information	Felicity Dennis (Lead Governor and Public Governor Surrey)
55/19	10:50	Governor Activities and Queries Report	F	Information	Felicity Dennis
56/19	10:55	Nominations Committee Report	G	Information	DA
Statutory duties: performance and holding to account					
57/19	11:00	Board Committee Observation report: - Workforce and Wellbeing (21 November)	H	Holding to account and assurance	Geoff Kempster (Public Governor for Surrey) and Harvey Nash (Public Governor for West Sussex)



58/19	11:10	Board Assurance Committees' escalation reports to include the key achievements, risks and challenges: Workforce and Wellbeing Committee - 12 September 2019 - 21 November 2019 Audit Committee - 19 September 2019 Finance and Investment Committee - 8 August 2019, 22 August 2019 Extra-Ordinary and 17 September 2019 Extra-Ordinary - 17 October 2019 - 14 November 2019 Quality and Patient Safety - 9 September 2019 - 24 October 2019		Holding to account, assurance and discussion	All Non-Executive Directors present
			I1 I2		
			I3		
			I4		
			I5 I6		
			I7 I8		
59/19	11:25	Deep Dive: Finance and Investment Committee (FIC) and Audit Committee (AuC) Overview of function and remit of FIC and AuC Key areas of scrutiny of FIC and AuC and discussion	J1 J2 J3 J4 -	Learning and holding to account	Michael Whitehouse (NED and Chair of FIC, member of AuC)
11:55 Comfort break					
60/19	12:05	Report of the External Auditor (KPMG) to the Council of Governors	K	Information and discussion	Fleur Nieboer (Partner, KPMG)
61/19	12:35	Governor annual self-assessment of effectiveness	L	Decision	Izzy Allen (Asst Company Secretary)
62/19	12:45	Notification of meeting dates for 2020-21	M	Information	Izzy Allen
General					
63/19	12:55	Any Other Business (AOB)	-	-	DA
64/19	-	Questions from the public	-	Accountability	DA
65/19	-	Areas to highlight to Non-Executive Directors	-	Assurance	DA
66/19	-	Review of meeting effectiveness	-	-	DA
		Date of Next Meeting: 5 March, Crawley HQ	-	-	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.



**Afternoon session:
Equality, diversity and inclusion**

Asmina Islam Chowdhury (Inclusion Manager) will deliver essential Equality and Diversity training:

- Overview of equalities legislation and NHS duties in respect of diversity and inclusion;
- Role and remit of the Inclusion Hub Advisory Group (IHAG);
- Key knowledge and skills for Governors in recruitment and selection.

This is relevant for all Governors so please do stay for the afternoon to ensure everyone is up to date on our responsibilities in this area.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 20 September 2019

Present:

David Astley	(DA)	Chair
Felicity Dennis	(FD)	Public Governor, Surrey & N.E. Hants – Lead Governor
Geoff Kempster	(GK)	Public Governor, Surrey & NE Hants
Brian Chester	(BC)	Public Governor, Surrey & N.E. Hants
Pauline Flores-Moore	(PFM)	Public Governor, West Sussex
Nicki Pointer	(NP)	Public Governor, East Sussex – Deputy Lead Governor
Roger Laxton	(RL)	Public Governor, Kent
Marguerite Beard-Gould	(MBG)	Public Governor, Kent
David Escudier	(DE)	Public Governor, Kent
James Crawley	(JC)	Public Governor, Kent
Was Shakir	(WS)	Staff-Elected Governor (Operational)
Marianne Phillips	(MP)	Public Governor, Brighton and Hove
Nick Harrison	(NH)	Staff-Elected Governor (Operational)
Graham Gibbens	(GG)	Appointed Governor – Local Authorities
Marian Trendell	(MT)	Appointed Governor – Sussex Partnerships
Howard Pescott	(HP)	Appointed Governor – Sussex Community Trust
Vanessa Wood	(VW)	Appointed Governor – Age UK

In attendance:

Lucy Bloem	(LB)	Senior Independent Director & Non-Executive Director
Laurie McMahon	(LM)	Non-Executive Director
Terry Parkin	(TP)	Non-Executive Director
Angela Smith	(AS)	Non-Executive Director
Al Rymer	(AR)	Non-Executive Director
Philip Astle	(PA)	Chief Executive Officer
Peter Lee	(PL)	Company Secretary

Presenters:

Joe Garcia	(JG)	Director of Operations
Paul Renshaw	(PR)	Interim Director of HR

Apologies:

Sarah Swindell	(SS)	Appointed Governor – EKHFT
Chris Devereux	(CD)	Public Governor, Surrey & NE Hampshire
ACC Nev Kemp	(NK)	Appointed Governor – Surrey Police
Malcolm MacGregor	(MM)	Staff-Elected Governor (Operational)
Tricia McGregor	(TM)	Non-Executive Director
Michael Whitehouse	(MW)	Non-Executive Director

Minute taker: Isobel Allen – Assistant Company Secretary

28. Introduction

28.1. DA warmly welcomed members of the public, Foundation Trust members and staff colleagues to the meeting. He welcomed PA to his first meeting.

29. Apologies

29.1. Apologies were noted as above.

30. Declarations of interest

30.1. No additional declarations of interest were made.

31. Minutes and action log:

31.1. The minutes were taken as an accurate record. Apologies were noted as above.

31.2. MT provided an update on the section 136 mental health transfers. MT reported 610 transports of which SECamb conveyed only 22% over the past 6 months. However, in the last month, SECamb had conveyed around 50% of the patients, which was progress. There was an improving picture and she would hope that it continued to rise closer to the target of 90%. MT further noted that the SECamb performance report showed a 'green' picture indicating targets were met however this was not the case.

32. CEO Report

32.1. PA noted how delighted he was to have joined the Trust. There were issues, as in all organisations, but SECamb had the right sort of caring and able people to be able to fix them. In his third week, he was proud to be here.

32.2. He thanked Fionna Moore for her hard work as interim CEO. He noted the positive CQC report had made a huge difference to enable the organisation to move forward with a renewed sense of confidence.

32.3. PA reviewed operational performance noting the Trust was concentrating on improvement. The Trust had won the 111 Clinical Assessment Service (CAS) contract due to begin in April 2020. The contract was not yet signed but he was confident it would be soon. This showed commissioners' confidence in SECamb.

32.4. The Trust was preparing for a possible EU Exit and SECamb, alongside the whole health and care economy, were planning for a worst-case scenario. The Trust had fellow ambulance services ready to provide help if it was needed, which he thanked colleague CEOs for. He recognised the hard work being done.

32.5. GG noted that the six Local Authority leaders had asked him to express their pleasure about the CQC report and pass on congratulations on their behalf. They were all concerned about safeguarding and saw positive moves.

32.6. JC asked about the roll-out of the Electronic Patient Clinical Records, noting issues with making electronic transfers of records to East Surrey. PA noted that there was a particular issue in that Trust and the CEO there was working on a solution, but the majority of hospitals were ready to work with it.

32.7. WS asked PA to explain how the 111CAS would change the service provided to patients compared to 111. PA noted that the 111 part of the service would not change much at all. The change was in the additional clinical advisory service and its connection with a wider set of clinical help directly. In the short term a series of clinical advisors, from GPs to mental health, prescribers etc would be available to allow patients to get help through one phone

call. This would evolve by widening the range of health care that patients could access through the 111 centre.

- 32.8. MP asked about the recent OFSTED report, which she noted was extremely concerning, and suggested a lack of management oversight. What lessons had been learned about this and assurance sought to deliver apprenticeships to the appropriate standard? PA advised that OFSTED had found that the teaching itself was of a really good quality. The Trust had not been doing the peripheral education well, however, and should have known about this but didn't. He suggested the Trust had been focused on the CQC requirements of care and quality and had probably taken its eye off this ball. TP agreed that there was no excuse for not knowing about the issues, but acknowledged that since the teaching outcomes were good the warning signs were not so obvious. The Workforce and Wellbeing Committee had asked for regular reports to ensure the Trust met the terms of the apprenticeship licence.
- 32.9. TP noted that the Executive had responded robustly. GG advised he had been disappointed and felt there had been an operational issue. Public bodies had been encouraged to have apprenticeship schemes and it was important to deliver. DA agreed that the Board shared the disappointment. In future, it was important to listen to 'noise' in the Trust and take early action. PA advised that there had been no operational impact on the organisation.

33. Assurance from the NEDs – Integrated Performance Report

- 33.1. PFM asked about the data presented on clinical safety on page 4-5. She was concerned that the data showed a drop in April and that different data sets were in use. PL advised that the disparity had also been picked up by the Directors at the recent Board. LB advised that she understood that the data fluctuated because there were small numbers coming through the system.
- 33.2. HP noted that on page 4 (cardiac survival rates) the percentages fluctuated massively month on month. TP agreed that it was hard to make sense of the percentages without the actual numbers. LB noted that further into the report there were wider figures available. Council agreed that it would be helpful to have a workshop on clinical performance and understanding the Integrated Performance Report.

ACTION: Arrange for a Council session on clinical performance.

- 33.3. HN asked about the figures showing violence and aggression towards staff which seemed to have gone up hugely in May. LB believed she had raised this concern at the recent Board.
- 33.4. HN advised that the Trust's REAP status (the national status of pressure the Trust was under, where 1 was normal operation and 4 was extreme pressure) was a concern. We had been at REAP 3 since February, this seemed to have become the norm and this is how it would be viewed by staff. This was concerning because certain actions were in place to maintain the service. He wanted reassurance that REAP status was very regularly reviewed and the impact on staff morale and attitude was taken into account.
- 33.5. DA noted that this was considered by the NED Committees regularly. HN asked whether there was a target to move to a lower REAP and to what timescale.

- 33.6. JG noted that the REAP status was reviewed weekly and the decision was based on a number of parameters. REAP measures were related to delivery of operational performance, but also how our workforce was being looked after.
- 33.7. GK asked about the clinical safety scorecard, noting that national averages were not included, and there were no figures on the STEMI scorecard.

ACTION: Management to broadly consider the figures in the clinical report and their appropriateness.

- 33.8. JC noted the importance of bystander CPR as shown by the figures presented and said the Trust should continue to promote this.
- 33.9. GG noted p.16 regarding Category 3 response times, which applied to a lot of people. The Trust were significantly outside the national mean and the 2-hour expected time.
- 33.10. LB advised that the focus of NEDs was on Category 3 performance. A number of measures had been taken, and in the last few weeks averages were improved but it was not yet consistent.
- 33.11. DA agreed and noted that he asked our members to support us in helping the public understand the different response times.
- 33.12. DE noted that increased reporting of incidents of violence and aggression was concerning. What were the Trust doing to mitigate this? JG advised that there was a great deal of interest in, for example, body-worn cameras, which had been successfully trialled in the North East of England and national funding may be provided to support this.
- 33.13. PFM noted that levels of infection prevention and control checks were low and with winter coming up and higher demand she was concerned that this would not improve. LB advised that this was an ongoing issue under investigation by the QPS which had been reassured as they correlated it against the outcomes of swab testing, which had not shown any significant issues 6-9 months ago.

34. Membership Development Committee (MDC) Annual Report

- 34.1. BC introduced himself and advised he was Chair of the MDC. He introduced the purpose of the MDC: supporting all Governors to represent the interests of the public.
- 34.2. The MDC plans and delivers the Annual Members Meeting: he encouraged people to attend. He thanked members for joining and supporting us, and asked those in the audience to encourage their friends and colleagues to become members.

35. Governor Development Committee (GDC) Annual Report

- 35.1. FD advised that she was Lead Governor and chaired the GDC. She drew attention to the activities of the GDC in the past year.
- 35.2. During the year, the GDC had reviewed improvements to help the Governors to fulfil their role, identified learning and development needs, and made recommendations about improvements to Council meetings and what should go on meeting agendas.
- 35.3. She noted various issues that the GDC had focused on for Council scrutiny.
- 35.4. She encouraged all Governors to attend the next GDC meeting on 24 October which coincided with the National BME Ambulance Forum which Governors were also encouraged to attend.

35.5. She thanked everyone who had left the Council during the year and paid tribute to Brian Rockell who has sadly passed away during the year.

36. Governor activities and queries Annual Report

- 36.1. FD drew attention to a couple of examples of things Governors were involved in. FD noted that quality assurance visits had been really useful and others had attended specific stroke or Emergency Operations Centre meetings and observations.
- 36.2. She noted that Governor enquiries were listed and the responses were lately much more full and detailed, which Governors were appreciated.
- 36.3. DA noted that there was a huge amount of activity here and thanked the Council.

37. Nominations Committee (NomCom) Annual Report

- 37.1. DA noted that he had the privilege to chair this committee. The Council appointed the NEDs, including himself and the NomCom did the legwork for this on behalf of the Council. He had been recruited a year ago and had objectives set.
- 37.2. He had been impressed by the NEDs in the Trust. MW had been welcomed to the Board during the year, TP was reappointed, and there had been a modest increase in NED remuneration. The Terms of Reference of the Committee had been reviewed and he asked Governors to approve the small change to reduce the number of Appointed Governors on the Committee from 2 to 1.
- 37.3. These were agreed and the annual review of effectiveness noted.

38. Board Committee Observation Reports

- 38.1. Quality and Patient Safety Committee – GK gave the report on behalf of the Governors who had attended. He advised that the purpose of attending was to observe how well the NEDs performed in holding the Executive to account. Governors felt the Committee was effective in giving due scrutiny to the quality of care SECAMB was giving our patients.
- 38.2. Workforce and Wellbeing Committee – WS noted that the meeting had been very well run, with lots of papers and subject areas to cover. The issues raised were relevant, the NEDs held each other to account and it was a very positive experience.

39. Board Assurance Committees' escalation reports

- 39.1. GK asked for assurance on management training. He noted that Workforce and Wellbeing Committee (WWC) had expressed concerns about the length of time to deliver the programme. TP advised that WWC had discussed this, and the programme was now much more focused on work in service so there would be an action learning programme.
- 39.2. GK further noted concern regarding staff personnel records and whether this issue was now resolved. TP noted that the digitisation of files had originally been done on the lowest priced tender and some were unusable. There had been a thorough audit and more work done to re-establish effective filing. DA advised that we needed to continue to resolve this issue: it was one of the current challenges.
- 39.3. FD was disappointed to see that the NEDs still felt workforce planning needed to be more thorough. She saw that the new Head of Production and Workforce Planning was in place and this may help. TP hoped that Paul Renshaw's presentation after the break would provide some reassurance. TP felt there was now greater confidence and the Council would be assured on hearing Paul's presentation.

- 39.4. PFM noted that during her visit to EOC she was concerned about the support call takers get, as they experienced lots of abusive phone calls. TP noted that we need to keep our staff safe and meet the needs of patients: finding the balance was a challenge for many organisations. Frequent callers were contacted, and systems were in place. More support was in place for staff than there ever had been. He hoped staff felt able to escalate calls quickly. But there would always be some degree of abusive calls because of the type of patients who contacted 999 and it would not be right to put the phone down on these patients.
- 39.5. Paul Renshaw noted the staff turnover in EOC and the 111 service: it was believed one cause was that we had not explained the stresses and strains to applicants adequately and we could do more to support people. In November, assessment of candidates would be changed in a trial to seek people who are more psychologically resilient. Resilience development would form part of induction for everyone in the future.
- 39.6. FD asked about the Charitable Funds Committee (CFC) report regarding Community First Responders' (CFRs) local fundraising, and how they would be impacted. AS noted that CFC was currently overseeing the governance arrangements to encourage and support the huge amount of work that people do to raise money for the organisation.
- 39.7. Stage one should come to Committee for sign off in December regarding the process from receipt to distribution, and then stage two would consider how to encourage charitable giving of all kinds alongside providing relevant assurance.
- 39.8. JC asked how the CFR groups were involved in this process. AS noted that the CFR management within the Trust were involved in the meeting. Stakeholders would be worked with around stage two of the process. PFM asked about CFR teams who were not charitable organisations in their own right, and AS advised that this was under consideration as part of the discussion. The Committee wanted to put in place the structure to enable charitable donations of all kinds.
- 39.9. DA advised that the CFR community should be engaged in and able to influence the governance process as it was designed.
- 39.10. NP asked how assured the Trust was that CFRs had access to the funds raised in their name, as this had been an issue in the past. A written answer would be provided to this question, the response to which was part of the work being undertaken.

ACTION: A written answer would be provided to this question which was part of the work being undertaken

- 39.11. GK asked for assurance that key skills delivery, which was postponed due to operational demand, had been reinstated and would be delivered over the coming months. DA advised this was in the workplan, and LB advised that NEDs were not assured that it would be completed within the year.
- 39.12. MBG noted she would like assurance about the arrangements in place to manage the situation on the M20 in Kent where there is no hard shoulder and access was extremely difficult. DA advised that this could be discussed in the public session this afternoon when Executives were on the panel.
- 39.13. On Brexit planning, DA provided assurance that there was considerable attention being given to it. The NEDs wanted to bring a public paper to the next Board agenda to provide public assurance.

- 39.14. Regarding assurance on the Serious Incident thematic review, NH asked, given the recent press coverage on the coroner, whether the NEDs were assured that learning from SIs were distributed well enough to the staff.
- 39.15. LB noted that a number of deep dives into issues had been undertaken, where a number of SIs were looked into and actions had been disseminated. The NEDs also received an annual SI report, but she felt there was always more that could be done.
- 39.16. DA believed the link between performance and outcome was important and needed visibility.
- 39.17. FD noted that she was disappointed the Finance and Investment Committee was not assured about the delivery of the 999 performance delivery programme. PL noted that the lack of assurance was because we were not meeting performance standards, rather than any other issue with implementation.

40. Workforce

- 40.1. DA introduced Paul Renshaw, Interim Director of HR.
- 40.2. PR delivered a presentation, explaining the progress being made in bringing new people, updated systems and cultural investment into the Trust.
- 40.3. JC asked whether there could be consistency in the induction process if it was managed locally. PR advised that a checklist was available for local leaders and would then be returned to HR after a couple of weeks so that there was oversight of it.
- 40.4. GK asked about how users were involved in developing the new software. PR confirmed this, using the example of the expenses system, which union colleagues were currently testing to breaking point.
- 40.5. NH noted that this was a significant investment in the Team, and asked whether it would be sensible to bring payroll back in house given our need for a 24 hour service. PR advised that the investment was in front line people in HR mostly so that resourcing could be done more quickly and effectively and in Learning and Development too. The money would reduce over the next couple of years once processes were improved, however the impact of a good team was huge and worth the investment.
- 40.6. On payroll, part of the problem was that our payroll provider was not given good enough information by the Trust. This needed to be improved and then if there were still payroll issues we would seek another provider.
- 40.7. DA thanked PR for the presentation and confidence given to the Governors and those staff in the audience.

41. 999 performance and response times

- 41.1. Joe Garcia, Director of Operations, joined the meeting and presented an overview of 999 performance across Operating Unit areas, with a focus on variation in performance.
- 41.2. MBG asked whether JG could explain what 'the tail' meant and the 90th centile. JG explained that the tail described those patients waiting the longest in each category, and 90th centile was when we responded to 9/10 calls.
- 41.3. JG demonstrated the live data available on Power Business Intelligence (BI).
- 41.4. JG noted that 0.01 of a resource accounted for 18 WTE staff over a week. This was why the number of resources sent per incident was monitored up to three decimal places.

- 41.5. JC asked about how outlying areas were doing. Were these areas seeing improved performance? JG noted that we could track these areas, however the Trust was commissioned to deliver performance at a regional level. The focus now was on looking at areas of best practice in the Trust, learning and sharing ideas.
- 41.6. MT noted that section 136 transfers were commissioned under a category 2 response. MT had previously noted that mental health was not listed under category 2 on the sheet provided to the Governors. JG advised that the list provided was from an NHS website. Section 136 patients were definitively category 2 patients in SECamb. JG would investigate the 5 cases in 2 weeks where SECamb told Sussex police they could not respond.

ACTION: MT would contact Sussex Police Mental Health Lead to send JG the details

- 41.7. GK noted he had spent a 12 hour shift with a crew from Chertsey Make Ready recently, the crew were an hour late getting back at the end of their shift, and there had been queues at A&E. JG advised that the Trust had this data about each hospital. A project was underway working with the hospitals collaboratively, which had reduced the hospital turnaround burden to 1000 hours a week. There were three hospitals in the region on a national watchlist and they were receiving national attention to approve.
- 41.8. FD asked about the tail graphs with 1000 patients waiting 4-8 hours for an ambulance. JG advised that for any waiting patients the Trust attempted to provide a welfare call. This may or may not provide a benefit for patients. The Trust sought to work with community teams to deploy CFRs and other co-responders to an appropriate selection of Category 3 patients to do risk assessments on scene.
- 41.9. GG asked about the cause of the delays at hospital. JG advised that he would be content to have a conversation outside the meeting. LB advised that this issue had demonstrated how important technology was to underpin what we did and was massive progress.
- 41.10. NP asked whether there would be future collaboration with hospital at home services. DA advised that we were working on our strategy and would come back to Council on this.

42. Recommendation to approve the Process for Managing Concerns about Governors

- 42.1. PL introduced the paper, noting it drew from what was set out in the Constitution and had been developed through the GDC.
- 42.2. The process was approved.

43. Any other business

- 43.1. There was no further business.

44. Questions from the public

- 44.1. Dave Romaine, Trust member asked about recruitment, and noted that young people may tend to move on. The Trust could accept the turnover or choose to recruit more mature people. TP noted it was illegal to take account of age in recruitment. However, the Trust had a number of universities in its area and it was an attractive place to be. We needed to make SECamb the best place to work.
- 44.2. Lyn Gallimore representing HealthWatch Kent asked how Governors would be able to assure patients that SECamb had the capacity and resilience to provide the new 111CAS service given the press coverage this week (of a coroner's court case from 2017).

44.3. LB advised that 111 was a service the Trust was already delivering. The CAS model would be a new area for us. There was technology and governance in place for 111. FD advised that this was a good point and she shared a concern that SECAMB should not take its eye off the ball anywhere else. Governors would be asking for assurance once the project started. PA also advised that the Trust would only take on things it could deliver. IC24, our partner in 111CAS, was already delivering the other part of the service. DA noted that we should work in partnership with HealthWatch to benefit our patients.

45. Areas to highlight to the NEDs

45.1. DA noted that performance would be kept in focus with continued urgency, both in 111 and 999.

45.2. In addition, action for our people continued to be needed. FD noted she had been encouraged by the HR transformation programme.

46. Review of meeting effectiveness

46.1. There were no comments. DA asked members of the audience to spread the word as the Trust would love to see more people at its meetings held in public.

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
06.06.19	2.8	260	s136 conveyances to continue to be reviewed by Executive team and system partners.	FM/MT			IP	Progress was noted at the September Council meeting however it was also noted that our performance reporting showed we were 'green' while this was not yet the case.
06.06.19	8.3	263	CFC to consider impact of CFR schemes in any new charitable proposals/governance processes that are implemented.	IA	Jän.20	CoG	IP	This was highlighted to the CFC ahead of their July meeting to further discuss proposals. Governors did not feel this issue was satisfactorily addressed by NEDs at the September Council meeting and wish it to remain on the action log. Note link to action 270 - CFC next meeting 12 December.
20.09.19	52.1	267	Council to be provided with list of events such a coroner's enquiries which may lead to press coverage.	IA	Dez.19	CoG	C	Head of Legal provides a detailed list to the Company Secretary and Head of Communications who share as needed. Board and COG will be updated on any case assessed as likely to have significant press/media attention.
20.09.19	33.2	268	Arrange a workshop briefing for Council on clinical performance and understanding the integrated performance report	IA	Dez.19	CoG	IP	Suggest session subsequent to joint Board/CoG in November. Update 21.11.19 - the revised IPR has yet to be finalised so suggest this is held until it is ready (possibly Jan but may be financial year end). CoG input regarding financial data and clinical indicators has been shared with the team developing it.
20.09.19	33.7	269	Management to broadly consider the figures in the clinical report and their appropriateness	IA	Dez.19	CoG	C	Fed back to Fionna Moore and Bethan Haskins 23.09.19: the feedback will be considered as part of the current review of the IPR being overseen by the Audit Committee.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Minutes of the Annual Members Meeting

20 September 2019 at 14:30 – 16:30

East Sussex National Resort, Little Horsted, Uckfield, East Sussex, TN22 5ES

Presenting/panel:

David Astley	(DA)	Chair
Philip Astle	(PA)	Chief Executive Officer
Dr Fionna Moore	(FM)	Medical Director
Rhiannon Roderick	(RR)	Operating Unit Manager
Felicity Dennis	(FD)	Public Governor for Surrey and NE Hants and Lead Governor
Joe Garcia	(JG)	Operations Director
Lucy Bloem	(LB)	Non-Executive Director
Rob Groves	(RG)	Organisational Development Adviser
David Hammond	(DH)	Director of Finance and Corporate Services

In attendance:

Giles Adams, Charlie Adler, James Adler, Michael Adler, Rich Airey, Isobel Allen, Lucy Allen, Benjamin Allen, Gaye Allen, Garth Allen, Hugh Arkison, Tony Armstrong, Philip Astle, David Astley, Brian Atfield, Nick Austen, Jess Austen, Sonja Baksi, JK Baksi, Juliet Bale, Imogen Banks, Jack Barrett, Peter Bates, Jacqueline Bates, Megan Beacham, Marguerite Beard-Gould, Bridget Bengtson, Penny Blackbourn, Colin Blackbourn, Lucy Bloem, Kirsty Booth, Joe Bromilow, Roy Burman, Carpenter Steve, Professor Douglas Chamberlain, Will Charlton, Brian Chester, Murray Clark, Ben Clarke, Audrey Clarke, Marie Clifford, Dan Cody, Edward Coleridge, Andy Collen, Carley Collier, Janine Compton, Cameron Cook-Clarke, Sam Cory, Richard John Crouch, Hannah Crush, Brian Cumming, Lucy Curtis, Sean Daisy, Nathan Daxner, Siân Deller, Felicity Dennis, Paula Dooley, Jennifer Drury, Neal Durrle, Pete Eaton Williams, Mark Eley, Pauline Elliot, Matt England, Marilyn Eveleigh, Tim Fellows, Mia Fenton, Paul Fermor, Caroline Flack, Kas Fletcher, Pauline Flores-Moore, Lyn Gallimore, John Gallimore, Brad Gander, Joe Garcia, Cllr Graham Gibbens, Simon Goodwin, Carl Gould, Ashley Gould, Penny Green, Rob Groves, Martin Guarnaccio, Louise Guerin-Collard, Tammy Haines, Phil Hamerton, David Hammond, Roderick Hancock, Karin Harris, Nick Harrison, Leigh Herbasz, Stephen Herring, Rachel Hill, Mike Hill, Joy Hill, Lauren Hills, Mike Hole, Reg Hook, Chantal Hutty, Samuel Imber, Asmina Islam Chowdhury, Lisa James, Gary Johnson, Natalie Johnson, James Keast, Jeremy Kean, Judy Kean, David Kemp, Geoffrey Kempster, Christine Kenworthy, Robin Kenworthy, Dawn Kerslake, Tom Kristiansen, Vicky Kypta, Katy Larkin, Sue Lavender, Roger Laxton, John Layhe, Peter Lee, Faith Lee, Roger Leonard, Harry Lewis, Mark Lilley, Cllr. Jackie Love, Donald Lugg, Gwladys Mabb, Karen Mann, Ben Marlow, Steve McIntosh, Natalie Millard, Scott Montgomery, Fionna Moore, Paul Morgan, Simon Morley, Mike Morley, Craig Mortimer, Marcia

Moutinho, Susan Murray, Roger Murray, Harvey Nash, Stewart Neve, Julie Ormrod, Edna Osborne, John O'Sullivan, Tammy Page, Andy Painton, Diana Parisi, Terry Parkin, Graham Parrish, Hilary Parsons, James Pavey, Caroline Penman, Tanisha Perry-Warner, Howard Pescott, Nicki Pointer, Luke Porter, Julian Quin, Howard Quinnell, Karen Ramnauth, Bill Rand, Jen Ratcliffe, Cllr Deveda Redman, Katie Richmond, David Romaine, Ruth Rose, Katie Rose, Alan Rymer, Samantha Salmon, Roger Saych, Eric Scott, Jenifer Scott, Waseem Shakir, Ian Shaw, Denise Sheffield, Michelle Smale, Angela Smith, Derek Roy Smith, Greg Smith, Ken Smith, Katie Spendiff, Bloss Spink, David Steele, John Stewart, Emma Stewart-Rigby, Hannah Sutch, Nigel Sweet, Michael Tebbutt, Gavin Thompson, Marian Trendell, Nick Trestrail, Maxine Treszure, Sophia Underdown, Rebekah Vonk, Jillian Walker, Ollie Walsh, Pinar Walsh, Julian Weekes, Michelle Weller, David Wells, Leigh Westwood, Julie Whitaker, George Wicker, Christine Wicker, Gillian Wieck, Pam Williams, Julia Williams, Vanessa Wood, Philip Woods, John Wye.

1. Welcome

- 1.1. DA welcomed members to the meeting including public foundation trust members, staff and volunteers, representatives of commissioners, local participation group members, representatives from key local stakeholder organisations. DA also advised attendees that the meeting was being live streamed on YouTube.
- 1.2. DA invited anyone who was not a member of the Trust to sign up at the 'get involved' stand after the presentations were completed. DA noted members have the opportunity to stand in Governor elections.
- 1.3. DA introduced his role and gave credit to colleagues across the Trust for their care and commitment to patients and the Trust.
- 1.4. A video was played highlighting patient experience of care in the Trust.

2. Presentation of Annual Report & Accounts

- 2.1. DH Director of Finance and Corporate Services introduced himself and noted the full accounts report could be found within the Trusts Annual Report which was made available to members.
- 2.2. DH noted that 2018/19 had been another busy year for the Trust. DH touched on relevance of finance and the need to maximise the resources that the Trust had while managing funds appropriately. DH noted this was not for the benefit to the bottom line or for a shareholder, but actually to make sure that year after year the Trust could continue to provide the right tools and equipment and infrastructure for staff and volunteers to effectively respond to the public.
- 2.3. The Trust delivered a surplus of £2.4 million on 2018/19. In order to deliver that position the Trust received £4.4 million worth of centrally allocated funding. The Trust had an underlying deficit position of £2 million (it spends £2 million more than it gets in on a recurrent basis). DH noted that the cash balance/working capital was in a healthy position at the end of last year with c£24 million in the bank. This money pays for investment in infrastructure, salary's and fleet improvements amongst other items. DH gave an overview of the cost improvement programme, which effectively is focused on efficiency and a reduction of waste and duplication.

Operating income last year was £228 million, and expenditure was c£226 million, The year before, the Trust's income was £214 million, DH highlighted the significant improvement in income via commissioning colleagues and the health economy. DH noted his view that the increased funding was in recognition of the improvement journey that SECamb has been on.

2.4. Investments in 18/19 included:

A new computer dispatch system into 111 and 999 centres.

New telephony systems which had improved call answer times, and the experience of the staff within the 999 and 111 centres.

Building a make ready centre in Brighton.

Investment in frontline vehicles.

2.5. DH thanked members for listening and asked the Council of Governors to receive the accounts.

3. Review of the year looking back

3.1. FM Executive Medical Director introduced herself. FM gave an overview of the leadership of the Trust over the past year. FM noted the previous Chair, Richard Foster left the Trust in April 2018 for health reasons. Non-Executive Director Graham Colbert stepped in as Interim Chair and very ably led the Trust until David Astley joined in September 2018. CEO Daren Mochrie left the Trust in March 2019 to join the North West ambulance service which was closer to his home in Scotland. FM noted she had been Acting CEO for the Trust from this point until 1st September when the Trust's new Chief Executive, Philip Astle started in post.

3.2. FM gave an overview of performance and noted that while steadily performing well for responses to most urgent calls classified as category 1 & 2, there was more to do on response times to less urgent patients within category 3 & 4 calls as these patients were waiting far longer for a response than the Trust would like them to.

3.3. The Trust had been operating the NHS 111 system in Kent, Medway and Sussex on an interim basis and had seen an improvement in core answering performance.

3.4. FM noted there was further work that needed to take place to improve responses to stroke patients where there has been an increase in the time getting to stroke units. FM noted there were not designated stroke units in all parts of the patch, so there was still quite a lot of work to do to make sure that stroke patients got to the most appropriate centre.

3.5. Performance of operations in getting to the sickest patients was an improved picture. This was in relation to patients who were in cardiorespiratory arrest where time was a critical factor. Over the last year the Trust had seen a gradual improvement, with response to patients in cardiorespiratory arrest going from 7 minutes to 6 minutes. FM highlighted that every additional minute it took to respond equated to a 10% reduction in life expectancy.

3.6. FM gave an overview of the Trusts improvement in its CQC ratings and noted how proud she was when the latest report, rating the Trust as 'Good', came out.

3.7. In terms of making SECamb a better place to work, the Trust saw a much better response rate to the staff survey in the last year. Improvements were seen across the board. However, the Trust still had a lot to do including working on embedding the values within the organisation and trying to

absolutely make sure that bullying and harassment was not an issue in the Trust. More consistent inductions, improving leadership at all levels, and transformation of the Trust's HR department were some of the key areas going forward.

- 3.8. FM noted the Trust had been more outward looking over the past year with new initiatives like implementing a midwife advice line in 999 centres and the joint response units with the police in Kent and Surrey.
- 3.9. Other initiatives included the updating of training for Community First Responders. An improved focus on cardiac arrest survival with an analyst appointed so the Trust can more routinely get defibrillator download data and discuss this with the crews to drive up cardiac arrest survival.
- 3.10. The Trust had made significant investments in improving patients' experience and improving the experience of staff including increasing recruitment (additional 768 staff to front line roles), improving fleet (85 new Mercedes vehicles and a number of non-emergency transport vehicles), and working very hard with colleagues in acute hospitals to reduce hospital hand over delay.
- 3.11. FM noted that NHS 111 was an important part of the Trust's strategy because it tied together the 999 and the 111 service and allowed the Trust to seamlessly direct patients who do not necessarily need to go to the emergency department to more appropriate routes of care. The Trust submitted a bid for the substantive 111 service in Sussex, Kent and Medway and had been successful in winning that bid. The Trust would be working with a partner - IC24, to deliver both an integrated 111 and a clinical advisory service which would allow the Trust to have access to clinicians in a number of disciplines, so that it can provide the best care to patients.
- 3.12. FM gave a brief overview of the potential challenges the Trust may face in line with an EU Exit noting the implications for Kent were significant. This included challenges getting to patients, staff getting into work, and being able to supply stations with medicines and consumables. The Trust was working very closely with partners in Kent but also nationally and with other colleagues in the other 10 ambulance services to ensure that should it be needed, access to mutual aid to support both the service and our patients was available.

4. Review of the year - looking forward

- 4.1. PA Chief Executive of the Trust introduced himself and thanked FM for her excellent caretaking of the CEO role over the previous 6 months and noted she had undertaken the duty "absolutely brilliantly". PA was very glad to be keeping FM in her Exec Medical Director role.
- 4.2. PA gave an overview of his working background. Prior to joining South Central Ambulance Service in 2016 as Chief Operating Officer, PA enjoyed a successful career in the British Army including a lead role as a strategist and planner for operations in Afghanistan. His final role was as Chief Operating Officer of the Army Training and Recruiting Agency.
- 4.3. Since retiring from the Army, PA held several senior operational and leadership roles in both the public and private sectors. These included director roles in Border Force, on the London 2012 Olympics, as Chief Operating Officer of Her Majesty's Passport Office and, most recently, Vice President of Menzies Aviation plc.

- 4.4. PA noted how pleased and proud he was to be offered the role of CEO at SECamb and was delighted to be part of a strong leadership team.
- 4.5. PA gave a brief overview of key successes highlighted in the Trust's most recent CQC report including medicines management. PA noted the need to keep the momentum for improvement and push to improve and build on the Trust's successes.
- 4.6. PA noted the need to be brutally honest and make sure that when the Trust found something that was wrong all efforts were made to fix it.
- 4.7. PA noted that his leadership tenet was serve to lead. PA noted the leadership team would be adopting this approach and that it would be reflected all the way through the organisation. The people who were treating patients were who he was there to serve.
- 4.8. PA advised that he felt building a compassionate culture was key, compassionate to each other, compassionate to patients and compassionate to everybody else in the organisation. PA reaffirmed the stated areas of focus for the Trust going forward as highlighted by FM.

5. Council of Governors report

- 5.1. FD Lead Governor introduced herself and noted she had been in post as a Public Governor for two and a half years. FD gave a brief overview of the work of the Council of Governors in SECamb and spoke about the ways Governors fulfilled their role on behalf of members.
- 5.2. FD noted that in March 2019 the Trust welcomed 11 new Governors to the Council, and they were all elected by the Trust's members.
- 5.3. FD noted that the Council of Governors was part of the government's foundation trust concept, which originated in 2004, and is designed to make NHS organisations accountable to their communities. FD noted that the Council had two core functions - representing Foundation Trust members and the wider public and they also held the Non-Executive Directors to account for the performance of the Board. FD noted that the phrase "critical friend offering constructive challenge" formed the fundamental part of what she did as a Governor. FD noted that Governors represented the interests of the people in their communities in Surrey, Sussex and Kent. Governors scrutinised Trust's decisions on our members behalf to make sure that they were in their best interests.
- 5.4. FD noted that Council meetings were held in public, and members could access papers and the meeting recordings online at the SECamb web site. FD noted that Governors appointed the Chair of the Trust and appointed Non-Executive Directors of which there were 7 on the SECamb Board. FD noted that NEDs brought a wide range of expertise and challenge to the organisation. Governors regularly had sessions with them, asking questions, raising concerns and watching them in action chairing committees of the Board. Governors also appraised their performance annually and if appropriate could dismiss them. Governors had regular meetings with the Trust Chair and could raise concerns and ensure that those were acted upon. Governors got out and about to meet members of the public, and attend a wide range of trust forums, such as the staff engagement forum, and the patient experience group.
- 5.5. In 2018 Governors sought assurance on:
The development of a work force strategy, improving the culture within

SECamb, integrated urgent care service, 111 and how that joins up with the out of hours service, and the hospital hand over programme. Governors have looked at clinical outcomes for patients, the trust volunteering strategy, and supported the investment in Community First Responders. Governors asked the Trust challenging questions about performance and how they were delivering care to their patients.

- 5.6. Looking forward Governors were focussed on ensuring that the Board took staff well being seriously and continued to work to improve the culture and working environment for staff and volunteers. They were also looking for real improvements in clinical care for patients, so that everybody experienced the best outcome that they can. FD noted that as a Council of Governors they would continue to prioritise patient care and patient experience.
- 5.7. FD gave an overview of member benefits and encouraged members to consider standing in the 2020 Governor elections. FD thank all Governors on the Council for their commitment and paid tribute to the efforts of SECamb staff and volunteers. FD thanked the Governor support team and noted the tremendous level of support and help they received from Izzy Allen and Katie Spendiff.

6. Demonstration of a response to a 999 call

- 6.1. RR Operating Unit Manager for East Sussex & RG Organisational Development Advisor led an interactive session with members on what happens when you call 999 and how responses are organised. Members heard from different operational colleagues on their roles and on the role of Community First Responders. Members were invited to vote on what response was required for a patient in a film that was made for the event by staff.
- 6.2. RR touched on the different roles in the control room including the clinical supervisor role, dispatchers, nurses and paramedic clinicians and midwives that were also based there. RG touched on the variety of responses to calls the Trust provides including response vehicles, specialist resources like paramedic practitioners or critical care paramedics, the Hazardous Area Response Team and of course ambulances.
- 6.3. Colleagues gave an overview of the Community First Responder voluntary role, the role of Emergency Care Support Workers and Paramedic Practitioners demonstrating the breadth of response SECamb can provide.

7. Question & Answer session with panel

- 7.1. DA introduced the panel.
- 7.2. **Q:** What is the best lesson you learnt at South Central Ambulance Service (SCAS) and what could be adopted at SECamb?

PA noted there were a range of differences between the two Trusts. PA noted that SCAS were particularly effective at fully utilising community first responders, and this helped cut down on unnecessary conveyance. SCAS systemised a lot of their data and processes increasing efficiency and PA noted the Trust could make some improvements in that area.

- 7.3. **Q:** What's happening with the 111 contract and what is the reaction from the public being referred to a pharmacist, or pharmacy?
- 7.4. JG noted the 111 contracts were a great opportunity for SECAMB to widen the service it provided to all members of the population across the region, it allowed the Trust to strengthen the interaction between both 111 colleagues and 999 colleagues and provided resilience.
- 7.5. FM noted that in terms of the use of pharmacists in 111, a significant number of the calls that came through 111 related to patient medication. FM noted that by having highly trained pharmacists in the centre it was very useful and effective in dealing with those calls. FM noted that regarding referring patients to pharmacists within the community, the community pharmacists were a hugely valuable resource. To be able to utilise those individuals for calls on minor illnesses and to point patients in the direction of either referral to the GP or to medications was vital.
- 7.6. **Q:** How is the trust future proofing the work force to combat the increasing market for paramedics in the wider health economy?
- 7.7. JG noted that SECAMB was well known for career progression into specialist practitioner roles in particular critical care paramedic and paramedic practitioner, this has become a major attraction point for newly qualified paramedics when they enter the work force. There was also the specialist practice route, where staff could diversify into specialist practice or management through the Trust.
- 7.8. RR noted that the Trust was looking to further integrate the specialist practice role. RR noted that operational team leaders received specialist training and that was attractive for the workforce. RR noted that Paramedic Practitioner hubs led by consultant paramedic colleagues were making it an exciting time to be a paramedic within a Trust and facilitated still being able to work on an ambulance seeing patients on the front line.
- 7.9. **Q:** How is SECAMB going to continue to promote its values, after such a successful start, and the what of the investment in time and money into the value cubes and cards?
- 7.10. JG noted that values were strongly linked to the civility that everybody provides for each other daily. The Trust was looking to run a development programme, which looked to equip first line leaders with the skills necessary to deal with challenges in the workforce appropriately and consistently.
- 7.11. PA noted the example needed to be set from Board level down and needed to be consistent in terms of living the values and their portrayal in the workplace.
- 7.12. RR noted that there was a positive response to the reward and recognition scheme established in the Trust. RR noted that reward and recognition had been embedded in the Trust.
- 7.13. **Q:** What are the career pathways to join the ambulance service?
- 7.14. JG noted he was in his 34th year in the service and viewed it as the best job in the world! JG noted it became a way of life rather than a job. JG noted that it added a degree of job satisfaction when you faced a challenge and dealt with it in a positive way, knowing you had carried out meaningful work effectively.

7.15. RR noted she was a graduate paramedic and went directly to university for a 3-year degree and placement with SCAS and then moved on to SECAMB. RR noted there were several roles that provided direct entry to the service including Emergency Medical Advisor and Emergency Care Support Worker roles.

7.16. Q: SECAMB is aspiring to be outstanding at its next CQC review. From a patients' perspective, calling 999 or 111 in 2022, how will my care be different?

7.17. FD noted that as a member of the public when you ring that number, whether it is a life threatening emergency or you are feeling unwell or you are concerned, it is being directed to the right resource that was useful because the health service delivery was a complicated and large scale resource.

7.18. FM noted she would like to see a seamless offering running from referring people to primary care within the area, to different locations, be it urgent treatment centre or minor injuries unit or an emergency department.

7.19. LB noted that patients may not just be just phoning in in 2022, there may be other ways to contact/ receive 999 and 111 services as technology grows. LB noted the Trust was uniquely placed as a gateway to the NHS.

7.20. Q: The Inclusion Hub Advisory Group recommended 3 years ago the equality objective should be to ensure SECAMB staff were representative of the population the Trust serves. Now PA Chair's the Inclusion Working Group, what's the one thing you can do to make substantial progress towards realising this important equality objective?

PA admitted that this was a difficult challenge but had agreed to lead it as sometimes these areas of work did not get to the top of the workplace every day, so it would take personal leadership and that was what he was committing to the group. PA noted the group had been sitting on some objectives for a couple of years now and had not delivered many of them. He noted that would change.

7.21. Q: What are the plans going forward to continue to support staff well-being actively and address the work life balance?

7.22. JG noted the Trust operated a 24/7 service and that provided challenges in needing an appropriate number of staff on duty round the clock. To look at more part time working was a possible option but recognising that the Trust still needed support on nights and weekends consistently.

7.23. RR noted that at the East Sussex Operating Unit (OU) she managed they were given the opportunity by JG to improve things for staff if they could prove it worked and was cost effective. RR noted her OU had a very high proportion of staff suffering from stress and anxiety. A staff member noted that the Trust had mental health practitioners available and asked if someone was able to be based at the OU as a dedicated resource to staff for a trial period to see if any improvement was seen. This was more of a pro-active step than a reactive step and a positive impact has been seen. RR noted there were trials in multiple areas for projects related to staff well-being and it was something the Trust was pushing forward with.

7.24. FM noted there were considerations in the recruitment of staff in terms of having a degree of inbuilt resilience. FM noted the other key area in staff wellbeing was support for muscular skeletal issues. The Trust had invested in two physiotherapists to cover the East and West of the patch. FM noted the possible need to look at a reduction in shift length – which would not be popular amongst staff. FM noted staff often worked 12 or 13 hours, maybe 3 or 4 shifts in a row and was concerned about quality and capacity towards the end of that last shift noting the long hours were not good for staff and not great for patients.

8. Evaluation, closing summary and thanks

8.1. DA thanked members for attending and asked them to complete an evaluation form. DA thanked those on the panel and those that had presented or had a stand at the event and noted the enthusiasm and passion for the service had come shining through.

DA thanked the Corporate Governance Team for organising the event.

8.2. DA noted that his last 12 months at the Trust had been an absolute joy in terms of the team spirit and that it was a privilege to be involved with the service. DA wished members a safe journey home.

Signed:

Name & position:

Date:

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST
CHIEF EXECUTIVE'S REPORT TO THE COUNCIL OF GOVERNORS

1. Introduction

1.1 This report seeks to provide a summary of the Trust's key activities and the local, regional and national issues of note in relation to the Trust during September, October and November 2019.

2. Local issues

2.1 Operational Performance

2.1.1 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 by the Executive Team on a weekly basis.

2.1.2 Our Senior Operational Leadership Team are continuing to tightly manage delivery of our Performance Improvement Plan on a daily basis, including:

- Taking a proactive approach to planning the resources we need to match demand
- Focussing overtime to when it's most needed, including the use of targeted incentives for key shifts
- Ensuring we are making the most efficient use of the resources we have available, by paying close attention to on scene times, the number of vehicles we send to incidents and hospital handover times

2.1.3 In common with our colleagues nationally, we are continuing to see high levels of demand from 999 callers. We have seen some improvements in our performance for all categories of call, however, we are still not yet resilient enough to withstand unexpected peaks in demand.

2.1.4 Despite some improvements, we are still seeing unacceptably long waits at times for our Category 3 and Category 4 patients and this remains a key area of focus for us.

2.1.5 After poor performance previously, I have been pleased to see consistent performance improvements recently in our 999 call answer times. This is seeing us currently delivering some of the best performance nationally in this area.

2.1.6 We also closely monitor our 111 performance and are working hard to improve our performance against a number of key metrics, including abandoned call rates and our 111 to 999 transfer rates particularly.

2.2 Executive Management Board (EMB)

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

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

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

- Establishing a senior leadership team to sit across the organisation, to pick up cross-directorate, day-to-day management issues etc.
- Oversight of progress against some of the current priorities;
 - The new 111/CAS service, scheduled to start from April 2020
 - Operational Performance
 - Clinical Education, supporting the outline plan for a new strategy
 - HR Transformation, approving a new approach to appraisals
 - Development of the long term financial strategy

2.2.4 EMB has also approved the following investments:

- Replacement of the HART vehicles and Incident Ground Technology, to ensure the Trust is in line with the national specification for HART services
- Development of the MRC site in Worthing, as part of the capital plan.

2.3 Changes to Trust Board

2.3.1 On 5 November 2011, following an extensive recruitment process, the Trust announced the appointment of Ali Mohammed as the new Executive Director of Human Resources and Organisational Development.

2.3.2 Ali is a successful NHS HR leader and has worked previously at a number of large Trusts, including Barts and Great Ormond Street. I know we will benefit greatly from his significant experience and staff-focussed approach.

2.3.3 Ali will join the Trust at the end of January 2020. Paul Renshaw, who is currently filling the role on an interim basis, will continue with the Trust until then to provide a full hand-over.

2.3.4 We are also currently seeking two Non-Executive Directors (NEDs) to join the Board - one with a financial background and one with a medical/clinical background. The Nominations Committee of the Council, Chaired by the Trust Chair and including six Governors and the Senior Independent Director, manages the recruitment and selection process and the Council of Governors makes the appointments.

2.3.5 The finance brief seeks someone who would ideally also have experience of contract management, new business and IT/infrastructure development. The clinical brief seeks someone with recent urgent or emergency medical experience.

2.3.6 We have engaged two agencies to help us, BAME Recruitment (finance post), and Green Park (clinical). Both are in the search phase and are providing regular updates, which show positive engagement with our brand and recognition that the Trust is on an upward trajectory. There is good interest in both posts.

2.3.7 Interviews will take place for the finance NED on 9 January 2020 and the clinical NED on 31 January 2020.

2.4 Support for the Royal British Legion Poppy Appeal

2.4.1 This year the Trust marked Remembrance Day and showed its support for the Royal British Legion by creating a special 'poppy' design on 12 of our front-line ambulances. All of our other front-line ambulances also received smaller poppy stickers.

2.4.2 I was pleased to see the great reception these received from our local communities and how proud our staff were to be driving these vehicles. Well done to our Fleet Team for arranging this and gaining sponsorship to cover the costs from our suppliers.

2.4.3 I know that many of our staff and volunteers took part in Remembrance Day parades and services, often laying wreaths on behalf of SECAMB. This included a long-established trip to Ypres, which saw colleagues lay a SECAMB wreath at the Menin Gate Memorial.

2.5 ePCR (electronic Patient Care Record) roll-out

2.5.1 The roll out of our new eCPR continues to go very well and all of our Operating Units (OUs) are now live using the new system.

2.5.2 In the last week alone, I have been very pleased to see more than 63% of Patient Care Records completed electronically across the Trust, with some OUs exceeding 80%.

2.5.3 Whilst work is continuing to increase the usage across all areas, we are also to working hard to make further improvements to the system, including an up-dated training app and a number of new features which will be rolled out shortly.

2.6 Flu vaccination campaign

2.6.1 We are now two months into our annual flu campaign and are currently performing above the Trust's trajectory for flu vaccine uptake. We are continuing to work hard to encourage as many staff as possible to have their vaccination.

2.6.2 This year we are again encouraging staff to have their vaccine by offering an incentive, which sees the Trust donate a course of medication to people in developing nations. This is proving very popular among staff.

2.6.3 This year's campaign has focused significantly on social media and utilising various mechanisms to drive uptake, including locally adapted posters using images of our own staff, a live webinar on the Trust's Facebook community page, regular social media messages, articles and jab-o-meter in the bulletin and the Trust's intranet. We have also had support from an operational colleague who sadly lost her father after he contracted flu in 2017.

2.6.4 At the time of writing, our current uptake rate for the Trust as a whole is 58% and I hope this will continue to rise over coming weeks.

3. Regional Issues

3.1 NHS 111 service

3.1.1 Since the Kent, Medway and Sussex NHS 111 and Clinical Assessment Service (CAS) contract award announcement in August 2019, work-stream leads and project managers from all parties have been meeting regularly to mobilise against the agreed project plan.

3.1.2 Pending the final contract signature, work is continuing and sufficient assurance has been signalled by commissioners to permit several key mobilisation milestones to be met. These include commencement of the technical integration work between SECAMB's CLERIC and our sub-contractor IC24's CLEO systems and our respective telephony platforms. Clinical and technical workshops have also been held to articulate the proposed patient flow, demonstrating the positive impact of CAS and which were well received by commissioners.

3.1.3 In terms of communications and engagement activity, a work-stream has been established including Healthwatch (Kent, Surrey & Sussex), Patient Participation Group members and commissioner and provider leads to co-design our launch strategy and approach to community engagement around NHS 111 CAS.

4. National issues

4.1 National Ambulance BME Forum

4.1.1 On 24 October 2019 SECAMB hosted the second National Ambulance BME Forum Conference in Brighton. Our Chair, David Astley, welcomed over 150 colleagues from around the country on behalf of SECAMB to what was, I understand, a thought-provoking and very well-received event.

4.1.2 The conference included a wide range of speakers covering a range of topics, including the sharing of some powerful personal stories and a celebration of black history.

4.1.3 Thank you to members of Aspire, our cultural diversity network, for their hard work in putting the conference together, especially Asmina Islam Chowdhury.

5. Recommendation

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

Philip Astle, Chief Executive

21 November 2019



Integrated Performance Report

Performance
Data for our
999 and 111
Services



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

Board Meeting

November 2019



Taking
Pride



Striving for
Continuous
Improvement



Acting With
Integrity



Demonstrating
Compassion
and Respect



Assuming
Responsibility

Contents Summary

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SECamb CQC Rating and Oversight Framework

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

Chart Key

 Data Point

This represents the value being measured on the chart

 Run of 3 above average

These points will show on a chart when the value is above or below the average for 3 consecutive points. This is seen as statistically significant and an area that should be reviewed.

 Run of 3 below average

 Above UCL

When a value point falls above or below the control limits, it is seen as a point of statistical significance and should be investigated for a root cause.

 Below LCL

 AVERAGE

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

 UCL

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

 LCL

 Target

The target is either an Internal or National target to be met, with the values ideally falling above or below this point.

SECAmb Executive Summary

Overview

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 report has been compiled and reviewed by Directorates. Planning and engagement is underway through the Senior Leadership team to determine reporting at different levels within the organisation and for the purpose of updating the IPR for the Trust Board.

Strategic Alignment and Enablers

The Trust Board is now reviewing the full suite of products for its recent review of Strategy and determining its overall Strategic Vision and Purpose. This follows the recent CQC grading of the Trust as Good and the lifting of Special Measures. The Trust Strategy will enshrine a continued emphasis on response times and quality of its 999 and 111 Services (the later being subject to a successful application for 111CAS services in Kent and Medway and Sussex).

Enabling strategies continue to be reported within the supporting Trust Delivery Plan and narrative. These will be subject to review (to confirm alignment) following the Trust's review and setting of Strategic Vision and Objectives. Collaborative working within Trust Directorates and external partners will be key to enabling successful delivery. Whole system working is a mission critical component and vital in any consideration of future sustainability. This is reinforced by the NHS Long Term Plan published December 2018 expecting all to work within these structures for planning, commissioning and delivery of services.

SECAmb Financial Performance

The Trust recorded a deficit in September of £0.5m. This was as planned.

Cost improvements of £0.5m were delivered in the month, £0.5m lower than planned. The full year target is £8.6m.

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

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

- Achievement of contractual income if activity demand and performance trajectories are not met.
- Ability to meet the demanding resourcing plans for both 999 and 111, with potential premium costs to ensure delivery of performance trajectories.
- Delivery of cost improvements that are essential to ensure financial balance.

The Finance Team continues to work with budget holders and service leads to mitigate risks as far as possible.

Provider Sustainability Funding (PSF) of £1.8m is planned to be received this financial year, which is contingent on the Trust achieving its control total. The first and second quarter (£0.6m) has been achieved.

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

SECAmb Performance

September 2019

Category	Target		AQI		
	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	3579	00:07:35	00:13:56
C1T	00:19:00	00:30:00	2317	00:09:25	00:17:33
C2	00:18:00	00:40:00	31785	00:18:51	00:35:49
C3		02:00:00	18565	01:24:56	03:14:16
C4		03:00:00	436	01:54:27	04:35:43
HCP 3			979	02:13:12	04:39:46
HCP 4			903	03:05:36	06:26:22
IFT 3			554	02:24:39	05:16:13
IFT 4			160	03:22:58	07:25:25
HCP 60			13	01:28:31	03:29:18
HCP 120			116	02:08:22	04:49:53
HCP 240			24	02:27:02	05:39:08
ST	All Incidents		19474	32.03%	
SC	All Incidents		37752	62.10%	
HT	All Incidents		3567	5.87%	
Count of Incidents			60793		
Count of Incidents with a Response			57247		
999 Mean	Call Answer Target 00:05		64750	00:05	
999 90th	Call Answer Target 00:10			00:04	
Trust EOC 999 Abandoned Calls			368	0.6%	

SECAmb Productivity

Week commencing 2nd September 2019

	RPI	Job Cycle Time	Qualified Shift Cover	Staff Hours Booked On	SRV Staff Hours	NET Staff Hours	DCA Staff Hours
Actual	1.08	01:35:21	96.98%	62,772	4.7%	2.5%	92.8%
Target	1.09	01:32:00	100%	65,500	3%	0%	97%

Week commencing 9th September 2019

	RPI	Job Cycle Time	Qualified Shift Cover	Staff Hours Booked On	SRV Staff Hours	NET Staff Hours	DCA Staff Hours
Actual	1.07	01:35:03	97.14%	60,895	4.4%	2.2%	93.4%
Target	1.09	01:32:00	100%	65,500	3%	0%	97%

Week commencing 16th September 2019

	RPI	Job Cycle Time	Qualified Shift Cover	Staff Hours Booked On	SRV Staff Hours	NET Staff Hours	DCA Staff Hours
Actual	1.09	01:35:44	97.44%	63,081	4.6%	2.3%	93.1%
Target	1.09	01:32:00	100%	65,500	3%	0%	97%

Week commencing 23rd September 2019

	RPI	Job Cycle Time	Qualified Shift Cover	Staff Hours Booked On	SRV Staff Hours	NET Staff Hours	DCA Staff Hours
Actual	1.07	01:36:25	96.99%	62,608	4.5%	2.3%	93.2%
Target	1.09	01:32:00	100%	65,500	3%	0%	97%

SECAmb Benchmarking Data

Response & Call Answer Performance September 2019

C1		Mean	C2		Mean	C3		90th	C4		90th	Call Answer Times	Mean	
England		00:07:15	England		00:22:22	England		02:44:15	England		03:03:24	England	10	
1	North East	00:06:39	1	West Midlands	00:13:09	1	Yorkshire	01:33:37	1	Yorkshire	01:28:16	1	East Midlands	3
2	London	00:06:41	2	Yorkshire	00:18:26	2	West Midlands	01:49:15	2	South Central	02:46:18	2	Yorkshire	3
3	Yorkshire	00:06:58	3	London	00:18:27	3	South Central	02:13:42	3	East Midlands	02:55:35	3	West Midlands	4
4	West Midlands	00:07:00	4	South Central	00:18:40	4	London	02:16:02	4	West Midlands	02:55:44	4	South East Coast	5
5	South Western	00:07:11	5	South East Coast	00:18:51	5	North West	03:07:42	5	London	03:01:50	5	North East	6
6	South Central	00:07:15	6	North West	00:24:06	6	Isle of Wight	03:09:18	6	North West	03:29:27	6	Isle of Wight	8
7	North West	00:07:24	7	Isle of Wight	00:27:06	7	South Western	03:14:14	7	North East	03:31:55	7	East of England	9
8	East Midlands	00:07:34	8	East of England	00:27:22	8	South East Coast	03:17:42	8	South Western	03:34:50	8	South Central	10
9	South East Coast	00:07:35	9	East Midlands	00:28:34	9	East Midlands	03:29:12	9	East of England	03:38:18	9	North West	11
10	East of England	00:07:55	10	North East	00:29:49	10	East of England	03:49:55	10	South East Coast	04:34:31	10	South Western	11
11	Isle of Wight	00:13:54	11	South Western	00:30:04	11	North East	04:13:16	11	Isle of Wight	04:39:26	11	London	26

Clinical Outcomes Jun 2019**

Proportion discharged from hospital alive (All Patients)		%	Proportion discharged from hospital alive (Utstein comparator group**)		%	Call Answer Times	90th centile	
England		10.9%	England		33.8%	England	32	
1	West Midlands Ambulance Service NHS Foundation Trust	16.5%	1	West Midlands Ambulance Service NHS Foundation Trust	44.1%	1	Yorkshire	1
2	South Central Ambulance Service NHS Foundation Trust	14.5%	2	South Western Ambulance Service NHS Foundation Trust	41.0%	2	East Midlands	3
3	East of England Ambulance Service NHS Trust	12.0%	3	East Midlands Ambulance Service NHS Trust	40.0%	3	South East Coast	4
4	North West Ambulance Service NHS Trust	10.6%	4	South Central Ambulance Service NHS Foundation Trust	36.0%	4	West Midlands	8
5	East Midlands Ambulance Service NHS Trust	10.5%	5	North West Ambulance Service NHS Trust	33.3%	5	Isle of Wight	10
6	South Western Ambulance Service NHS Foundation Trust	9.9%	6	North East Ambulance Service NHS Foundation Trust	31.8%	6	North East	12
7	North East Ambulance Service NHS Foundation Trust	9.2%	7	East of England Ambulance Service NHS Trust	31.0%	7	South Central	23
8	London Ambulance Service NHS Trust	8.7%	8	Yorkshire Ambulance Service NHS Trust	30.8%	8	East of England	28
9	South East Coast Ambulance Service NHS Foundation Trust	8.5%	9	London Ambulance Service NHS Trust	26.7%	9	South Western	35
10	Yorkshire Ambulance Service NHS Trust	8.3%	10	South East Coast Ambulance Service NHS Foundation Trust	24.1%	10	North West	37
11	Isle of Wight NHS Trust	0.0%	11	Isle of Wight NHS Trust	0.0%	11	London	98

** National Clinical Outcomes data is collected & published 5 months behind performance data.

SECAmb Handover Delay Reporting

September 2019

Hospital	No. of Transports	No. of Handovers	Handover Button Compliance	Sum of HO < 15mins	HO < 15mins %	Sum of HO > 60mins	HO > 60mins %	Longest Handover	Hours Lost Through Handover
Kent And Canterbury Hospital	145	103	71.0%	71	68.9%	0	0.0%	0:46:47	4.36
Queen Elizabeth Queen Mother Hospital	2782	2693	96.8%	1592	59.1%	0	0.0%	0:57:24	105.50
Maidstone Hospital	1362	1265	92.9%	605	47.8%	3	0.2%	1:04:25	87.47
Worthing Hospital	2253	1994	88.5%	823	41.3%	14	0.7%	1:17:51	164.70
Frimley Park Hospital	1976	1907	96.5%	705	37.0%	8	0.4%	1:18:12	168.66
Darent Valley Hospital	1934	1699	87.8%	489	28.8%	13	0.8%	1:24:25	272.96
St Richard's Hospital	1855	1766	95.2%	513	29.0%	13	0.7%	1:24:27	201.49
Royal Surrey County Hospital	1320	1128	85.5%	358	31.7%	17	1.5%	1:29:54	121.61
Epsom Hospital	1006	949	94.3%	224	23.6%	14	1.5%	1:31:31	113.76
East Surrey Hospital	2913	2845	97.7%	1026	36.1%	21	0.7%	1:32:01	274.67
William Harvey Hospital	3166	3039	96.0%	967	31.8%	21	0.7%	1:32:30	371.77
Royal Sussex County Hospital	2953	2739	92.8%	1443	52.7%	34	1.2%	1:33:48	245.96
Princess Royal Hospital	713	653	91.6%	181	27.7%	14	2.1%	1:40:46	89.41
St Peter's Hospital	2373	2285	96.3%	1081	47.3%	5	0.2%	1:45:15	136.97
Eastbourne DGH	1847	1461	79.1%	314	21.5%	25	1.7%	1:48:11	224.61
Tunbridge Wells Hospital	2377	2237	94.1%	757	33.8%	72	3.2%	1:53:38	343.41
Medway Maritime Hospital	3342	3140	94.0%	1611	51.3%	73	2.3%	2:14:06	364.40
Conquest Hospital	1940	1522	78.5%	444	29.2%	6	0.4%	2:15:06	157.20



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

	May-19	Jun-19	Jul-19	12 Months
Actual %	58.1%	31.0%	64.0%	
Previous Year %	50.0%	69.7%	46.7%	
National Average %	59.5%			

Cardiac ROSC - ALL

	May-19	Jun-19	Jul-19	12 Months
Actual %	23.7%	22.5%	31.0%	
Previous Year %	25.1%	36.6%	28.8%	
National Average %	30.8%			

Cardiac Survival - Utstein

	May-19	Jun-19	Jul-19	12 Months
Actual %	32.3%	24.1%	33.3%	
Previous Year %	20.7%	33.3%	28.6%	
National Average %	32.8%			

Cardiac Survival - All

	May-19	Jun-19	Jul-19	12 Months
Actual %	7.0%	8.5%	10.7%	
Previous Year %	4.5%	10.2%	8.4%	
National Average %	10.2%			

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

	May-19	Jun-19	Jul-19	12 Months
Actual %	59.0%	66.3%	51.4%	
Previous Year %	69.6%	75.0%	69.4%	
National Average %				

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

	May-19	Jun-19	Jul-19	12 Months
Mean (hh:mm)	02:10			
National Average	02:09			
90th Centile (hh:mm)	02:48			
National Average	02:56			

Stroke - call to hospital arrival

	May-19	Jun-19	Jul-19	12 Months
Mean (hh:mm)	01:17			
National Average	01:20			
Median (hh:mm)	01:05			
National Average	01:11			
90th Centile (hh:mm)	01:58			
National Average	02:04			

Stroke - assessed F2F diagnostic bundle

	May-19	Jun-19	Jul-19	12 Months
Actual %	95.8%	97.1%	95.9%	
Previous Year %	98.7%	97.5%	97.8%	
National Average %	97.9%			

Medicines Governance

	Jul-19	Aug-19	Sep-19	12 Months
Total Number of Medicines Incidents	128	194	132	
Single Witness Sig/Inapt Barcode Use CDs Omnicell	20	3	8	
Single Witness Sig/Inapt Barcode Use CDs Non-Omnicell	0	2	7	
Total Number of CD Breakages	15	15	8	
Key Skills Medicine Governance	43.8%	50.5%	55.7%	

Post ROSC Care Bundle

	May-19	Jun-19	Jul-19	12 Months
Actual %	82.5%	76.5%	75.6%	
National Average %				

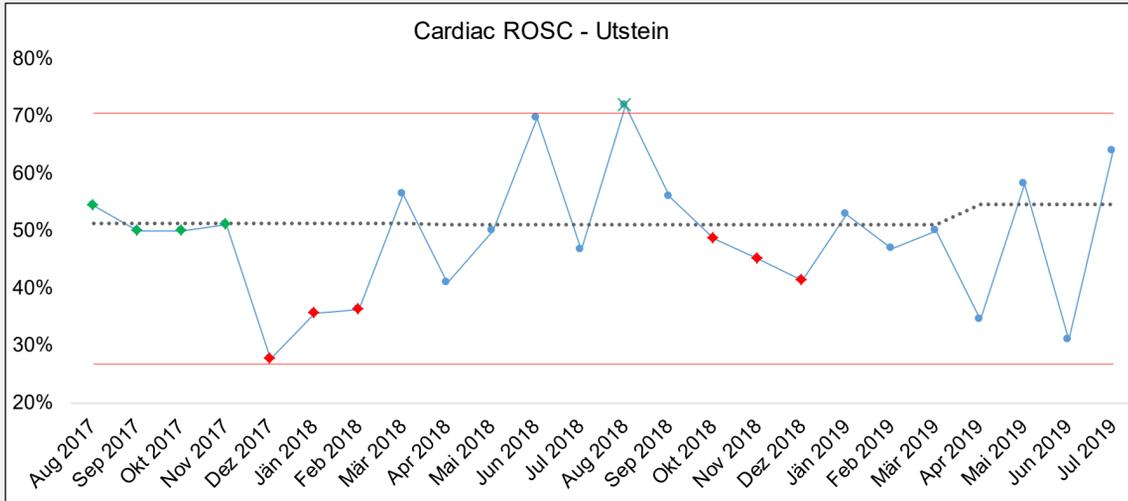
Sepsis Care Bundle Compliance

	May-19	Jun-19	Jul-19	12 Months
Actual %	78.8%	82.1%	79.5%	

Medicines Management

	Jul-19	Aug-19	Sep-19	12 Months
Number of Audits	179	192	176	
Percentage of Audits	99.2%	99.1%	99.6%	

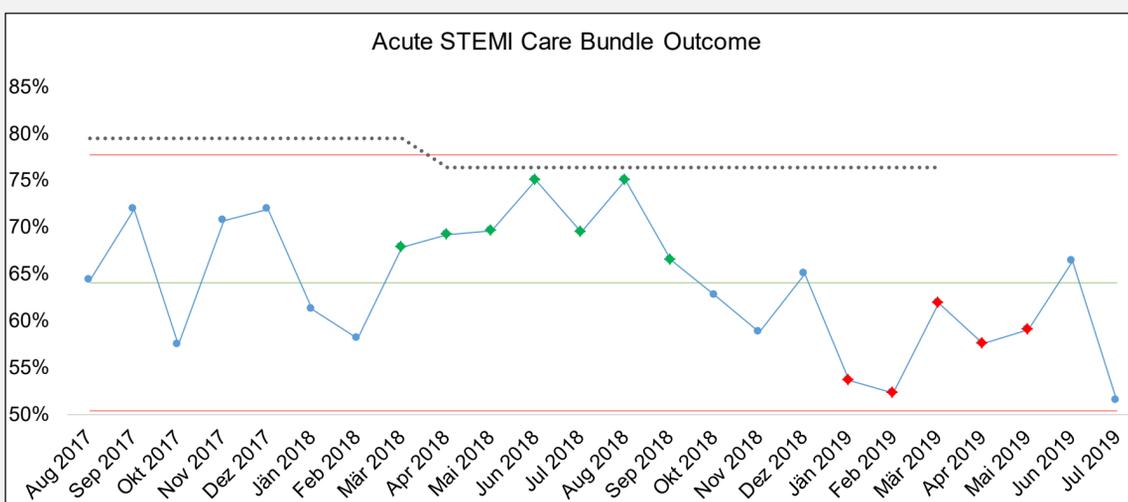
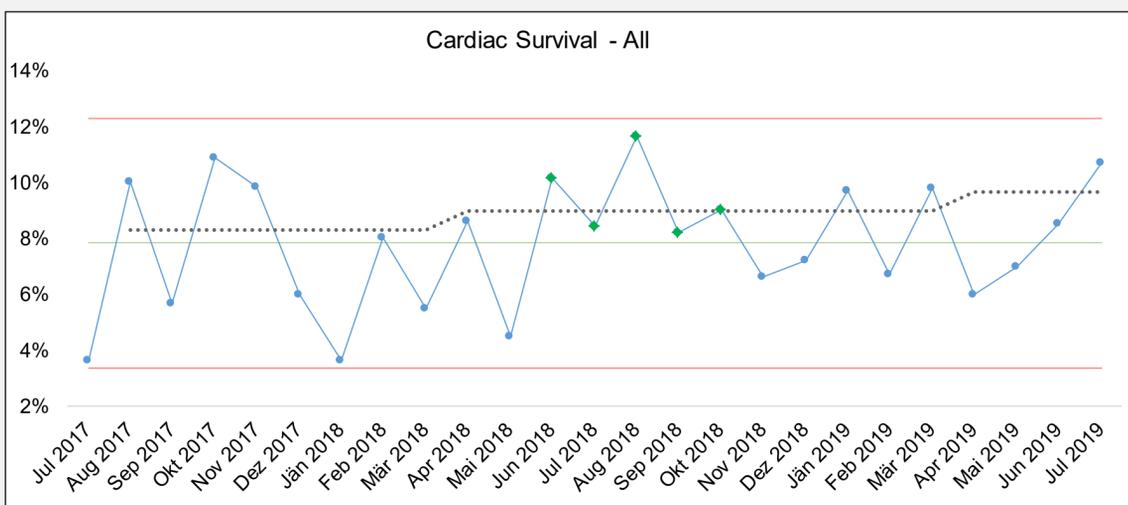
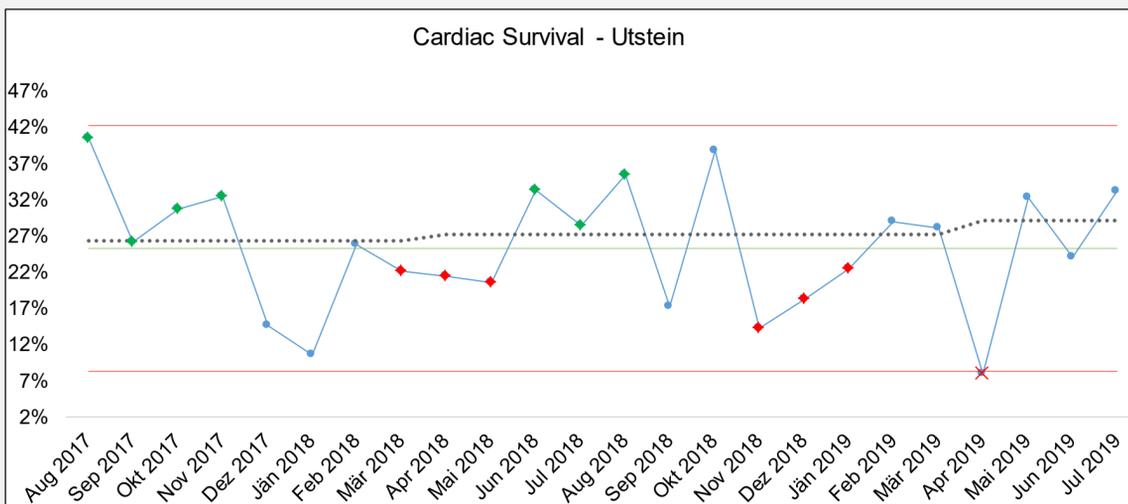
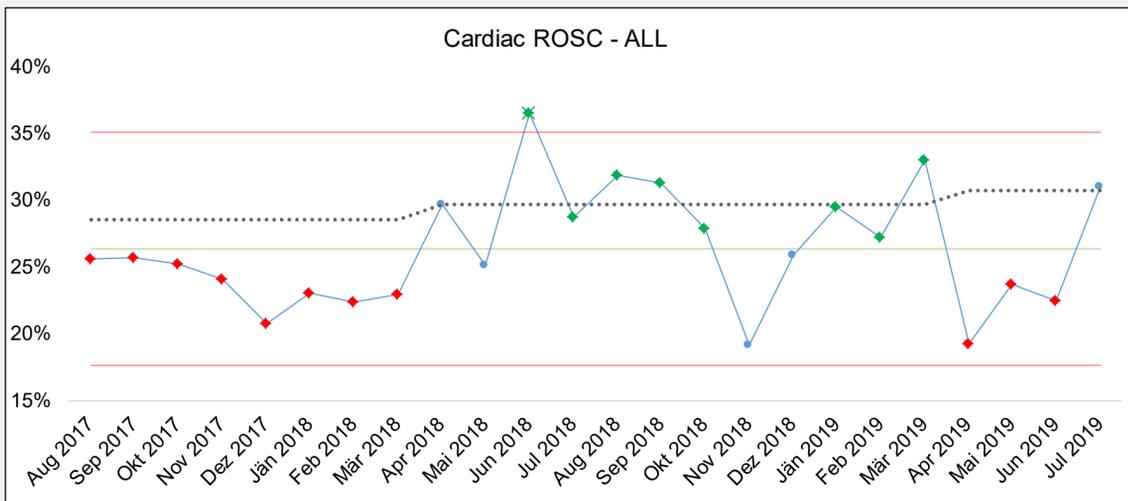
SECAmb Clinical Safety Charts



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

The data continues to show normal levels of variation. The numbers of patients included in this data are low, and so small variations can impact on overall performance. Each case is reviewed. We have not identified any areas of concern when reviewing individual care given.

A full day of resuscitation training is currently being delivered to staff through the 2019/20 Key Skills training programme.

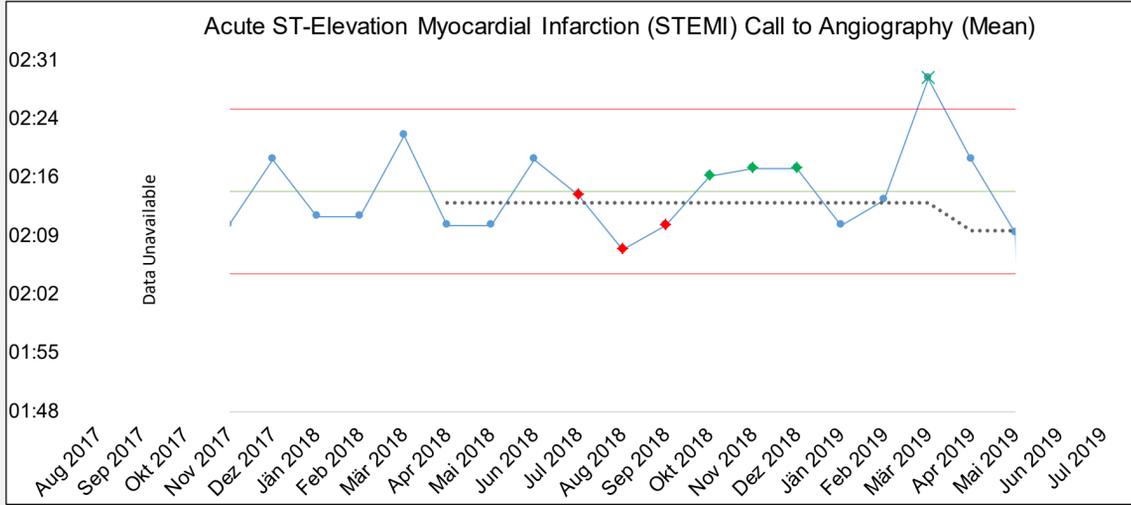


This chart shows the proportion of patients who were suffering a suspected STEMI and received a full care bundle.

There has been a sustained overall reduction in performance against this measure. We have identified that this could be due to poor documentation by staff e.g. not documenting that pain relief was issued.

It is expected that the ePCR system will improve documentation and as such improve performance against this measure. A bulletin has been developed that seeks to address documentation issues and provide clarity over misconceptions. This will provide a point of reference for ongoing improvement work.

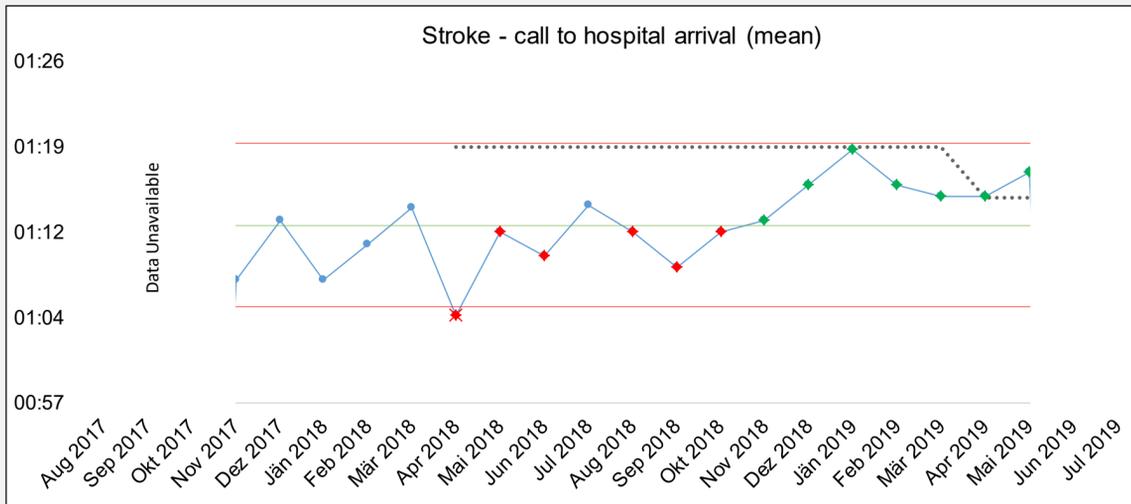
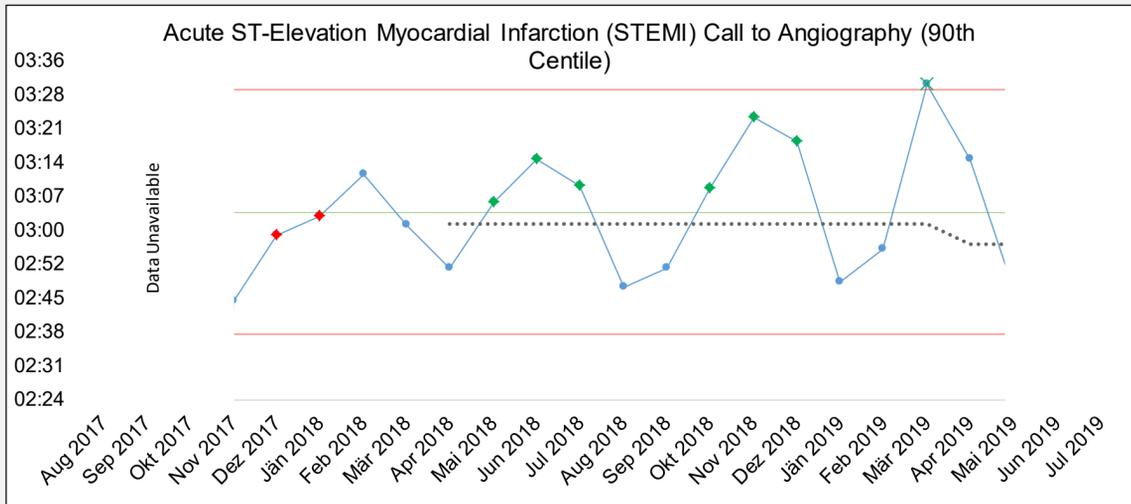
SECamb Clinical Safety Charts



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

Trust performance is broadly in line with national averages, excepting this data point.

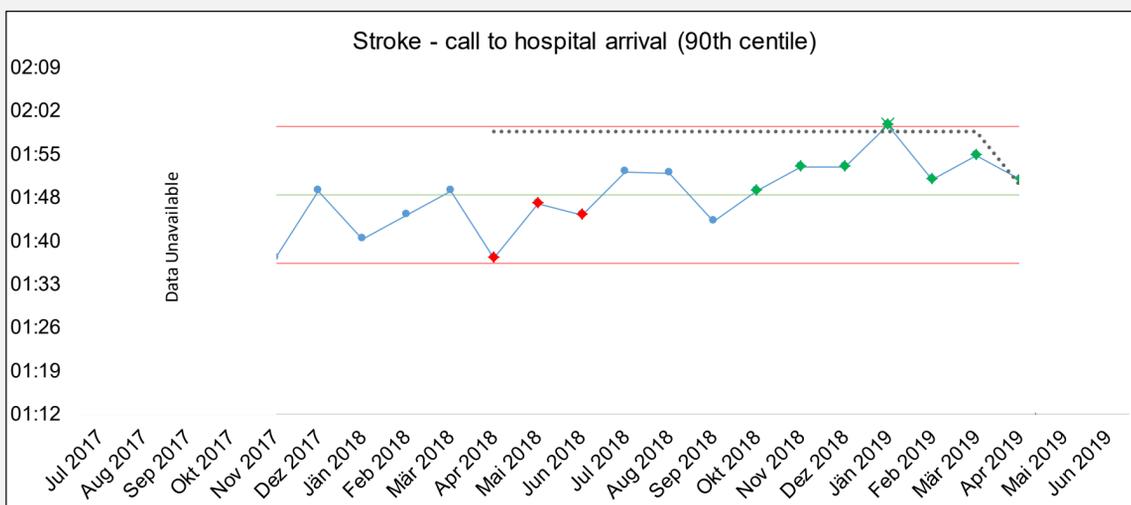
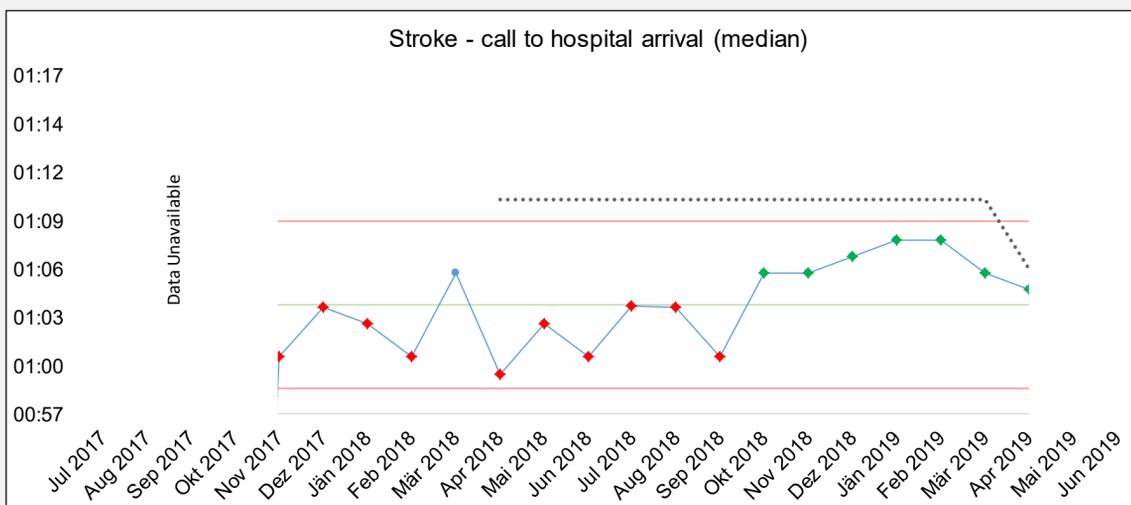
This data is no longer collected by SECamb and is released in arrears by NHS England. As such, the latest available data is from May 2019.



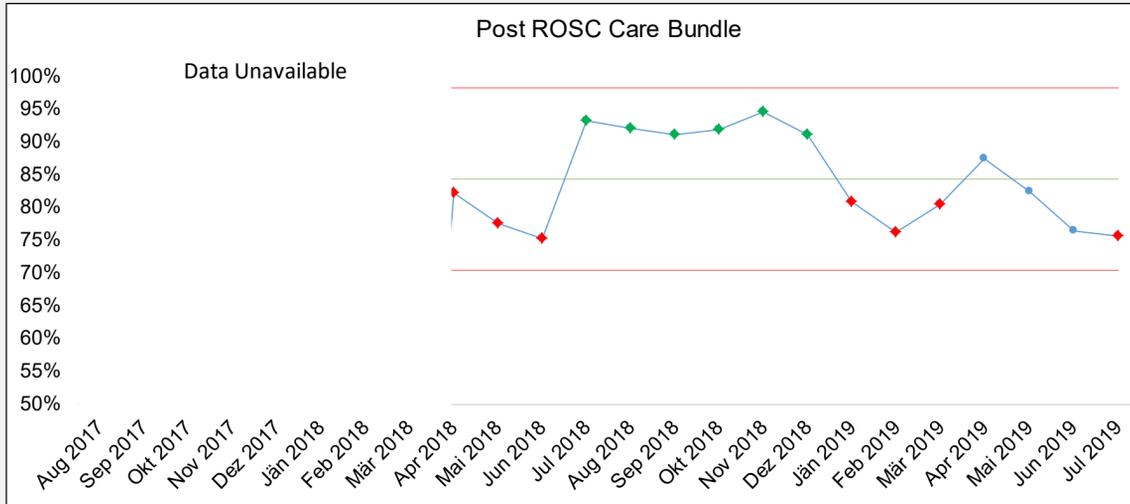
Stroke timeliness charts show the mean, median and 90th centile call to angiography time for patients who are suffering stroke.

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

This data is no longer collected by SECamb and is released in arrears by NHS England. As such, the latest available data is from May 2019.

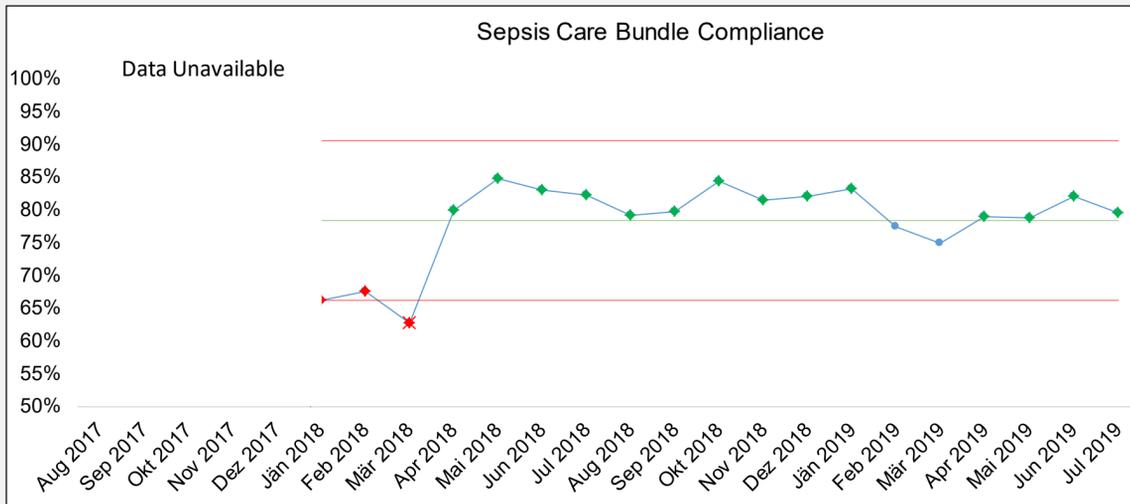


SECamb Clinical Safety Charts



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

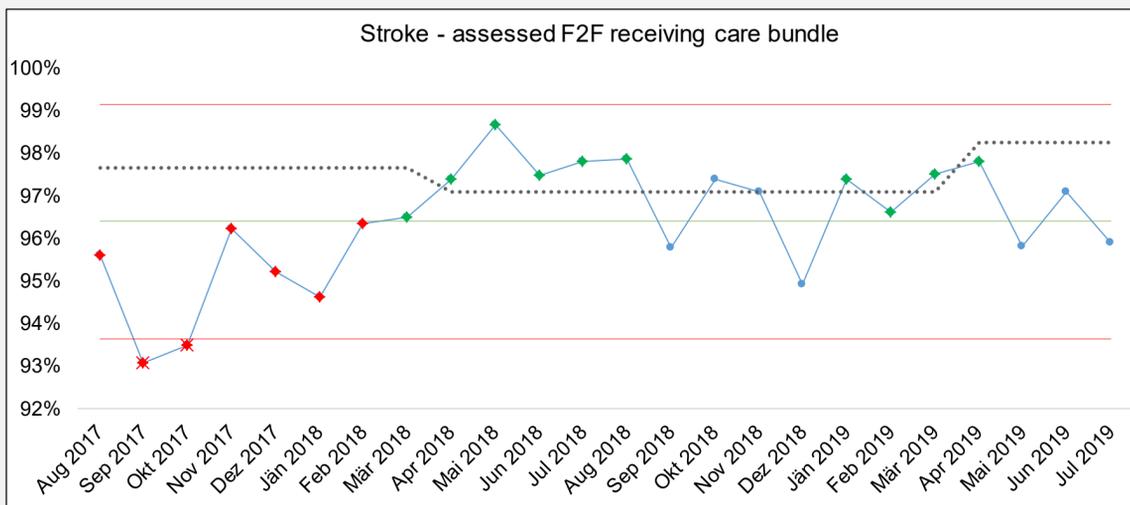
The data continue to show normal levels of variation. SECamb continues to perform above the national average.



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

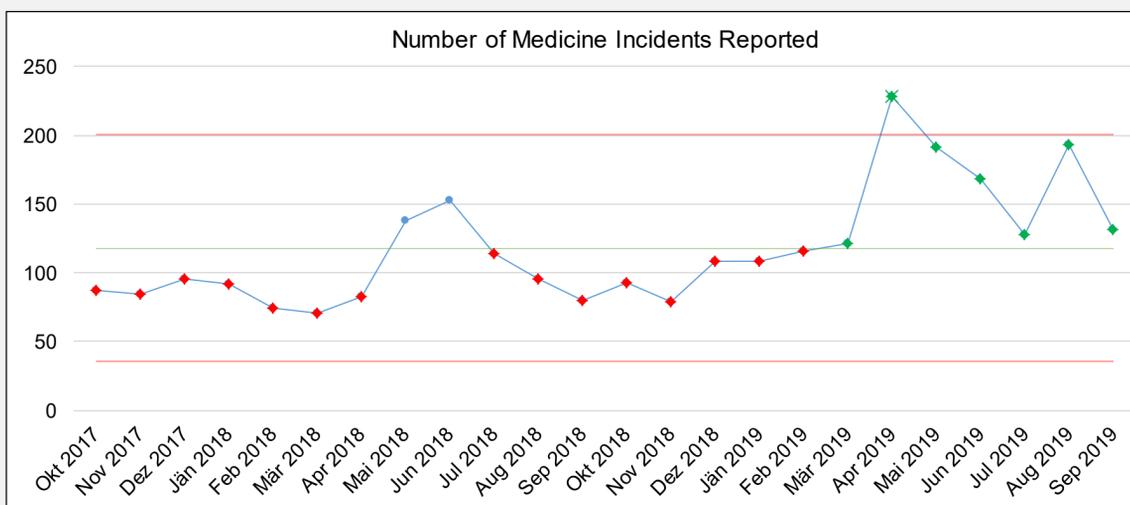
The data continues to show normal levels of variation. SECamb continues to perform above the national average.

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



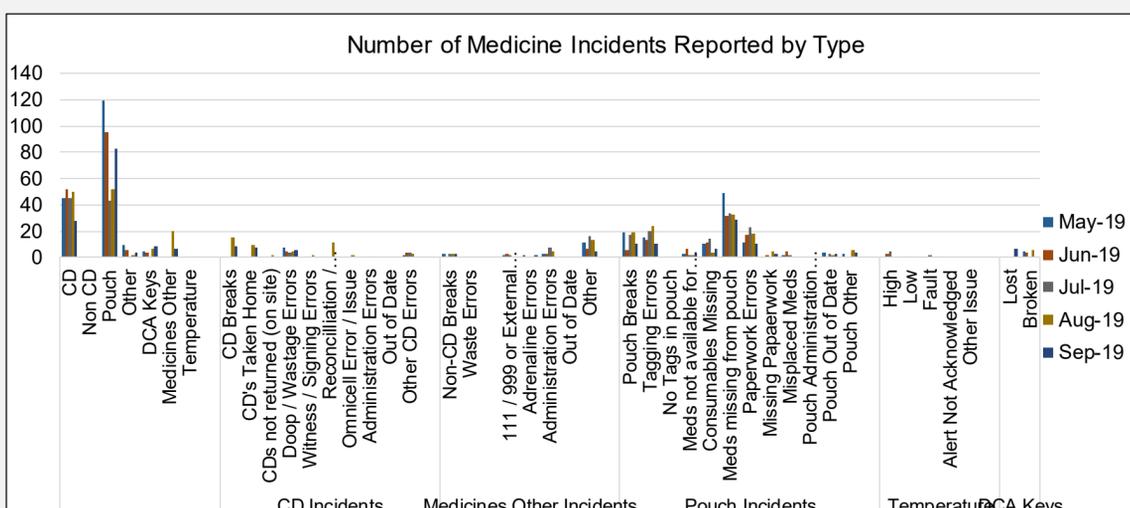
This chart shows the proportion of patients with a suspected stroke who received a full bundle of care.

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



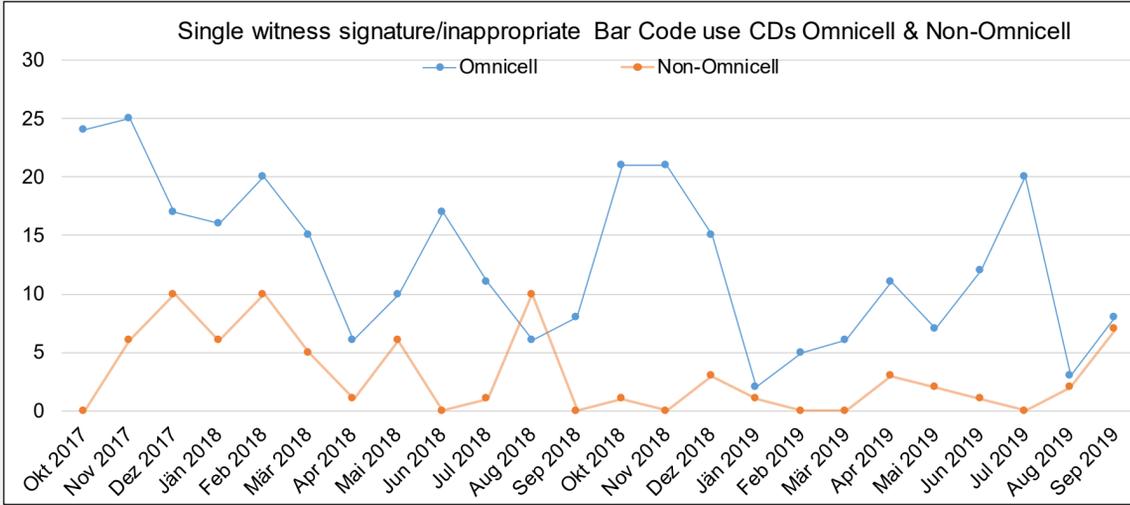
Rate of incidents and incident reporting remain similar to those seen in previous months

QI hub continue to highlight during their weekly conference call the administration errors and the need for learning around incidents

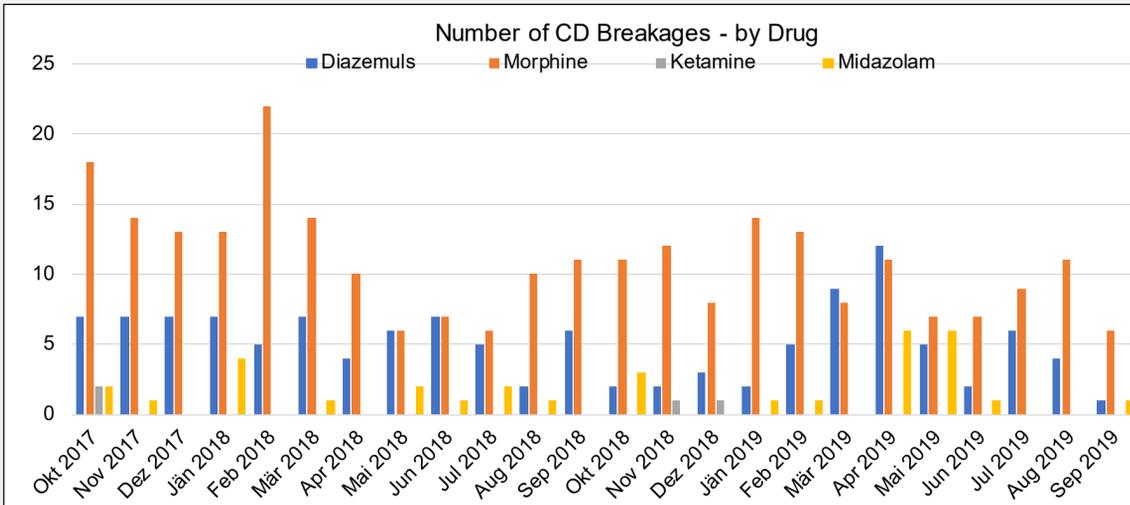


Pouch errors continue to be the most frequent error type and although the specific number appear high, these need to be considered in light of total number of pouches in use across the trust. On-going review of pouch contents aims to reduce the number of medicines stored in some pouches, which will reduce the chance of breakages.

SECamb Clinical Safety Charts



Recent update of Omnicell system has allowed OTLs to identify and follow-up occasions where CDs are not returned within 16 hours of being issued.



Morphine is most frequent CD breakage, but this is in line with its widespread use. Ketamine and midazolam are only used by specialist paramedics.



During September 2019, the mental health indicator demonstrates there were 183 (August 163) Section 136 related calls to the service. Of these 131 (August 132) received a response resulting in 122 (August 124) conveyances to a place of safety by an ambulance.

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 AMBER as the mean response measures are outside of the cat 2 standard on the 18-minute response, although within 40 minutes 90th centile response.

Cat 2 = 00: 18:18 (August 00:18.42)
 90th Centile = 00: 33:17 (August 00:37.12)

During September 2019, there were 183 Section 136 related calls to the service. 131 (71.5%) of these calls received a response (81% in August) resulting in a conveyance to a place of safety by an ambulance on 122 (66.6% of total calls) of these occasions. (In August, this was 76.07% of total calls).

The overall performance mean shows a Cat 2 response time across the service as 00:18.18 (August this was 00:18:42). Against the 90th centile measure, the response was 00.33.17 (August was 00:37:12).

Data for transports of under 18 is currently not available via Power BI.

There were 52 occasions when SECAmb did not provide a conveyance. This is up from 31 in August. This report RAG rates against both mean ARP standards within Cat 2; these being 18 minutes and the 90th percentile within 40 minutes.

Quality and Patient Safety Report:

Infection prevention and control (IPC): the previous months reduction in hand hygiene compliance has recovered to within compliance levels, and was 98% for compliance for September 2019. Unfortunately we have seen another drop in compliance with Clinically Ready, down to 92% for September. The Vehicle Preparation Programme (VPP) teams have once again matched the monthly targets for July, August and September and the reason we can see an above 100% is due to them catching up with previously missed Deep Cleans. However, we are now seeing problems in the Make Ready areas, and the Deep Cleans carried out have declined since May 2019. There are now monthly meetings set up with Churchills, Senior Trust Managers and Make ready Managers to try and resolve some of the issues affecting compliance and we hope to see improvements once these are resolved.

Safeguarding: September 2019 referral rates increased by 30% compared to the previous year. Referrals for increasing care needs continue to rise and there was a notable 50% rise in concerns highlighting domestic abuse (DA) compared to the same reporting period in 2018. One of the key priority areas of Safeguarding for 2019/20 is to increase awareness of DA throughout the organisation – this has included greater focus on DA within face to face safeguarding training. Currently all SECamb referrals follow the safeguarding route irrespective of whether the patient concerns are suggestive of increasing care needs rather than indicators of harm, abuse or neglect; September also saw the introduction of a new West Sussex CC on-line safeguarding referral process. This new process deviates from the agreed processes SECamb has in place with the other local authorities across the East Sussex, Brighton & Hove, Surrey, Kent and Medway – any risks or concerns as a result of the new process will be monitored at the Safeguarding Sub-Group and escalated through the Clinical Governance Group.

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 reported 852 incidents during September 2019. The highest reporting categories remain relatively consistent, and are: SMP no send; clinical tail audits; verbal and physical abuse. The highest reporting OU during September was Gatwick and Redhill who reported 103 incidents.

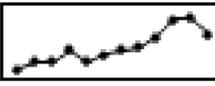
Serious Incidents (SIs) and Duty of Candour (DoC): 9 SIs were reported during September 2019. The Trust achieved 90% compliance with DoC requirements for SI's; this reflects the amount that were undertaken within timescale. Overall compliance continues to be monitored weekly by the Serious Incident Group.

Patient Experience: The Trust received and opened 59 complaints during September 2019. The Trust responded to 59% of complaints within the Trust's 25 working day timescale this month. The challenge in responding within timescale predominantly relates to EOC complaints due to historic capacity and resilience issues which have been impacted by sickness. A plan is in place to manage this and remains under constant review. The Trust recorded 147 compliments during September.

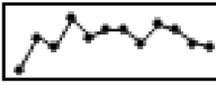
Clinical Audit: the 2019/20 Clinical Audit annual plan has been agreed and is on track for delivery. Measurement of NEWS2 is being reported into the Clinical Audit and Quality Sub-Group (CAQSG) each month. An audit of the mental capacity assessment and best interest decisions was recently completed. Following this an entry was made on the Trust risk register, regarding non-compliance with Trust processes. This risk is being managed through the Safeguarding Sub-Group. A business case has recently been approved to significantly increase the size of the EOC audit team, in order to improve NHS Pathways audit compliance. A consultation to change structures and increase the team size is in the planning phase. The Patient clinical record completion audit is ongoing, performance has increased from 30% initially to over 70%. This audit process is being migrated to the Trust's new electronic audit system, 'Doc-Works'.

Learning from Deaths: Post publication of the national framework on learning from deaths from NHSI the Trust's Learning from Deaths policy is to be discussed at October QPS and be approved by November's Trust Board ahead of publication on 1st December 2019. Work continues to progress the development of the Trusts internal arrangements for the management of LFD: Quarterly LFD Group meetings; Quarterly data analysis based on the national framework and new Trust policy; Management of identified risks – ongoing as per the risk register; Quarterly reporting and escalation into the Clinical Governance Group - ongoing; Development of a sustainable reporting platform on Datix – under development; Communications materials. Engagement continues with the LeDeR central team and the regional teams across KSS – work continues as per the plan. PFDs continue to be reported into the LFD Group as a standing agenda item. The Trust now needs to move from data collection and analysis to sharing learning from death reviews.

Number of Incidents Reported

	Jul-19	Aug-19	Sep-19	12 Months
Actual	1040	1057	947	
Previous Year	770	806	837	

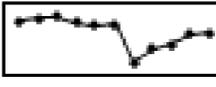
Number of Incidents Reported that were SI's

	Jul-19	Aug-19	Sep-19	12 Months
Actual	14	10	9	
Previous Year	9	8	8	

Duty of Candour Compliance (SIs)

	Jul-19	Aug-19	Sep-19	12 Months
Actual %	95%	100%	90%	
Target	95%	100%	90%	

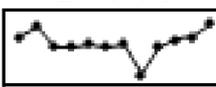
Number of Complaints

	Jul-19	Aug-19	Sep-19	12 Months
Actual	91	78	59	
Previous Year	102	91	74	
Complaints Timeliness (All)	75.0%	77.0%	59.0%	
Time liness Target	95%	95%	95%	

Compliments

	Jul-19	Aug-19	Sep-19	12 Months
Actual	144	220	147	

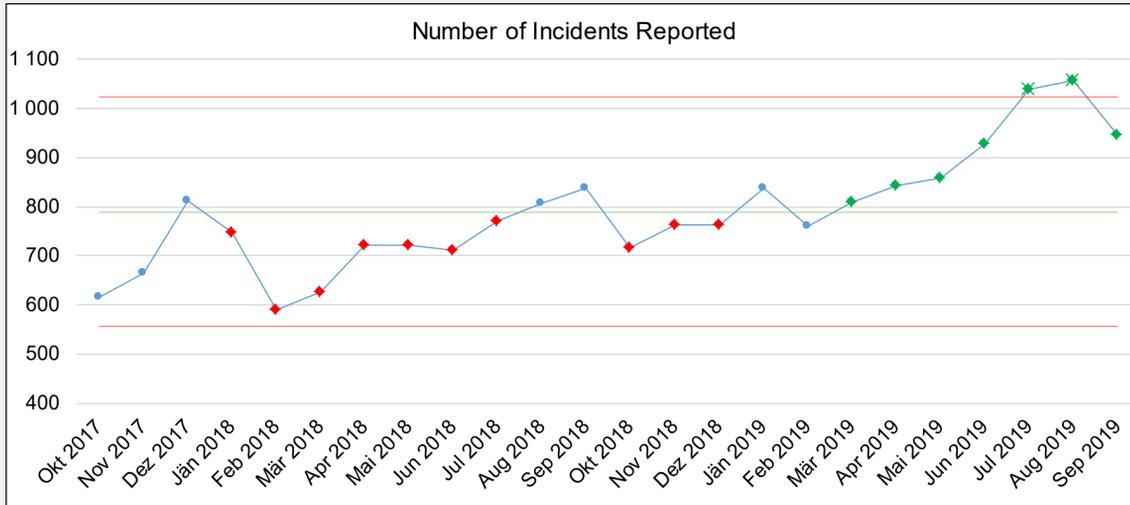
Hand Hygiene

	Jul-19	Aug-19	Sep-19	12 Months
Actual %	93%	94%	98%	
Upper Target	95%	95%	95%	

Safeguarding Training Completed (Children) Level 2

	Jul-19	Aug-19	Sep-19	12 Months
Actual %	40.75%	47.97%	53.45%	
Previous Year %	57.62%	71.20%	76.20%	
Target	85%	85%	85%	

SECAmb Clinical Quality Charts

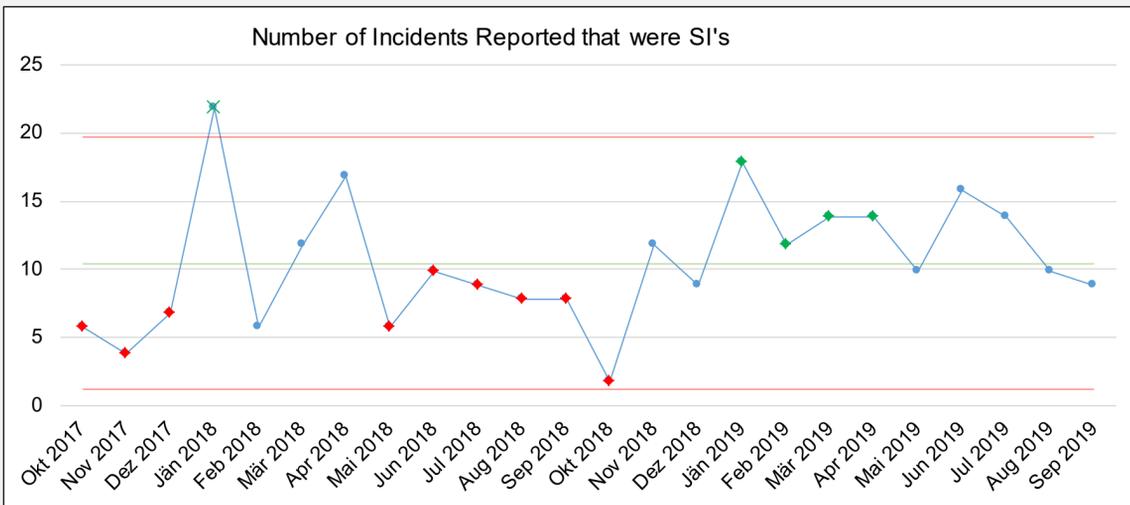


The number of incidents reported was 852 for September 2019.

The most reported area was Gatwick and Redhill with 103 incidents.

The most reported sub-category in September 2019 was Clinical Tail Audit with 67 incidents.

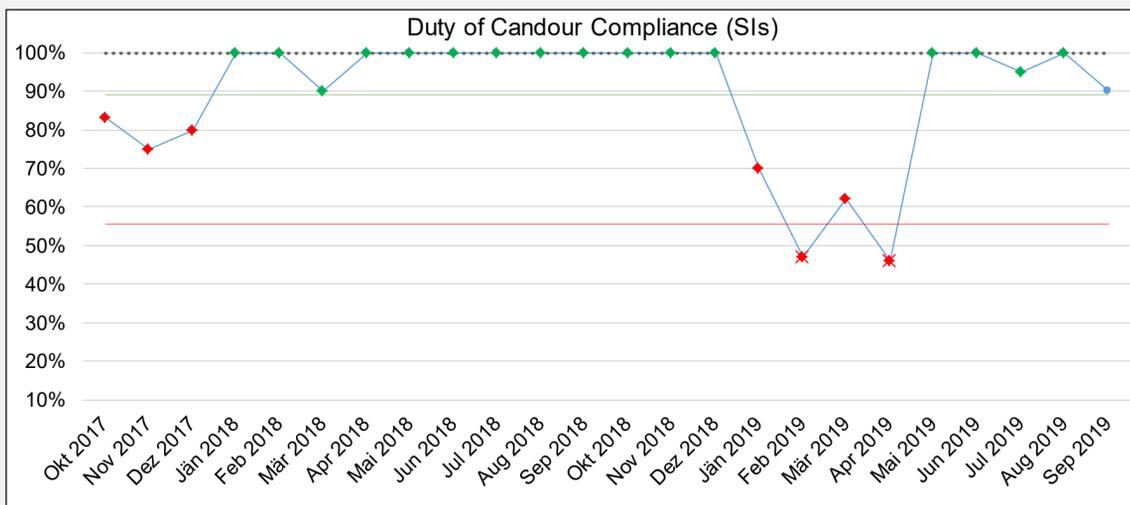
The Trust reported 833 no harm/near misses or low harm incidents, this means that 97.7% of our reported incidents are within the NHS target of 96% of incidents being no/low harm for September 2019.



9 Serious Incident were reported in September 2019.

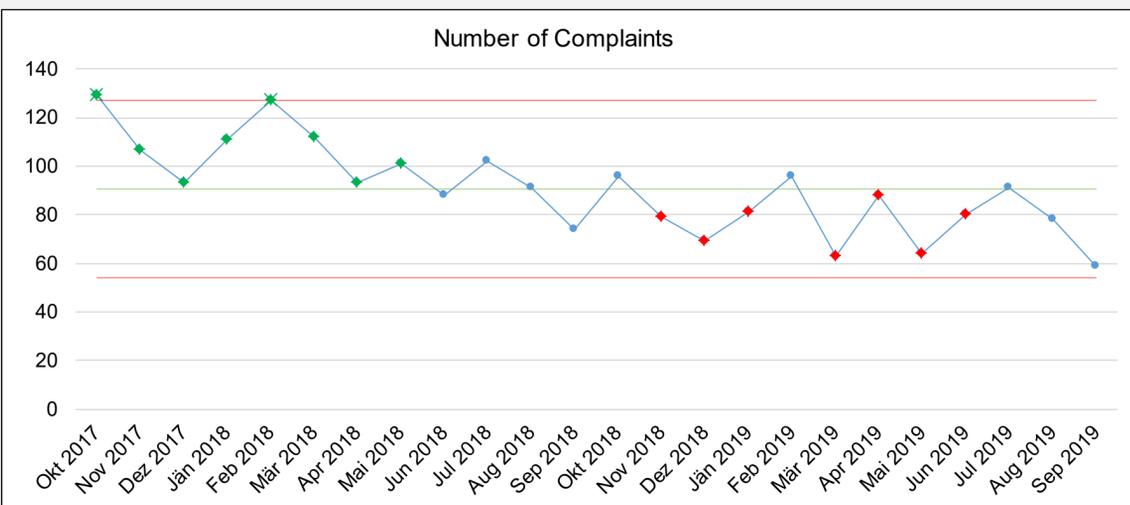
- 4 x Delayed Dispatch / Attendance
- 3 x Triage / Call Management
- 1 x Information Governance Breach
- 1 x Staff Conduct

12 SIs overall were closed on STEIS in September with another 1 being De-escalated.



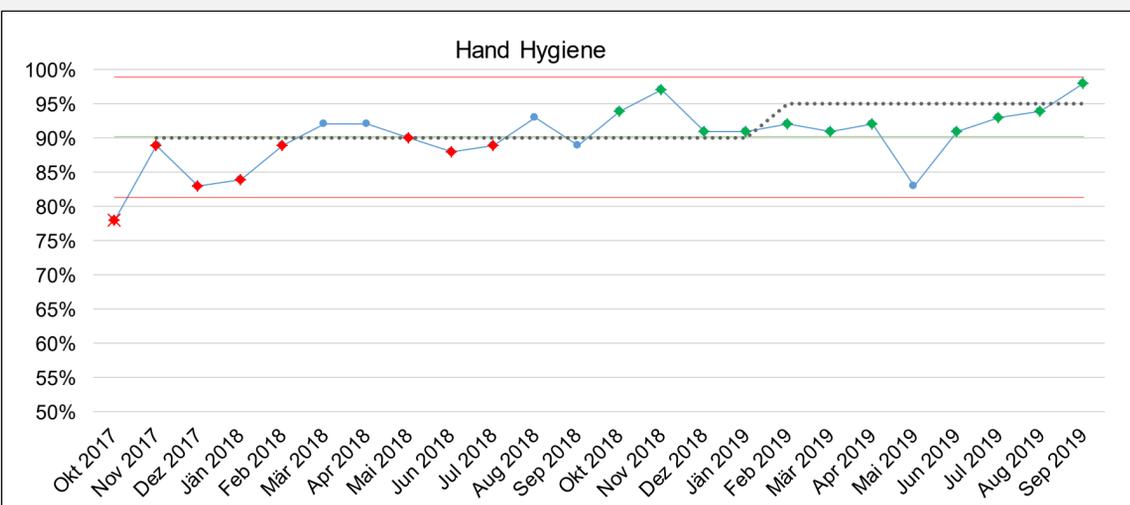
Compliance with Duty of Candour (DoC) for SIs where DoC was required in September 2019 is: 10

DoC made/attempted within 10 working day deadline - 9 (90%)



The Trust received and opened 59 complaints during September 2019.

The Trust responded to 59% complaints within timescales. The majority of the delays are attributable to the Emergency Operations Centre which has historic capacity and resilience issues. In addition there was some long term sickness. A trajectory to address the backlog of EOC complaints is in place and being progressed well.



Hand Hygiene compliance has exceeded expectation again this month and is showing as 98% compliant.

However, we have seen another drop in compliance with Clinically Ready, down to 92% for September.

However, two OU's didn't carryout any audits at all during September and the Head of IPC has arranged for the IPC Leads to attend every Team C meeting across the Trust to address this.

..... Upper Target
 Lower Target

Health & Safety Audits

Since the implementation of the annual Health & Safety Audit programme 90 audits have been completed. The audits were undertaken in different working environments as per the list below.

- **Ambulance Community Response Post**; a small base with facilities, where ambulance crews can wait between calls
- **Ambulance Station**; where ambulance crews begin & end shifts
- **Emergency Operation Centre** - control room, where 999 calls are received, clinical advice provided, and emergency vehicles dispatched as needed.
- **Make Ready Centre**; a large depot where ambulance crews start & end shifts & where vehicles are cleaned, maintained & re-stocked.

Violence and Aggression Incidents - See Figure 1 below

Violence and Aggression incidents towards staff in September 2019 were 62. The data below is a break down of the incidents reported by category type.

- Physical Assaults (23)
- Direct verbal Abuse (19)
- Anti-social behaviour/aggression (14)
- Attempted physical assault/ non-physical (6)

Manual handling Incidents - See Figure 2 below

Manual handling incidents reported in September 2019 were 28 which is an increase of 7 incidents from the previous month.

Health & Safety Incidents - See Figure 3 below

Health and Safety incidents reported in September 2019 were 40 which is an increase of 26 incidents from the previous month.

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

RIDDOR incidents reported in September 2019 were 10 with 5 incidents reported on time to the Health & Safety Executive.

Figure 1

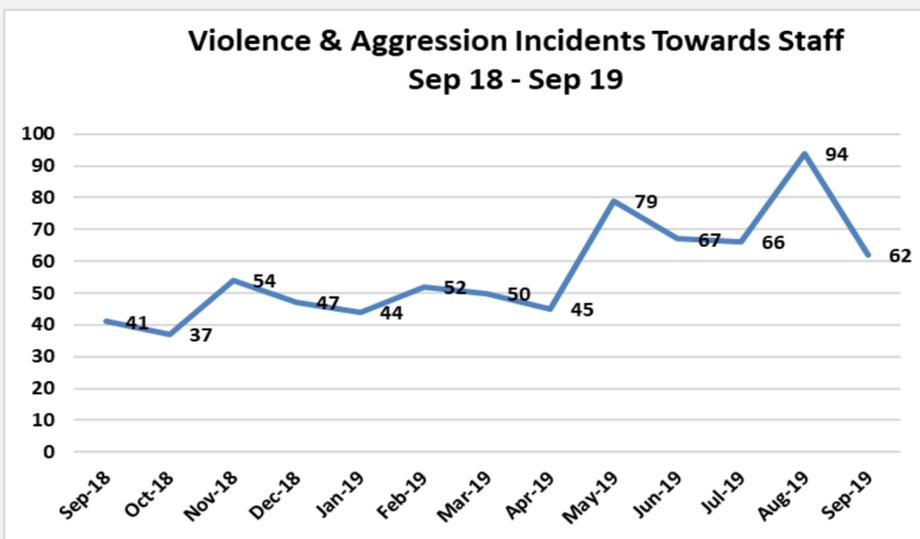


Figure 2

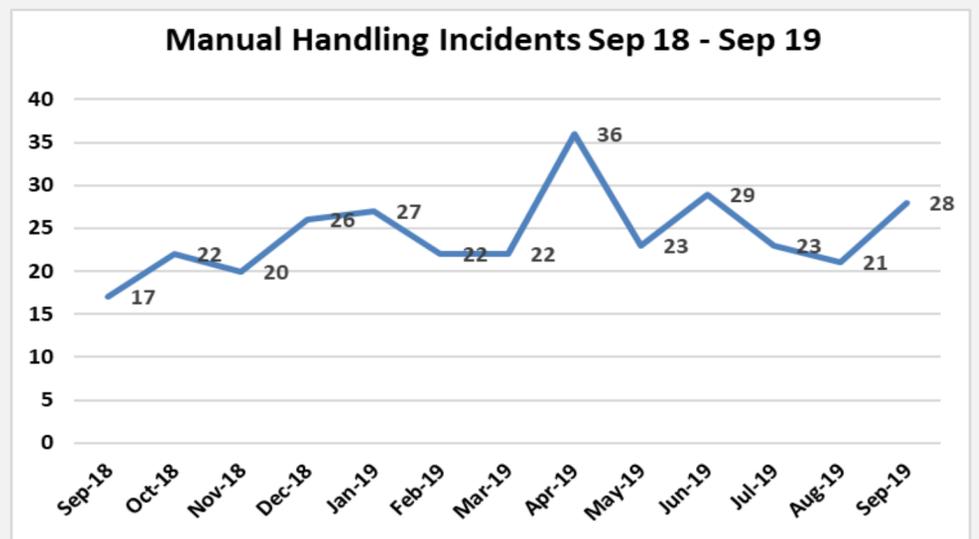


Figure 3

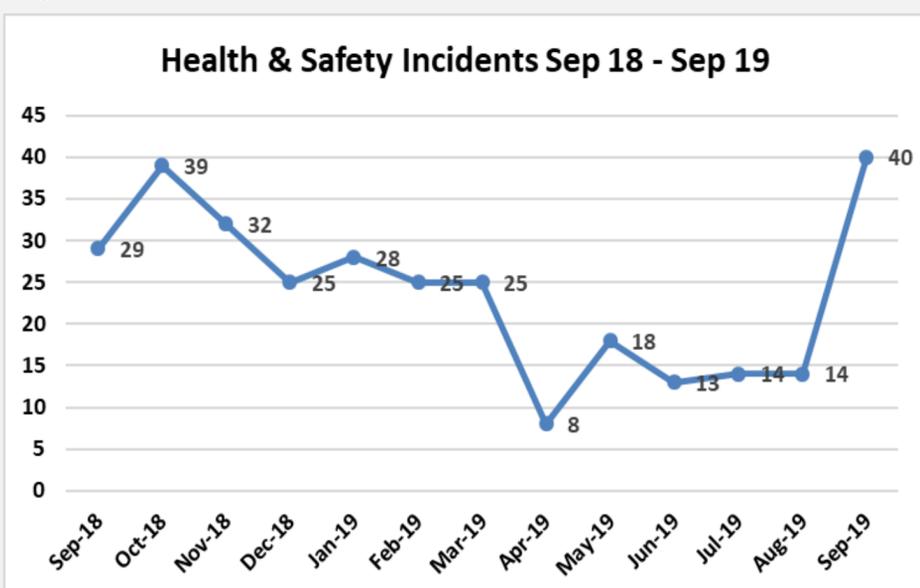
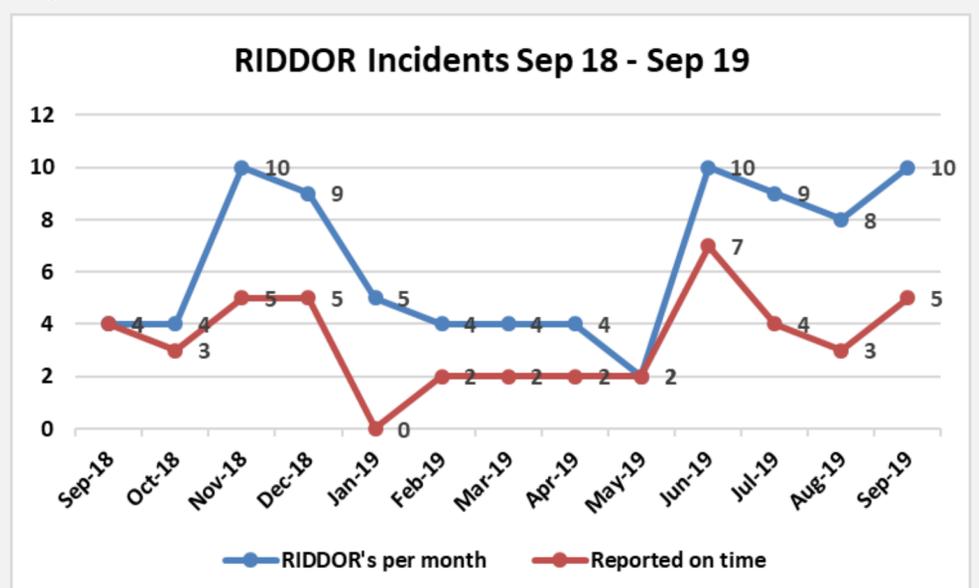


Figure 4



Call Handling

	Jul-19	Aug-19	Sep-19	12 Months
5 Sec Performance (95% Target)	84.3%	88.5%	90.3%	
Mean Call Answer Time (secs)	9	6	5	
95th Centile Call Answer (Secs)	55	38	32	
National Mean Call Answer	10	9	10	
National 95th Centile Call Answer	59	52	60	

Category 1 Performance

	Jul-19	Aug-19	Sep-19	12 Months
Mean (00:07:00)	00:07:21	00:07:15	00:07:35	
90th Percentile (00:15:00)	00:13:52	00:13:44	00:13:56	
Mean Resources Arriving	161	153	149	
Count of Incidents	3813	3646	3584	
National Mean	00:07:14	00:07:05	00:07:15	

Category 1T Performance

	Jul-19	Aug-19	Sep-19	12 Months
Mean (00:19:00)	00:09:33	00:09:04	00:09:25	
90th Percentile (00:30:00)	00:18:23	00:17:52	00:17:36	
Mean Resources Arriving	163	155	150	
Count of Incidents	2373	2317	2300	
National Mean	00:11:12	00:10:44	00:10:48	

Category 2 Performance

	Jul-19	Aug-19	Sep-19	12 Months
Mean (00:18:00)	00:20:01	00:18:21	00:18:51	
90th Percentile (00:40:00)	00:38:34	00:34:23	00:35:49	
Mean Resources Arriving	108	107	107	
Count of Incidents	33774	32747	31781	
National Mean	00:23:18	00:21:13	00:22:22	

Category 3 Performance

	Jul-19	Aug-19	Sep-19	12 Months
Mean	01:33:53	01:23:00	01:26:21	
90th Percentile (02:00:00)	03:33:52	03:09:59	03:17:42	
Mean Resources Arriving	105	105	102	
Count of Incidents	20434	20625	19031	
National Mean	01:11:30	01:02:42	01:09:03	

Category 4 Performance

	Jul-19	Aug-19	Sep-19	12 Months
Mean	02:03:54	01:45:54	01:53:03	
90th Percentile (03:00:00)	04:41:02	04:25:38	04:34:31	
Mean Resources Arriving	102	0.98	103	
Count of Incidents	436	462	440	
National Mean	01:25:45	01:14:34	01:19:34	

Health Care Professional

	Jul-19	Aug-19	Sep-19	12 Months
HCP 60 Mean	02:23:31	02:04:59	01:28:31	
HCP 60 90th Percentile	05:16:52	04:07:01	03:29:18	
HCP 120 Mean	02:28:47	02:22:36	02:08:55	
HCP 120 90th Percentile	05:17:32	04:56:32	04:37:13	
HCP 240 Mean	03:29:19	03:09:01	03:03:00	
HCP 240 90th Percentile	07:37:10	06:08:40	06:20:46	

Call Cycle Time

	Jul-19	Aug-19	Sep-19	12 Months
Avg Allocation to Clear at Scene	01:14:03	01:14:47	01:15:21	
Avg Allocation to Clear at Hospital	01:47:46	01:47:34	01:48:04	
Turnaround Hrs Lost at Hospital (> 30mins)	4745	4594	4593	
Number of Handovers >60mins	325	394	393	

Incident Outcome AQL

	Jul-19	Aug-19	Sep-19	12 Months
Hear & Treat	5.7%	5.9%	5.8%	
See & Treat	32.6%	32.4%	31.9%	
See & Convey	61.7%	61.7%	62.3%	

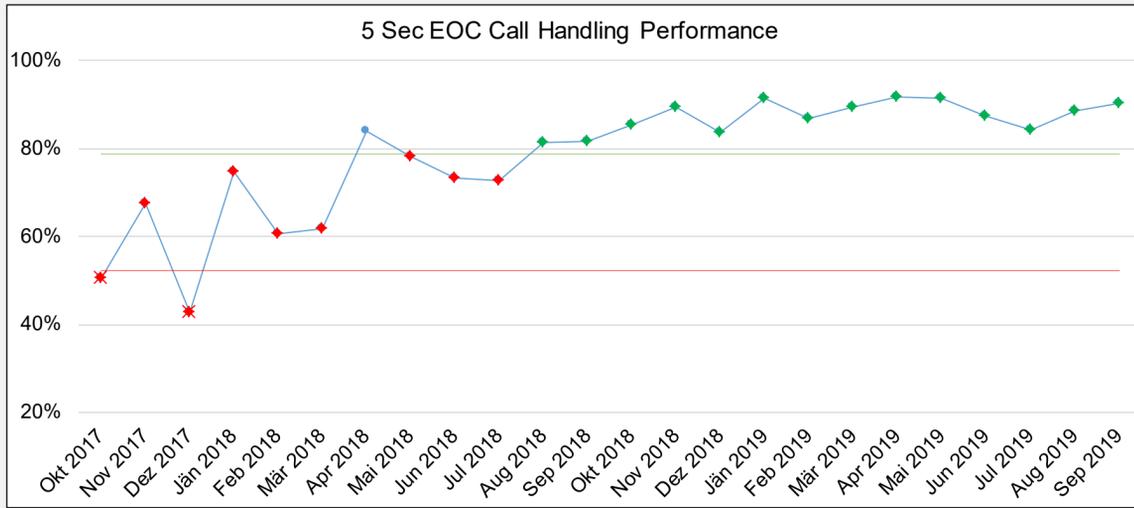
Voluntary Attendances

	Jul-19	Aug-19	Sep-19	12 Months
Community First Responders	1024	1105	997	
Fire First Responders	358	341	266	

Demand/Supply AQL

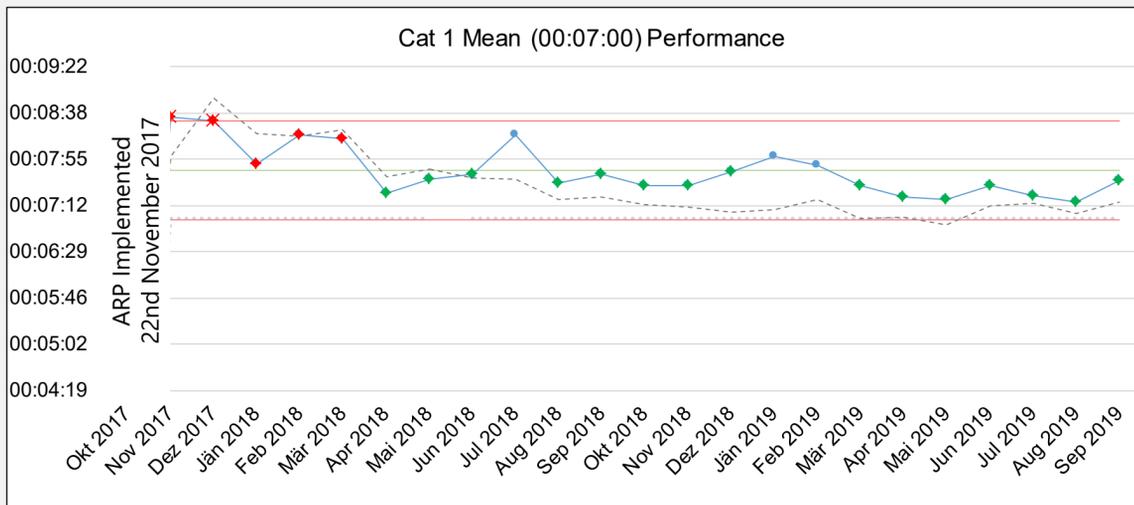
	Jul-19	Aug-19	Sep-19	12 Months
Calls Answered	70863	67178	64525	
Incidents	64052	63107	60410	
Transports	39493	38881	37621	

SECamb 999 Operations Response Time Performance Charts



In September 2019, call answering performance within EOC rose again, this time by 1.8%, to 90.3%. During this month, call volume decreased slightly, to 64,525.

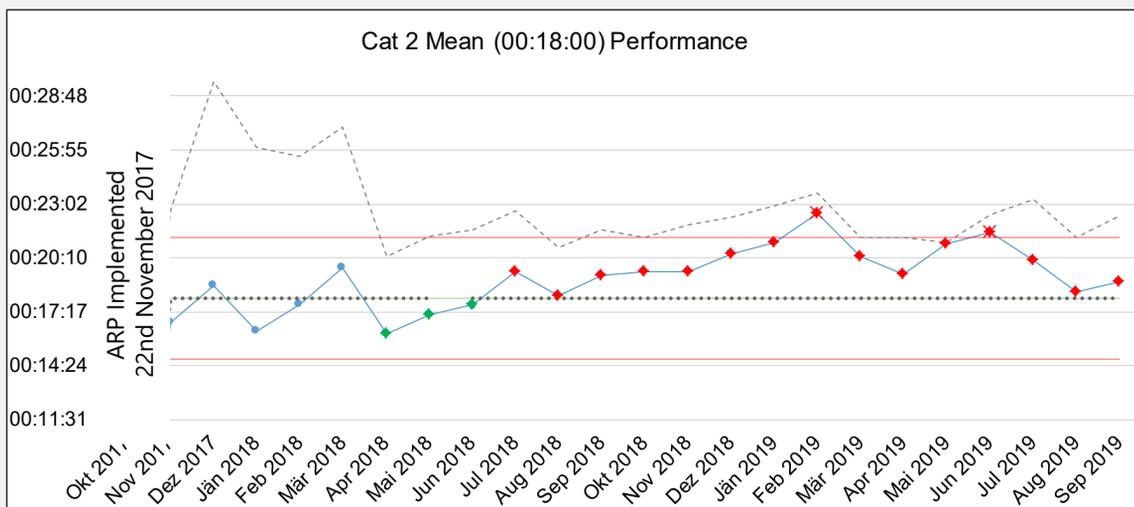
Against this backdrop the Trust improved in the national table, achieving 4/3 for mean and 95th centile performance compared to the other English Ambulance Trusts, with continued improvement for the latter measure.



As anticipated the implementation of Pathways 17 on 4 September 2019 has impacted on Category 1 activity. The Category 1 mean response time in September 2019 was 07:35, compared to 07:15 in the previous month.

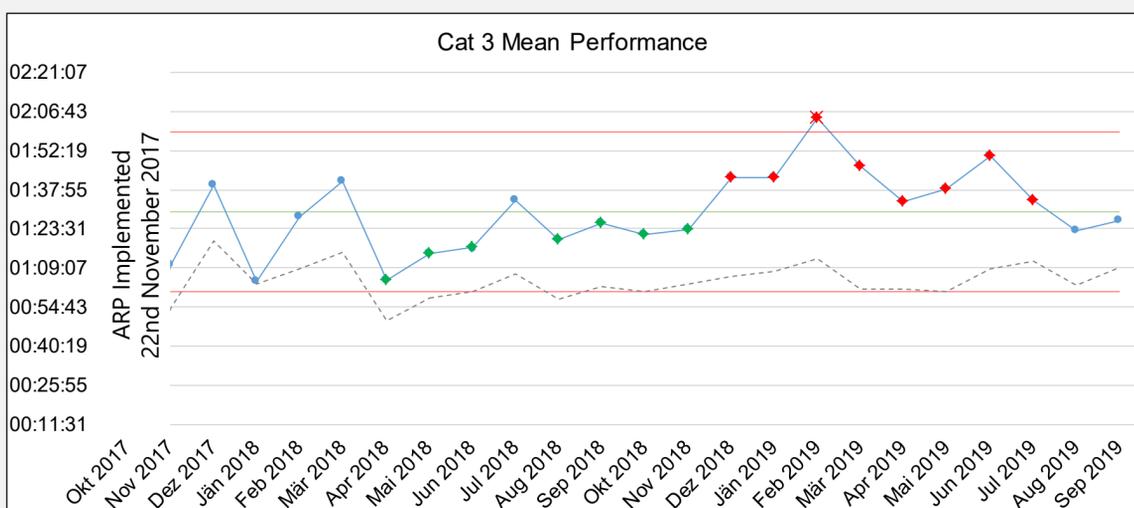
The number of incidents remained relatively steady, and there is a continued improvement in the mean resources arriving; with a reduction of 0.12 from July 2019.

The Trust continues to deliver against C1T Mean and C1T 90th centile against ARP standards and remains at mid table for its C1 Mean response.



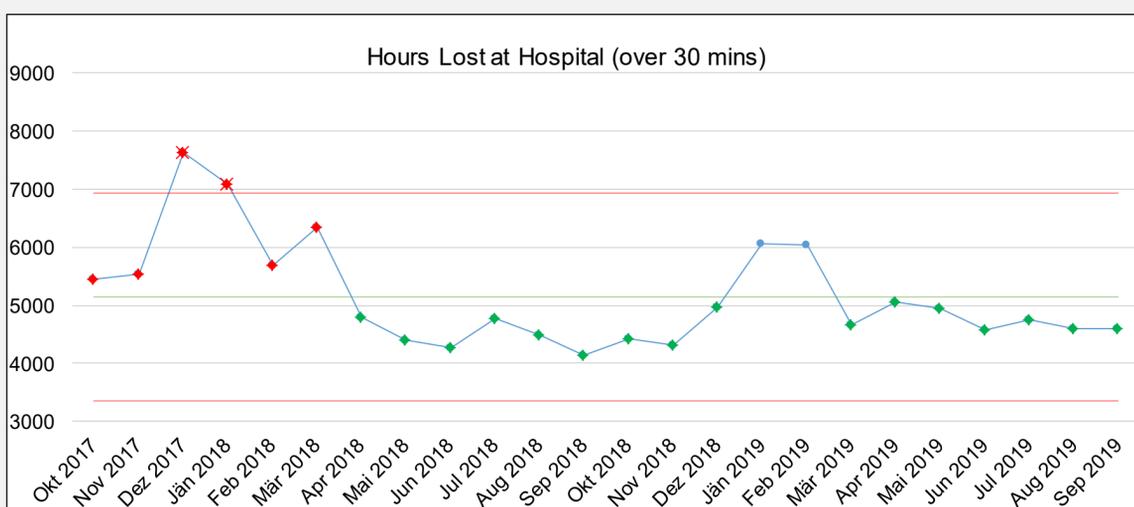
The Category 2 mean response time in September 2019 was also higher than the preceding month, with a mean of 18:51, 30 seconds worse than in August 2019. It should be noted that whilst Trust performance remains sub optimal, other Ambulance Services are also finding meeting this ARP Standard a challenge, with a national average reported at 22:22, 1 minute and 7 seconds worse than on prior month

The Trust's 90th centile performance has increased from 34:23 to 35:49, however this still places it second in the national ranking table for the month.



In September 2019 the Trust achieved the Category 3 mean, achieving 01:26:21. However the 90th centile performance was 03:17:42. The Trust's position in the ranking tables for Mean and 90th centile performance is 9 / 8 respectively.

Job Cycle Time is one area the Trust is focussing on to improve its Category 3 response, and the Trust is now able to review a suite of ranking tables for Job Cycle Time at Operational Unit level. The operational leadership team reviews and manages Job Cycle Time as appropriate, focusing on the lowest and highest times at present. Work is continuing to be able to report on this metric by team and individual.



In September there was a decrease of 100 hours lost >30 minute turnaround compared to August. Comparing overall hours lost >30 minute turnaround in September 2019 with September 2018, there was an 11% increase in hours lost >30 minute turnaround.

In September 12.2% of patients waited between 30 and 60 minutes for a hospital handover and 1.1% of patients waited over 60 minutes.

The Ambulance Handover Steering Group continues to meet local joint hospitals and SECamb operational meetings are also continuing.

The steering group is also linking in with the National Programme, and is receiving support from the regional NHSE/I team.

SECamb Weekly Operational Performance - W/C 28th October 2019

CAT 1				
	14/10	21/10	28/10	Last 13 Weeks
Mean	00:07:47	00:07:58	00:07:40	
90th Centile	00:14:31	00:14:42	00:14:39	
RPI	1.55	1.50	1.52	
Count of Incidents	879	885	937	

CAT 1T				
	14/10	21/10	28/10	Last 13 Weeks
Mean	00:10:05	00:09:41	00:09:06	
90th Centile	00:17:58	00:18:30	00:17:56	
RPI	1.57	1.52	1.51	
Count of Incidents	560	577	619	

CAT 2				
	14/10	21/10	28/10	Last 13 Weeks
Mean	00:19:46	00:20:49	00:20:24	
90th Centile	00:37:29	00:39:38	00:38:29	
RPI	1.06	1.06	1.06	
Count of Incidents	8141	8131	7923	

CAT 3				
	14/10	21/10	28/10	Last 13 Weeks
Mean	01:40:00	01:41:21	01:41:42	
90th Centile	03:59:11	03:50:55	03:57:09	
RPI	1.05	1.05	1.05	
Count of Incidents	4157	4143	4094	

CAT 4				
	14/10	21/10	28/10	Last 13 Weeks
Mean	03:12:10	02:51:15	02:30:40	
90th Centile	05:32:00	05:20:59	05:50:06	
RPI	0.87	0.86	1.10	
Count of Incidents	92	91	77	

HCP Level 3				
	14/10	21/10	28/10	Last 13 Weeks
Mean	02:16:12	02:16:46	02:21:30	
90th Centile	04:41:30	05:02:47	05:19:55	
Count of Incidents	283	273	259	

IFT Level 3				
	14/10	21/10	28/10	Last 13 Weeks
Mean	02:30:01	02:39:56	02:22:46	
90th Centile	05:22:00	06:06:08	05:01:07	
Count of Incidents	145	136	124	

HCP Level 4				
	14/10	21/10	28/10	Last 13 Weeks
Mean	03:18:25	03:08:45	03:06:30	
90th Centile	06:37:03	06:09:13	06:30:01	
Count of Incidents	262	252	241	

IFT Level 4				
	14/10	21/10	28/10	Last 13 Weeks
Mean	03:07:18	02:51:40	02:26:36	
90th Centile	06:53:27	05:35:48	04:54:56	
Count of Incidents	33	53	44	

999 Call Handling				
	14/10	21/10	28/10	Last 13 Weeks
Mean Call Pickup Time (Seconds)	12	3	3	
Call Pickup Time 90th Percentile (Seconds)	44	2	1	
Call Pickup Time 95th Percentile (Seconds)	72	17	12	
Call Pickup Time 99th Percentile (Seconds)	135	69	66	
Average Call Length (seconds)	360	361	358	
Abandon Rate	0.80%	0.08%	0.60%	
Staff Hours Provided Vs 4783 target	95.8%	105.9%	101.3%	

Incident Outcome				
	14/10	21/10	28/10	Last 13 Weeks
See and Convey	62.9%	62.7%	62.9%	
See and Treat	31.9%	32.3%	31.2%	
Hear and Treat	5.2%	5.0%	5.8%	

Call Cycle Time				
	14/10	21/10	28/10	Last 13 Weeks
Clear at Scene	01:16:05	01:18:08	01:16:48	
Clear at Hospital	01:49:02	01:49:11	01:49:12	
Hours Lost at Hospital	1089	1105	1084	

Community First Responders				
	14/10	21/10	28/10	Last 13 Weeks
Volume of Incidents Attended	314	340	402	
Hours Provided	2285	2515	2570	

Demand/Supply				
	14/10	21/10	28/10	Last 13 Weeks
999 Call Volume	15848	15669	15415	
Incidents	14685	14622	14462	
Transports	9247	9183	9123	
Staff Hours Provided Vs 65153 target	96.4%	95.6%	95.4%	

SECamb 111 Operations Performance Scorecard

Calls Offered

	Jul-19	Aug-19	Sep-19	12 Months
Actual	73544	74832	68451	
Previous Year	87586	83359	84650	

Calls answered in 60 Seconds

	Jul-19	Aug-19	Sep-19	12 Months
Actual %	71.8%	80.8%	78.5%	
Previous Year %	68.9%	83.7%	70.9%	
Target %	95%	95%	95%	

Calls abandoned - (Offered) after 30secs

	Jul-19	Aug-19	Sep-19	12 Months
Actual %	6.2%	3.6%	3.6%	
Previous Year %	5.7%	2.7%	6.0%	
Target %	5%	5%	5%	

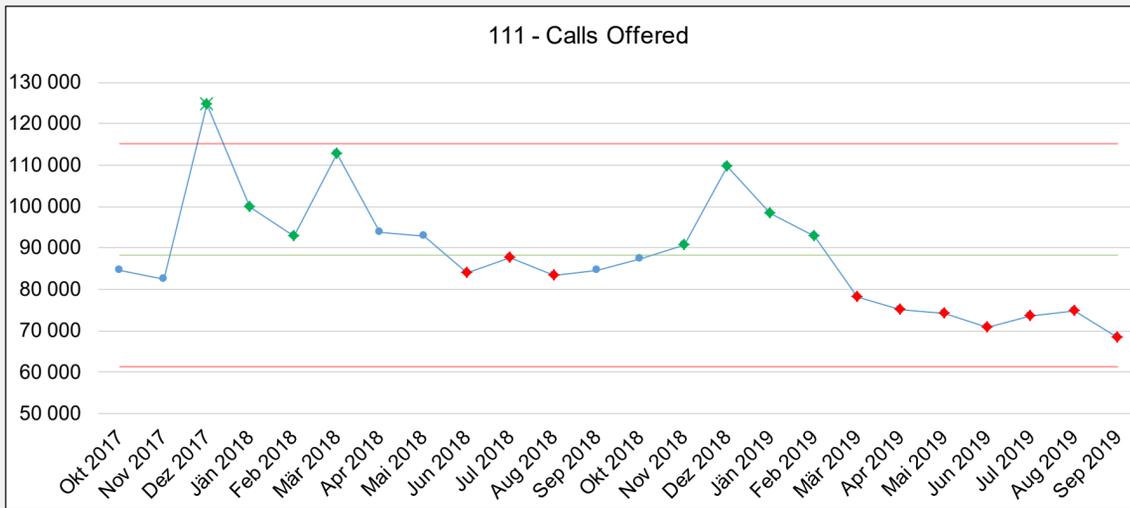
A&E Dispositions

	Mar-19	Apr-19	May-19	12 Months
A&E Dispositions % (Answered Calls)	8.2%	8.5%	9.2%	
A&E Dispositions (Actual)	5674	5808	5460	
National	7.7%	8.7%	9.1%	

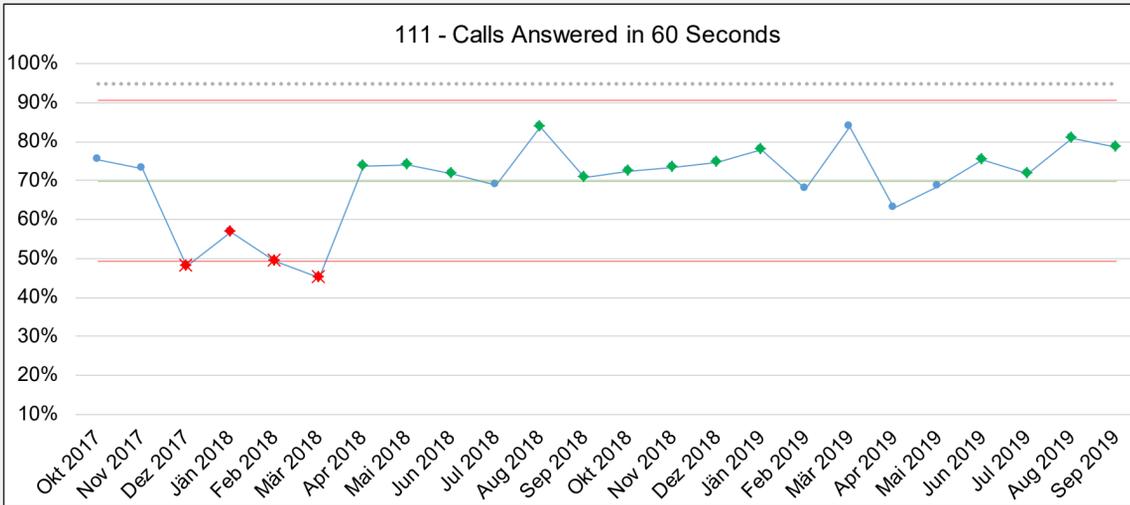
999 Referrals

	Jul-19	Aug-19	Sep-19	12 Months
999 Referrals % (Answered Calls)	16.1%	15.5%	16.1%	
999 Referrals (Actual)	8791	8961	8514	
National	13.6%	13.0%	13.7%	

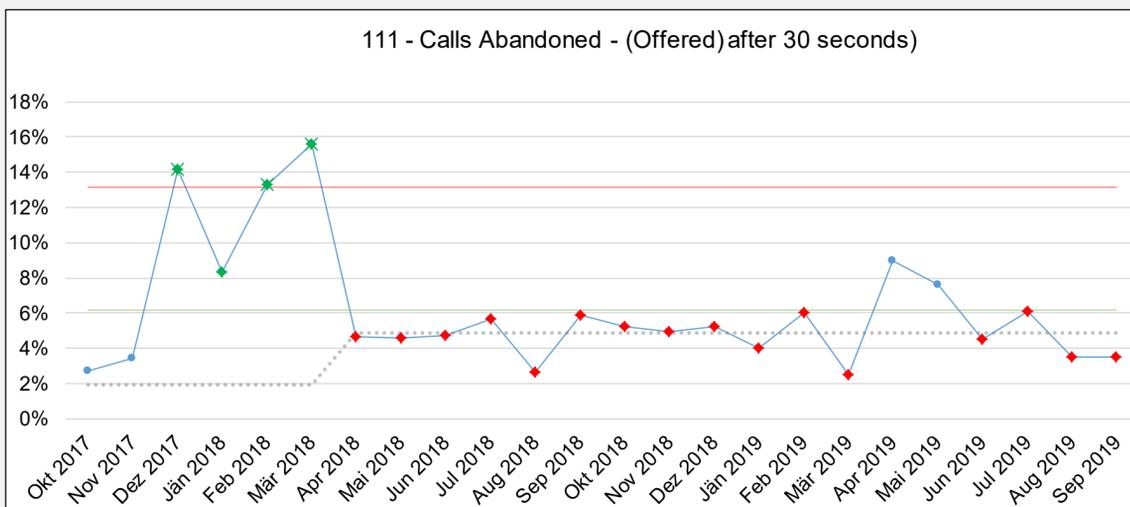
SECAmb 111 Operations Performance Charts



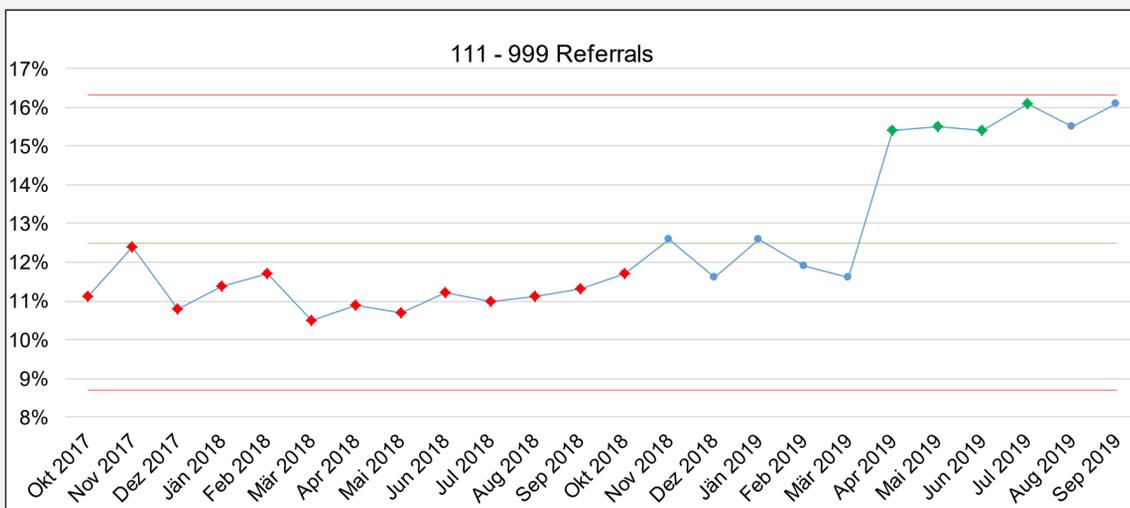
The call volume was 68451. Although overall call activity was in line with forecast, the intraday profiles were volatile and the wider system saw increased pressure during the second half of the month



The SEC 111 service delivered a service level of 78.50%. This is a slight month-on-month reduction in performance, however the underlying measures of Speed to Answer (49 seconds) and Average Handling Time (568 seconds) are both demonstrating increased productivity.



The Call Abandonment rate remained static at 3.6%.



The 999 referral rate continues to be high. We validated 88% of Category 3 / Category 4 dispositions during September, and are focusing on improvement in call control to reduce the AMB rate. Conveyance rate, as a measure of appropriateness of referral, is higher than our peer group of providers.

Workforce Capacity

	Jul-19	Aug-19	Sep-19	12 Months
Number of Staff WTE (Excl bank & agency)	3541.6	3564.9	3602.1	
Number of Staff Headcount (Excl bank and agency)	3897	3879	3918	
Finance Establishment (WTE)	3768.39	3791.51	3803.68	
Vacancy Rate	6.02%	5.98%	5.30%	
Vacancy Rate Previous Year	13.78%	17.91%	16.21%	

Workforce Compliance

	Jul-19	Aug-19	Sep-19	12 Months
Objectives & Career Conversations %	28.68%	33.19%	38.60%	
Target (Objectives & Career Conversations)	80%	80%	80%	
Statutory & Mandatory Training Compliance %	43.84%	50.47%	55.74%	
Target (Stat & Mand Training)	95%	95%	95%	
Previous Year (Stat & Mand Training) %	58.99%	70.83%	75.50%	

* 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

	Jul-19	Aug-19	Sep-19	12 Months
Annual Rolling Turnover Rate %	15.01%	15.62%	15.52%	
Previous Year %	15.37%	14.97%	14.88%	
Annual Rolling Sickness Absence	5.36%	5.45%	5.43%	
Target (Annual Rolling Sickness)	5%	5%	5%	

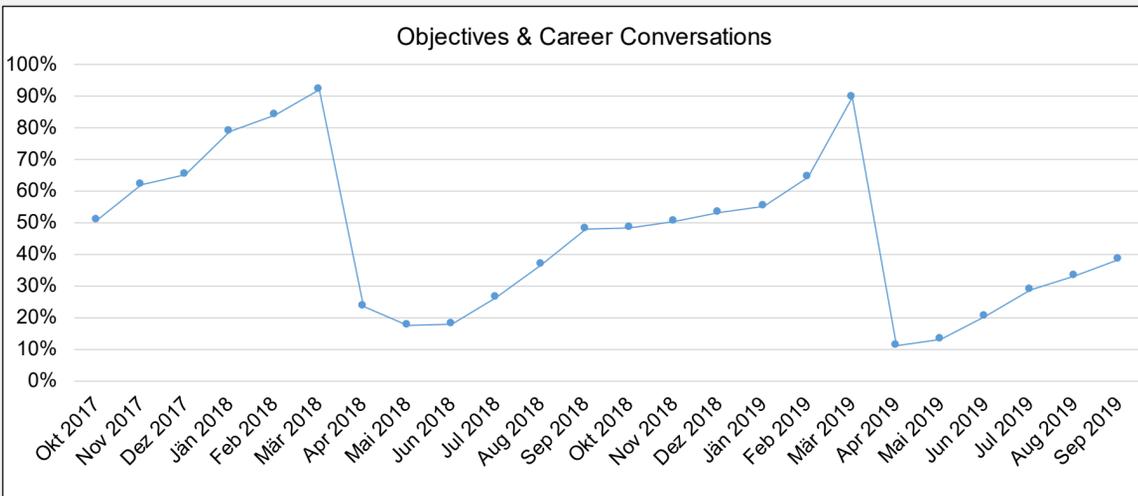
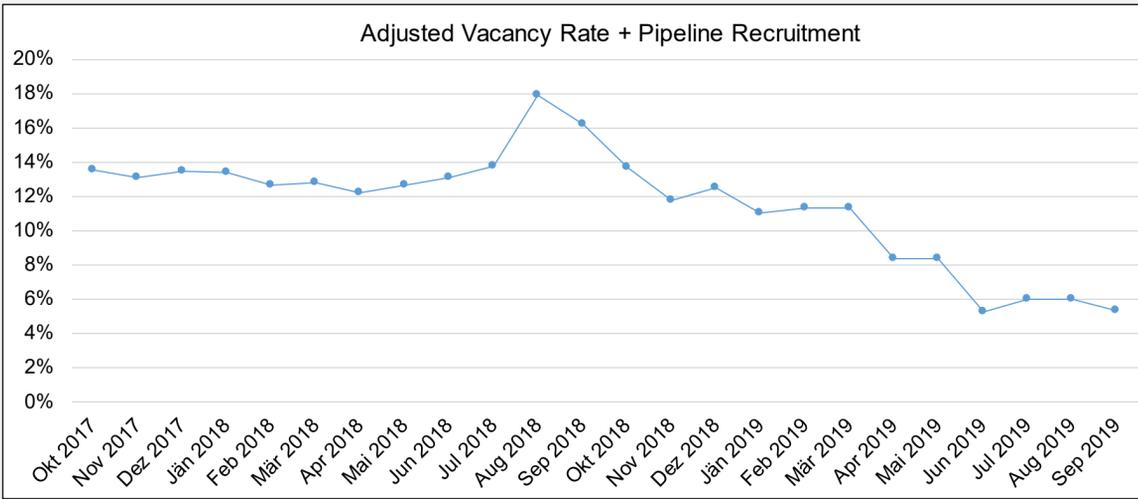
Employee Relations Cases

	Jul-19	Aug-19	Sep-19	12 Months
Disciplinary Cases	8	0	0	
Individual Grievances	12	0	2	
Collective Grievances	1	0	1	
Bullying & Harassment	2	0	1	
Bullying & Harassment Prev Yr	2	1	2	
Whistleblowing	0	0	0	
Whistleblowing Previous Year	1	0	0	

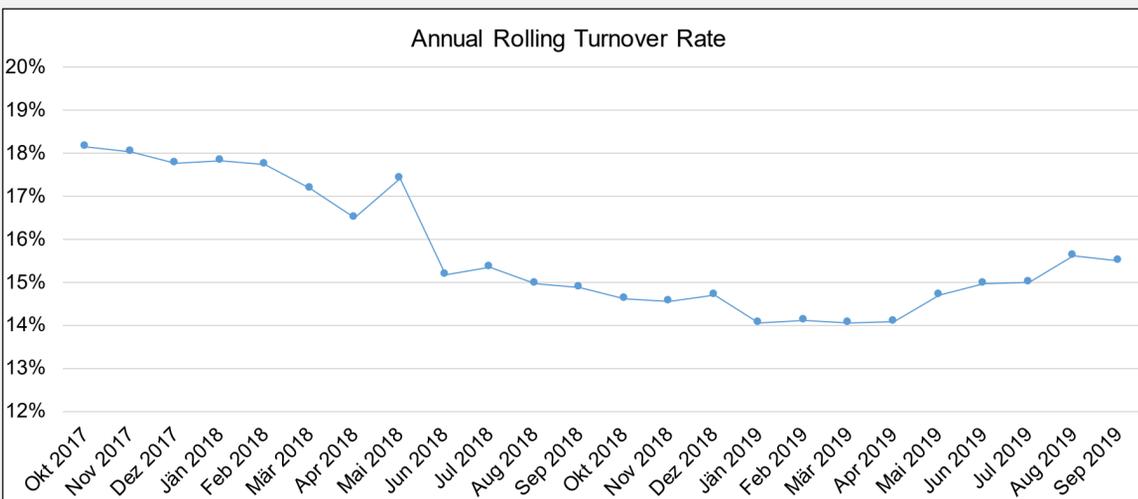
Physical Assaults (Number of victims)

	Jul-19	Aug-19	Sep-19	12 Months
Actual	19	38	25	
Previous Year	21	24	9	
Sanctions	4	9	2	

SECamb Workforce Charts

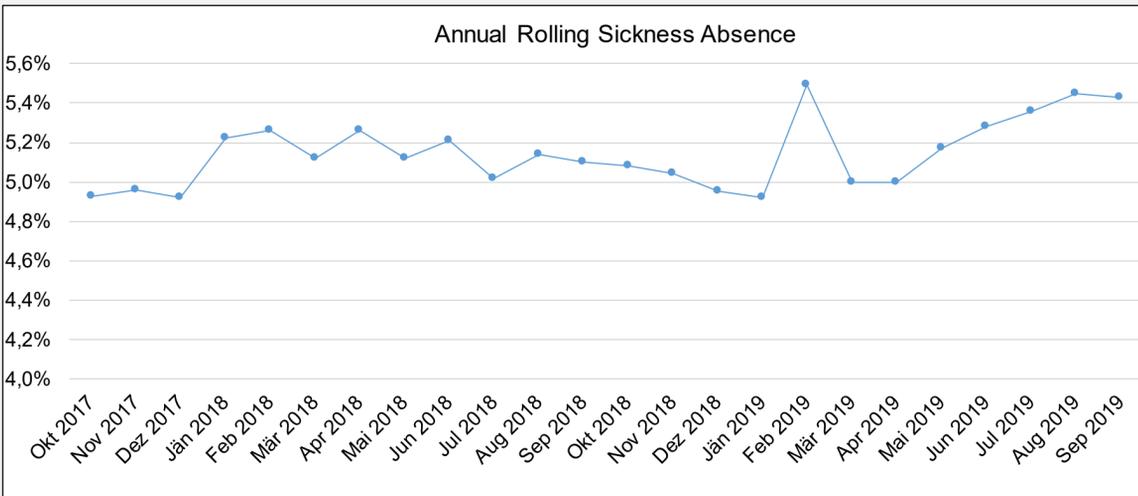


In December we will shortly be introducing as a pilot a new Appraisal form, which has been designed to simplify the process, be more user friendly, and enable us report more effectively and accurately. Work continues to focus on improving the % of appraisals having been started in 19/20 since we are c 10% points lower than the equivalent period last year.

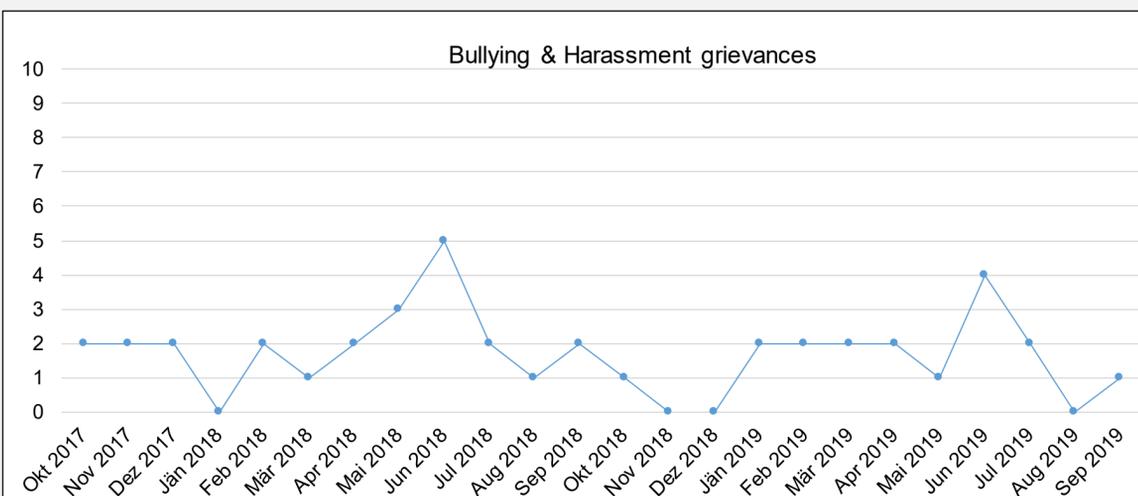


The rolling 12 month turnover rate is 15.52% which compares to 14.9% at September 2018.

We are piloting changes to the recruitment processes within EOC and 111 during Q4 and are producing a retention strategy's for EOC and 111 and paramedics to be reviewed by EMB in January.



Absence is 5.40% , compared to 5.1% at September 18. This level is in line with the average for all Ambulance Trusts



The level of cases continues to fluctuate within normal variation.

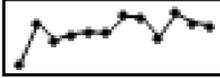
Our culture work continues to focus on our aim to reduce the levels of poor behaviour in the workplace and during Q4 will be introducing our values toolkit, new leadership development, improved induction, a behaviours video and 360 degree feedback for leaders.

All these are focussed on improving behaviour in the workplace

Income

	Jul-19	Aug-19	Sep-19	12 Months
Actual £	£ 20,801	£ 19,995	£ 19,553	
Previous Year £	£ 18,211	£ 18,830	£ 17,589	
Plan £	£ 21,005	£ 20,293	£ 19,837	

Expenditure

	Jul-19	Aug-19	Sep-19	12 Months
Actual £	£ 20,864	£ 20,271	£ 20,095	
Previous Year £	£ 18,122	£ 19,341	£ 18,402	
Plan £	£ 21,091	£ 20,562	£ 20,391	

Capital Expenditure

	Jul-19	Aug-19	Sep-19	12 Months
Actual £	£ 1,790	£ 1,270	£ 989	
Previous Year £	£ 238	£ 795	£ 555	
Plan £	£ 1,635	£ 1,644	£ 1,609	
Actual Cumulative £	£ 5,016	£ 6,286	£ 7,275	
Plan Cumulative £	£ 6,956	£ 8,600	£ 10,209	

Cost Improvement Programme (CIP)

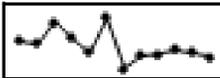
	Jul-19	Aug-19	Sep-19	12 Months
Actual £	£ 580	£ 1,078	£ 534	
Previous Year £	£ 1,200	£ 517	£ 1,242	
Plan £	£ 781	£ 781	£ 781	
Actual Cumulative £	£ 1,988	£ 3,066	£ 3,600	
Plan Cumulative £	£ 2,426	£ 3,207	£ 3,988	

CQUIN (Quarterly)

	Q4 18/19	Q1 19/20	Q2 19/20
Actual £	£ 1,088	£ 648	£ 646
Previous Year £	£ 2,745	£ 871	£ 870
Plan £	£ 870	£ 654	£ 654

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

Surplus/(Deficit)

	Jul-19	Aug-19	Sep-19	12 Months
Actual £	-£ 62	-£ 276	-£ 542	
Actual YTD £	-£ 2,315	-£ 2,591	-£ 3,133	
Plan £	-£ 86	-£ 269	-£ 554	
Plan YTD £	-£ 2,344	-£ 2,613	-£ 3,167	

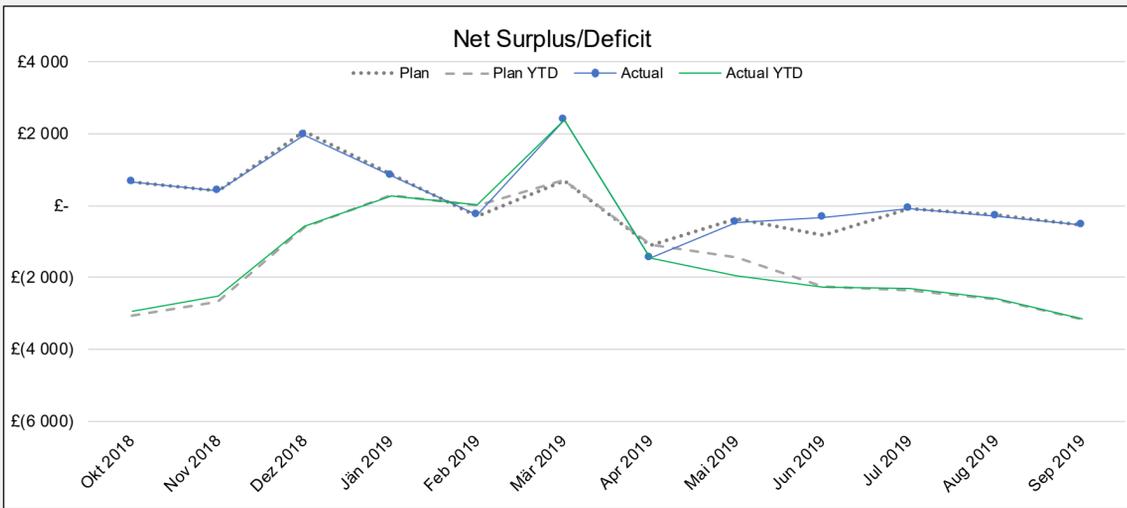
Cash Position

	Jul-19	Aug-19	Sep-19	12 Months
Actual £	£ 22,780	£ 24,597	£ 24,561	
Minimum £	£ 10,000	£ 10,000	£ 10,000	
Plan £	£ 13,610	£ 11,089	£ 8,840	

Agency Spend

	Jul-19	Aug-19	Sep-19	12 Months
Actual £	£ 625	£ 152	£ 243	
Plan £	£ 282	£ 277	£ 273	

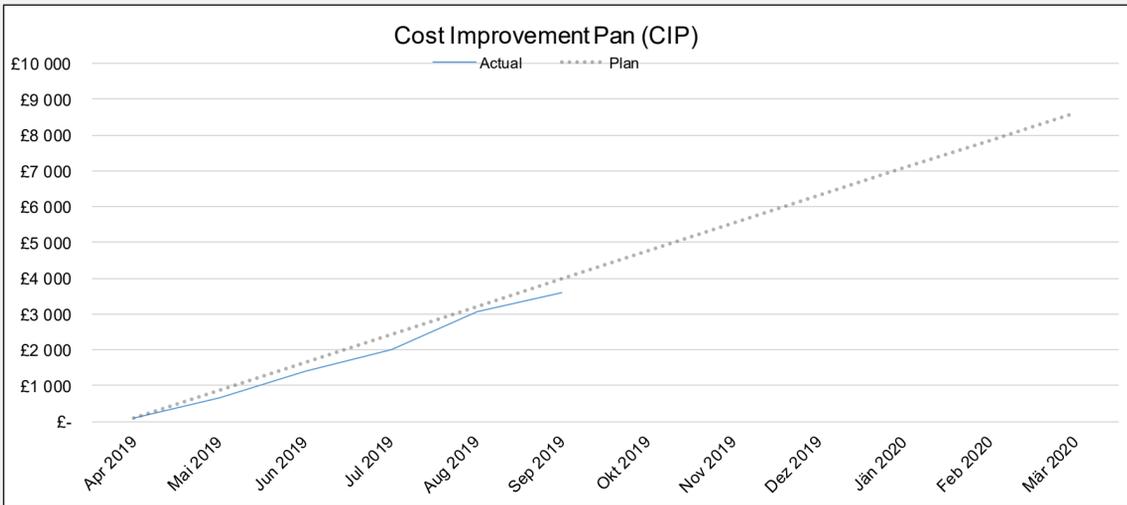
SECamb Finance Performance Charts



The Trust's I&E position in Month 6 was a deficit of £0.5m, which is as planned.

Year to date the deficit was £3.1m, as planned.

Shortfall on planned 999 income has been in part mitigated by the release of unrequired dilapidation provision and by non recurrent vacancies.



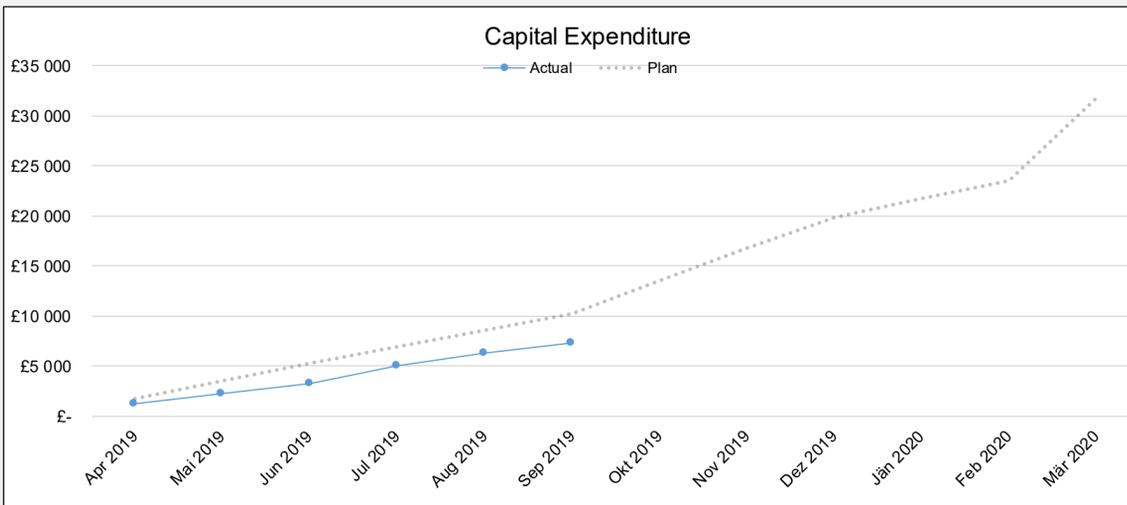
CIPs to the value of £0.5m were achieved in August, against a plan of £0.8m.

Year to date achievement is £3.6m, which is £0.4m behind plan.

The shortfall relates to handover delays. Alternative schemes are being developed to mitigate this shortfall.

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

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

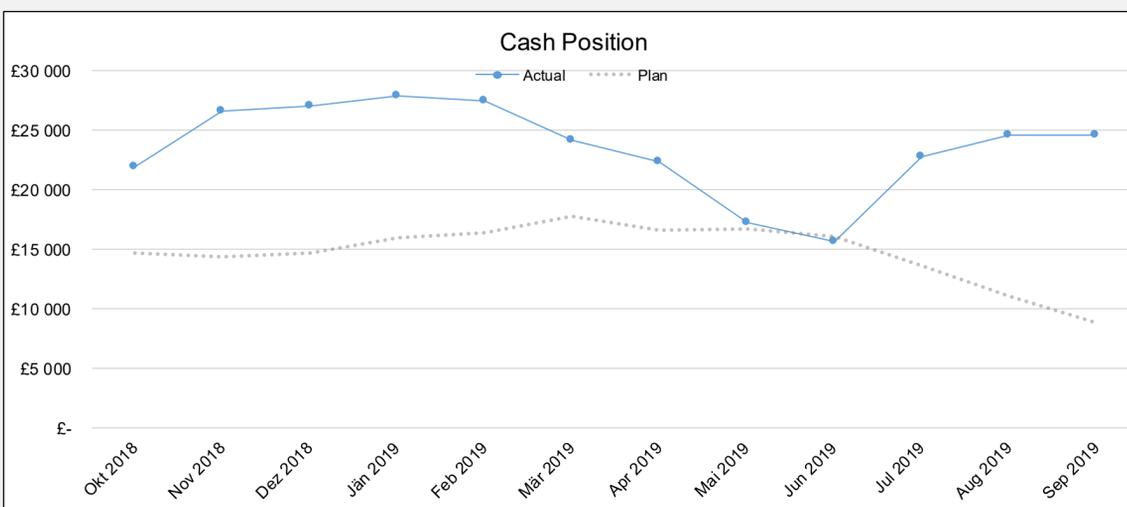


Capital expenditure for the month of September was £1.0m, £0.6m lower than planned.

Year to date expenditure is £7.3m, £2.9m below plan.

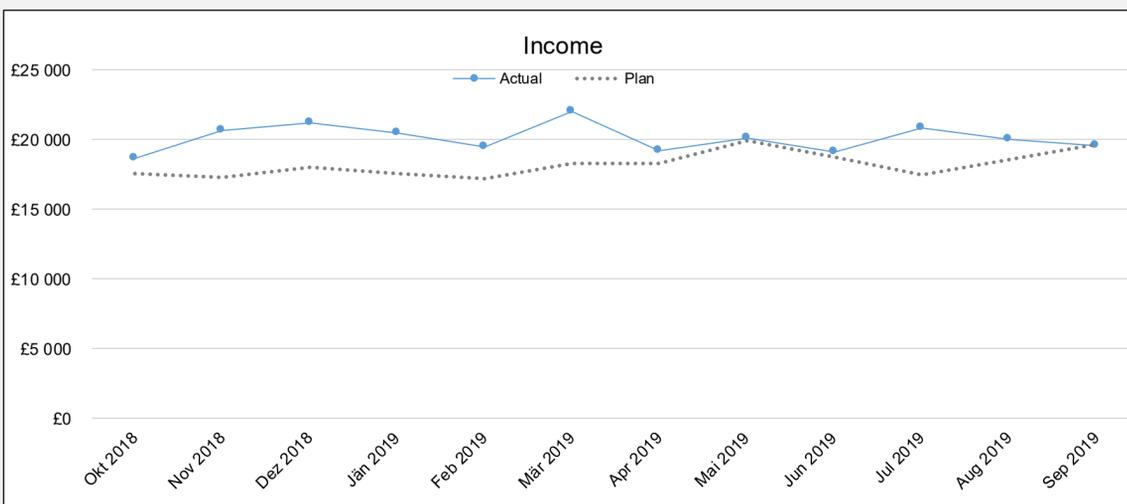
This shortfall is one of timing, partly due to pending approval of business case funding for the 'Wave 4' capital bids.

The forecast for the year has been revised down to £20.2m against the original plan of £31.7m. This is due to £8.3m from the delay in 'Wave 4' schemes and £3.2m of vehicle equipment, now being acquired through operating leases. The revised plan has been submitted to the Regulator as part of a national review of capital plans.



The cash position as at 30 September 2019 was £24.6m, which was £15.7m greater than planned. PDC dividend payment of £0.4m was offset by a reduction in non-pay expenditure in month.

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 95.4% by value against a target of 95.0%.

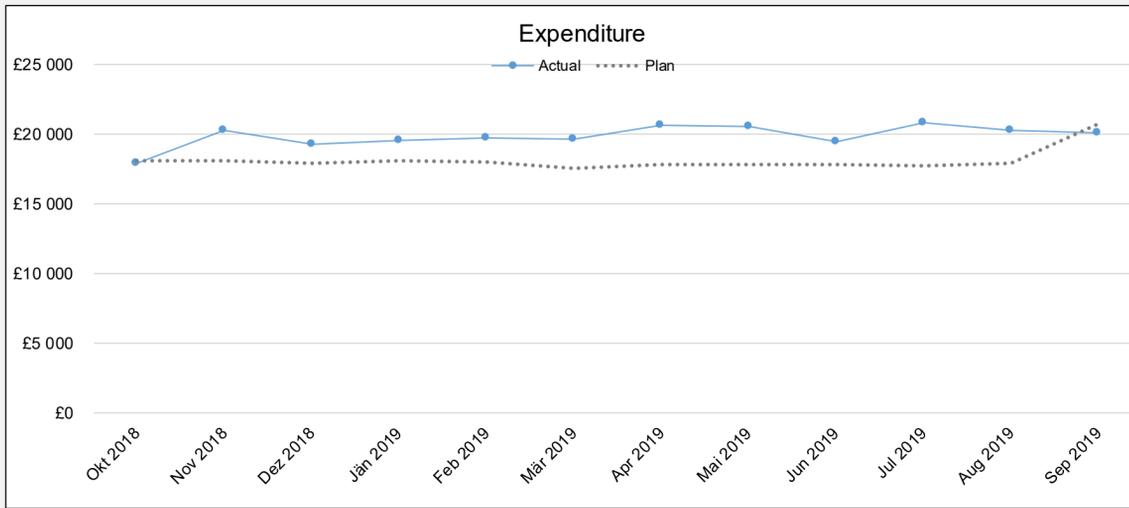


Income for the month of September was £19.6m, which was £0.3m worse than plan.

Year to date income was £118.8m, £1.8m below plan.

The main reason for the adverse variance was a shortfall in 999 income as a result of activity being less than planned.

SECamb Finance Performance Charts



Total expenditure for the month of September was £20.1m, which was £0.3m less than planned.

Year to date expenditure was £121.9m, £1.8m below plan.

Pay costs were as planned in the month, year to date is £1.1m behind plan, mainly through reduced frontline hours provided, EOC and Clinical Team vacancies.

Non pay costs were £0.3m lower than plan in the month and £0.7m lower for the year to date. Increased costs in support costs (mainly fleet and estates) are mitigated by the release of dilapidation provision of £0.7m.

Financing costs are as planned.

D - Membership Development Committee Report

1. Introduction

- 1.1. The Membership Development Committee (MDC) is a committee of the Council that advises the Trust on its communications and engagement with members (including staff) and the public and on recruiting more members to the Trust. The MDC meets three times a year. All Governors are entitled to join the Committee, since it is an area of interest to all Governors.
- 1.2. In this report, we focus on membership updates and summaries of the top items from the MDC meetings and those that report in to the MDC (Staff Engagement Forum, Inclusion Hub Advisory Group and Patient Experience Group). For a full picture of the important items discussed at these meetings and how staff and members are feeding in their views to the Trust, I recommend that you read the full minutes appended to this report.

2. MDC Meeting summary

2.1. The MDC met on the 19th November. The key areas of focus were:

- The proposal of a membership strategy. This was based on previous conversations with Board, Council, and FT members and suggestions to review the aim and purpose of being a membership organisation (Foundation Trust). After a substantial discussion on what membership could look like in our Trust the MDC reached the conclusion that this should be an annual workstream and not a strategy.

Areas of focus for the plan include:

- Creating an annual plan of Trust membership engagement opportunities and who/which directorate owns them – for example; strategy, annual plan, any major service changes.
- Filtering them by what was a priority for the Trust / suited to wider consultation.
- The membership office would help facilitate wider consultation with public members.
- Staff engagement advisors would help facilitate wider consultation with staff members.
- Outcomes of consultation being passed back to the owner who would be held to account to act on it via a 'you said' 'we did' format. This would be overseen by the MDC and reported on at the Inclusion Working Group and back to members via the newsletter.
- Promoting the value of wider member engagement to get buy in from those being asked to use it. Showing examples of what goes wrong when you don't engage and how engaging at the right time can lead to positive results.
- Governor member engagement opportunities to be reviewed, considered and agreed annually at the MDC.

Other items covered at the MDC included:

- Reviewing the Annual members Meeting. Venue suggestions for next year in Kent were received. Early discussions on content and date proposals took place and the MDC agreed the event was fit for purpose and welcomed the overwhelmingly positive feedback that came from reviewing the evaluations.
- The Trust's Staff Engagement Advisors came to the MDC and spoke of their upcoming work plans to integrate staff engagement plans across the Trust and refresh the identity and purpose of the staff engagement forum and connect the senior leadership team and Board to the staff engagement work. The MDC pledged their support to staff engagement work.
- A communications plan for the upcoming elections was reviewed and key messages were provided by Governors to use within it.
- The annual review of effectiveness of the MDC was undertaken and is attached as appendix 1 for your information. The outcome was that the meetings are fit for purpose.

2.2. The draft minutes of the November MDC meeting will be available in the next report to the Council. The next MDC meeting is on the 17th February 2020.

3. Membership update

3.1. The total staff membership as of 31.10.19 is 3,940 which is up 6% since the last report in May.

3.2. Current public membership by constituency (at 06.11.19) is 10,148 broken down as follows.

Constituency	No. of members	Proportion of the population who are members	Total population eligible for membership	increase or decrease compared to previous report
Brighton & Hove	507	0.17	293032	3%
East Sussex	1575	0.29	555382	1%
Kent	2925	0.19	1567229	0.6%
Medway	622	0.22	283628	0.1%
Surrey	2200	0.16	1386062	0.5%
West Sussex	1537	0.18	856756	2%
Out of area	782	-	-	-
Total	10,148	0.19	4942089	

3.3. The focus for member recruitment has always been about quality rather than quantity. However, this does not stop Governors from carrying out membership recruitment locally if they wish to increase membership in their area. Please contact the membership office if you would like member forms and promotional

materials. The Governor Toolkit has been refreshed based on your feedback and is ready to use. The toolkit is designed to help Governors carry out local member recruitment themselves.

4. Membership engagement summary

4.1. The next member newsletter goes out w/c 9th December to our public FT members and our staff FT members. This edition will focus on Governor elections, changes to the 111 service, health articles, interview with the CEO and other SECAMB news. The annual membership survey will go out with this edition and elicit views on membership and preferences for further reengagement.

4.2. Governor elections - we have seven vacancies for a three-year term of office from 1 March 2020 - 28 February 2023 for:

- 1 Operational Staff Governor
- 1 Lower East SECAMB Public Governor (East Sussex and Brighton)
- 1 Lower West SECAMB Public Governor (West Sussex)
- 3 Upper East SECAMB Public Governor (Medway/ Kent/ Greater London)
- 1 Upper West SECAMB Public Governor (Surrey/ Hants/ Greater London)

We have vacancies for a remaining two-year term of office as follows from 1 March 2020 - 28 February 2022 for:

- 1 Non-Operational Staff Governor
- 1 Upper East SECAMB Public Governor (Medway/ Kent/ Greater London)

Timeline for the election:

Notice of Election / nomination open	Monday, 9 Dec 2019
Nominations deadline	Thursday 16 Jan 2020
Voting packs despatched	Friday, 7 Feb 2020
Close of election	Tuesday, 25 Feb 2020
Declaration of results	Wednesday, 26 Feb 2020

Further info will be in the December member newsletter including how to stand/ re-stand and on our website from 9th December.

4.3. The Annual Members Meeting (AMM) took place on the 20th September 2019 at East Sussex National Resort in Uckfield East Sussex. 250 people signed up to attend the AMM and we welcomed 222 in attendance on the day – the most we have ever had! Attendees were a good mix of public FT members/ members of the public and staff FT members. Well done everyone who helped promote the event!

AMM Area/Year	No. of Attendees	Venue
Sussex 2019	222	East Sussex National Resort
Surrey 2018	181	Lingfield Park racecourse
Kent 2017	138	Ditton Community Centre
Sussex 2016	180	Brighton Racecourse
Surrey 2015	144	Epsom Downs Racecourse

4.4.



In summary, 78% of attendees found that overall the AMM was ‘very interesting’ with 13% finding it ‘somewhat interesting’.

There were also positive scores for the exhibition area with 70% finding it ‘very interesting’. Members who attended the Council meeting mostly noted it to be ‘very interesting’. 65% of attendees found the vehicle displays ‘very interesting’. If

Governors have any specific feedback on the event this would be welcomed.

4.5. Members were invited to attend this December Council meeting and sent a round up of the latest news from the Trust in an effort to increase communications and encourage those that may be interested in the elections to see Governors in action.

4.6. Thanks to those Governors that supported the Membership Office at events over the summer and undertook attendance at other events themselves with the Governor Toolkit. The MDC agreed an approach to Membership recruitment this year at the February meeting. A balance of large-scale 999 events and disability, Black Asian and Minority Ethnic and LGBTQ events would be attended with the aim of maintaining membership numbers whilst developing under-represented areas of membership. I am pleased to say we have seen increased representation in these areas after your efforts.



Large scale events attended with the Membership Office: Eastbourne Emergency Services show (999), Trans Pride, MENCAP festival, Kent and Canterbury Hospitals League of Friends patient event, 999 Day hosted by East Grinstead Fire Station, and Surrey Minority Ethnic Forum cultural event.

4.7. Membership demographics and respective plans for attendance at 2020 membership engagement and recruitment events will be reviewed at the February MDC meeting.

4.8. Public and staff members can keep up to date with the work of the Council through bulletin articles, community Facebook group posts, live tweeting of meetings and

audio recordings of the meetings. The aim being to raise the profile of the Council and the work it does alongside raising awareness of our staff Governors. Audio recordings of the Council and Board meetings are here:

<https://soundcloud.com/secamb>



5. Public Members' Views

5.1. The Inclusion Hub Advisory Group (IHAG) is a diverse group of our public Foundation Trust members who bring a wide range of views and perspectives from across the South East Coast area. SECamb staff brief the group on plans and service changes and seek the group's advice on whether wider community engagement is necessary or simply gather the views of the IHAG to inform the



Trusts' plans. This group are also able to feed information on issues of importance to them into the Trust.

5.2. IHAG meeting summary:

5.3. The IHAG met in July and October. Marguerite Beard-Gould, Was Shakir and Geoff Kempster are the Council's representative at IHAG meetings. Any Governors in attendance may wish to add their own comments. All Governors are welcome to request to observe the IHAG from time to time.

5.4. The minutes of the July meeting can be found as appendix 2. The key areas of discussion at this meeting included:

- A workshop on plans for presenting at the Trust's patient experience strategy workshops. Discussion points were on:
 - - What might SECamb do to elicit valuable and relevant patient feedback in a cost-effective way?
 - How should feedback be used to inform service development?
 - - How can we ensure inclusivity and health inequalities are appropriately considered?
- Key themes from these workshops for inclusion in the strategy included: speed of response, clinical outcomes, staff approach, inclusion and effective communication.

- The IHAG received an overview of SECAmb's current wider strategy (in place since March 2017) and what the strategy refresh process which was currently underway would look like.

5.5. The minutes of the October meeting will follow in the next report. The key areas of discussion at this meeting included:

- Update on Nursing & Quality directorate workstreams including development of Patient & Carers Experience strategy. The IHAG were advised that the strategy was due at the January Board. The IHAG pushed for an update on the Patient Experience Group as it appeared to be on pause again.
- The IHAG raised that it would like public/patient representation at Serious Incident meetings. Judith Ward Deputy Nurse agreed to observers attending.
- The IHAG received a presentation on the new operational model for paramedic practitioners where 80% of time was on a single response vehicle (SRV) and 20% was on other duties/wider projects such as falls prevention, frequent callers, mentoring and supervision which is what PPs had been asking for! This variety should improve retention and reduce isolation in the role as it was not solely SRV work anymore. The IHAG highlighted further development opportunities for their 20% time including days in homeless centre to break down barriers and diversifying student placements as well to help with life skills.
- The IHAG received an excellent presentation from Charlie Adler and Sean Daisy on the changes that were coming to the 111 service and what positive impact this will have for patients. The IHAG made suggestion around language and key points that could be used to advertise the changes to the public.

5.6. The next IHAG meeting takes place on the 12th February 2020 venue tbc.

6. Staff Members' Views

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

6.2. SEF meeting summary:

6.3. Since the last report the SEF have met in August and November. The notes of this meeting, which I would recommend you read, are available as appendix 3 & 4 and there is a summary below. Any staff Governors in attendance may wish to add their own comments.

6.4. Key items from the August SEF meeting:

- HR Transformation and Culture: Paul Renshaw, Director of Workforce, gave an update on progress to improve things for all staff and ensure HR processes were more effective. The transformation of HR was moving forward, with a business case to fund adequate staff in the Directorate approved in June. The funding would also be used to bring our HR systems

into the modern era. One area of focus was getting more on the front foot regarding industrial and employee relations, and new roles would enable that.

- Fleet: The SEF received a really positive presentation about improvements made in terms of the number of vehicles, and lots of systems to improve driver/vehicles safety, the safety of workshop crews, and the way parts are managed and the garages are run.
- Clinical Education: The SEF received an update on the OFSTED inspection and consequent suspension of the Trust's apprenticeship programme. It was important to remember that OFSTED had found that the teaching itself was of really good quality, it was the systems around Clinical Education that were not working well enough.
- The SEF noted its concern for those in the Clin Ed Team who were affected and hoped that managers were looking after those affected.
- Recruitment Assessment Centres: The assessment centre had been revised and again improved as the Operations Directorate restructure moved further through Ops. Clearer criteria had been set and candidates were assessed against these. The SEF noted that in the past, assessment centre quality controls had been reduced in order to ensure we got enough new recruits. We were advised that this would not happen again – the clear focus from Joe Garcia was on quality.

Key items from the November SEF meeting:

- This was the first meeting organised by the Trust's two new staff organisational development and engagement advisors – Rob Groves and Emma Saunders who would be leading on the SEF going forwards.
- The day was built around interactive workshops defining what good and bad engagement looked like.
- There were discussions on what the SEF could look like going forward and refreshing the staff engagement champion network.
- Philip Astle gave an overview of his background and why he feels staff engagement is key to progress in the Trust.
- Future plans: Going forward from this meeting a proposal on what Staff Engagement is going to look like in the Trust is going to be produced and presented for review to the SEF.
- This is going to incorporate the following themes which came from the November SEF:
 - Staff Suggestion Scheme
 - Communications Reviews
 - Potential Name change of Staff Engagement Champions (SECs) & Staff Engagement Forum (SEF)
 - Roles & Responsibilities of SECs & SEF
 - Local Improvement & Engagement Plans

6.5.2020 SEF meeting dates are to be advised and will be shared as soon as is possible.

7. Patient Members' Views

- 7.1. The Patient Experience Group (PEG) is a group of public, patient and staff representatives.
- 7.2. Over the summer public events took place in Guildford, Maidstone and Crawley to elicit views on the development on a patient experience strategy.
- 7.3. FD attended a working group in September with SECAMB colleagues working on the strategy and NHS England to take the strategy forward.
- 7.4. It is anticipated that the strategy should be going to the January Board for sign off.
- 7.5. Felicity Dennis who is the Governor Representative on this group may wish to provide any further detail if available.

8. Recommendations

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

Brian Chester

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

Appendix 1 Committee Effectiveness – Self-Assessment Form

Membership Development Committee

Evaluation date	19.11.19
Members present at review	Katie Spendiff Corporate Governance and Membership Manager Brian Chester Public Governor, Surrey Harvey Nash Public Governor, West Sussex Geoff Kempster Public Governor, Surrey Greg Smith Voluntary Service Manager Was Shakir Operational Staff Governor Izzy Allen Assistant Company Secretary Chris Devereux Public Governor, Surrey Rob Groves Organisational Development & Engagement Advisor

	Emma Saunders Organisational Development & Engagement Advisor
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
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
b. Is meeting effectiveness reviewed as part of each agenda?	Y
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?	Y
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?	Y
b. Does the action log demonstrate that actions are being effectively undertaken or escalated to the parent Group/Committee if not?	Y
5. General evaluation	
a. Are the papers provided of sufficient quality? ¹	Y
b. Is the chairing of the meeting effective? ²	Y

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

c. Overall, is the meeting effective?³	Y
6. Summary of evaluation, including remedial actions planned and/or positive aspects noted	The MDC concluded that the committee was specific to the items laid out in the ToRs and meetings were focussed and effective.
7. Conclusion	The MDC is operating effectively at present.
8. Evaluation sign off – including confirmation that remedial actions have been taken if any were identified	Signed: Brian Chester Chair of MDC Date: 03.12.19

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

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)?

Appendix 2 July IHAG minutes

South East Coast Ambulance Service NHS Foundation Trust

Inclusion Hub Advisory Group (IHAG)

Notes of a meeting held on 8th July 2019

at Holiday Inn Gatwick Airport, Povey Cross Road, RH6 0BA: 09:30 to 16:00 hours

Attendees:

Angela Rayner	(AR)	Leslie Bulman	(LB)	Penny Blackburn	(PB)
Dave Atkins	(DA)	Mike Tebbutt	(MT)	Phillip Watts	(PWa)
Francis Pole	(FP)	Mo Reece	(MR)	Sarah Pickard	(SP)
Geoff Kempster	(GK)	Ollie Walsh	(OW)	Suzanne Akram	(SA)
Jim Reece	(JR)	Patrick Wolter	(PW)	Terry Steeples	(TS)
John Rivers	(JRi)	Paula Dooley	(PD)	Waseem Shakir	(WS)

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)?

Presenters & Guests:

Isobel Allen (IA) Jayne Phoenix (JP)

Secretariats:

Asmina Islam Chowdhury (AIC) Joanna Wood (JWo)

Apologies:

Ann Osler (AO) Jane Watson (JW) Marguerite Beard-Gould (MBG)
Hilda Brazil (HB) Katie Spendiff (KS) Simon Hughes (SH)

- **Welcome and introductions**

- AR opened the meeting, welcoming members and guests. Round table introductions were made.
- AR tabled apologies as given above.
- A patient experience video was shared, highlighting the involvement of two off-duty ambulance personnel on holiday coming to the aid and reviving a member of the public at a campsite.

- **Minutes of the previous meeting and IHAG Action Log Review**

- The notes of the meeting held on 11th April 2019 were reviewed and one amendment agreed as required. Section 5 will have the initials DA changed to DAs to avoid confusion. Minutes were then agreed as an accurate record by JR.

It was raised that there were some issues opening the embedded documents in the last set of minutes; AIC and JWo will send out additional documents separately where required.

Action log review

- Action 234.1. Non-binary staff and service users: Currently in the workstream of the Deputy Chair of the National Ambulance LGBT network. Action carried forward.
- Action 250.1. Patient Experience Group (PEG): Previous PEG meeting cancelled. PB has stepped down from PEG. Action to be reassigned to AO. PB will however attend next meeting which is now a strategy engagement session. Action carried forward.
- Action 251.1. Freedom of Information request: Action was closed as request responded to. LB confirmed no response received. AIC to chase, and action reopened.
- Action 254.1. Invite to present to Scott Thowney on the role of Clinical Navigators: July agenda full, consideration for future agenda. Action carried forward.
- Action 254.2. Development of Freedom of Information request template: Feedback shared with Head of Compliance and signposted to East Kent hospitals guidance. Action closed

Action: AIC to chase if a template has been produced for FOI requests and Giles Adams to be invited to attend with an update.
Date: October 2019

- Action 255.1. Rural response times: WS to send data to PWA after meeting. Action closed.
- Action 255.2. Rural response times; Item on rural response times to go in next member newsletter. Update sought. Action carried forward.
- Action 257.2. Development of Community Resilience Strategy: Update requested. Action carried forward.
- Action 257.3. Development of Community Resilience Strategy AR confirmed there has been no confusion with the current job titles/ roles and therefore no change needed. Action closed.
- Action 259.1. Accessibility text service: Information shared. Action closed.

Action: AIC to circulate accessibility text service details to all
Date: October 2019

- Members **agreed** to close all other actions that had been noted as completed in the Action Log since the January meeting including: 237.1, 237.4, 239.2, 242.2, 248.1, 249.1, 254.3, 256.1, 257.1, 257.4, 258.1, 259.1, 259.2, 260.1

Matters arising

- LB requested if a governance structure could be sent out.

Action: IA and AIC to circulate Trust governance structure to all IHAG members.
Date: October 2019

- PB raised concerns about the PEG as there have been several cancelled meetings with none held this year so far. AR advised that based on the outcome of the current strategy engagement sessions, we may find that the PEG changes format going forward.

Review of activities undertaken by members

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

- **History Marking Sub Group meeting**

JR informed the meeting that there are lots of complaints from new staff regarding verbal abuse from the public. Staff are feeling very aggrieved. DA suggested that younger staff may not have the life experience of their more experienced colleagues and have been advised by universities to report all negative comments. Unfortunately, it is the nature of the job and this has been fed back to the universities. JR stated staff are also not trained to fill out forms and therefore crucial details are often not included, causing delay in the process.

LB queried whether frontline staff should wear cameras? AR confirmed this is a national project and is currently being trialled elsewhere in the country and SECamb are awaiting the outcomes of the trial.

- **Service Transformation & Delivery Strategic Oversight Group (STADSOG)**
LB gave a brief update on the latest STADSOG meeting. He confirmed he is the only patient representative, that there is an enormous agenda for a 2-hour meeting.

Action:	AIC to circulate update from LB from the most recent STADSOG meeting.
Date:	July 2019

IA advised that the STAD programme had been implemented into business as usual very quickly and asked if LB could raise this concern at the next STADSOG meeting.

There was a discussion around outdated HR systems, and queries raised regarding retention of staff and exit interviews. AR and IA confirmed they are working with staff to map the employee lifecycle and understand some of the issues relating to the staff experience within the Trust. There has been approval for more investment into HR, both in terms of new staff and systems. IA confirmed reasons for staff leaving are the same issues as reflected within the staff survey.

PD queried if SECamb had received feedback from the most recent HR Director who has left? AR confirmed Ed Griffin had provided feedback. There had been several reasons which included not being made aware of the full responsibilities of job, which included Strategic Commander responsibilities, when he started and the impact this would have on his family life.

- **Clinical Risk Learning Group (CRLG)**
PB provided a verbal update. The CRLG is an oversight group for learning and sharing from clinical risks. PB confirmed key topics discussed at the last meeting included surge report, pharmacy report, and the sepsis guidance which is now available. It also discussed the updating of the uniform policy and move to standardise across UK.
- **ENEI House of Lords event**
PD attended this event and confirmed there as a lot of interest around the concept of the IHAG group.
- **Sussex PTS Programme Board**
PB re-iterated a previous concern around the confusion between Patient Transport Service (PTS) and “Non-Emergency Transport Vehicle” which is printed on the side of some vehicles. AR confirmed that this is a nationally recognised term. PB advised that patients, staff and Police colleagues have anecdotally reported being confused.

Other IHAG activities also included;

- STAD Hospital Handover event
- Providing feedback on E&D Annual Report
- **Patient and Carers Experience Strategy**

- AR confirmed that an IHAG have been asked to provide a presentation at the upcoming Patient Experience Strategy engagement sessions across the Trust. A discussion was had around current methods used to receive feedback from patients which include compliments and complaints. However, it was noted that patient surveys are no longer used.

AR advised the Trust was intending to co-design the strategy and the engagement sessions have been set up to achieve this.

- With a view to creating the presentation slides, AR asked members:
 - What might SECAMB do to elicit valuable and relevant patient feedback in a cost-effective way?
 - How should feedback be used to inform service development?
 - How can we ensure inclusivity and health inequalities are appropriately considered?

Key themes from the discussions included

- Need to understand what we want to learn from patient feedback?
 - Need to change our approach to gathering patient experience, and not take a one size fits all approach, e.g. People with learning disabilities) may not engage with surveys etc, should we consider sending the survey to their support staff/ organisation.
 - Greater focus to be placed on how to use information rather than how to collect. This also covers using the information we already have. A strategy should be based on an achievable system focused on what has gone wrong. Improve the quality/ detail of complaints and subsequently learn from what has gone wrong.
 - Strategy should focus on what patients want and improve what we have.
 - Category 3 calls are the biggest issue for patient experience due to the huge delays. However, those patients are often the ones who won't complain.
 - Aim of the strategy should be clear, and there need to be clear parameters. However, it requires Trust to identify whether they have the required information to know what patients want, and what it wants to achieve.
 - The actions associated with the strategy need to be refreshed annually and delivery monitored.
- A workshop session was held to identify key areas for focus in the strategy. Feedback was gathered and grouped. Clear themes included;
 - Speed of response
 - Clinical outcomes
 - Staff approach
 - Inclusion
 - Effective communication.
 - Presentation slides were developed based on the feedback and presenters and IHAG representatives identified for each event.

- Crawley HQ 15th July 09:30 – 13:00 – GK (to present), PB, JR, MR, TS, SP
- Maidstone 23rd July 09:30 – 13:00 – JRi (to present), IA, AIC, MT
- Guildford 2nd August 09:30 – 13:00 – PD (to present), SA, AR

Action: AIC to send out presentation slides to each presenter and to Patient Experience Team.

Date: July 2019

- AR thanked all for their feedback and interest.
- **Update from Membership Development Committee (IA)**
- The newly appointed governors joined the MDC meeting on 7th May. There is a new Chair, Brian Chester and new Deputy Chair, Chris Devereux.
- Planning has started for this years Annual Members Meeting (AMM) which will be on the 20th September at East Sussex National Resort near Uckfield. It will involve a big exhibition on focused areas of works as well as an interactive session looking at the process from an initial 999 call right through to treatment/ discharging of a patient.
- KS is working hard to improve membership engagement. She is working with AIC from an inclusion viewpoint and is hoping to deliver a session with the Council of Governors and Board members on what it means to be a Foundation Trust.
- The SECamb member newsletter 'Your Call' has gone to print and should be out mid-July.
- KS has set up more events to recruit members, focused on BME individuals, young people etc. Unfortunately, KS was unable to attend Eastbourne's 999 event, but is hoping to have a presence at the following events: Trans Pride, Ramsgate MENCAP, Surrey Minority Ethnic Forum Festival of Cultures.
- KS has sent details of the IHAG to young members.
- **Update from Staff Engagement Forum (IA)**
- The SEF met on 16th May. The meeting focused on the STAD programme (which has been renamed the '999 performance delivery programme') and what would this look like on the ground.
- The meeting also included:
 - Meeting the new interim HR Director Paul Renshaw and discussing the commitment to colleague engagement.
 - Discussing the appraisal system Actus- not user friendly and doesn't 'speak' to other SECamb systems. This is an ongoing issue and other systems are being looked at.
 - Scheduling update – advised local scheduling was going well. However, there are appears to be mixed feedback from Operational colleagues as it has not been fully implemented across all areas, which is causing further issues.
 - Estates overview was given by Paul Ranson. It was raised that there is no routine staff engagement r.e. estates decisions/ plans. Estates decisions impact on performance. OW queried what was happening with the new Falmer MRC. AIC confirmed she would get an update, but it's believed work has been paused due to funding. IHAG members also queried what was happening with the building at Banstead. AR confirmed that the building has a covenant on it which

requires it remains within the public sector. As a result, it will be very hard for SECAMB to sell the site

- **Action:** AIC to seek an update on progress with Falmer MRC.
- **Date:** Oct 2019

- The comms strategy is being developed by Janine Compton, who may attend a future IHAG meeting.
- The uniform policy was also discussed at the SEF.
- It was highlighted that there is a need for consistency within recruitment assessment centres.
- An update on the introduction of personal issue kits for operational staff which are due to be rolled out.
- The Staff Engagement Advisor Roxanne Dobson has now left SECAMB as her contract ended. More senior roles focused on staff engagement will be advertised going forward.

- **Trust Strategy Refresh**

- AR welcomed Jayne Phoenix (JP), the Deputy Director of Strategy and Business Development to the meeting.

JP gave an overview of SECAMB's current strategy (in place since March 2017) and what the strategy refresh process which is currently underway will look like. This includes emergent themes, things that will influence the refresh (e.g. CQC ratings, performance, achievements etc) and national policy changes. (Please see the above presentation).

- JP confirmed SECAMB are currently challenged with meeting the demand on our service, and with the importance of this we need to focus on and use investment to meet this.
- Extensive engagement with staff and volunteers has been undertaken to establish what they feel is going well, and what need more focus to be improved. The next steps will include be revising objectives, completion of a refreshed draft document for the Board outlining the steps for years three to five.
- AR thanked JP for her presentation.

- **Role of Paramedic Practitioner (JO)**

- Due to Trust demands, Julie Ormrod was unable to attend the meeting today and will therefore be invited back to talk about this agenda item at a future meeting.

- **Taxi Conveyance Proposal**

- AR asked all to read through the Taxi Conveyance Scheme proposal and then give feedback. Feedback from IHAG included;

- LB raised concerns about this, regarding vetting/ DBS of taxi drivers, safeguarding of patients etc. Also queried how performance would be reviewed.
 - PWA asked if other Trusts using similar schemes had experienced serious incidents or complaints from patients?
 - PD queried whether this would improve response times.
 - MR/JR queried how patients would be supported on the journey and whether taxis would be adaptable and able to accommodate wheelchairs etc. OW highlighted there are companies out there with accessible taxis, but they are few and far between. SP also confirmed that it is difficult to get an accessible taxi at certain times of the day/ can't book a taxi same day.
 - FP queried what the handover arrangements would look like, would patients just be dropped off outside the hospital doors?
 - PW queried how communication with patients would work. He also stated that the scheme excludes mental health conditions – but not all should be excluded, therefore this needs rewording.
- AIC proposed that a distinct focus group would be needed for this.

- **Innovations**

- Due to time constraints in today's meeting, this agenda item will be moved to a future IHAG meeting.

- **Horizon Scanning**

- AR confirmed that the new Chief Executive, Philip Astle, will be attending the next IHAG meeting. Bethan Haskin (Director of Nursing and Quality) will also be attending with an update on the Patient Experience and Carer Strategy.
- AR asked for expressions of interest to help with the IHAG stand at the AMM. PD and TS expressed their interest.
- AIC confirmed WRES and WDES are both due on 1st August. Before submitting data, AIC would like a small action planning group to discuss actions. This will be on 22nd July 2pm-4pm at Crawley HQ. WS, PD and PB expressed an interest in being part of this meeting.

- **AOB**

- PB gave positive feedback from the STAD hospital handover event – in that it was useful to have things explained.
- PB was due to attend the Clinical Risk group. She reported having received a welcoming email from Peter Goodbody, which she was pleasantly surprised about and was very appreciative of as a volunteer.
- OW commented that he had tried to join the SECAMB Community Facebook group but was having access issues. AIC will investigate this.
- PD expressed her apologies for the next meeting in October.

- **Meeting Effectiveness**
- AR thanked everyone for their participation.
- The next meeting to is scheduled to take place on **Friday 4th October 2019**, 09:30 to 16:00 hours at Holiday Inn Gatwick Airport.

Appendix 3 – August SEF notes

Misc:

The SEF requested that Janine Compton be invited to engage with the SEF on the Communications Strategy.

Chair's Update:

The SEF were pleased to be joined for the whole day by Trust Chair David Astley. David gave a short overview of priorities and plans across the whole Trust which was very informative and useful. [Could see if David would let you make his presentation available on The Zone/linked from the Staff Bulletin?]

HR Transformation and Culture:

Paul Renshaw, Director of Workforce, gave an update on progress to improve things for all staff and ensure HR processes were more effective. The transformation of HR was moving forward, with a business case to fund adequate staff in the Directorate approved in June. The funding would also be used to bring our HR systems into the modern era. One area of focus was getting more on the front foot regarding industrial and employee relations, and new roles would enable that.

Electronic systems for the following would be brought in:

- Timesheets and other HR forms (quarter 4 2019-20)
- E-Expenses (October 2019)
- Recruitment processes (October 2019)

On Trust culture, our aim to make the Trust a place where everyone is listened to, respected and well-supported. There were of course a number of components to Trust culture, but the focus was on:

- Bullying and harassment action plan, which sought to embed interventions throughout the employee lifecycle
- Revamped corporate induction and support for more consistent local inductions
- Tools and techniques to address poor, and celebrate positive, behaviours
- Leadership feedback (360) to be included in appraisals so they are not just top down

The SEF welcomed these plans and noted the importance of ensuring it was clear through appraisals which managers were being appraised – or which level of manager where relevant.

More mediators were needed and would be trained.

The appraisal system was going to be simplified.

ESR password requirements were raised and it was noted that this is a national system however Trust systems would not have such regular password change prompts.

Fleet:

The SEF received a really positive presentation about improvements made in terms of the number of vehicles, and lots of systems to improve driver/vehicles safety, the safety of workshop crews, and the way parts are managed and the garages are run.

It was noted that more Joint Response Units were likely as these had proved a success and two more trials were taking place in Brighton and Dorking.

CCTV was soon to be going into more vehicles to protect crews. The SEF asked whether this was now welcomed by crews as there had previously been concerns that CCTV could be used to 'spy on' crews. The SEF were advised, and operational staff in the room felt, that things had moved on and actually crews welcomed the support footage could provide.

A new tyre-pressure monitoring system was going into vehicles, which would improve safety.

The new Fleet management system Jaama was in.

The SEF asked whether information about vehicle availability and condition etc was open for use by EOC in real time. This was not currently the case – EOC felt it would help greatly when trying to find additional vehicles or check when a make ready vehicle would become available.

There was discussion about whether the new Fiat Ducatos were genuinely as uncomfortable and causing MSK issues as the crew chatter would have people think. Evidence should be shown before the assumption is made that the vehicles are any worse for back problems than the Mercedes was.

The SEF congratulated the team on their real progress and would share it with their colleagues as it was good news..

Workforce Information and Planning:

Three new electronic systems were being introduced to improve ways of working:

- E-expenses
- Applicant management system (TRAC)
- E-timesheets (GRS)

E-timesheets – these would also be used by support staff, and would require submission and approval. SEF discussed how unsocial hours would be calculated and queried whether 111 were using a different system and the wisdom of having two systems (ultimately this was a decision for Operations).

Clinical Education:

The SEF received an update on the OFSTED inspection and consequent suspension of the Trust's apprenticeship programme. There was an overall suspension of classroom training for from 11 September for 6 weeks. All externally delivered training would continue. Key skills was not affected. There was no impact on the service but there was obvious reputational damage and potential financial impacts.

It was important to remember that OFSTED had found that the teaching itself was of really good quality, it was the systems around Clinical Education that were not working well enough.

The SEF noted its concern for those in the Clin Ed Team who were affected and hoped that managers were looking after those affected.

Appraisals:

The system would be simplified in a number of ways:

- The competencies would be clearer (either Knowledge and Skills Framework or NHS Leadership Framework depending on role)
- Values would be introduced and people asked to demonstrate behaviours
- Objectives would be more like KPIs/targets where possible, and hopefully more meaningful
- The system would become searchable so HR can identify those who have sought and completed professional development or are seeking to move into a new role and offer proactive encouragement/training.

The SEF felt it would be useful to map career opportunities and provide clear links to internal training on offer.

New Local Induction/Corporate Induction:

A local induction checklist had been created by collating all the good practice already in place in localities. New starters would have a consistent experience of a decent local induction focused on their working environment, safety, communications and knowing how things work.

After three months, a corporate induction at HQ would provide a welcome to the wider Trust, time for reflection on how the first 3 months have gone, learning about values and behaviours and having difficult conversations etc.

Assessment Centres:

The assessment centre had been revised and again improved as the Operations Directorate restructure moved further through Ops.

Clearer criteria had been set and candidates were assessed against these. 16 sessions had been run.

The SEF felt that staff needed more support to understand the process.

Recruitment in EOC and 111 was also being reviewed to ensure it tested for values and resilience. The introduction of psychometric testing and the use of role play/simulation would help in this respect.

The SEF noted that in the past, assessment centre quality controls had been reduced in order to ensure we got enough new recruits. We were advised that this would not happen again – the clear focus from Joe Garcia was on quality.

Role of the Staff Engagement Champion:

The SEF were asked to provide feedback on the role of the Champs, what support they needed and what should be expected of SE Champions. The SEF were clear that if the Trust was supporting SECs with overtime and abstraction then people needed to be delivering benefit.

There was a trust-wide project underway to draw together the various champion/advocate groups in existence across the Trust and to ensure some fairness and consistency in how they were treated and supported. Robert Groves had now started in post at Organisational Development and Engagement Adviser and would be joined by a second team mate in the coming weeks. They would be working with the SEF and Champs to reinvigorate, and if needed review, the SEF and SECs' roles and responsibilities.

Appendix 4 SEF November meeting notes

STAFF ENGAGEMENT FORUM



MONDAY 4TH NOVEMBER 2019



“
There is no power for change
greater than a community
discovering what it cares about.
”

Monday 4th November marked our first Staff Engagement Forum (SEF) facilitated by the newly expanded L&OD Team. Rob Groves and Emma Saunders are recently in post as Organisational Development and Engagement Advisors and will be leading SEF moving forward.

We kicked off the day by introducing ourselves and it was pleasing to see that we had a good selection of staff from a variety of areas across the Trust. After reviewing the minutes from the previous SEF, our Chief Executive Philip Astle spent some time telling us about his past career and his journey to SECAmb. We were pleased to hear about the passion that Philip has for the ambulance service, even if his daughter is disappointed that he doesn't go to work in greens! Philip then went on to introduce the focus of the day; what staff engagement means to us. Philip explained that he is data focused, but wants to understand the 'why' behind the data, so, to him, engaging with staff is very important in helping him to understand how to make improvements.

The group then completed an activity, writing what staff engagement means to them on posters around the room. We then completed an exercise called 'Dotmocracy' during which each attendee read the views of their colleagues and then used sticky dots to vote for the ones that they felt were most important. This allowed us to find the most significant areas on which to focus. These were -

- **"Nothing about us without us." (Meaning that staff should always be involved in decisions.)**
- **"Everyone should feel involved and listened to in order to energise them."**
- **"Engagement doesn't just mean building morale. If people are listened to, morale will follow."**

We then split off in to smaller groups and discussed how we and the Trust can ensure that the above becomes business as usual, feeding our ideas back to the wider group. This was a great exercise that has helped the L&OD team to understand the needs of our staff and to start putting plans in to place to make this happen.

Following Dotmocracy, we had a discussion around communication between our Staff Engagement Champions and our Senior Leaders in the Trust, and laid down some ground rules for how and when this should take place. We hope to utilise future Forum's to open up communication channels and allow staff to see ideas and plans that are being worked on by our decision makers, offering feedback on how they may have an impact on staff.

Isobel Allen, SEF Chair then took the helm for our next session, telling us about the Values Toolkit which is currently being worked on, and our Staff Engagement Champions offered feedback and suggestions.

Isobel then went on to promote the Staff Governor elections which will soon be open for application.



After breaking for lunch, we re-convened and began a discussion around how we want the Staff Engagement Network to look moving forward. We discussed how many Champions there should be in each area, what the role entails, who should attend SEF, any funding we may have available, and the possibility of changing the name of our Champions and Forum to bring them up to date. Rob and Emma are currently putting together a proposal and will keep the Champions in the loop as this progresses.

Following this, Rob summarised everything we had discussed throughout the day and highlighted the areas that were clearly important to our Champions. These ranged from ensuring that people were involved in decisions, improving feedback to staff, and encouraging champions to share good news stories and good practice between areas.

Our final activity of the day was our 'Pre-Mortem'. This involved breaking off into groups and discussing how our plans could be a complete disaster. This may sound strange, but it's a useful tool in helping us to know what not to do as we build our network. The major themes from this piece of work were -

- **Inaction.**
- **Breaking promises or not delivering.**
- **Working in isolation and not sharing information.**
- **Mistrust.**

To close the day, Rob and Emma discussed the NHS Staff Survey with the attendees and, following feedback, reassured them that the results are absolutely anonymous.

The day was really useful for the L&OD team, and we hope the attendees felt the same. We'll be in touch soon with updates about how our work is progressing!

Aspiring to be *better today* and even *better tomorrow*

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

E – Governor Development Committee

1. Introduction

- 1.1. The Governor Development Committee is a Committee of the Council that advises the Trust on its interaction with the Council of Governors, and Governors' information, training and development needs.
- 1.2. The duties of the GDC are to:
 - Advise on and develop strategies for ensuring Governors have the information and expertise needed to fulfil their role;
 - Advise on the content of development sessions of the Council;
 - Advise on and develop strategies for effective interaction between governors and Trust staff;
 - Propose agenda items for Council meetings.
- 1.3. The Lead Governor Chairs the Committee and both the Lead and Deputy Lead Governor attend meetings.
- 1.4. All Governors are entitled to join the Committee, since it is an area of interest to all Governors. The Chair of the Trust is invited to attend all meetings.
- 1.5. The GDC met on 24 October 2019 to plan this Council meeting. The minutes are provided for the Council as an appendix to this paper. This paper also provides feedback on and the minutes of the previous GDC held on 22 August 2019 because this was not taken at September's Council meeting due to the GDC's Annual Report 2017-19 being presented.
- 1.6. Governors are strongly encouraged to read the full minutes from the GDC meetings.
- 1.7. The GDC meetings in August and October covered: feedback from the previous Council meeting(s), setting the agenda for the next Council meeting and the joint Board/CoG held in November, reviewing proposals for the Annual Members Meeting, devising a process to manage concerns raised about Governors, reviewing feedback from constituency meetings with the Trust Chair, undertaking the GDC's annual review of its effectiveness, reviewing a proposal to extend the Trust's constituency boundaries, coordinating Governor activities to ensure representation, and revising the Council's annual self-assessment process.

2. Feedback from the previous CoG and AMM meetings

- 2.1. The GDC noted that the AMM had been a very positive affair and a fantastic event.
- 2.2. The GDC noted that some Governors had raised concerns about the introduction of a proposal not to reappoint Angela Smith, and felt they were not adequately aware of this proposal. The GDC noted that papers had gone out a week in advance and felt that the paperwork had been comprehensive, outlining the rationale clearly. The NomCom had discussed in detail prior to making the proposal to the rest of the CoG – as is the remit of the Committee.
- 2.3. The GDC felt that email discussion in advance of Council meetings was productive in focusing on relevant issues and should continue.

2.4. The GDC discussed how to avoid getting into too much detail regarding the data presented to Council and suggested trying to tackle any data issues during the Council pre-meeting. Ultimately it was for the Council to be assured the NEDs were content with the quality and timeliness of data being used to run the Trust.

3. Agenda setting for December's Council meeting and joint Board/CoG 7 November

3.1. The GDC prioritised understanding clinical indicators and the new Integrated Performance Report (IPR) at the December CoG, however progress has not been as fast as anticipated so this has been postponed to the next Council once the IPR is available.

3.2. The GDC were keen to hear from the chair of Finance and Investment Committee for a 'deep dive' session. In particular, the GDC wished to hear about the FIC's role in making and tracking investment decisions / benefit realisation and in particular the significant CCG investment made for 3 years. There were also a number of other items that were necessary – including a proposal to extend the Trust's constituency boundaries and the annual report from the Trust's external auditor – which meant that there was not room for additional items on December's agenda.

3.3. For the joint Board/Council meeting, the GDC were content with the proposal to jointly work on the Trust's emerging strategy, and also prioritised understanding more about the 111/Clinical Assessment Service and its implications for both patients and the Trust. Finally, the GDC requested an update on progress reviewing Clinical Education, all of which were included on the agenda.

4. Process for managing concerns raised about Governors

4.1. This process has since been to Council and approved. It may need to be updated to include provision for anonymous complainants, which will be discussed at the next GDC.

5. Reviewing feedback from the Chair's constituency meetings

5.1. Everyone had found these meetings helpful, including the Chair. The GDC advised that they should be set up every six months well in advance to facilitate maximum attendance, and this has been done for the next year.

5.2. The Chair noted he would find it useful if Governors could email suggested topics for discussion in advance, to form a rough agenda.

6. GDC annual effectiveness review

6.1. The GDC reviewed its own effectiveness in August. The outcomes are attached to this paper as Appendix 1. The general outcome was that the meetings are fit for purpose.

7. Extending the Trust's constituency boundaries

7.1. Council has a paper on this on its agenda.

8. Coordinating Governor activities

8.1. The Lead Governor has instigated a system to ensure adequate Governor representation at forthcoming events. The GDC reviews upcoming meetings, workshops etc and tries to ensure there will be a Governor present.

9. Revising the Council's self-assessment of effectiveness process

9.1. Council has a paper outlining proposed changes to make this process less onerous on its agenda.

10. Other business

- 10.1. The GDC has kept a watching brief via the Lead Governor on the development of the Trust's Patient Experience Strategy. A workshop with key internal and external stakeholders has been held and the strategy was going to Board for approval in January or March.
- 10.2. The GDC also heard that Marian Trendell had met with the Trust's security lead to discuss how SECAMB could improve the arrest/conviction rates when staff are assaulted by patients and the number of behavioural contracts put in place.

11. Recommendations:

- 11.1. The Council is asked to:
 - 11.1.1. note this report.
- 11.2. All Governors are invited to join the next meeting of the Committee on Thursday 12 December at 10am in Crawley.

Felicity Dennis, Lead Governor (On behalf of the GDC)

See below for the minutes of the GDC meetings

Committee Effectiveness – Self-Assessment Form

Governor Development Committee

Evaluation date	22.08.19
Members present at review	<p>Felicity Dennis Public Governor for Surrey/NE Hampshire & Lead Governor</p> <p>Geoffrey Kempster Public Governor for Surrey/NE Hampshire</p> <p>Marian Trendell Appointed Governor Sussex Partnership NHS FT</p> <p>Harvey Nash Public Governor for West Sussex</p> <p>Roger Laxton Public Governor for Kent</p> <p>James Crawley Public Governor for Kent</p> <p>Isobel Allen Assistant Company Secretary</p> <p>Waseem Shakir Operational Staff Governor</p> <p>Marguerite Beard-Gould Public Governor for Kent</p> <p>Marianne Phillips Public Governor for Brighton & Hove</p>
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
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
b. Is meeting effectiveness reviewed as part of each agenda?	Y

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?	Y
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?	Y
b. Does the action log demonstrate that actions are being effectively undertaken or escalated to the parent Group/Committee if not?	Y
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	<p>The terms of reference (ToR) for the group were agreed to be clear, reflected the role of the committee and correct in terms of membership.</p> <p>Previous agendas had been reviewed and were found to reflect the duties of the committee and meeting effectiveness was reviewed in detail on the agendas.</p>

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)?

	<p>Minutes from last three meetings were reviewed. The GDC noted the minutes were very strong and accurately recorded decision making, discussion and actions.</p> <p>The GDC noted that actions were kept up to date, closed when appropriate and that the process worked. A suggestion for colour coding the action log (red/yellow/green) was made and the GDC agreed this would be useful. It was also noted that completion dates should be consistently included.</p> <p>The GDC agreed the meeting papers were of good quality, the meetings were well chaired and effective.</p>
<p>7. Conclusion</p>	<p>The GDC is operating effectively at present. The minor adjustments to the action log will be made.</p>
<p>8. Evaluation sign off – including confirmation that remedial actions have been taken if any were identified</p>	<p>Signed:</p> <p>Felicity Dennis</p> <p>Chair of GDC</p> <p>Date:</p>

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

South East Coast Ambulance Service NHS Foundation Trust

Minutes of the Governor Development Committee

Crawley HQ – 22nd August 2019

Present:

Felicity Dennis	(FD)	Public Governor for Surrey/NE Hampshire & Lead Governor
Geoffrey Kempster	(GK)	Public Governor for Surrey/NE Hampshire
Marian Trendell	(MT)	Appointed Governor Sussex Partnership NHS FT
Harvey Nash	(HN)	Public Governor for West Sussex
Roger Laxton	(RL)	Public Governor for Kent
James Crawley	(JC)	Public Governor for Kent
Isobel Allen	(IA)	Assistant Company Secretary
Waseem Shakir	(WS)	Operational Staff Governor
Marguerite Beard-Gould	(MBG)	Public Governor for Kent
Marianne Phillips	(MP)	Public Governor for Brighton & Hove

Minute taker: Katie Spendiff – Corporate Governance & Membership Manager

Apologies: Brian Chester, Pauline Flores-Moore, David Astley, Nick Harrison, Nicki Pointer, Malcolm MacGregor.

1. Welcome, apologies and declarations of interest

- 1.1. Members were welcomed to the meeting. Apologies were received from Brian Chester, Pauline Flores-Moore, David Astley, Nick Harrison, Nicki Pointer, Malcolm MacGregor. No declarations of interest were received.

2. Minutes from the previous meeting, action log and matters arising

- 2.1. The minutes of the previous meeting were reviewed and taken as an accurate record.
- 2.2. The action log was reviewed. On action 149 on discussion on the Lead Governor role the GDC were content to close the action after discussion. IA noted that FD was very involved in the Lead Governor role and contributed a lot behind the scenes.
- 2.3. Action 150 on the feasibility of a joint Governor event with other ambulance FTs. IA advised there had not been much interest from the Ambulance Association of Chief Executives and that they had signposted her to NHS Providers (NHSP). NHSP noted they would consider if it was worth creating a bespoke event for ambulance services, but nothing was confirmed. The GDC discussed logistics of the four different ambulance service Governors getting to a central location for the event. FD noted the Trust could reach out to the closer located service South Central Ambulance Service to start with and see if there was any interest in having a joint event in the central area of the patch for Governors. HN noted the event would need to be facilitated and a purpose would need to be set. IA noted that the Membership & Governor team could facilitate table discussions and host it. FD noted the purpose would be to understand common ground and challenges for Governors that cover a large patch. FD noted it would be an opportunity for shared learning on functionality and effectiveness of the Council. WS noted that the knowledge and commitment on the Trust's Council was hugely impressive from his perspective as a staff governor and that other Trusts could learn from SECamb on Council effectiveness and vice versa.

2.4. HN queried if there were benchmarking summaries of other Trusts performance to see if there was common ground in challenges responding to particular call category targets. IA noted this was available and agreed to circulate this to the Council in advance of the next meeting.

Action: IA agreed to benchmarking performance report data to the Council in advance of the next meeting.

2.5. Action 151 on a session to understand the Integrated Performance Report. IA noted the format of the report was still under review and once this had been to the Board, Governors could review the report and provide feedback and assess if there was still a need for a session on it.

2.6. On action 152 which asked if mental health calls work is logged on the risk register, they are not specifically but C2 performance of which mental health calls fall under is.

2.7. MT noted a meeting was held with SECamb and system partners to discuss s136 conveyances. MT advised that SECamb conveyances had recently reduced to 15% and police conveyances had increased to 85%. MT noted that SECamb were commissioned to provide these conveyances and that this continued to be a challenge for Sussex Community Partnership NHS FT. MT noted she was keen to see improvement in this before the end of her term as a Governor in 2020 after 9 years.

2.8. The GDC heard of examples where the Trust was letting down C3 & C4 patients in terms of response times to these calls for mental health patients. IA noted there could be some discussion on appropriate call category allocation for mental health calls, but this would need to be a national conversation. WS noted that the Trust's August performance across call categories was significantly improved and that the entire Trust was stepping up its performance to meet targets.

2.9. The GDC noted that separate reporting on mental health calls for scrutiny would be useful. The GDC agreed that this issue needed to be better understood by the Executive Team.

Action: Escalate Governor concerns around conveyancing and responding to mental health calls to the Executive Team.

2.10. Governors are concerned about the lack of visibility at Board level of this patient cohort as they are subsumed in the C3 general data

3. Confirmation of agendas and review of presentation for 20 September

3.1. The proposed Council agenda was reviewed. GK offered to talk to the QPS observation report. WS offered to talk to the WWC observation report. FD noted that the questioning on the Non-Executive Director (NED) escalation reports needed to be succinct given the volume. IA proposed the reports were taken as read and not talked through to allow Governors enough time to ask questions. Given the volume of escalation reports the GDC requested the escalation reports be circulated early to ensure time for question preparation.

3.2. IA noted that there would need to be a part 2 Council meeting in September to discuss NED re-appointments and areas of expertise and focus for replacement NEDs. IA suggested a Council pre meet from 9.15am - 9.35am, a part 2 from 9.35am - 10am and then a public meeting from 10am. The GDC agreed.

3.3. IA advised that there would not need to be a Nominations Committee election at the meeting. One governor stood for the position so would be duly appointed without the need for an election. The Council would be notified of this at the meeting.

- 3.4. The GDC discussed reducing Council committee reports to 5 minutes or taking them as read and asking for questions on the reports. This would lend more time to being able to question the NEDs on their escalation reports which was felt to be the Councils main duty – holding NEDs to account for the performance on the Board.
- 3.5. KS gave an overview of the finalised Annual Members Meeting (AMM) agenda. KS noted this had been designed with input from staff and public members/governors. The event had more of an interactive element this year with a nod to the statutory requirements.
- 3.6. RL noted there had been a challenging question from a member of the public at a recent Board meeting and wondered how this would be handled if it came up in the Q&A at the event. RL noted his personal view that the Trust should manage public responses more robustly and should be prepared for difficult questions.

Action: Share NED escalation reports early for the September Council meeting. Hard copies to go out to the Council after August Board.

- 3.7. FD talked through the proposed Lead Governor report that had been produced from Governors feedback from the last meeting. FD gave an overview of the content of the presentation and noted it would cover areas of focus for the Council and how the Council worked. FD asked for any additions to the presentation. The GDC noted the patient experience strategy could be noted as an area of focus going forward. The GDC agreed that fundamentally, performance was the key area of focus for the Council.

Action: KS to circulate Lead Governor presentation with notes to Governors to review in weekly email. Governors to feed back any areas they would like included in the presentation direct to FD.

4. Managing concerns about Governors

- 4.1. IA noted the feedback the GDC and wider Council had already provided on the first draft and been included in this version. The GDC reviewed the paper and agreed the process could go to the Council for approval.

5. Feedback from Governor ‘constituency’ meetings with the Chair

- 5.1. IA noted that DA had said he had found them helpful but was concerned not everyone had had the chance to attend due to short notice of the dates. DA had suggested questions could be submitted in advance of the meetings to form a light agenda. IA proposed the meetings could be scheduled when the annual Council meeting schedules are circulated so there is ample notice. FD noted that’s small groups provided a nicer setting and an opportunity to get to know the Chair better. MBG noted some Governors had more confidence to raise things in smaller groups.
- 5.2. HN suggested a ‘mop up’ session for any Governors that couldn’t make their regional meeting.
- 5.3. MP suggested the meetings be spread out over a period of time, as these meetings had taken place in one week. The GDC agreed that constituency meetings every 6 months would be very useful.

Action: 6 monthly constituency meetings to be scheduled in when the 2020/21 Council meeting schedule is prepared. Group the topics discussed into themes as this may direct future COG agendas.

6. Governor involvement spreadsheet review

- 6.1. FD took colleagues through the document. WS confirmed he was away for the next Staff Engagement Forum. IA noted that Public Governors could observe this meeting.
- 6.2. FD noted Governors had attended the patient experience strategy events. FD noted she was attending a meeting with patient experience colleagues and NHS Improvement and that she hoped for some action and news of implementation after this meeting. MBG had attended public events alongside David Escudier, local staff and Community First Responders to promote membership with the membership team.
- 6.3. GK noted he had attended his local PPG groups and given talks. WS, MBG and GK were confirmed to attend the next IHAG meeting as Council representatives.
- 6.4. KS noted a last-minute addition to the event schedule as she was now unable to attend a 999 event on the 7th September. KS was awaiting confirmation that the Trust could have a stand at a 999 event in East Grinstead on 30th August and would let Governors know as soon as it was confirmed. HN, JC and GK all noted they could be available to support.
- 6.5. JC noted that it appeared there was a clash between the audit committee observation date and the GDC in December. KS to look into and advise.
- 6.6. It was noted that patient safety walkabouts and quality assurance visits had been put on hold recently in light of the CQC inspections. The GDC sought an update on when these would resume so they could take part in them.
- 6.7. The GDC noted spreadsheet was very useful and asked if the font could be increased!

Action: KS to update the spreadsheet for the next meeting and increase font size.

Action: Patient Safety Walkabout + Quality Assurance Visits – when do they resume.

Action: Potential clash between the audit committee observation date and the GDC in December. KS to look into and advise.

7. Annual Review of the effectiveness of the GDC

- 7.1. IA have an overview of the paper noting the form was to measure the effectiveness of the committee.
- 7.2. Section one was discussed. The terms of reference (ToR) for the group were agreed to be clear, reflected the role of the committee and correct in terms of membership.
- 7.3. Section two was discussed. Previous agendas had been reviewed and were found to reflect the duties of the committee and meeting effectiveness was reviewed in detail on the agendas.
- 7.4. Section three was discussed. Minutes from last three meetings were reviewed. IA noted the minutes were very strong and accurately recorded decision making, discussion and actions. It was noted that an expansion to the wording on eliciting meeting effectiveness feedback on agendas originally came from discussions at the GDC.
- 7.5. Section 4 was discussed. The GDC noted that actions were kept up to date, closed when appropriate and that the process worked. A suggestion for colour coding the action log (red/yellow/green) was made by JC and the GDC agreed this would be useful. It was also noted that completion dates should be detailed.

Action: Action log to be colour coded to easily identify progress.

- 7.6. Section 5 was discussed. The GDC agreed the meeting papers were of good quality, the meetings were well chaired and effective.
- 7.7. IA advised that she would submit the completed evaluation to the Council for review.

8. Any other business

8.1. RL asked if Governors could know how the special measure money allocated to the Trust was spent and how it would be replaced now the Trust was no longer in special measures. IA suggested RL could ask the NEDs if they were assured that the withdrawal of special measures money would not have an impact on the Trust's performance. IA noted additional funding had been received under the service transformation project.

Action: Governor question for submission to NEDs on withdrawal of special measure funding and impact on performance.

- 8.2. IA advised all Governors were asked to complete their Equality and Diversity (E&D) training before the next Council meeting. HN noted he had undertaken E&D training in his other roles and queried if he still needed to complete the Trust's own training. IA noted that ideally, she would like Governors to undertake the Trust's training as a commitment was made to the E&D team that this would be undertaken.
- 8.3. MT noted she has 100% compliance with her NHS mandatory training in here Trust. Would we accept evidence of completion of another NHS Trust's training? IA noted she would accept evidence of completion and a syllabus of other training for review.
- 8.4. MT, MBG and MP all thought they had completed the training online but were not recorded as having done so.

Action: KS to check Governor completion rates of E&D training. To be completed by next COG please.

- 8.5. IA noted Nick Harrison had emailed in with a view on performance and next steps for the Trust to improve. IA noted she anticipated this would be covered within questions and presentations at the September Council.
- 8.6. IA advised that the Chair had expressed thanks to the Council for their CQC involvement. The Chair had also met with Frank Northcott who stepped down from his Governor role recently due to a temporary conflict of interest and thanked him for his time of the Council. The Chair had also suggested an update on the Trust's strategy review could come to the joint Board and Council meeting in November.
- 8.7. GDC sent thanks to the Chair for his stability and effectiveness in post since joining the Trust and during the CQC visit.
- 8.8. FD asked if Governors could meet with new CEO Philip Astle prior to Council meeting. IA noted that his first few weeks in post were incredibly busy but that she had secured some time to give an overview of the Council and membership on Thursday 5th September 2pm-3pm if any Governors wished to join. The GDC agreed the Lead Governor should attend on behalf of the Council.
- 8.9. MBG noted her personal request for Governors to be mindful of the 'reply all' button on emails.

9. Review of meeting effectiveness

- 9.1. The meeting ran to time and was useful
- 9.2. IA keen for GDC meetings not to slip into too much granular operational detail. IA noted that time was allowed for general discussion in the matters arising section as from experience, Governors appreciated being able to talk about what was currently happening in the Trust as well as the agenda items. It was noted a balance was needed though.

South East Coast Ambulance Service NHS Foundation Trust

Minutes of the Governor Development Committee

Amex Stadium – 24 October 2019

Present:

Felicity Dennis	(FD)	Public Governor for Surrey/NE Hampshire & Lead Governor (Chair of GDC)
David Astley	(DA)	Chair
Geoffrey Kempster	(GK)	Public Governor for Surrey/NE Hampshire
Marian Trendell	(MT)	Appointed Governor Sussex Partnership NHS FT
Harvey Nash	(HN)	Public Governor for West Sussex
Roger Laxton	(RL)	Public Governor for Kent
James Crawley	(JC)	Public Governor for Kent
Waseem Shakir	(WS)	Operational Staff Governor
Marguerite Beard-Gould	(MBG)	Public Governor for Kent
Marianne Phillips	(MP)	Public Governor for Brighton & Hove
Brian Chester	(BC)	Public Governor for Surrey/NE Hampshire
Chris Devereux	(CD)	Public Governor for West Sussex

Minute taker: Isobel Allen (IA) Assistant Company Secretary

Apologies: Pauline Flores-Moore, Katie Spendiff

1. Welcome and introductions

1.1. FD welcomed Governors to the meeting.

2. Apologies

2.1. Apologies for absence were noted as above.

3. Declarations of interest

3.1. There were no new declarations of interest.

4. Minutes and action log

4.1. The minutes were agreed as an accurate record.

4.2. The Action Log was reviewed and updated as follows.

4.3. Section 136 – MT shared some good news. Section 136 was still 20% by SECAMB in Sussex. However, Jay Agostinelli (Deputy Director of Strategy) was planning to commission through a different route using a different provider, this would mean that delays could be bypassed through SECAMB to a private provider. This was felt to be a good thing for patients.

4.4. DA noted that NEDs had expressed previous concerns about Private Ambulance Provider capacity and MT agreed regarding this potential provider.

4.5. Dates for constituency meetings had been circulated to Governors.

4.6. Dates had been circulated for patient safety walkabouts.

ACTION: IA to resend QAV dates to all Governors in Friday message.

- 4.7. FD asked how the Quality Assurance Visits (QAV) worked and if the outcomes were circulated and learned from. JC advised that the Operating Unit Manager received immediate feedback but it may not be shared across the Trust. DA noted that Non-Executive Directors (NEDs) had been circulating information following a recent visit. HN asked whether learning would be collated every so often so the Governors could see the outcomes if possible.
- 4.8. On the Quality Improvement methodology, Governors noted that it would be sensible to incorporate QAV outcomes into this.
- 4.9. On Equality & Diversity training action, IA noted that not all Governors had completed the training as requested and that the Inclusion Lead had been approached about delivering a session at the December Council meeting.
- 4.10. The GDC committee effectiveness report was signed off.

5. Feedback from the last Council meeting

- 5.1. The GDC thanked KS and team for a great Annual Members Meeting, it was noted that there was lots of positive energy in the room and it had been a fantastic event.
- 5.2. Feedback on Part two of the Council meeting: FD noted that someone had fed back that they had been surprised about the decision not to reappoint AS, as they felt this had been stated without warning. FD noted that the paperwork had been sent out detailing this and that the Nominations Committee (NomCom) had deliberated on this fully. BC further confirmed that as a new NomCom member he had a clear understanding and that there had been open discussion on this.
- 5.3. Feedback on Part one: FD asked whether the email discussion beforehand had been helpful in managing the questions. The GDC agreed that it had been helpful and should continue.
- 5.4. HN noted that it was also useful because hearing others' questions may trigger thoughts in others and people were able to then raise anything at the meeting itself.
- 5.5. JC advised that it would be useful not to reply to all in the email discussions. If everyone replied to FD and FD responded with a summary, then he would find that helpful.
- 5.6. FD felt it was challenging to raise issues from the Integrated Performance Report in detail. FD asked how this could be managed. JC advised that it could be considered during the pre-meeting for clarity.
- 5.7. BC noted that the IPR was under review and the Council would welcome some training on understanding the data. IA advised that this was item 6 on the suggested agenda items. JC noted that the Board discussed this dashboard in detail. BC believed that the Board themselves were not necessarily picking up on some of the finance details. DA agreed and noted that the NEDs had asked for some key unified statistics that gave a better overview of the organisation. IA advised it was still under review and on the suggestions list to come to Council.
- 5.8. JC noted that key headlines were achievable in terms of reporting. DA believed the Executive were looking at key metrics daily, but this clarity needed to be brought to the Board and Council.
- 5.9. DA noted that it would be appropriate to ask whether the NEDs were sighted on more real time data about performance and patient safety, given the data lag with national reporting.
- 5.10. IA noted that she felt the challenge between Governors and NEDs was particularly effective.
- 5.11. FD asked whether there was an appointment of the Director of People and Culture yet. DA advised there was a preferred candidate and back-up. The Trust was going through due process. The assessment process had been thorough and very useful.

6. Agenda items for the Council meeting on 3 December 2019 and joint Board/CoG 7 November

- 6.1. IA explained that it was necessary to move the Workforce and Wellbeing Committee (WWC)/ Finance and Audit Committee deep dives around from December to March.
- 6.2. JC was unsure what the purpose of a deep dive into FIC and AuC was necessary as these were dry subjects in his opinion.
- 6.3. IA advised that Fleur from KPMG was coming to the December meeting to present their external audit.
- 6.4. HN noted that the finance committee was also an investment Committee, and how those decisions were made and how they fitted into strategy were key to the Trust.
- 6.5. DA noted that on fleet and estates there was more work to do to have effective strategies. Governors wanted to understand other large investments. Michael Whitehouse would be invited to come and provide levels of assurance on this.
- 6.6. WWC deep dive would be covered in March.
- 6.7. DA advised that the Trust's relations with their regulator on funding were excellent at present.
- 6.8. The GDC were keen for the volunteer strategy to come to the March Council meeting. DA to ensure circulation to volunteers before final approval.

ACTION: Add presentation on the volunteers strategy to future CoG agenda ideas paper.

- 6.9. The GDC suggested the afternoon session of the Council meeting in December could focus on an Equality & Diversity session, the main meeting could cover IPR/data quality, plus FIC deep dive and the external audit presentation.
- 6.10. RL sought an update on Clinical Education developments. DA suggested an update on clinical education at the joint CoG/Board session.
- 6.11. MP asked who the End Point Assessor was for SECamb. JC advised that it was FutureQual.
- 6.12. Joint Board/Council: Content for this meeting was discussed. The GDC were content with a focus for this meeting will on receiving an update on Clinical Education, further updates on the Trust's strategy work and an overview of the move to a 111 Clinical Assessment Service.

7. Constituency boundaries: proposal to extend into London to facilitate NED recruitment

- 7.1. FD introduced the paper. JC asked whether the boundary could be geographical in distance from HQ. The NomCom discussed how the Trust served people north of the Trust's boundaries.
- 7.2. HN asked about extending East. This would include places like Portsmouth, Southampton, Winchester. IA would review what other Ambulance Trusts had done.
- 7.3. IA would check the statistics on the number of Governors per population. IA would circulate a draft map in due course.

8. Clarification re process for managing concerns about Governors

- 8.1. The points in the paper were discussed. The GDC agreed that Governors should be suspended while under investigation and if exonerated they'd get access to any information they had missed during this time.

9. Governor involvement spreadsheet

- 9.1. FD ran through upcoming events. IA invited Governors to attend the upcoming Staff Engagement Forum.

- 9.2. CD was keen to attend the 21 November Patient Safety Walkabout. IA to check with Leanne Stephens if he could attend.
- 9.3. There was discussion about whether Governors could attend training events. IA advised that there had been one bespoke training session which had unfortunately used that year's Governor training budget. The GDC asked to see the budget.

ACTION: IA to circulate the Council budget to Council.

10. Council self-assessment of effectiveness and training needs

- 10.1. FD noted that she was keen that all Governors complete the self-assessment this year. Last years survey was reviewed.
- 10.2. The GDC noted they felt Q1 was unnecessary and proposed it was removed from 360 reviews as well. The GDC noted that 'The CoG represents the community it serves' might be better than the current wording.
- 10.3. IA and FD to review the questions in detail and advise the Council of the procedure. It was felt that there were too many questions.
- 10.4. FD introduced the Lead Governor assessment, noting that she would like the Governors as a team to reflect on what they would like the Lead Governor to do. The GDC felt that the areas suggested in the paper were really useful.
- 10.5. DA was keen that we build relationships with other Trusts. IA advised that she was working with NHSP to set up a regional conference for Governors in the South-East.
- 10.6. HN asked what happens when we have any sort of regulator queries regarding Governors. Members of the GDC advised that the CQC certainly checked on Governor views and activities.

11. Any other business

- 11.1. FD advised that the Patient Experience Team had held a series of workshops and FD had then attended an NHSI event with a whole range of people working through the NHSI patient experience toolkit. Deputy Director of Nursing Judith Ward would then develop a strategy to go to the Board in January or March 2020.
- 11.2. MT noted that within the Board papers a couple of months ago, there was concern expressed about increasing numbers of staff assaults. MT chaired Operation Cavell with Sussex Police which reviewed cases when a member of staff is assaulted by patients. MT noted that over the 7 years it has been in effect, they had become much more effective in getting patients arrested/charged/convicted or to get contracts of acceptable behaviour in place.
- 11.3. MT met with Adam Graham of SECamb, who was part of the Trust's security team, who explained that 250 staff had been physically assaulted in the past year, and there was enthusiasm to join with Op Cavell. They would seek to meet in December with a view to incorporate SECamb and Sussex police and she hoped this would move forward across SECamb.
- 11.4. IA would send a note to Adam, Joe Garcia, WWC and TP to raise awareness and DA would like to understand the harm caused.

ACTION: IA to sight relevant SECamb Execs and NEDs on Operation Cavell and the potential for SECamb's involvement.

12. Review of meeting effectiveness

- 12.1. The meeting was deemed to have been effective.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

F - Governor Activities and Queries

1. Governor activities

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

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

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

1.4 **Governors are asked to please remember to update the online form after participating in any such activity:**

<https://forms.office.com/Pages/ResponsePage.aspx?id=UeDqcq7pE0mFIJzyYfBhGFHInsSYmzxOp1c2Ro-88d1URE1MVDQ1NVVINEQ2N1dDR05OSDg1VUxWVC4u>

29 June 2019	Southwater School Fete – Pauline says: Southwater community responders had their gazebo at the school fete which is well attended by the surrounding areas. As a responder I took the opportunity of getting my team to hand our SECamb leaflets on becoming a friend of SECamb. This went down well with the public, and the team threw themselves in to chatting with the public and getting feedback. General consensus of the public is that they know that the ambulance service is struggling and know that they might have to wait a while.	Pauling Flores-Moore
4 July 2019	Observing/3 rd manning – Pauline says: I was 3 rd manning and at a couple of houses relatives of the patient wanted to give the crew something to say a big thank you. As they stated, they are not allowed to accept anything as it is all in a day work and thank them. I took the opportunity to say that if they really want to say thank you for the services that they went on-line and join friends of SECamb and quickly explained what it was about whilst the crew were doing observations in the truck before conveying the patient to hospital. They were more than happy to do this. This was an opportunity that could not be missed.	Pauline Flores-Moore
23 July 2019	Patient Experience Strategy workshop - Contributed to a roundtable discussion on improving Patient Experience	Marguerite Beard-Gould
2 August	East Kent Mencap Street Party – Recruited members and talked to	Marguerite

2019	the public about SECamb. Heard feedback on how to make our literature more user friendly for people with learning difficulties and passed this back to the Inclusion team at SECamb	Beard-Gould, David Escudier (IA, KS)
17 August 2019	Kent and Canterbury Hospital League of Friends Summer Fair – recruited members and heard patient and public feedback.	Marguerite Beard-Gould

2. Governor Enquiries and Information Requests

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

14.06.19

1. *One changed approach to improving cat 3&4 response times seems to be being overtaken by another without any time to assess its value, impact etc. I accept that the latest approach is recommended by the national team, but how assured are NEDs that the national view is right and that it is suited to operations within SECamb area?*
2. *The second concern is the delay to essential training. I take some heart from use of the word 'delay' but note with concern that there is no indication of the length of delay, nor any estimation of the impact / risk of the delay. I do hope that a risk assessment was carried out before the decision was taken? Cutting back on training, especially essential training, sends morale sapping messages and is usually a sign of an organisation in crisis, which I thought we were not? If the changes are critical and vital to effect in the short term then OK, but I would have expected more explanation and reassurance in the comms. Delaying, especially indefinitely, training that is regarded as 'essential' makes staff question whether it really is essential and be that bit less willing to prioritise it themselves. The impact on new joiners / trainees should not be underestimated. Can we have early confirmation that NEDs have investigated and received assurances that the training delays are critically necessary, that a plan is in place to catch-up this training and that all staff will be kept informed and reassured on our commitment to their training?*

This was covered quickly and thoroughly. The Governor had a 30 minute phone discussion with David Astley on 18 June and it was further covered in the West Sussex constituency meeting with him on 21 June with further brief mention at the GDC that afternoon. The key points are that we are flexible in addressing cat 3 & 4 calls and open to ideas that work for SECamb and that the training delay is deferral only and all key aspects will be delivered. The impact of such messages was well appreciated, and some lessons had been learned in terms of their crafting and sign-off.

June 2019

Can you please ask the relevant NED if they are assured of the safety of the clinical bulletin issued last October relating to Paediatric Basic Life Support for Community First Responders. This bulletin states that AED should be used in all paediatric cases, regardless of age.

The Resuscitation Council states that the benefit of defibrillation in a child/infant outweighs the risk, and that if no paediatric pads are available, adult pads should be used.

Whilst paediatric pads are available for the G3 AED, the cost of these means that this is prohibitive. We will be seeking assurances of the manufacturer regarding use in infants, but in the meantime, there is no change to the paediatric resuscitation guidelines for CFRs, based on the guidance from the Resuscitation Council. In the future, the department intends to recommend just one defibrillator to CFRs, and it is expected that in time, once old devices are replaced, that the G3 model will be removed from circulation.

06.06.19

A Governor sought assurance from Tricia McGregor on the implementation of a recent operational bulletin on Non-Emergency Transport responses and whether a QIA was carried out.

Further to your query about whether a QIA had been done before the Red Operational Instruction changing the use/dispatch of NET vehicles was issued to staff, I've spoken to the NET Policy author and checked the Procedure about issuing Operational Instructions.

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.”

Link to full Procedure is here:

<https://secamb.sharepoint.com/sites/intranet/knowledge/corporate/Pages/Policies%20and%20Procedures/dissemination-of-clinical-and-operational-changes-to-staff.aspx>

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.

Job titles may need to be updated with the Ops Restructure kicking in at senior management level soon...I hope this helps but please do come back to me if you have any further questions or comments. FYI the Quality and Patient Safety Committee will be considering the whole QIA process/system at a future meeting.

15.07.19

Today attended the final days training for the latest batch of CFRs. I am pleased to say that all of them passed with flying colours, however, I was concerned to learn that there are going to be severe delays before they can start going out on their initial mentoring period. This is due to either delays in HR or them getting appointments with Occupational Health. I know one person does not have an appointment until September, and another, who is already a SECamb staff member in EOC has been given a date in December.

I have also heard of a Paramedic who recently resigned from SECamb, but wishes to work as Bank Staff has been told he will have to wait 12 weeks in order to get a payroll number and therefore be available to work shifts.

Can you please get assurance from the relevant non-executive directors that these are only very rare examples and not the normal delays from HR in getting resources on board. Having qualified people wanting to support the service, either as volunteers or as paid staff and placing long delays in enabling them to start going out on the road and caring for our patients cannot be helping us to achieve our targets. I certainly cannot understand how it could take five months to get an occupational health appointment, bearing in mind there will be further delays after that date before the volunteer is cleared to become operational.

Response from CFR team 12th Oct: Earlier in the year we experienced some challenges with obtaining clearances for CFRs as Recruitment had to process clearances for a large volume of newly qualified paramedics. This has now taken place and we are now receiving improved support from recruitment, and clearances are being received more swiftly. Occupational Health clearances have not experienced delay - the only delays are in follow up appointments for optional (but not essential) vaccinations.

Moving forward, we have asked for additional support from recruitment and for our further recruitment.

16.07.19

I am aware that SECamb is working hard as an organisation to get to patients within national standards and to do this is trying to ensure its staff are fully utilised. However I have some concerns about patient safety. Staff are being encouraged to work on their rest days, with financial incentives to do so and I should like to received assurance from the relevant NEDs that staff working hours are monitored via some type of established fatigue management tool to ensure that they are taking adequate time away from what is a very intense and challenging job, which also involves driving.

Sent to Paul Renshaw and Angela Rayner for initial response (23.07.19). Sent on to Ops for comment: Staff welfare is of highest priority, we recognise that it is important for the trust to ensure appropriate systems/procedures are in place to maintain a safe working environment.

In the longer term, as we increase our establishment, and as a consequence are better able to match staff resources to demand, we should see our requirement for overtime reduce.

It is the responsibility of line managers to monitor the working hours of staff in their teams, using trust policies and procedures to support staff appropriately. High levels of overtime worked can easily slip from reasonable into excessive. Therefore it must remain the duty of managers to oversee and make the correct decisions accordingly, including where necessary, declining overtime to individuals who have not had adequate rest.

In addition, we follow the principles set out in relevant legislation (Working Time Directive Health & Safety etc) and work in partnership with staff and union colleagues when designing rotas/working patterns. Senior managers are required to provide oversight and closely monitor compliance and exceptions.

We do not have a specific fatigue management tool, however, we do support staff through a high focus on their personal welfare, offering services via occupational health and our own direct access welfare hub.

While at work we ensure that staff are given appropriate rest breaks, also additional stand downs for welfare support following particularly difficult or traumatic incidents.

21.06.19

Can the bulletin be shared with private ambulance providers (PAPs) that work with us in terms of good practice and sharing comms?

PAP team advised that operational bulletins are shared with PAPs but it had been previously noted that the staff bulletin contained a lot that was not directly relevant so wasn't circulated.

29.07.19

With regards to the suspension of OP268 are we auditing activity in relation to cutting breaks and end of shift times? So they can monitor productivity to make sure the same crews are not always subject to those cuts in rest periods? And are we assured the issue at the Coxheath (telephones down) EOC have been resolved and actions put in place to ensure it doesn't occur again?

We have implemented the temporary suspension of OP268 twice recently, 13th & 25th July, each time due to extremely high levels of risk for our patients waiting for an ambulance response. On both these occasions the trust was in declared Surge Management Plan Level 4, while also remaining at a REAP level 3.

The graph below shows the late sign off report for each day from Monday 7th Jan 2019 to Sunday 28th July 2019. As can be seen, neither of the dates when OP268 was suspended led to unusually excessive late finishes for field operational resources compared to normal patterns. We have worked tirelessly with our vendors since the Coxheath incident on 23 July 2019 to identify and remediate the issues. Overall, there were 3 distinct issues, all inter-related, with the power issue being the primary that led to the further issues.

The initial incident of power loss caused by a faulty UPS tripping the mains fuse in the Coxheath server room was resolved by lunchtime on 23 July.

Subsequently, we became aware of knock-on effects from the non-controlled power outage affecting the Avaya telephones in East EOC. This proved very difficult to resolve but was eventually remediated via a complete network reset on 25 July.

However, reports of intermittent performance issues with our Computer Aided Despatch (CAD) system also arose over this period. Again, we worked with vendors to identify the cause and undertook remediation activity on 29 July. No further reports have been received since then.

A complete review of the electrical->UPS->generator setup in Coxheath will be undertaken over the coming weeks. This is essential so that we have a full understanding of the environment and how it is designed to work in the event of similar incidents.

I can provide a detailed timeline of the incident if required.

06.08.19

On Saturday I met a paramedic who is still waiting to receive their contract of employment, a year after they commenced working with the trust. They stated that they were not the only new member of staff waiting to receive their contract. Can we please get assurance that this issue is known about and that the problem has been quantified and that the delays are being addressed? Although there is not a legal requirement to have a written contract of employment, it is certainly good practice, as it will clearly define the persons role and responsibilities, and also the company's responsibilities to the employee. It also reflects poorly on the Trust that their staff are not issued with contracts.

I have run a report for the 98 NQPs who joined in 2018. Having been through their personnel files, 90 of the 98 do not have a contract of employment on file.

We will issue all 90 contracts. Since last year, we now have checks in place to ensure that all new joiners are issued with a contract prior to starting. We will also see improvement in this area with the implementation of TRAC, as all contracts will be sent digitally from the system at offer stage.

29.08.19

It is extremely disappointing to read given that good clinical education is the foundation of high quality clinical care. I am afraid that I cannot make the Board meeting today but will of course listen in to hear the discussion. Given the seriousness of the issue, it would be most helpful if Trisha as chair of QPS could provide us with a brief statement prior to the COG outlining the impact of the closure and restructure of the dept on patient clinical care given ongoing training is a key staff requirement and providing assurance that patient care will not be affected during this time.

This sounds like the old SECamb where the executive team were not aware that a problem existed which is very worrying indeed. The question has to be asked as to why did it take an OFSTED report to tell us that the Clinical Education dept was sub optimal?

Shared with Chair and WWC Chair, briefing was included in weekly email and item was taken at Joint Board/CoG to update everyone.

29.08.19

I am concerned that having the title of "Culture" within the new substantive post of Director of People and Culture implies that the culture of the organisation rests with one person rather than the CEO and whole Board.

Please could I therefore ask you to pass on my query to the appropriate NED to confirm that they are assured that by calling the HR Director this title will not result in a backward step in terms of whose responsibility it is to have ownership of, and to drive forward a positive culture SECAMB .

Response from Al Rymer (Chair of the Appointments and Remuneration Committee):

Thank you for asking a question regarding the title of the permanent replacement for the HR Director.

The bottom line is that I'm sure we will review the title as we reach the point of making the appointment. Crucially, as you're probably aware, the timing of the recruitment has been linked to our new CEO's arrival, so that he can be involved in selecting the most appropriate candidate and shaping the role amongst his executive management team.

The title we have been using (which has much merit) was used at this stage to reflect the Board/NED view that, during the recruitment, we needed to stress and maintain our focus on continuing to build good staff engagement, good management/staff attitudes and relationships etc, as well as improving and embedding good basic HR functions throughout SECAMB. But I feel confident that all NEDs and board executive colleagues agree your view that the "ownership" of the culture of our unique workplace does not belong to one individual: they would agree that it is led by the CEO supported by all exec directors, with specific responsibilities vested in a director of HR.

Thanks for your interest in making sure we get this appointment right and for asking to be involved in the final selection process.

Update: the title has since been changed to Director of HR and Organisational Development.

11.09.19

Earlier in the year in a COG meeting the Trust publicly announced that it had recruited 150 new CFRs. How many CFRs has the trust actually recruited and trained this year who are now operational. Secondly How many CFRs has the trust lost in the same period?

Details below are numbers from April 1st 2019 (financial year 2019/20):

96 - Trained and operational

21 - Trained and awaiting clearance

48 - Booked on upcoming courses

Total = 165

10 – awaiting a course including the last 4 in the talent pool

7 - Withdrawn from the process

54 - Left

38 - Withdrawn due to non-compliance

Total = 92

I would like to point out that 27 of the 54 were marked as left in April. A lot of these had already left some time before but we hadn't been informed.

02.10.19

Can you as a matter of urgency get assurance that in light of the ongoing ransomware attacks on health service systems globally, we have adequate security measures in place, and that all of our backups are up to date and kept isolated from the main network, so they would not be affected in the event of an attack.

Unfortunately, there is no such thing as 100% guaranteed protection against ransomware, malware or viruses. However, we have so far this year:

- replaced all Trust firewalls, across all Trust locations, with new next-generation firewalls with in-built threat protection and inspection technologies
- implemented the national NHS Microsoft Advanced Threat Protection (ATP) system on all corporate endpoints (PCs and laptops) and are in the process of extending this cover to all endpoints in EOC and 111 within the coming weeks
- upgraded Windows 7 endpoints to Windows 10 – less than 45 Windows 7 devices remaining to upgrade
- ongoing programme to upgrade server operating systems to the latest Microsoft versions

We also run Sophos anti-virus on all Trust endpoints (PCs and laptops) and Trend anti-virus on Trust servers.

Using Office 365 means that key data is replicated globally across Microsoft's datacentres. We are in a transition from storing files on legacy internal shares to utilising Office 365 tools such as OneDrive, Teams and SharePoint.

Our CAD system used for 9's and 1's is fully resilient across Crawley and Coxheath with real-time data replication between physically separate hardware instances.

There is an ongoing project to enhance our backup and data resilience abilities with funding committed to deliver the best possible solution within budgetary constraints. The proposed solution is currently being tested before we finalise the business case and formally request the funds to be released. Backups currently utilise a mix of tape and disk-to-disk storage with key data replicated to remote sites.

As already mentioned, there is no 100% guarantee that we are immune from ransomware especially with the human factor involved. With a large mobile workforce using iPads to access Trust systems there will always be a risk but our substantial investment in iPads demonstrates that we do take security seriously and endeavour to provide the best, secure technology possible. We do send out emails reminding people of the need to be ever vigilant to phishing or other attacks, all of which are potential routes in for ransomware, malware and viruses.

14.10.19

I would like to know that our NEDs are assured:

- (a) that there are (or will shortly be) robust customer-friendly handshakes when 111 passes cases to IC24, especially where the promised action has been changed, and
- (b) that IC24 staff involved with our 111 patients are (or shortly will be) selected, trained and managed to the same high standards that SECAMB people are. This both to ensure our customers get the right quality of care and treatment and to avoid damage to SECAMB's reputation by association.

The Governor concerned spoke with John Sullivan and subsequently at his suggestion with David Astley. John appreciated his concerns about handovers between SECAMB and IC24 and for us to have confidence that such prospective partners are sufficiently aligned with our values and ethos. He confirmed that the contract had not yet been finalised and a number of aspects remained to be finalised to his satisfaction. Part of the handover issue was down to SECAMB and he accepted this.

In discussion with David subsequently he confirmed that the need to protect SECAMB's reputation in all linkages was well appreciated and that personal contact with the IC24 Chairman made him believe any issues could be constructively resolved.

I am reassured on the expressed concerns.

17.10.19

I have been advised that a large number of crews on shorter shifts in our East Dispatch area do not get a meal break whilst on duty which is confirmed on Power-bi. Moving forward, can you provide assurances that the staff will be given rest periods whilst on duty?

Thank you for raising your concerns about missed meal breaks, which as you point out remain a challenge for shorter shifts. I am deputising for Dean Jarvis who is currently on leave so I will attempt to address your concerns in his absence.

Firstly I would like to state that it is in my view unacceptable that crews miss breaks.

Some caution must be exercised with the data on power BI as it includes the following as 'missed meal breaks' when they are not.

- OTLs and other managers, who self-manage breaks, who are booked on the CAD on a Charlie call sign.
- Crews that did not have a break before terminating a CAD shift early – such as sick on duty or vehicle changes.

There are several reasons that short shifts are prone to missed breaks, which are entirely outside the power of a dispatcher to prevent.

- The current meal break policy leaves late finishing crews at risk of no break if their last job of the day has an extended cycle time.
- Attempts to place crews on meal break near the end of a shift can be met with contumacious behaviour, as you can imagine crews can be extremely reluctant to be placed in a break with say 35 or 40 minutes of their shift left. There have been some very heated social media discussions about this and some dispatchers avoid placing crews on a break, whether delaying will allow them to go home instead.

Unfortunately, the current meal break policy delays crew breaks by insisting that crews are returned, often at great distance, to their own area instead of eating at the nearest place with facilities. During these long return journeys they remain available for high priority work and are likely to be assigned to a call. This cycle repeats until the crew is out of window when they are sent to the nearest base to eat. However, on short shifts there is often insufficient time to return a crew to a nearby base, feed them then return them to their own area for end of shift. We cannot compel a crew to have a break if it will make them late off.

The high frequency of extended service runs also contributes to delayed and missed breaks.

I have yet to see any evidence that dispatchers are putting crews on jobs after the closure of their meal break window, and crews are only assigned on high acuity calls when in their window. As such it is not dispatcher behaviours that cause missed breaks and there is no instruction I can issue to dispatch staff that would improve the situation without asking them to break policies as they currently stand. Until either the meal break policy is rewritten or we stop stacking high priority calls, I fear the current situation will continue.

26.10.19

I note that we are running a campaign to recruit new CFRs for the Trust. However, I note that we are only recruiting for very specific areas, these being:-

- i. Cranleigh*
- ii. Godalming*
- iii. Epsom*
- iv. Windle Valley/Bagshot*
- v. Effingham and Ripley*
- vi. Farnham*
- vii. Dorking*

Although I am sure that we can use CFRs in these areas, we do not seem to be doing any recruitment for the areas where the Trusts response times are the worst. i.e the Paddock Wood area, and other parts of Kent, where we also lack CFRs.

Can we have assurance that when looking to recruit new CFRs that the trust is looking at the areas where they will be most beneficial in delivering a rapid response to our patients.

The reason that CFRs are being recruited in these areas only is that we are transferring the St John Ambulance schemes in these areas into SECAMB. In order to do this we need to follow

the SECamb recruitment process. This is a long planned transfer of volunteers and outside of the normal recruitment window. Other areas will be recruited to in early 2020 and team leaders will be contacted in the coming weeks regarding this so that they can promote this within their areas. This will be targeted to areas of high demand, poor performance or low CFR numbers based on the Trust's business intelligence.

26.10.19

Bank Staff: I have had conversations now with a number of staff who have told me that they know of Road Crews who have left the trust, either through retirement or through moving to new jobs, who have expressed a desire to stay on as Bank Staff for the Trust, but that they are facing numerous difficulties in getting registered and new staff numbers to enable them to work. Bearing in mind the current shortage of staff and the continued use of overtime incentives to try to get staff cover, it would appear to be foolish to not be prioritising getting these willing persons working as bank staff. Can we please get assurance from the Non-executives that we are ensuring that staff that leave the Trust, but wish to be retained as Bank Staff are prioritised in being issued their new payroll staff numbers so they can be operational as soon as possible.

I am responsible for issuing bank agreements for Trust returners. We follow a process which involves the Manager sending a form to HR Leavers and Retirements with a Section 2 document which is sent to myself and that then starts the process. I then contact the leaver wishing to return and request Staff Appointment Forms, HMRC form, ID and proof of address documentation. I also request a DVLA report, check their DBS (and request a new one and professional registration (where applicable) and proof of pathways (for PPs). Once I have all the compliance documents in place, I am able to issue the agreement. Sometimes this process can be delayed and I am only able to issue agreements as quickly as the compliance comes back to us but we do prioritise recruiting returners and try to make the process as seamless as possible.

14.11.19

Is it possible to request additions to the Integrated Performance Report? Due to the ongoing and increasing pressure on staff to improve performance, and in addition to the decision to cease "incentivised" shifts, is it possible to request that meal break targets are included in the IPR for the next COG on the 3rd, and ideally in an ongoing manner similar to how response times etc. are reported?

I think this is very important to see the "other side" of the picture when scrutinising how we are performing as a trust - for example improved performance may be at the expense of reduced refreshment breaks for staff, or indeed the opposite - poor allocation of meal breaks and refreshment breaks may be correlated with reduced performance and morale amongst crews. Ideally what I would want is a section, broken down by month and by OU, on "normal" meal breaks and the overall % of crews who receive their break at any time during the shift, and also the % of crews who receive it within the designated meal break window, and a separate section for % of crews who receive their 2nd refreshment break, also broken down by month and per OU.

This would be taken into consideration when the IPR is reviewed and relaunched by the end of the financial year. The Staff Governor was referred to Power BI which held this info and their line manager. The Board did not currently receive this level of detail.

08.11.19

From the meeting, there is one question that I did not get time to ask and it was to do with the setup of 111 and what happens with the team they have in place (day time) i.e. mental health, midwives, clinicians etc what happens at night times as I know that there are usually only two clinicians on at night and no other members of this team as described on the presentation on nights what has or will be put in place to ensure they have enough staff on at night as well as daytime. I know it still works in progress and it is a very positive move I just want to ensure that we have the same cover at night as we have in the daytime.

The award of the contract to provide 111 and CAS comes with obligations to ensure that our staffing is matched against predicted demand, with rotas that reflect the anticipated activity. We use industry-standard tools to calculate the staffing requirements to ensure that the contact centres are always optimally staffed. We are also closely contractually monitored in this regard, as we monitor our sub-contractor. As you rightly allude to, our staffing levels are higher in the out of hours periods.

The advantage of providing both 111 and 999 is that we can combine, to large extent, the clinical expertise across both services. You're quite right in saying that historically in 999 we have found it challenging to maintain the numbers of clinicians in EOC, however recent recruitment has helped enormously in this regard. When we work alongside clinicians from other organisations, their staffing levels are managed against agreed criteria and contracts.

I hope that this provides reassurance around the staffing aspect? Rest assured it's the same area of focus for commissioners!

30.10.19

- 1. "Si's: How assured are the NED's that they are achieving the timescale for closing Si's? What the report does not say is that team leaders are tasked to investigate some of the investigations but are not given management time to do so which means they can't constraint on the investigation or on their team."*
- 2. "Do the team leaders have enough training to carry out Si's? How many hours are given for training?"*
- 3. "Incidents reporting has increased, do the NED's feel this is because staff are now happy to do so without any backlash from management?"*
- 4. "Training, are we assure that training is fit for purpose or do our staff need further training or enhancement training to be able to do their job efficiently? My visit to EOC highlighted that enhance training was needed for abusive callers. More training to deal with SI's on gathering the correct data for the investigation report"*

1. OTLs have rotas which allows them specific admin time, it is their responsibility to plan their own workload.
2. I developed and rolled out new Root Cause Analysis training which I have been delivering across the Trust since April with positive feedback. It is a one day course which give them all the basics and allows them to test the methodology and tools. When investigating a SI they are supported by one of my SI Managers throughout.
3. The incident reporting culture is improving across the Trust with many areas feeling safer to report, however changing culture can take years in a Trust, so we are only really at the beginning of a long journey. There is also a need for us to raise awareness around incident reporting, the barriers are not only about fear of reprisal but also relate to staff not understanding why it is so important to report incidents. There is much work to do which is in train, and I for one have the passion to take forward.
4. Learning from EOC related SIs is shared with the EOC management and recommendation made regarding the further development of key skills for EMAs etc. The new structure for EOC and 111 allows much more collaborative working between them and patient safety (I am now the deputy chair of the EOC and 111 governance meetings (this is a huge step forward)). The new RCA training covers data requesting, gathering and analysis.

30.10.19

No information in the report on staff regarding abusive phone calls and the effect that this has on the staff mental health and well-being. Can the NEDs assure me that this will be taken into consideration when statics are being presented?

Unfortunately, this is not data that we capture. Our reports capture general themes for example, in September, there were 4 people referred to specialist treatment for trauma related issues.. However, we have started to capture those referred for assault at work so we can report back when we get some? We have no data currently though as we have only recently started.

We also only capture data based on referrals sent to the Hub and I imagine that the majority of the time, when EOC staff face aggression over the phone, that they do not refer themselves into the Hub (unless it started to have an ongoing impact on their mental health). I actually cannot remember a specific case where somebody referred in for this reason. This is not to say that their mental health is not effected by these calls, just that we do not know about them.

We do get a lot of EOC referrals but they tend to be for other things.

If this data is needed going forward, it may be worth talking with the EOC team leaders to ask them to capture the times that staff have experienced aggression over the phone and how it has affected them?

3. Recommendations

3.1. The Council is asked to note this report.

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

Felicity Dennis

Lead Governor & Public Governor for Surrey

SOUTH EAST COAST AMBULANCE NHS FOUNDATION TRUST

Council of Governors

G – Nominations Committee Report

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. This report provides an overview of the activities of the NomCom for the Council.

2. NED recruitment

2.1. The NomCom is focused on making two appointments:

2.1.1. A NED with recent clinical experience, ideally in an urgent or emergency setting, to provide support and challenge on the Board to the Trust's Medical Director and on our clinical decision-making; and

2.1.2. A NED with extensive financial expertise including (if possible) of new business, contract management and ideally, IT infrastructure.

2.2. Two agencies have been appointed to support this recruitment and search and application progress is positive.

2.3. In respect of the Finance recruitment exercise, mapping has been completed covering NHS organisations, CCGs, Trusts in our patch and into London, but with awareness that the NED would need to travel to Crawley. They are also looking at Local Authorities, charities and commercial organisations. 131 people had been mapped so far and the agency had contacted all of these. Some were yet to respond and were being followed up, others had already been in touch.

2.4. In response to advertising through the agency's networks and on social media (cost free) 32 applications had been received. Some were quite speculative applications but 9 would be followed up.

2.5. The agency would not share the names of candidates until the longlisting stage so as to ensure the most level playing field possible for all candidates.

2.6. In respect of the Clinical appointment, the key challenge was around finding people able to commit the time available. However, seven potentially suitable individuals had already expressed interest and were working with the agency on their applications.

2.7. This agency had provided the candidates' names and there were some very impressive-sounding individuals.

2.8. In both cases, there are a high proportion of Black and Minority Ethnic (BME) candidates interested, and the general response had been positive regarding SECAMB and its improvement journey.

2.9. Interviews for the Finance post would take place on 9 January and for the Clinical post on 31st January.

2.10. The NomCom will be interviewing and will recommend candidates for appointment to the Council. Additional Governors should be able to be involved so do hold the date if you are interested.

3. NED Remuneration

3.1. The Council has received a separate paper at its Part Two meeting outlining new national guidance on NED remuneration.

4. Recommendation

4.1. Council is asked to note this report and the NomCom are happy to take questions or comments.

David Astley, Chair (on behalf of the Nominations Committee)

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Council of Governors

H - Governor's Report on the WWC Committee

Date of meeting: 21st November 2019

Governors present: Geoff Kempster
Harvey Nash

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

1. Prior to the meeting:

Terry Parkin – Chair – Brief intro to meeting format.

2. Introductions:

Due to three members of the meeting using teleconferencing to give a brief overview of actions in their areas (EOC East and West and Clinical) all members of the committee introduced themselves at the start of the meeting.

3. NED Attendance:

Terry Parkin
Al Rymer

4. Agenda:

The agenda was circulated in advance of the meeting, clearly laying out the items to be covered and allocated time.

5. Discussion during meeting:

The discussions throughout the meeting were forthright and both NEDs frequently challenged the other members of the committee in a positive manner. This was particularly visible when they were questioning whether to have minimum qualifications for new recruits. Both NEDs made constructive suggestions for when topics need to be next considered by the WWC.

6. Chair:

The Chair kept the meeting to order, although he did allow the time to overrun. However this was acceptable, as it was in order to allow members of staff who had rung in to join the meeting to have adequate time to put forward their points. He usefully summarised lengthier items and made sure all were aware of actions expected and his own level of assurance.

7. De-brief:

We had a quick de-brief after the meeting to answer any questions.

8. Conclusion:

Throughout the meeting, the two NEDs present asked appropriate questions of the other members of the committee, and where necessary challenged the views or decisions being put forward. A constructive and participative meeting.

South East Coast Ambulance Service NHS Foundation Trust

SECAMB Board

Escalation report to the Board from the Workforce and Wellbeing Committee

<p>Date of meeting</p>	<p>12th September 2019</p>
<p>Overview of issues/areas covered at the meeting:</p>	<p>Three governors were in attendance. Attendance by staff was, as always, good and papers of a good standard. The meeting was quorate.</p> <p>The meeting considered a number of Scrutiny Items (where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas), including;</p> <p>Personnel Files Not Assured It is increasingly clear that this is a significant risk, as reflected in the BAF risk report. Although programmed to be considered at this meeting, the Chair decided at pre-agenda to escalate this directly to the Board.</p> <p>HR Transformation Programme Assured To reduce workloads on staff, the Chair had agreed to receive the Minutes of the Transformation Programme Board at each meeting rather than a formal report. The suitability of this approach was reviewed at the end of the item and members felt we had sufficient detail and information for consideration. The Board would want to be aware that E-expenses and the applicant management system, TRASC, go live in October and E-timesheets, E-forms and manager self-serve for staff changes go live next March. Properly implemented, these will have the ability to address the key issues of concern to this Committee.</p> <p>The committee is assured that the rate of progress is satisfactory, and the Board will receive a usual update as part of the Delivery Plan.</p> <p>Safe Staffing Partially Assured This item focused on the <i>oversight</i> of safe staffing and discussed the KPIs and various other indicators available to monitor this, rather than recruitment and retention issues. Much of the discussion was taken-up with the use of the word 'safe': deviation from 'safe staffing' levels might imply 'unsafe', but this is not necessarily so. The assumption should be that the targeted despatch model provides sufficient staff for the system to manage to an agreed level of risk. Monitoring delivery of targeted despatch will then form a proxy for safe staffing. In effect, safe staffing is a product of the agreed outcomes of the demand and capacity view balanced with demand profiling.</p> <p>WWC was assured that there is a good grip on the metrics needed to understand and monitor this aspect of our work, but there continues to be significant challenge in providing the operational hours modelled as part of the demand and capacity review. Management was asked to come back to the next meeting with a series of proposals for suitable measures. These should form part of the larger piece of work underway on metrics across the organisation.</p>

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Clinical Education Partially Assured

WWC was disappointed at the outcome of the recent Ofsted monitoring visit of our apprenticeship programme and note that the external review commissioned subsequently by the Medical Director confirmed its findings. The Committee was very clear that there should be no further surprises and asked that a review should take place by the Executive so that both it and the Board are aware of all external accountabilities and when they might be assessed.

Concerns were expressed regarding those currently under training and the Committee heard of plans to ensure they could complete their courses. Similarly, it is hoped that new apprentices will be able to be enrolled but with training overseen by a high quality external provider.

WWC was partially assured that the Medical Director had a sound plan to move forward but requested that external validation of any changes should be sought from an experienced provider, familiar with the Ofsted framework at or around the point of implementation.

Paramedic Training Assured

Completion rates remain high and concerns expressed by Governors earlier in the year about insufficient opportunities for placements proved unfounded. Mentoring remains a concern for WWC and a further note was sought from the head of clinical education later in the year to confirm that we have sufficient mentors for students.

With that caveat, WWC was assured that the training of undergraduate paramedics is on plan.

Health and Safety (Fleet) Assured

WWC chose to focus on fleet issues and was assured that all outstanding issues have now been identified with appropriate plans to rectify and address in place. However, we are still not meeting external reporting requirements in all cases and the Board will want to be aware that RIDDOR reporting still lags behind statutory requirements.

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

Staff Survey Actions Assured

WWC received a presentation on the expectations placed upon local teams with respect to their action plans to address perceived weaknesses in their response to last year's staff survey. It was assured that the programme would focus on addressing underlying issues and not *working to the test*. To ensure WWC has a better oversight of actions, it intends to invite teams to future meetings to share their proposals and actions.

Workforce Race Equalities Standard and Workforce Disability Equality Standard

WWC received an excellent report on these related topics and supported them going to the full Board for consideration.

WWC would recommend that the organisation considers setting specific targets to improve representation of both BME staff and disabled staff in the workforce, and associate these with fully funded action plans that make improving opportunities and representation the business of all managers.

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<p>Reports <i>not</i> received as per the annual work plan and action required</p>	<p>None. The pre-agenda meeting now works effectively to ensure required Reports are developed in a timely manner.</p>
<p>Changes to significant risk profile of the trust identified and actions required</p>	<p>WWC is confident that the major risks are captured and considered by the Executive. Board members will note the very high risk ascribed by WWC to the issue of personnel files.</p>
<p>Weaknesses in the design or effectiveness of the system of internal control identified and action required</p>	<p>WWC believes it would be timely for a register of external accreditations and so on, to be developed and maintained as we must never again be surprised by an external accountability as we were with Clinical Education apprenticeship responsibilities. Members pointed-out that we had seen similar issues with Health and Safety accountabilities in the past and that Executive might consider how best to give assurances to the Board that we will have no repeat of these.</p>
<p>Any other matters the Committee wishes to escalate to the Board</p>	<p>None</p>

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I2 SECAMB Board

Escalation report to the Board from the Workforce and Wellbeing Committee

Date of meeting	21 November 2019
Overview of issues/areas covered at the meeting:	<p>Two governors were in attendance. Attendance by staff was, as always, good and papers of a good standard. The meeting was quorate.</p> <p>Before the formal start of the meeting, a number of telephone presentations were received (from the EOCs East and West and the 111 service) on the work being done to address issues raised in last year's staff survey and to address the underlying issues.</p> <p>111 had a focus on morale and staff engagement. Some concerns with regard to duplicating work on attendance with HR interventions, so not a focus for 111.</p> <p>Maximise use of wellbeing hub – discussed with all staff. Waiting for data but confident it is being used well and proactively.</p> <p>Quality of appraisals – linking training to targeted needs with a menu of options available. In early stages due to operational pressures but packages now in place.</p> <p>EOC (East) four main areas – health and wellbeing, morale appraisals, attendance and staff engagement. Focus on staff engagement with initial meeting but poorly attended. Introduced one a week dial-in session – <i>Call Cinical</i> – but tends to be same staff using it. Focus now moving to appraisals and 1-1 meetings to ensure there is a quality understanding of how staff feel but staff shortages placing pressure on the system to make time available for face to face meetings. New rota in place to equalise opportunities for day and night shift staff and giving better cover for duty clinical navigator. Home working for clinicians to be introduced to allow greater flexibility in filling rota time – morale should show improvement next year because of the greater support and flexibilities introduced. Appraisals should reveal the key areas and the importance of the appraisal processes reinforced</p> <p>EOC (West) has a similar plan – morale would seem to relate mostly to annual leave structure and the restructure. This is now being addressed – speaking about career opportunities seems to have had a positive impact on morale. Drop-in sessions as well as formal meetings with staff in place so many channels of communications now available. Very high rates of survey return. Quality issues seem to relate to patient waiting time and the clinical risk. Addressed through an increased support for leadership – dealing with difficult conversations, and so on. Changes in policies now involve working groups so staff feel engaged and can shape 'their EOC'. This will also impact on morale. No recent grievances and linked directly to this work.</p> <p>The Action Log is used to monitor various strands of work, rather than expecting papers for all items, to reduce the drafting load on staff. Good progress is evident in a number of priority areas including:</p> <ul style="list-style-type: none"> Development of a suite of KPIs for WWC (now for Jan WWC); Leavers' processes (Jan WWC); Paramedic retention strategy (Jan WWC); Induction processes for student paramedics; and, Workplace Disability Standards.

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

HR Transformation Programme Assured

To reduce workloads on staff, WWC receives the Minutes of the Transformation Programme Board at each meeting. E-expenses (including driving license checks) and the applicant management system, TRAC, go live in October, and E-timesheets, E-forms and manager self-serve for staff changes go live next March/April. The impact of manager self-serve will have significant implications for how the Trust works and will need further consideration. Properly implemented, these will have the ability to address the key issues of concern to this Committee. The Committee felt from the evidence presented there is a good grip on this work, and that the rate of progress is satisfactory. The programme is coming-in slightly under budget. The Board will receive a formal update as part of the Delivery Plan.

WWC noted that the issue of holiday pay for staff required to do overtime is yet to be resolved with the intention to put a provisional settlement to staff by the end of this month. Some discussion took place about shift patterns which although not on the agenda, remains under consideration. WWC heard that there is good evidence that three successive 12 hour night shifts may not be in the best interest of staff and patients: further there is some evidence that 12 hour shifts themselves may produce unnecessary risks to staff and patients. This may need further consideration at Board level.

Recruitment to OD team is now complete, on-line for L&OD and with 'heads of' interviews next week. HR restructuring will also make more time available to address grievance issues proactively.

Personnel Files Partially assured

Very positive response from the Information Commissioner and from our staff with a great deal of openness reported. Investment has been made in intelligent scanners using TrustID. The processes now in place are rigorous, include compliance and monitored effectively. WWC wondered earlier about the self-imposed deadline of 31st December for project completion and see this as an aspirational target but one fully supported by Execs and this Committee. WWC was assured that all paper files are now secured appropriately.

Grievances Partially assured

An oral update was given on grievances. It has proved impossible to find benchmarking data so agreed that year-on-year measures (reducing) should be used. Numbers year to date and how long they take to be addressed are now the key indicators used by HR. Typically resolved within 80 days with provisional target agreed with staff side of 28 days in future and performance now to be measured against this target, including tail data. We now have 100 hours a week to address employment relation issues and so expect times to decrease. Training mediators to reduce numbers of grievances as this is still the default position for too many staff.

Appraisals Partially Assured

WWC received an update on the proposed appraisal system. WWC welcomed the fact that following consultations, some significant changes have been made to improve the process. It focuses more strongly on individual and organisational goals within the context of a quality conversation, as well as career planning and is to be commended. WWC was assured that full training will be given to all first line managers through the Fundamentals training programme which will be launching in January 2020 as well as through the new training and development

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programme although it was also noted that this is dependent upon increased resources. A key change is that the system will relate to the year staff started and so will not be based on financial years, reducing the pressures on the system. The link across to clinical supervision was considered. It will also have a quality assurance process built-in and this is being developed.

Induction Programme Assured

The whole staff induction programme is now underway with the first 'pilot' day on 5th December. Again this has been widely consulted on and WWC felt it was most welcome.

Statutory and Mandatory Training Partially Assured

An oral update was given. Some lack of clarity around what is needed was discussed, and a significant range of performance was noted. QPS is monitoring this and a specific scrutiny item will be examined at a future meeting.

Clinical Education Partially Assured

WWC welcomed the very detailed paper and noted the very considerable work underway to isolate the root cause of problems and address the key issues in the work of Clinical Education. It was confirmed that those signed-off as passed were signed-off appropriately with independent QA a feature of their course. 39 staff await validation. Alignment with an outstanding HE provider is being proposed and supported by WWC. Concern was expressed that a decision has been made to move the expected level of entry qualification to level 2 standards in literacy and numeracy. This was referred back for further consideration and was felt to not be acceptable to the Board.

At this stage, the Committee cannot be assured that the causes of the problems have been fully identified and addressed, but was reassured by the rigorous programme of work underway, although surprised that the external investigator appointed appeared to be a patient safety expert rather than an education expert although it was assured that she had relevant experience in clinical education. It is felt necessary that the team return to the next WWC with their interim findings, as well as that they determine full costings for each course of action to be proposed, and seek the proper approvals where they move outside of existing budgets. WWC would also wish to be assured about the root cause(s) and the actions being implemented to prevent a recurrence before any Report leaves the organisation.

HR Dashboard

WWC noted the good recruitment levels of ECSWs and the very high retention of paramedics on our in-service programme (100%). Recruitment of newly qualified paramedics remain strong and slightly over budget. This is offset by the continuing challenges in recruiting experienced practitioners: we are likely to be around 100 below establishment this winter. The dashboard also shows that sickness remains a challenge but that the dataset shows this to be variable by base. WWC noted that Polegate and Hastings seems to be presenting particular challenges both for retention and sickness.

Annual Wellbeing Report

This was received.

WWC noted the very significant activity from the wellbeing hub and recognise that many of its interventions will impact positively on the staff survey. It noted also the likelihood that the increasing profile of this work has meant that many staff now self-refer who may otherwise have not engaged in any similar work placed based activities. As a consequence, it seemed unsurprising that numbers of referrals continue to increase. The number of referrals to physiotherapy was

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	<p>noted and WWC sought assurances that lifting and handling programmes were having an appropriate impact. It also welcomed the referrals for PTSD.</p> <p>WWC was concerned at the low uptake of vaccinations for so-called childhood illnesses and would look for assurances that those missing pre-arranged appointments are followed-up.</p> <p>Taken together, it was felt this was a positive initiative and well worth persevering with, although further work on metrics might be of value to demonstrate the impact on wellbeing of those using the various services such as a bundle of indicators within the staff survey rather than looking for a new survey.</p>
<p>Reports <i>not</i> received as per the annual work plan and action required</p>	<p>None. The pre-agenda meeting now works effectively to ensure required Reports are developed in a timely manner.</p>
<p>Changes to significant risk profile of the trust identified and actions required</p>	<p>WWC is confident that the major risks are captured and considered by the Executive. Staff are to be commended for the pace at which the issues in Clinical Education are being identified and addressed. A full review of risks has been undertaken by the HR Working Group with 12 risks remaining Open. The HR Transformation Programme shows three open (Projects) one of which has been reassigned to Estates. The following risks are considered serious enough to appear on our BAF:</p> <p>111; Safer Recruitment, including personnel files; Culture change; and, Health and Safety</p> <p>The actions recorded would seem adequate in terms of addressing the identified risks, however, 111 brings with it significant workforce issues with both sickness and retention rates challenging. The Executive will want to continue its considerable focus on this area after contracts are sealed.</p>
<p>Weaknesses in the design or effectiveness of the system of internal control identified and action required</p>	<p>WWC believe that the work on clinical education needs Board governance, including in the setting of entry level qualifications for the organisation, and requests that the end-point of the various workstreams is better aligned to the WWC calendar so that it can provide appropriate support and challenge to any draft findings.</p>
<p>Any other matters the Committee wishes to escalate to the Board</p>	<p>None</p>

I3 SECAMB Board

Summary Report on the Audit & Risk Committee (AUC) Meeting of 19th September 2019

<p>Date of meeting</p>	<p>19th September 2019</p>
<p>Overview of issues/areas covered at the meeting:</p>	<p>The key areas covered in this meeting were</p> <ul style="list-style-type: none"> • Internal Audit matters • Counter Fraud Matters • Consideration of further Integrated Performance Reporting Proposals • Consideration of Standing Financial Instructions (SFI) and Scheme of Delegation (SoD) policy proposals • Consideration of Authority to Incur Expenditure Proposals <p>The Committee did not have enough time to review the Board Assurance Risk Report, nor a report on the risks overseen by Audit Committee</p>
<p>Internal Audit</p>	<p>AUC was pleased to note continuing good progress with outstanding Audit actions and the focus from the new Chief Executive; however, concerns were raised in respect of:</p> <ul style="list-style-type: none"> • Staff Records / Driving Licences • Some (other) Fleet Health & Safety matters • The timescales proposed to complete outstanding Audit Actions • Information Management Matters <p>Staff Records / Driving Licences: The committee continued serious concerns and noted potentially alarming recent developments but noted primary oversight from the Workforce and Wellbeing Committee and a proposed paper for the September 2019 Board.</p> <p>Health & Safety: AUC noted continuing concerns from the Workforce and Wellbeing Committee (in respect of Fleet/RIDDOR matters) and asked for amendments to the scope of the planned/imminent Internal Audit Health & Safety review. On behalf of the committee, the Chair will write a formal letter to the Chief Executive.</p> <p>Timescales: The committee asked for a review of proposed Audit Action timescales in the context of Brexit planning and the priorities of the new Chief Executive with a view to identifying appropriate/ realistic/early completion opportunities and reporting back to Committee.</p> <p>Information Governance: The committee was seriously concerned about General Data Protection Regulations (GDPR) (and Health and Safety) issues following the discovery of items in a Coxheath attic during a recent oversight visit. AUC noted that a paper will be presented to the September 2019 Board.</p> <p>The scope of a planned/imminent Internal Audit review of Accountability and Performance Management was agreed.</p>

<p>Counter Fraud</p>	<p>The Committee received the Annual Counter Fraud Report and noted the Green rating. The committee noted some actions not yet agreed and asked the Executive to bring back a response to the next AUC.</p> <p>The Committee received a report on compliance with the trust’s policy on Conflicts of Interest. Whilst the review found that the trust, has, in the main, robust procedures, policies and processes, the Trust cannot evidence compliance in all areas tested. An extended debate followed.</p> <p>Overall AUC was concerned that each and every policy of the trust should set the standard that we genuinely expect to apply with appropriate subsequent training / verification / “policing” / consequences.</p> <p>In respect of the Conflicts of Interest policy in particular, AUC expressed the view that such a policy is closely associated with the moral purpose of the trust. EMB was asked to review the Policy and bring it back to AUC.</p> <p>The Committee was assured by a report on Single Tender Waivers.</p> <p>The Committee approved the Counter Fraud Work Plan.</p>
<p>Integrated Performance Reporting</p> <p>SFI /SoD</p> <p>Authority to Incur Expenditure</p>	<p>The Executive presented revised proposals to improve Integrated Performance Reporting following consideration of feedback from the last AUC meeting. Debate followed.</p> <p>The Committee was supportive of progress but raised the following challenges/questions:</p> <ul style="list-style-type: none"> • Less data and more interpretation? • Can one report cover the needs of all relevant audience? • Is it forward looking enough? • Does it cover the key issues that the Board should be thinking about? • Does it cover constraints well enough? <p>Subject to a small number of amendments, the committee recommended the SFI/SoD to Board subject to:</p> <ul style="list-style-type: none"> • A comprehensive Internal Audit review of compliance with the policy and report back to AUC per the provisions of the policy • A review of SFI/SoD and/or other governance provisions of the trust to align the policy to committee terms of reference and job profiles following the HR Transformation program and/or review of executive profiles by the new Chief Executive/Board and/or the outcome of the Internal Audit review • An Internal Audit review of compliance with the policy • Alignment of the future workplans of Internal Audit with the requirements set out <p>Subject to a small number of Amendments, AUC recommended the Authority to Incur Expenditure proposal to the Board</p>

Risk Management / Board Assurance Risk Report	<p>The committee ran out of time to properly consider these reports. AUC noted that the Board Assurance Risk Report will be submitted to the September 2019 Board.</p> <p>Brief discussion asked the executive to align BAF Risk Report proposed risks/ratings/commentary to the emerging issues referred to earlier as far as is practicable at this stage.</p>

I4 SECAMB Board

Finance and Investment Committee Escalation report to the Board

Date of meetings	8 August 2019 22 August & 17 September 2019 (extraordinary meetings)
Overview of key issues/areas covered at the meeting:	<p>Finance <i>Partial Assurance</i></p> <p>The committee explored the adverse variance from plan, arising in the main due to a shortfall in income, which is directly linked to operational performance. Expenditure is more under control. The committee is assured with the strength of the financial stewardship but acknowledges the significant risks to achieving the control total for the year.</p> <p>In the context of the current financial results the committee took time to review the different risks. It reinforced the importance of forensically analysing the cost base so that we can develop a robust plan to manage the year-end position. The driver for this is delivering operational performance, which must be the focus of every department.</p> <p>999 Performance <i>Not Assured</i></p> <p>The committee then undertook a detailed review of the recovery actions being taken to help ensure improved ARP performance. It noted that one of the factors adversely affecting the improvement trajectory is the operating model of the wider organisation not effectively being aligned to operations. For example, the issues within HR and Clinical Education which the Board will know is now well understood and being addressed.</p> <p>In summary, the committee supports the work plan agreed by the executive to improve performance, but as yet is not assured there is a sustainable long term position that will ensure consistent compliance with ARP.</p> <p>Fleet Strategy Implementation</p> <p>The committee welcomed receipt of the timeline for the development of the fleet strategy implementation plan. It will come to the committee meeting in October for review.</p> <p>111/CAS</p> <p>The extraordinary meetings were arranged to receive updates with the progress in the 111/CAS preparations; specifically in relation to the conditions set out by commissioners. Given the commercially sensitive nature of this, a detailed update is provided in Part 2.</p>
Any other matters the Committee wishes to escalate to the Board	None