



## Council of Governors Meeting to be held in public

4 June 2020 10:30-12:00 held online

[Join Microsoft Teams Meeting](#)

[+44 20 3321 5191](#) United Kingdom, London (Toll)

Conference ID: 667 213 72#

[Local numbers](#) | [Reset PIN](#) | [Learn more about Teams](#) | [Meeting options](#)

### Agenda

Item No.	Time	Item	Enc	Purpose	Lead
<b>Introduction and matters arising</b>					
01/20	10:30	Chair's Introduction	-	-	David Astley (Chair)
02/20	-	Apologies for Absence	-	-	DA
03/20	-	Declarations of Interest	-	-	DA
04/20	-	Minutes from the previous meeting, action log and matters arising	<b>A</b> <b>A1</b>	-	DA
<b>Statutory duties: performance and holding to account</b>					
05/20	10:40	Chief Executive report	<b>B</b>	To take as read	-
06/20	10:40	Assurance from the Non-Executive Directors: - Integrated Performance Report (March data)	<b>C</b>	To take as read – queries to NEDs to be taken under escalation reports	-
<b>Statutory duties: member and public engagement</b>					
07/20	10:40	Membership Development Committee verbal update	-	Information	Brian Chester (Public Governor for Upper West)
<b>Committees and reports</b>					
08/20	10:45	Governor Development Committee Report	<b>D</b>	Information	Nicki Pointer (Deputy Lead Governor and Public Governor for Lower East)
09/20	10:50	Governor Activities and Queries Report	<b>E</b>	Information	Nicki Pointer (Deputy Lead Governor and Public Governor for Lower East)
<b>Statutory duties: performance and holding to account</b>					



10/20	10:55	Board Committee Observation report: - Audit Committee	F	Holding to account and assurance	Marianne Phillips (Public Governor for Lower West)
<b>11:00 Comfort Break</b>					
11/20	11:05	Board Assurance Committees' escalation reports to include the key achievements, risks and challenges:  Workforce and Wellbeing Committee - 12 <sup>th</sup> March 2020 - 14 <sup>th</sup> May 2020  Quality and Patient Safety - 9 <sup>th</sup> March 2020 - 21 <sup>st</sup> May 2020  Audit Committee - 12 <sup>th</sup> March 2020  Finance and Investment Committee - 19 <sup>th</sup> March 2020 - 17 <sup>th</sup> April 2020 - 14 <sup>th</sup> May 2020	G1 G2  G3 G4  G5  G6 G7 G8	Holding to account, assurance and discussion	All Non-Executive Directors present
12/20	11:45	The Trust's Strategy Provide a brief overview if approved at the May Board	H	Information	DA
<b>General</b>					
13/20	11:55	Any Other Business (AOB)	-	-	DA
14/20	-	Any questions submitted from the public	-	Accountability	DA
15/20	-	Areas to highlight to Non-Executive Directors	-	Assurance	DA
16/20	-	Review of meeting effectiveness	-	-	DA
		Date of Next Meeting: 4 September 2020	-	-	DA

**Questions submitted by the public for 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 recorded and published on our website.**

# South East Coast Ambulance Service NHS Foundation Trust

## Council of Governors

### Meeting held in public – 5 March 2020

#### Present:

David Astley	(DA)	Chair
Geoff Kempster	(GK)	Public Governor, Upper West
Brian Chester	(BC)	Public Governor, Upper West
Chris Devereux	(CD)	Public Governor, Upper West
Nicki Pointer	(NP)	Public Governor, Lower East
Leigh Westwood	(LW)	Public Governor, Lower East
Marianne Phillips	(MP)	Public Governor, Lower East
David Escudier	(DE)	Public Governor, Upper East
Cara Woods	(CW)	Public Governor, Upper East
Sian Deller	(SD)	Public Governor, Upper East
Nigel Robinson	(NR)	Public Governor, Lower West
Marcia Moutinho	(MaM)	Staff Governor (Non-Operational)
Malcolm MacGregor	(MMc)	Staff-Elected Governor (Operational)
Was Shakir	(WS)	Staff-Elected Governor (Operational)
Chris Burton	(CB)	Staff Governor (Operational)
Marian Trendell	(MT)	Appointed Governor – Sussex Partnerships
Vanessa Wood	(VW)	Appointed Governor – Age UK
ACC Nev Kemp	(NK)	Appointed Governor – Surrey Police
Graham Gibbens	(GG)	Appointed Governor – Local Authorities

#### In attendance:

Lucy Bloem	(LB)	Senior Independent Director & Non-Executive Director
Al Rymer	(AR)	NED and Chair of ARC
Terry Parkin	(TP)	NED and Chair of WWC
Philip Astle	(PA)	CEO
Amjad Nazir	(AN)	Head of Health and Safety
Judith Ward	(JW)	Deputy Chief Nurse

#### Apologies:

Howard Pescott	(HP)	Appointed Governor – Sussex Community Trust
Marguerite Beard-Gould	(MBG)	Public Governor, Upper East
Pauline Flores-Moore	(PFM)	Public Governor, Lower West
Amanda Cool	(AC)	Public Governor, Upper West
Sarah Swindell	(SS)	Appointed Governor – EKHFT

**Minute taker:** Isobel Allen – Assistant Company Secretary

---

## 80. Introduction

- 80.1. DA welcomed everyone to the meeting, in particular new Governors. He asked everyone to introduce themselves.
- 80.2. DA noted the rich experience around the table.

- 80.3. DA also thanked those Governors who had left the Trust for their great contribution to the Council: Felicity Dennis, Harvey Nash, Roger Laxton and Nick Harrison.
- 80.4. He noted that Felicity had been Lead Governor and DA had had a lot of support from her.
- 80.5. There would be elections to the role of Lead Governor and Nominations Committee.
- 80.6. He noted it was MT's last meeting and he would thank her at the end but also thanked her for all her hard work to support the Board and this Council over nine years.

### **81. Apologies**

- 81.1. Apologies were noted as above.

### **82. Declarations of interest**

- 82.1. No additional declarations of interest were made.

### **83. Minutes and action log:**

- 83.1. The minutes were taken as an accurate record.
- 83.2. MT provided an update on item 260, section 136. She noted that there continued to be a challenge to SECamb to convey to places of safety: in Sussex only around 30% of patients requiring S136 transport were conveyed by SECamb. A lot of work had been put into this, however it still wasn't the case that people in such distress were conveyed by those in green rather than the back of a police car.
- 83.3. There were similar challenges with those conveyed under the Mental Health Act, she said. The reviewing meeting continued, and there was a pilot in place: some funding had not come through from Commissioners. Work continued.
- 83.4. Their multi-agency conveyance document had lapsed and we were not in a position to update it at present because we awaited an answer from the Commissioners. MT had spoken to managers in SECamb to try and resolve this but felt reassured that SECamb was doing its best.
- 83.5. NK advised that, in Kent and Surrey, SECamb were conveying about twice the proportion of patients compared to Sussex. He confirmed that working relationships with SECamb were better. DA advised that he had given MT a commitment from the Board and had spoken to the CEO to ensure that focus was maintained on this.
- 83.6. TP noted that mental health transfers/S136 should be in the Board Committee cycle. This would be added to the Quality and Patient Safety Committee (QPS) purview.

### **ACTION: Add mental health transfers/S136 to the QPS purview.**

- 83.7. NK further advised that SECamb were better than the police at getting people into hospital and looked.
- 83.8. GG noted that public documents like Council papers should not have as many acronyms.
- 83.9. On action 278, regarding use of agency staff, TP confirmed that the Workforce and Wellbeing Committee (WWC) were aware of the issue.
- 83.10. NP asked about action 270, regarding Community First Responders (CFRs) being able to access funds in their name. She did not know that this was being done. AR advised he was a member of the Charitable Funds Committee (CFC) where they had sought precisely this assurance. A lot of work was going on at the moment with the volunteer management team and talking to CFRs about this. It was a focus of scrutiny from CFC.

### **84. CEO Report**

- 84.1. PA provided a brief overview of his background and career. He was pleased to see new Governors and echoed thanks to those who had left.
- 84.2. He provided an update on Covid-19 (new coronavirus). Things had moved on since the CEO's report was written.
- 84.3. SECamb was taking calls to 111 but some were coming in through 999 and SECamb were giving advice to give patients. This had had a huge effect on 111 in particular and also 999 performance. The Trust would normally expect 2000 calls per day to 111 and we had 4200 on Monday, with a significant amount of those needing a decision about whether they should or should not be tested or self-isolating. 111 was holding up but was under-staffed for that amount of calls.
- 84.4. The Trust were providing a testing coordination service for the region, deploying a mobile test or directing people to one of the pods and developing a drive through process for people, all to make that testing as efficient as possible. SECamb arranged the testing and were now responsible for ensuring those whose tests were negative received that information. The Trust had converted old Patient Transport Vehicles transport staff to get changed into protective suits and do the testing. 999 were involved in taking sicker patients to hospital for testing. It was more effective to go to patients to test them as this avoided taking a vehicle off the road. Hazardous Area Response Team (HART) vehicles were used to transfer the confirmed sick. Inside HQ the pace of change meant trying to keep ahead of the game.
- 84.5. There were daily emergencies and so command and control was set up. If the crisis deepened testing would stop, the virus would be treated how flu is treated and at that stage the 999 service would become massively involved. The spread was still escalating, and locally the figures were going up in the same ratio as the national picture.
- 84.6. NK wondered about plans in relation to business continuity, as the likely worst-case scenario was 20% of people off sick and 10% off with caring responsibilities. DA noted that the Audit Committee were meeting next week and DA was clear that the NEDs needed to support the Executive and also wrap governance processes around this quickly.
- 84.7. PA noted our normal business continuity plans would fail given this demand if became an epidemic. The NHS was going through a planning process at the moment by, for example, stopping non-elective work, and also considering who was responded to. Our No-Send Policy may need to be implemented. The Trust would be asked to convey far fewer people to hospital. It looks as if unless the containment works the Trust would move into that period in around six weeks' time.
- 84.8. NP asked a question regarding 111 being overstretched. One Governor had been unwell and tried to phone 111 on four occasions and couldn't get through. Her concern was what we were doing to stop people going to A&E because they can't get through to 111.
- 84.9. PA noted that the Trust was trying to change some parts of the triage process to make the calls quicker. A national flu pandemic service was run from Yorkshire and was in the process of being activated and could take coronavirus cases from 111 but this would take a couple of weeks.
- 84.10. DA asked Governors to use the 111 website rather than phonenumber and to remind their networks about this.
- 84.11. NR asked how the Council would be informed about what was happening. IA advised that she would continue to circulate PA's regular briefings to the Council. TP noted that they were excellent and could be more widely circulated.

- 84.12. GK noted that HART teams were being used to transport cases: how would crews be protected given the failure of fit tests on masks? PA advised that if crews failed to pass the fit test they should not be deployed to those cases. At present colleagues were not being asked to deploy with Personal Protective Equipment (PPE). WS asked what staff should be told about this as they were not aware of what happened if they failed a fit test.
- 84.13. VW asked about PA's thoughts on working with the voluntary sector. Her charity had vulnerable people they supported: they were supporting around 50 people who were reliant on them, and the charity needed to work with SECamb to enable them to carry on their services.
- 84.14. PA would pick this up with VW during the day.
- 84.15. TP noted there was a regional meeting of Directors of Adult Social Care and this may be the place to plug VW in.
- 84.16. PA advised that clinical decisions came with more risk in 111 because of the pressure there so additional clinical capacity had been added. 111 call answer performance was naturally really poor at present, which was a shame as 111 had recently been dramatically improved in that respect.
- 84.17. On 999, PA advised that as yet performance had not significantly changed since the last Council meeting, however Christmas had been pretty smooth for SECamb.
- 84.18. SECamb was doing ok compared to other services: on Cat1 we were middling, Cat2 we were in the upper third, but on Cat3-4 we were still taking far too long. Efforts continued to improve Cat3-4 performance.
- 84.19. The NHS staff survey results had come in and the detailed results showed an improvement in about 60% of the areas and a little slippage in a few areas. The messages were that we needed to carry on with the improvements started last year.
- 84.20. In Brighton there was a new Make Ready Centre (MRC) underway and the Trust was seeking to move in in the Autumn. SECamb had already approached the Palace for a member of the royal family to open the building. The Trust was at the outline business case stage for new MRCs in Banstead and Medway.
- 84.21. The Trust had finished buying the last of our Mercedes and the next consignment would be Fiats as per the national specification. The Fiats were universally popular with colleagues at South Central Ambulance Service unless people were 6 feet 3 or over. These were different from the Fiats in SECamb now.

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

- 85.1. GG noted that he observed the Cat3-4 performance was disappointing. The Trust seemed to be moving backwards on this. He asked the NEDs about the challenge being given.
- 85.2. LB advised that the Finance and Investment Committee (FIC) looked at Operational Performance in depth each time it met. There were reasons for fluctuations in performance, with the interplay of demand, supply of staff and vehicles affecting it. LB noted that the key issue was when patients became more unwell because they were waiting too long: this had led to serious incidents, so the Trust needed to get the oversight and call backs and other mitigations right.
- 85.3. GG noted that leaving people waiting was indeed the concern of the leaders of the six Local Authorities.

85.4. BC noted that the Trust had talked for some time about the Integrated Performance Report being improved. What wasn't on here was information about Emergency Operations Centre (EOC) staff acting up for a number of years and then being stood down between secondment episodes so they didn't accrue employment rights. If these staff were competent to do the role why were they not confirmed/not stood down, or were they not competent? This was also unacceptable in relation to staff wellbeing. DA asked whether the WWC would consider this to be acceptable and would take this on behalf of WWC to ask for a paper on this.

**ACTION: WWC to request a paper on acting up and secondments to ensure this is being done fairly and considering staff wellbeing and morale.**

85.5. MMc noted that this was a commonly done thing across the Trust and noted that it was concerning that NEDs were unaware.

85.6. MMc enquired about call cycle time, he noted the upward trend over the last 3-4 months which coincided with the introduction of the electronic Patient Clinical Record (ePCR). At its previous meeting, Council had been told ePCR hadn't been affecting on scene or cycle times, so what did the NEDs believe was happening?

85.7. LB noted that on the steering committee there had always been an acceptance that with new technology it would at first have some impact but the Trust would need to do more work to identify what was happening.

85.8. MMc asked whether the revised IPR would include more focus on staff welfare. He suggested things such as how frequently staff receive meal breaks, overtime, and numbers off sick with stress. TP noted that WWC were aware of this level of detail and IA noted that the IPR was being redesigned to select more relevant criteria including more and better staff wellbeing data.

## **86. Membership Development Committee (MDC) Report**

86.1. BC introduced the paper. He provided an overview of the work of the Committee.

86.2. He noted that the Committee would focus on engagement opportunities to get out and about and make people aware of SECamb, and also to deploy Governors to raise awareness of the role and what Governors did.

86.3. He encouraged Governors to read the report. He had attended the Staff Engagement Advisory Group: the content of the meeting had been good. Roughly a third of our Foundation Trust membership was made up of staff members: they were an important part of Trust membership.

86.4. He asked for updates about any meetings Governors were attending and invited colleagues to ask if they needed support to attend meetings.

86.5. TP noted that the Board had not reflected the communities we serve in its diversity, and asked whether there were plans to improve the representation in the membership of the communities we served.

86.6. BC noted that this had certainly been discussed at MDC and was an ongoing focus. IA advised that KS was working on this hard and the MDC had a focused plan on being more representative each year, having focused last year on improving BME and LGBT+ representation and focusing on representation from patients and carers this year. DA noted that there was more to do.

## **87. Governor Development Committee (GDC) Report**

- 87.1. NP noted the role of the Committee.
- 87.2. The paper was taken as read.

## **88. Governor Activities and Queries Report**

- 88.1. NP noted that no Governor activities had been recorded in the recent months and IA would circulate the link again to enable Governors to record what they were doing.
- 88.2. NP noted the query regarding cleanliness of vehicles, and the response from one of the infection control practitioners had said that controls needed tightening up on vehicles. NP asked for assurance around that. LB noted that there had been an ongoing discussion about this at QPS. Swab tests had been done to check whether the lack of deep cleaning was having an impact but it was not too worrying however this issue would come to QPS' next meeting.
- 88.3. MMc asked whether the swab testing included bug testing, which LB confirmed it did.

## **89. Board Committee Observation Reports**

- 89.1. DA noted that NEDs appreciated colleagues sitting in on their Committees. CD noted that Audit Committee had been well run.
- 89.2. AR noted that AuC looked at things much more widely than the annual accounts and involved all Chairs of the other Committees as members which enables cross-referencing of assurance.
- 89.3. There were no Governors present who had observed the Finance and Investment Committee so the report was taken as read.

## **90. Board Assurance Committees' escalation reports**

- 90.1. MP asked about Clinical Education, noting she was a member of Future Quals' governing board. She was concerned at the quantity of marking outstanding. Did there continue to be concerns? TP advised that it remained concerning but there was an external report that would provide some assurance.
- 90.2. He noted confidence in the colleagues working in the Trust on this but there was a great deal to do. Local public sector partners had been very supportive of SECamb.
- 90.3. AR noted that the NEDs had been disappointed in the quantity of marking but had seen progress and the putting in of resource to catch up. WWC would receive an update.
- 90.4. MMc asked also about clinical education: he had heard from colleagues interacting with the team that there remained other issues around: lack of staff, lack of leadership and lack of communication both with students and external providers. This was delaying the qualification of students.
- 90.5. He asked whether TP had triangulated this information from frontline colleagues experiencing these problems. TP advised that Governors needed to be clear that this was a significant issue for the Trust and the Trust was recovering from significant failures and while NEDs had some confidence the actions planned would bring us into line, it may well take time and NEDs would recognise MMc's observations. This was part of the journey forward.
- 90.6. He was disappointed but not surprised to hear there was confusion about the levels of qualification because things had changed.
- 90.7. MMc further asked about plans to move forward with an ambulance nurse qualification and partnering with a university for a level 6 qualification. This seemed entirely reasonable

but were we not trying to run before we could walk? TP advised that the starting point was the workforce plan – SECAMB could either poach staff from elsewhere or train our own. If we wanted to be viable, we needed to train our own staff and to sufficient quality. In spite of the processes, the pass rate was amongst the highest in the country and the externally validated outcomes were good. He was pretty certain that there would going forward be more rigour and robustness.

- 90.8. AR was keen to see improved governance over different types of training. He also felt that the way the Trust was responding and taking this seriously, and had accepted the criticism and provided evidence of progress, was welcome.
- 90.9. GG asked the NEDs why they were only partially assured on two important items, for example on operational performance and on telephony. How assured were the NEDs on these over the next few months? LB noted that there had been a full discussion in relation to performance. Partial assurance was because the Trust was not performing to meet all targets but the Committee could see that the Trust was making sincere efforts.
- 90.10. On 111 Clinical Advice Service delivery, there had been a few bumps in the road and the largest issue affecting potential go-live was coronavirus. The Committee had discussed whether to mobilise or put it on hold. It was therefore not surprising that there was only partial assurance. AR noted the web of assurance around such complex issues.
- 90.11. NP asked about lack of assurance around Serious Incidents (SIs) being closed in a timely manner. She was also concerned about the learning reaching those who needed. LB advised that she hadn't been in that meeting but she knew about the issues. SIs had been on the agenda for a while and kept coming back, the numbers not closed in a timely manner kept reducing but it remained an area of focus. There was a lot of diligence being done so they were being closed properly, not rushed.
- 90.12. NP also asked about clinical supervision, noting that there had been lack of assurance. LB advised that it was simply a poor paper and that it would be coming back. The paper should have covered how the Trust brings clinical supervision into the organisation throughout the workforce as this had not been done before.
- 90.13. WS was quite concerned as Operational Team Leaders (OTLs) were intended to do the supervision but there was a restructure almost underway: this needed to tie in together and be part of OTL's job roles if it was going to fall to them. WS asked NEDs to take an action to take away a timeline to get this organised. TP would take this away.

**ACTION: TP to look more closely, via WWC, at how OTLs' part in clinical supervision was linked to the Operational restructure and OTL job roles.**

- 90.14. PA noted that clinical supervision for Paramedics didn't exist anywhere in the country and so it was likely to take a while to implement.
- 90.15. MMc asked about SIs too, and learning from SIs. Other organisations seem to be good at sharing learning compared to SECAMB where it didn't seem as embedded. LB noted this was all wrapped into the work that was ongoing. TP advised that all SIs were published and were seen by NEDs.

## **91. Workforce and Wellbeing Committee (WWC) and Appointments and Remuneration Committee (ARC) deep dive**

- 91.1. AR introduced the work of ARC: he had been Chair of ARC for around 18 months, during which time they had appointed a new CEO, Interim HR Director and a permanent HR

- Director. He had been keen to improve some of the procedures and governance to fulfil the remit of the Terms of Reference through these appointments.
- 91.2. Selection processes had been revised, including the use of search consultants, the balance between assessments, psychometrics and use of focus groups etc, and ARC had considered the membership of the interview panels.
- 91.3. They had emphasised reaching a diverse field of candidates and having a fair and proper selection process. He had been pleased by the selections made and NED and Governor engagement in processes.
- 91.4. On the remuneration side, an Executive Remuneration Policy had been developed to ensure benchmarking with other NHS Trusts and regional factors. The aim was to attract, retain and motivate Executives but also noted was the responsibility to not simply see an upward drift in salaries.
- 91.5. The NHS had been promised a national policy on executive remuneration and packages which hasn't yet materialised.
- 91.6. ARC was involved each year in annual appraisals for Executives. The Trust's CEO and Executive Team were relatively stable. The Committee was now considering succession planning: how we identify the skills needed in the future and identified talent throughout the organisation.
- 91.7. DA thanked AR and noted that public sector probity was very important to him and to the Trust.
- 91.8. TP noted there was a complete team of permanent staff employed by SECamb at the top tier of HR. Over the last year HR transformation had been the focus of WWC. Most of the processes in the Trust were still done through paper trails. WWC were overseeing the improvements in putting many functions online.
- 91.9. Personnel files had been focused on by WWC for a number of years, moving from a place where files were not all systematically stored and saved electronically.
- 91.10. WWC was confident that all formal paperwork was provided and correct for new employees, and there was still work to do to do this historically for everyone.
- 91.11. On Clinical Education, WWC knew that the Trust was approaching apprenticeships differently and knew how we could draw down the apprenticeships levy, and teaching outcomes were strong. There had seemed no need to get further into the management detail in Clinical Education because the outcomes were good. He reiterated that the Trust was on a long improvement journey.
- 91.12. On management training and development, a new programme had been started and WWC would retain oversight of this. It focused on basic skills.
- 91.13. On the staff survey, WWC decided to focus on what the organisation was doing well. So at the start of each WWC two management teams had been presenting their responses to the staff survey. TP wanted a culture of continuous improvement and systems in place that should pick up and resolve issues as business as usual.
- 91.14. Health and safety and workforce race and disability standards were also reviewed at WWC. There had been fantastic progress in these areas, particularly on health and safety.
- 91.15. The workforce plan was the bread and butter of the Committee. The Trust was commissioned to deliver services and to deliver against our demand and capacity review, which set out the skills mix desired and level of staffing for the money received. The workforce plan needed regular updating, therefore. WWC wanted to receive a safe staffing dashboard but thus far this had never been possible as the parameters kept changing.

- 91.16. The Trust had been lucky to have good candidates for the senior HR positions and had made some good appointments. A lot now was about bedding in and seeing through changes rather than simply responding to issues.
- 91.17. There would be a new Chair of WWC soon and TP thanked Council for their support. He encouraged Governors to attend WWC as it was highly valuable.
- 91.18. MMC asked about the roll out of electronic staff records and e-expenses. Many staff didn't have the appropriate car insurance: how was that being managed. TP noted that WWC had been quite clear that if people were paid expenses for using their car, the Trust had a responsibility that they were properly insured but getting that right was a management issue.

## **92. Health and Safety**

- 92.1. DA introduced Amjad Nazir, Head of Health and Safety.
- 92.2. AN covered many health and safety improvements and security improvements that had been made in the Trust.
- 92.3. He talked though the improvement plan and his team structure, including regional Health and Safety Managers and most recently the Trust's Security Manager had moved into the team.
- 92.4. AN had reorganised the management around specific areas of H&S, which enabled more focus and an improvement in risk management.
- 92.5. AN described the new policies and procedures he'd put in to ensure staff and patient safety. He had also instigated H&S audits with clear risk scoring.
- 92.6. He described the annual audits of 114 sites around the Trust, and noted that MRCs were highest scoring in compliance (averaging 85%) and ambulance stations the lowest with 75% compliance.
- 92.7. This would provide accurate benchmarking data to judge improvements going forward.
- 92.8. The lowest areas of compliance were lone working, manual handling, security, slips, trips and falls, Display Screen Equipment (DSE) and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) awareness.
- 92.9. Training packages were created online through the Trust's Discover (online learning) platform. Fleet had been thoroughly reviewed as they were partial to many more risks or more severe risks than office-based staff. Estates were similarly reviewed to ensure regular checks were instigated.
- 92.10. There was more work to do around fire safety but there had been ample work focusing on stopping the spread of fire and ensuring locations had equipment to put fires out. AN would be moving on to review and improve fire evacuations.
- 92.11. The team had also created generic risk assessments. The aim was to build and improve the health and safety culture.
- 92.12. The Trust was seeking to improve its RIDDOR reporting and this was happening year on year.
- 92.13. NP asked about RIDDOR reporting and how that worked at SECAMB.
- 92.14. AN advised that the team's longer-term objective was to obtain ISO45001 accreditation for our H&S system. SECAMB would be the only ambulance trust to have this.
- 92.15. On security, body worn cameras were being trialled nationally and SECAMB would join the trial in Q4.
- 92.16. AN ran through the key security priorities in protecting and supporting staff.

- 92.17. MT noted that she started Operation Cavell in 2012 due to staff assaults in her Trust with the police, and she was very pleased that AN would be seeking to implement it at SECAMB.
- 92.18. AR advised that violence, aggression and RIDDOR reporting had Board visibility. It was fantastic that security had moved under AN.
- 92.19. DA advised that Governors were welcome on the quality walkabouts though they were likely on hold because of the coronavirus.
- 92.20. DE asked about middle managers and whether health and safety training was part of the Fundamentals training. AN advised they had trialled their own version of IOSH H&S and were seeking to get it accredited. They would upskill middle management as a priority.
- 92.21. MMc asked about the body worn cameras. They would cost a lot: what benefits would be gained? AN advised that it would provide evidence for prosecution and act as a deterrent to the public.
- 92.22. NK advised that his police service had just replaced their body worn kit and this sounded expensive. He noted that the cameras were also useful for handling complaints and for training purposes. DA noted it was key to balance staff safety and confidentiality. TP advised that regional or national procurement would seem to make sense. PA advised that the majority of the cost was data storage, not the cameras.

### **93. Selection of QA audit area**

- 93.1. DA introduced Judith Ward (Deputy Chief Nurse). JW advised that each year the Trust produced a forward and backward-looking quality account and report. Priorities were set with Trust stakeholders.
- 93.2. Initial discussion about the possibility of auditing different data quality areas had taken place at the recent GDC.
- 93.3. Three areas were suggested:
- 93.4. – Meal break compliance
- 93.5. – Data set for S136 conveyance – JW advised that a multi-agency data audit would be conducted separately.
- 93.6. – Cat 3-4 reporting
- 93.7. MT noted that she had brought five examples of where Sussex triangulates its data and then we can see where the differences lie.
- 93.8. MMc preferred meal break compliance as it would be so helpful to colleagues and potentially show certain OUs at certain times experiencing issues, enabling the Trust to identify variation. JW confirmed that all three related to patient safety in some way. CW noted that it should consider compliance within the meal-break window.
- 93.9. BC noted that the GDC had discussed keeping focus on S136. JW noted that KPMG (our external auditor) had said they couldn't compare SECAMB's data with that of other Trusts as part of the audit, but could only check the accuracy of SECAMB's own data set.
- 93.10. DA suggested the Council adopt the meal-breaks audit and undertake an internal audit on S136.
- 93.11. Council agreed.

**ACTION: S136 transports to be added to the internal audit programme, including if possible comparison between SECAMB data and Sussex Partnerships' data to understand any discrepancies.**

#### **94. Governor annual self-assessment of effectiveness**

94.1. IA introduced the paper setting out the findings of the annual self-assessment process and NEDs' feedback. Overall, this painted a positive picture with the following areas for improvement noted:

- Timely advice of potential media attention and public interest stories;
- Attendance of NEDs at Council meetings;
- Knowledge of the strategic direction of the Trust (perhaps unsurprising as a new strategy is currently under development);
- Some Governors getting into too much detail at Council

94.2. IA advised that the GDC would consider what actions were needed, if any.

#### **95. Any other business**

95.1. There were none.

#### **96. Questions from the public**

96.1. There were none.

#### **97. Areas to highlight to the NEDs**

98. The issue around rolling secondments had been escalated during the meeting.

#### **99. Review of meeting effectiveness**

99.1. Council agreed that the items were appropriate and relevant and well-handled transparently.

99.2. DA presented a shield to thank MT for her 9 years on the Council and her championing of those with mental ill health. MT had been part of all the NED appointments.

**Signed:**

**Name and position:**

**Date:**

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

## Key

Closed

Due

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			C	Amalgamated in item 282
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. Update 26.02.20: the chairman agreed to lead a working group to ensure that the issues are considered as a whole including consequences (intended and unintended) are considered.
20.09.19	33.2	268	Arrange a workshop briefing for Council on clinical performance and understanding the integrated performance report	IA	Sep.20	CoG	IP	This remains on the suggested items list that goes to the GDC. Once the IPR has been revised it will make sense to hold this session.
20.09.19	39.10	270	How assured was the Trust that CFRs had access to the funds raised in their name, as this had been an issue in the past	IA	Dez.19	CoG	IP	Peter Lee would clarify with the Chair of CFC what the current plan was and whether any adjustments were needed to address Governors' concerns. A workshop was held 28.10.19 with management stakeholders to discuss: ensuring that the Trust remains compliant with regulations surrounding charitable activities and how CFR availability to work/performance/fundraising is captured and audited. The recommendations will be discussed at CFC on 12 December. Update 26.02.20: there is an approved policy and process which is administered via the Volunteer Services Directorate under Dave Wells. Once there is an approved request Finance will transacted the funds immediately. 05.03.20 NP was unsure this had been resolved. Al Rymer noted it was under the purview of the Charitable Funds Committee which had a focus on it. To remain open until Governors are happy to close it.
03.12.19	71.6	272	Review Governor representation numbers and whether B&H should revert to having its own Governor	IA	Dez.22	CoG	IP	This to be revisited prior to next Governor elections, ie end of 2022.
03.12.19	50.7	273	FIC to scrutinise section 136 mental health data and recording at a future meeting	DA	TBC	Board	C	Sent to Chair of FIC/AuC to consider how to seek assurance if necessary. Amalgamated into action 282.
03.12.19	52.19	276	Refer concern regarding STEMI bundle to the QPS to consider.	DA	TBC	Board	C	Has sparked wider consideration of how NEDs take assurance from Ambulance Quality Indicator performance/data. To further consider at QPS.
03.12.19	58.5	277	DA to share concerns regarding time for staff to recuperate after traumatic events and in relations to newly qualified Paramedics' reported lack of resilience with WWC	DA	TBC	Board	C	Shared with Operations Associate Director for the East.
03.12.19	58.8	278	DA to ensure Chair of WWC is aware regarding the use of agency staff Paramedics and Technicians	DA	TBC	Board	C	TP confirmed the WWC were well aware of the issue 05.03.20.
03.12.19	58.13	280	IA to follow up with the team to ensure GG is included in stakeholder communications around 999 performance when circulated.	IA	TBC	CoG	C	Whilst the NEDs were overall not assured about 999 performance at the Finance & Investment Committee in November. The Committee was assured that "the executive has identified all the major issues to be tackled to achieve sustained performance" and that a "clear communication plan is required to ensure key stakeholders understand the issues and what we are doing to address them, and to ensure expectations are managed." Has a briefing to stakeholders been prepared and circulated? Graham would like to circulate this to the six leaders to update them. IA had asked the Communications Team to include GG in any stakeholder communications.



**SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**  
**CHIEF EXECUTIVE'S REPORT TO THE TRUST BOARD AND COUNCIL**

**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 April 2020 and May to date.

**2. Local issues**

**2.1 Operational Performance**

2.1.1 Despite the challenges of the COVID-19 pandemic, the Trust's Senior Operational Leadership Team is continuing to ensure that there is close monitoring of our 999 and 111 performance and that we are making the most efficient use of the resources we have available.

2.1.2 999 call answering performance has remained strong overall during this period, outside of specific short periods when we have seen a significant increase in call volume, for example following the initial national announcement regarding lock-down. Despite recent challenges, I am pleased that we continue to be among the best in the country for this measure.

2.1.3 In order to ensure we are able to respond as effectively as possible, despite the number of staff who need to self-isolate due to having COVID symptoms, shielding or because a member of their family has become symptomatic, the operational teams have continued to focus on ensuring that we are maximising the resources available. This has included careful use of overtime and Private Ambulance Provider (PAP) resources, as well as support from new colleagues who have joined us on the bank (see 4.1.9 below).

2.1.4 During the past eight weeks, we have understandably seen lower 999 demand from the public overall than for the same period last year. We have also seen a reduction in calls from Health Care Professionals (HCPs) and requests for inter-facility transfers, due to capacity & resources within both primary and secondary care being much more tightly managed. For the same reason, we have also seen a reduction in hospital handover delays. Combined with the focus on staffing, this has enabled us to deliver strong performance against all categories of call, especially during May 2020.

2.1.5 Analysis of our performance also shows that our 'see and treat' rate has increased during this period, due to the need to limit patients being taken to hospital wherever possible as well as the desire of patients to avoid hospitalisation. Whilst this will be temporary, we are keen to ensure that we continue to focus on this area, but as the wider system is starting to return to more usual operating practices, we are seeing the conveyance rate starting to return closer to the seasonal norm.

2.1.6 After unprecedented levels of demand for our NHS 111 service during February and March 2020, we have seen demand decrease during April and May, although it remains higher than expected levels. Demand also continues to be

heavily impacted by any national announcements made about how to access services or changes in process.

2.1.7 From mid-May onwards, we have supported the national campaign to encourage people to access emergency help if needed, following the significant drop in 999 calls. As I write, we are beginning to see 999 numbers increasing, prompted partly by an easing of some lockdown measures.

## **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 focus of the EMB has been on the impact of COVID-19, the rapidly changing national picture and the impact on the Trust. In addition to the main weekly meeting, we have introduced short daily Exec 'huddles' during the pandemic, to ensure that there is a frequent opportunity for issues to be raised and discussed and action taken where necessary. We have also introduced a new, 'Executive-heavy' group – the COVID Response Management Group – which has been meeting daily including at weekends although latterly we have reduced the frequency of these meetings to five days a week. There is more detail on this important governance change in Section 4 below.

2.2.4 Other issues covered by the EMB during this period include:

- Scrutiny of the year-end financial position and budget setting for the new financial year
- Progress of work-streams under the HR Transformation Programme
- On-going preparation, with IC24, for the mobilisation of the new NHS 111/CAS contract
- Advancement of key infrastructure projects, including Brighton Make Ready Centre

2.2.5 The EMB has also continued the joint programme of development with the Senior Leadership Team (SLT) during this period, including monthly joint sessions.

## **2.3 Revised Trust Strategy**

2.3.1 Following presentation of the Trust's refreshed Strategy at today's Board meeting, we will be working hard to socialise this over coming weeks with a wide range of internal and external stakeholders, although there will not be a formal 'launch' at this stage.

2.3.2 Our engagement plan will include ensuring that our new Strategy is accessible to all audiences, that the key points are widely shared and that internal stakeholders are able to clearly identify how they have influenced its development.

## **2.4 Sad news**

2.4.1 During recent weeks, we have very sadly lost two serving members of staff – Paramedic Practitioner Rhod Prosser and ECSW Rosie Hales. We also lost a recently-retired colleague – Ricky Powell – and Paramedic Practitioner Peter Hart, who had previously been a long-standing SECamb employee and who continued to work on the bank for SECamb, although his primary role was at East Surrey Hospital.

2.4.2 The current situation has made it difficult for their colleagues locally to pay their respects, as they would do normally but I have been proud to see our managers work with staff to find different and very touching ways to do this during this period.

2.4.3 We have ensured that all staff who have been affected by these losses, including local managers, are being supported and will continue to ensure this happens.

## **2.5 Engagement with local stakeholders and staff**

2.5.1 Despite the COVID-19 pandemic, I have continued my on-going programme of meeting with local stakeholders, although this has obviously been carried out virtually in most cases.

2.5.2 The Chair and I have commenced a programme of virtual meetings with our local MPs and during this period have engaged with almost all of them, either individually or in small groups. We have used the Trust's Common Operating Picture, which provides a summary of current performance and other key issues, as a basis for these discussions and have also been able to provide timely updates on our response to the pandemic.

2.5.3 These meetings have been largely positive, and we have received good feedback from participants. We have a plan in place to continue this programme moving forward as the format and approach seems to have worked well.

2.5.4 Without breaking social distancing restrictions, I have also continued my programme of visiting Trust sites and regularly meeting with staff, including spending time at Crawley and Coxheath EOCs, Ashford 111, Banstead, Chertsey and Sittingbourne.

## **3. Regional Issues**

### **3.1 Delay to implementation of new NHS111/CAS contract**

3.1.1 In the light of rising pressure on the Trust due to COVID-19 and in particular on the NHS 111 service, discussions took place with our commissioners in the Spring and a system-wide decision was taken to postpone the launch of the new NHS 111/CAS contract planned for 1 April 2020.

3.1.2 Following this decision, we are continuing to work on our mobilisation plans for the new service, together with our partners, and are continuing to closely monitor the situation before specifying a precise go-live date. As stated, we expect to launch the new service before the winter, however, in the meantime, the current NHS 111 service continues as normal.

## **4. National issues**

### **4.1 COVID-19 outbreak**

4.1.1 Like the rest of the NHS and our ambulance colleagues nationally, SECamb has been and continues to be significantly impacted by the current COVID-19 outbreak. I remain extremely impressed with the way the whole Trust has risen to the challenges placed on us and remained focussed on delivering the best service possible, despite the circumstances.

#### **Governance**

4.1.2 We have established a robust governance framework to support the Trust's response to the pandemic, including the establishment of the COVID Response Management Group (CRMG). The CRMG is led by Bethan Eaton-Haskins as our Lead Director for COVID, supported by David Hammond who chairs the meeting on her days off. This has become the key group that supports and directs our response to the pandemic, ensuring that all COVID-related decisions and actions are considered appropriately.

4.1.3 As we move through the pandemic, we have also now established the COVID Recovery, Learning & Improvement Group, led by David Hammond. This group covers several key workstreams, including those focussing on our people, estates, IT utilisation and new ways of working. It is important that we utilise our experiences during the pandemic – the things that have worked well as well as those that haven't – to improve how we conduct our business in the future. I look forward to seeing tangible outputs from this work that will bring lasting improvements for patients and staff.

#### **Personal Protective Equipment (PPE)**

4.1.4 Understandably, the supply and utilisation of PPE during the pandemic has been a key area of concern for many of our staff. Our Logistics Team have worked incredibly hard to source and distribute enough numbers of the right equipment, as well as managing a wide range of donated PPE from external businesses.

4.1.5 In common with all ambulance services, we are following the guidance provided by Public Health England (PHE) as to which PPE should be worn by staff in different clinical scenarios and this is reflected in our Trust guidance. However, our guidance also allows all staff to undertake a risk assessment and wear the PPE that they feel is appropriate to the situation at the time.

#### **Mutual Aid Support to London Ambulance Service (LAS)**

4.1.6 In late March 2020 we received a request via the National Ambulance Coordination Centre to provide mutual aid support to our colleagues at London

Ambulance Service for a two-week period, as they were under particular pressure at that time and needed to significantly increase the number of crews they had available each day.

4.1.7 Despite the very short deadlines involved, we had many staff volunteer to be part of the mutual aid team and so were able to send a 'cell' of ten ambulances and staff to support LAS from 6 April 2020 onwards.

4.1.8 From speaking to the team involved, I know that it was a challenging but also rewarding experience. Our colleagues at LAS were grateful for our support and were extremely complimentary about the contribution from the SECamb team.

### **Increasing our staff numbers**

4.1.9 To ensure that we are well placed to respond to the on-going challenges of the pandemic and have resilience within our workforce, we have worked hard to attract a range of new colleagues into the Trust during this period.

4.1.10 We have been joined by several staff on our 'bank' from different organisations, including a significant number from Virgin Atlantic, who have joined our EOC and 111 teams in Crawley to provide additional resilience. Following a specific appeal, over 50 of our former operational colleagues - paramedics, technicians and ECSWs – have also re-joined SECamb.

4.1.11 In addition, we have enjoyed excellent support from our own CFRs in a range of roles, as well as from paramedic students from our partner universities. I am also pleased to see us receiving very practical help from our Fire & Rescue Service colleagues, including their assistance with the distribution of supplies.

### **Testing**

4.1.12 During the past eight weeks, we have been providing, under a formal Memorandum of Operations (MOU), the facility for the testing of staff and patients within the community, working with acute and community providers to undertake testing of suspected COVID patients in their homes. This has included providing the regional co-ordination service for testing on behalf of the system and the communication of test results to patients and staff. More recently, this has been expanded to also include the specific testing of patients in care and nursing homes.

4.1.13 In terms of staff testing, up until recently we have been facilitating the testing of symptomatic staff only, or their symptomatic household members, through a number of testing sites in our area. However, this week we have seen the start, as a small pilot initially, of testing for asymptomatic staff ahead of a national move towards more frequent and regular testing for all front-line NHS staff.

4.1.14 Evidence from pilot sites in other parts of the country has suggested that about 2% of frontline staff tested positive without displaying any symptoms. This pilot has been a useful opportunity to test the process and ensure we get it right before it is rolled out more widely.

### **Impact of COVID on particular groups**

4.1.15 As reported through the media, evidence is indicating that COVID-19 is having a disproportionate impact on sections of our communities – those with underlying health concerns and people from Black, Asian and Minority Ethnic (BAME) communities.

4.1.16 Whilst we await the outcomes of the national review, we have taken steps locally to provide assurance to our staff where possible. We have asked the leads for Aspire, our cultural diversity network and Enable, our disability and carers network, to make contact with all staff within these groups (BAME, and those who are shielding due to pregnancy, age or underlying health conditions) to undertake a welfare check and discuss any concerns that they may have. In line with national guidance, this will now allow be followed up with specific risk assessments where necessary.

4.1.17 In order to keep our staff safe and to enable social distancing we have enabled those that do not need to be in a specific location to perform their roles from home. This has enabled us to spread out the EOC and some 111 staff across the first floor of Nexus House to ensure that staff keep metres apart. This is a significant change for our HQ staff and I want to thank everyone for adapting so willingly to these new ways of working. We note that it will take a significant amount of time to reverse – if appropriate – post COVID.

### **Communications and engagement**

4.1.18 We have worked especially hard during the pandemic to ensure that we are communicating regularly with our colleagues. In addition to utilising all of our existing internal mechanisms, we have also introduced a daily up-date call, led by Joe Garcia or his deputy Emma Williams and including updates from the Executive Team, which is joined by more than 100 first-line and middle managers every day. We are also holding a weekly live webinar, open to all who wish to join, again involving the Executive Team and which allows staff to ask questions ‘live’ during the session. This is also proving to be very popular.

4.1.19 I have been pleased that we have been able to take forwards a number of suggestions made by staff during this period, including the recent competition for children to create ‘designs’ for the side of an ambulance and a request for ‘rainbow’ hoodies for staff.

4.1.20 As I said above, I am very proud of the hard work and dedication that has been put in by staff across the Trust to responding to this situation. It has been challenging due to the speed at which the situation has developed, however there has been real focus on the safety of staff and patients which has been great to see.

### **4.2 Mental Health Awareness Week**

4.2.1 National Mental Health Awareness week commenced on 18 May 2020, with the theme this year of kindness. We have undertaken a range of activities, both internally and externally, to support this work, including a real focus on ensuring that all our staff are aware of the breadth of options available within SECamb to support them.

4.2.2 As part of this work, we were pleased to share two short films that focus on mental health within the ambulance sector. One was produced by the Association of Ambulance Chief Executives (AACE) and features colleagues from across the country and one features our own staff talking about their experiences. Both provided very a real insight into the experiences of staff, who talked bravely and openly about their own personal challenges and the journeys they are on to move forwards.

## **5. Recommendation**

5.1 The Board and Council is asked to note the contents of this report.

**Philip Astle, Chief Executive Officer**

20 May 2020



# Integrated Performance Report

Performance  
Data for our  
999 and 111  
Services



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

## Board Meeting

May 2020



Taking  
Pride



Striving for  
Continuous  
Improvement



Acting With  
Integrity



Demonstrating  
Compassion  
and Respect



Assuming  
Responsibility

## Contents Summary

Content (please note linkage to relevant Sub-Committees)	Page
Executive Summary	3
SECAmb 999 and 111 Operational Summaries	4
Key Performance and Productivity Measures	5
SECAmb bench marking Data	6
SECAmb Handover Delay Report	6
Clinical Safety Score Card	7
Clinical Safety Charts	8 -11
Clinical Safety - Mental Health	12
Quality And Patient Safety	13
Clinical Quality Score Card	14
Clinical Quality Charts	15
Health and Safety Reporting	16
Operations 999 Score Card	17
Operations 999 Performance Charts	18
Snapshot of Recent 999 Performance (Unvalidated data)	19
Operations 111 Score Card	20
Operations 111 Performance Charts	21
Workforce Score Card	22
Workforce Charts	23 - 24
Finance Performance Charts	25 - 26

## Chart Key

<ul style="list-style-type: none"> <li> Data Point</li> <li> Run of 3 above average</li> <li> Run of 3 below average</li> <li> Above UCL</li> <li> Below LCL</li> <li> AVERAGE</li> <li> UCL</li> <li> LCL</li> <li> Target</li> </ul>	<p>This represents the value being measured on the chart</p> <p>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.</p> <p>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.</p> <p>This line represents the average of all values within the chart.</p> <p>These lines are set two standard deviations above and below the average.</p> <p>The target is either and Internal or National target to be met, with the values ideally falling above or below this point.</p>
--	---

## SECAmb CQC Rating and Oversight Framework

<p>Use of Resources Metric (Financial Risk Rating)</p> <p><b>Segmentation</b></p> <p>IG Toolkit Assessment</p> <p>REAP Level</p>	<p><b>1</b></p> <p><b>Segment 3</b></p> <p>Level <b>2</b> - Satisfactory</p> <p><b>3</b> although the Trust had considered and taken action via COVID-19 governance to reduce to 2 on 20 04 20 and subsequently 1</p>
--	---

### Overview

This report sets out performance data with 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, including the key risks and issues to delivering our principle objectives. The Trust Board is asked to note the Trust's performance in each area.

The Senior Leadership Team are currently working to redesign this report and are consulting with Board members on the future format.

Data included in this report covers:

- March 2020 and contemporary operational data to give the Trust Board an indication of historic and current performance
- Clinical data as of January 2020
- Other Directorate data for March 2020

This report should be read in the context of the Trust declaring a BCI in March 2020 in order to effectively plan and respond to the COVID-19 Pandemic. This situation has resulted in a number of actions in response to Government guidance that have required the Trust to adapt to increasing numbers of personnel self isolating, working in an agile manner and supporting the delivery of front line operations. The Trust's ongoing response is reviewed daily to ensure alignment with national guidance and as learning is identified. This will also inform the work underway within the Trust to consider organisational and system recovery, learning and improvement.

As the pandemic evolves over the coming months, operational challenges will require NHS providers to be responsive and versatile. SECAmb has demonstrated these qualities during the first two months of this public health emergency, and will continue to support the public and the health system in these exceptional circumstances.

## SECAmb 999 Operational Summary

### Overview

Operational performance fell short of the targets at month end against all ARP metrics apart from C1 90th. Almost all of the increase of call volume came via the 999 system, with only an additional 84 calls originating from 111 (compared to February data). Whilst overall demand was both up on February (by 3.4%) and on last year (2.7%) there was a marked downward trend in total incidents and those needing a response from the 11th March. This downward trend in overall demand was tracked by the C2 volume but the C3 volume ran contrary to this with an overall increase over the same period. When considering the % split of call types, C2 and C3 showed a marked increase with the HCP & IFT volumes dropping significantly (-15.7% and -28.2% respectively) - this latter position is likely to be a result in the declaration of the pandemic whereby the capacity & resources within both primary and secondary care were being much more tightly managed, in addition to a decreasing desire for members of the public to attend hospitals/clinics.

The month started with cyclical patterns of escalation and de-escalation within the SMP framework, however for the first 11 days post the declaration of the Covid-19 pandemic activity increased dramatically which resulted in a far greater proportion of the higher levels of SMP being seen. Within the same timescales, a very clear trend of a decrease in the see and convey rate, matched by a reciprocal increase in the see and treat rate was seen - which, on the 28/03 resulted in both rates being almost equitable. In addition, whereas previously the hear and see rates had remained at approx. 6-8%, for the 3 days of 13-15/03 (the first 3 days of lockdown), this rate increased to in excess of 10.5%.

Overall handover wrap-up time was compliant but noting significant variation between hospitals in terms of average handover time. Volumes of patients transported were reduced towards the latter part of the month, in line with the reduction in the see and convey rate - all acute trusts also reported a similar drop in the number of overall ED attendances. CFR activity was reduced when compared to February - this was not unexpected as individuals chose to reduce any potential risk to COVID-19 by reducing their shift take-up.

All but 2 operating units delivered on or above the total level of resources required for March. Usually approx. 80+% of all hours put out are through core shifts, however from shortly after the announcement of the pandemic, this proportion reduced to a low of 60.5% on 29/03/20. The differential between these level of core resources was picked up primarily through a substantial increase in overtime - minimal differences in the resource provision through bank or private ambulance providers (PAP) was seen. This drop in core hour provision can be clearly attributed to the significant number of staff who went into self-isolation following the announcements made by the government in the second week of March - the number of staff in this category increased throughout the rest of the month. No fleet issues were reported for any front-line vehicles or 'swabulances'.

## SECAmb 111 Operational Summary

### Overview

All NHS 111 service's faced unprecedented pressures during March as a result of WHO declaring a global pandemic status for COVID-19. SECAmb collaborated extensively with other Trusts and service's, NHSE, resilience forums and COVID-19 Management Groups across the operating area to manage the demand.

Calls reached 162,194 which was double the previous December activity and performance in call answering within 60 seconds fell to 16.5% (National average was 28.6%) and the abandonment rate exceeding 50%. There is evidence to suggest that patients decided to contact the wider Urgent Care System to discuss their health concerns (as partially demonstrated by '999 Hear and Treat' rate).

To maintain call handling resilience SECAmb deployed a 'Public Health Emergency' team of Service Advisors to handle asymptomatic COVID-19 related calls via a new interactive voice recognition option.

The latest official version of NHS Pathways was updated numerous times which compounded the effect on performance.

The clinical-based disposition outcomes achieved by the service reflects the ability of maintaining quality and clinical care. The Ambulance and A&E referral rates fell significantly (AMB rate almost 1% below national average) attributable to ongoing efforts and planning during Q3 of 2019/20.

## SECAmb Performance

March 2020

Category	Target		AQI		
	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	3937	00:07:52	00:14:55
C1T	00:19:00	00:30:00	2408	00:09:28	00:17:32
C2	00:18:00	00:40:00	32719	00:21:25	00:41:01
C3		02:00:00	19776	01:45:06	04:01:21
C4		03:00:00	265	02:10:57	04:56:29
HCP 3			1036	02:18:19	04:58:01
HCP 4			870	03:08:38	07:17:59
IFT 3			396	02:23:32	04:54:58
IFT 4			106	03:29:17	09:02:04
ST	All Incidents		23881	37.16%	
SC	All Incidents		34984	54.43%	
HT	All Incidents		5403	8.41%	
Count of Incidents			64268		
Count of Incidents with a Response			58865		
999 Mean	Call Answer Target 00:05		77883	00:07	
999 90th	Call Answer Target 00:10			00:12	
Trust EOC 999 Abandoned Calls			185	0.2%	

## SECAmb Productivity

Week commencing 2<sup>nd</sup> March 2020

	RPI	Job Cycle Time	Qualified Shift Cover	Staff Hours Booked On	SRV Staff Hours	NET Staff Hours	DCA Staff Hours
<b>Actual</b>	1.06	01:38:44	97.38%	65,082	4.2%	2.5%	93.3%
<b>Target</b>	1.09	01:29:00	100%	70,400	3%	0%	97%

Week commencing 9<sup>th</sup> March 2020

	RPI	Job Cycle Time	Qualified Shift Cover	Staff Hours Booked On	SRV Staff Hours	NET Staff Hours	DCA Staff Hours
<b>Actual</b>	1.07	01:38:40	96.74%	63,447	4.0%	2.7%	93.3%
<b>Target</b>	1.09	01:29:00	100%	70,400	3%	0%	97%

Week commencing 16<sup>th</sup> March 2020

	RPI	Job Cycle Time	Qualified Shift Cover	Staff Hours Booked On	SRV Staff Hours	NET Staff Hours	DCA Staff Hours
<b>Actual</b>	1.07	01:37:49	96.44%	62,986	3.4%	2.2%	94.4%
<b>Target</b>	1.09	01:29:00	100%	70,400	3%	0%	97%

Week commencing 23<sup>rd</sup> March 2020

	RPI	Job Cycle Time	Qualified Shift Cover	Staff Hours Booked On	SRV Staff Hours	NET Staff Hours	DCA Staff Hours
<b>Actual</b>	1.07	01:37:33	96.79%	64,784	3.2%	2.4%	94.3%
<b>Target</b>	1.09	01:29:00	100%	70,400	3%	0%	97%

## SECAmb Benchmarking Data

### Response & Call Answer Performance March 2020

C1		Mean	C2		Mean	C3		90th	C4		90th	Call Answer Times	Mean	
England		<b>00:08:07</b>	England		<b>00:32:06</b>	England		<b>03:39:42</b>	England		<b>04:36:37</b>	England	<b>49</b>	
1	North East	00:06:47	1	West Midlands	00:14:46	1	West Midlands	01:53:44	1	West Midlands	02:36:57	1	South East Coast	7
2	West Midlands	00:07:08	2	South Central	00:19:21	2	Yorkshire	02:14:44	2	Yorkshire	02:54:15	2	South Western	7
3	South Western	00:07:10	3	South East Coast	00:21:26	3	Isle of Wight	02:33:45	3	South Central	03:16:07	3	West Midlands	8
4	South Central	00:07:47	4	Yorkshire	00:23:53	4	South Central	02:38:01	4	North East	03:28:15	4	East Midlands	11
5	North West	00:07:50	5	Isle of Wight	00:26:03	5	North East	03:08:04	5	North West	04:30:09	5	Isle of Wight	11
6	South East Coast	00:07:52	6	North East	00:27:22	6	South Western	03:41:59	6	East Midlands	04:36:53	6	North East	11
7	East Midlands	00:07:59	7	South Western	00:27:53	7	East Midlands	03:57:42	7	South Western	04:38:57	7	North West	12
8	Yorkshire	00:08:01	8	East Midlands	00:28:14	8	South East Coast	04:00:52	8	Isle of Wight	04:40:40	8	Yorkshire	13
9	East of England	00:08:23	9	East of England	00:31:25	9	East of England	04:09:42	9	South East Coast	04:56:30	9	East of England	15
10	Isle of Wight	00:09:51	10	North West	00:37:37	10	North West	05:58:20	10	East of England	05:15:43	10	South Central	17
11	London	00:09:52	11	London	01:01:22	11	London	07:17:16	11	London	09:55:28	11	London	201

### Clinical Outcomes November 2019\*\*

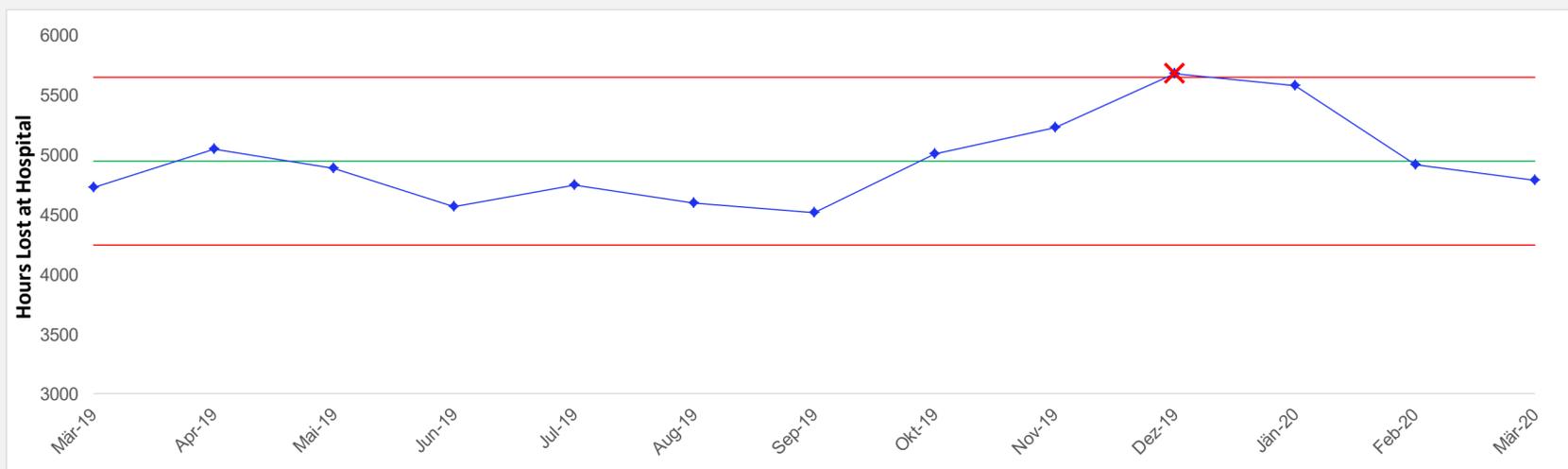
Proportion discharged from hospital alive (All Patients)		%	Proportion discharged from hospital alive (Utstein comparator group**)		%	Call Answer Times	90th centile	
England		<b>7.8%</b>	England		<b>26.7%</b>	England	<b>147</b>	
1	West Midlands Ambulance Service NHS Foundation Trust	11.9%	1	Isle of Wight NHS Trust	50.0%	1	South East Coast	12
2	South Western Ambulance Service NHS Foundation Trust	11.6%	2	West Midlands Ambulance Service NHS Foundation Trust	31.4%	2	South Western	16
3	London Ambulance Service NHS Trust	7.8%	3	East Midlands Ambulance Service NHS Trust	30.4%	3	North East	26
4	Isle of Wight NHS Trust	7.7%	4	Yorkshire Ambulance Service NHS Trust	30.4%	4	West Midlands	27
5	Yorkshire Ambulance Service NHS Trust	7.3%	5	South Central Ambulance Service NHS Foundation Trust	29.2%	5	Isle of Wight	29
6	North West Ambulance Service NHS Trust	6.8%	6	London Ambulance Service NHS Trust	28.6%	6	East Midlands	37
7	East of England Ambulance Service NHS Trust	6.6%	7	East of England Ambulance Service NHS Trust	26.0%	7	North West	45
8	South Central Ambulance Service NHS Foundation Trust	6.4%	8	South Western Ambulance Service NHS Foundation Trust	25.9%	8	Yorkshire	46
9	North East Ambulance Service NHS Foundation Trust	6.0%	9	South East Coast Ambulance Service NHS Foundation Trust	21.7%	9	East of England	52
10	East Midlands Ambulance Service NHS Trust	5.9%	10	North West Ambulance Service NHS Trust	20.6%	10	South Central	57
11	South East Coast Ambulance Service NHS Foundation Trust	5.1%	11	North East Ambulance Service NHS Foundation Trust	20.0%	11	London	595

\*\* National Clinical Outcomes data is collected & published 5 months behind the 999 performance data.

## SECAmb Handover Delay Reporting

### March 2020

Hospital	No. of Transports	No. of Handovers	Handover Button Compliance	Sum of HO < 15mins	HO < 15mins %	Sum of HO > 60mins	HO > 60mins %	Hours Lost Through Handover
Conquest Hospital	1730	1281	74.0%	271	21.2%	13	1.0%	177.19
Darent Valley Hospital	1947	1751	89.9%	570	32.6%	5	0.3%	182.96
East Surrey Hospital	2880	2778	96.5%	714	25.7%	16	0.6%	331.97
Eastbourne DGH	1594	1108	69.5%	163	14.7%	31	2.8%	229.39
Epsom Hospital	1168	1071	91.7%	305	28.5%	1	0.1%	113.33
Frimley Park Hospital	1822	1736	95.3%	452	26.0%	5	0.3%	184.71
Kent And Canterbury Hospital	119	89	74.8%	63	70.8%	0	0.0%	3.86
Maidstone Hospital	1322	1210	91.5%	633	52.3%	5	0.4%	79.35
Medway Maritime Hospital	3136	2749	87.7%	1037	37.7%	113	4.1%	480.61
Princess Royal Hospital	660	576	87.3%	152	26.4%	10	1.7%	75.59
Queen Elizabeth Queen Mother Hospital	2555	2470	96.7%	1274	51.6%	3	0.1%	131.42
Royal Surrey County Hospital	1275	1197	93.9%	663	55.4%	3	0.3%	73.19
Royal Sussex County Hospital	2565	2162	84.3%	936	43.3%	34	1.6%	232.14
St Peter's Hospital	2333	2220	95.2%	731	32.9%	8	0.4%	186.39
St Richard's Hospital	1706	1560	91.4%	699	44.8%	10	0.6%	135.89
Tunbridge Wells Hospital	2122	1977	93.2%	987	49.9%	9	0.5%	142.07
William Harvey Hospital	2813	2650	94.2%	881	33.2%	20	0.8%	314.69
Worthing Hospital	2086	1907	91.4%	836	43.8%	6	0.3%	118.12



## SECAmb Clinical Safety Scorecard

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

	Nov-19	Dec-19	Jan-20	12 Months
<b>Actual %</b>	52.0%	50.0%	55.3%	
<b>Previous Year %</b>	45.2%	41.5%	52.9%	
<b>National Average %</b>	53.6%			

### Cardiac ROSC - ALL

	Nov-19	Dec-19	Jan-20	12 Months
<b>Actual %</b>	26.6%	23.2%	27.7%	
<b>Previous Year %</b>	19.1%	25.9%	29.5%	
<b>National Average %</b>	28.8%			

### Cardiac Survival - Utstein

	Nov-19	Dec-19	Jan-20	12 Months
<b>Actual %</b>	21.7%	28.9%	33.3%	
<b>Previous Year %</b>	14.3%	18.4%	22.6%	
<b>National Average %</b>	26.7%			

### Cardiac Survival - All

	Nov-19	Dec-19	Jan-20	12 Months
<b>Actual %</b>	5.1%	8.1%	9.9%	
<b>Previous Year %</b>	6.6%	7.2%	9.7%	
<b>National Average %</b>	7.8%			

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

	Nov-19	Dec-19	Jan-20	12 Months
<b>Actual %</b>	62.5%	65.0%	70.9%	
<b>Previous Year %</b>	58.7%	65.0%	53.6%	
<b>National Average %</b>				

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

	Nov-19	Dec-19	Jan-20	12 Months
<b>Mean (hh:mm)</b>	02:14			
<b>National Average</b>	02:16			
<b>90th Centile (hh:mm)</b>	03:09			
<b>National Average</b>	03:09			

### Stroke - call to hospital arrival

	Oct-19	Nov-19	Dec-19	12 Months
<b>Mean (hh:mm)</b>	01:26	01:30		
<b>National Average</b>	01:25	01:28		
<b>Median (hh:mm)</b>	01:12	01:10		
<b>National Average</b>	01:13	01:15		
<b>90th Centile (hh:mm)</b>	02:25	02:24		
<b>National Average</b>	02:13	02:18		

### Stroke - assessed F2F diagnostic bundle

	Nov-19	Dec-19	Jan-20	12 Months
<b>Actual %</b>	94.2%	96.0%	97.0%	
<b>Previous Year %</b>	97.1%	94.9%	97.4%	
<b>National Average %</b>	96.9%			

### Post ROSC Care Bundle

	Nov-19	Dec-19	Jan-20	12 Months
<b>Actual %</b>	81.7%	75.0%	80.0%	
<b>National Average %</b>				

### Medicines Governance

	Jan-20	Feb-20	Mar-20	12 Months
<b>Total Number of Medicines Incidents</b>	149	165	135	
<b>Single Witness Sig/Inapt Barcode Use CDs Omnicell</b>	6	4	5	
<b>Single Witness Sig/Inapt Barcode Use CDs Non-Omnicell</b>	3	3	4	
<b>Total Number of CD Breakages</b>	21	21	11	
<b>Key Skills Medicine Governance</b>	72.1%	77.0%	87.1%	

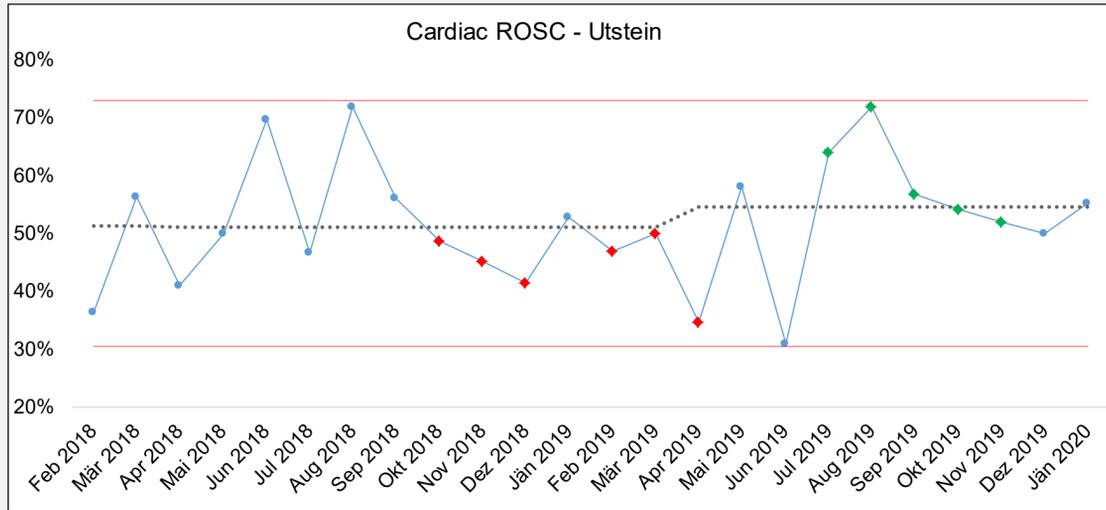
### Sepsis Care Bundle Compliance

	Nov-19	Dec-19	Jan-20	12 Months
<b>Actual %</b>	85.6%	86.6%	87.4%	

### Medicines Management

	Jan-20	Feb-20	Mar-20	12 Months
<b>Number of Audits</b>	189	173	171	
<b>Percentage of Audits</b>	99.1%	99.1%	99.3%	

## SECAmb Clinical Safety Charts

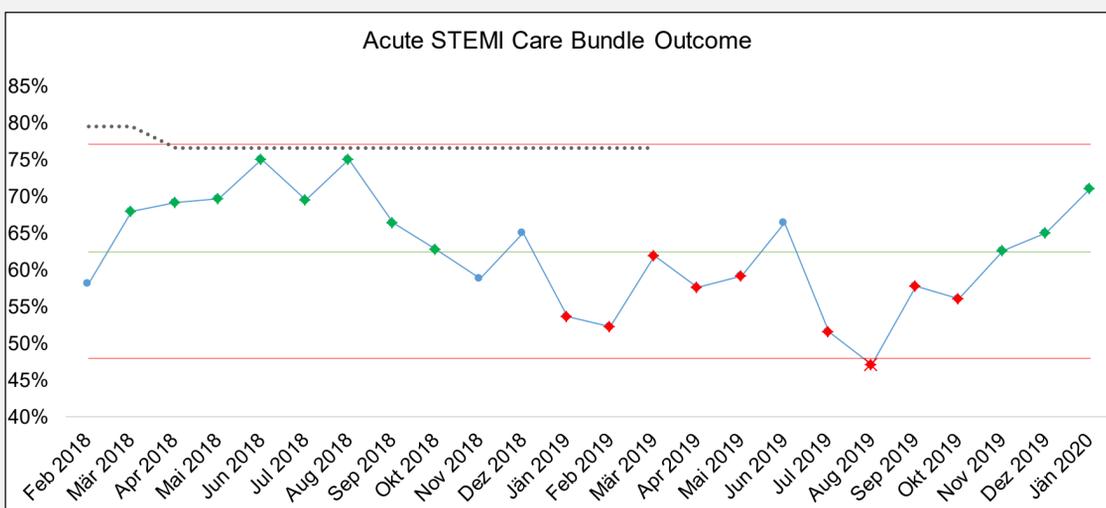
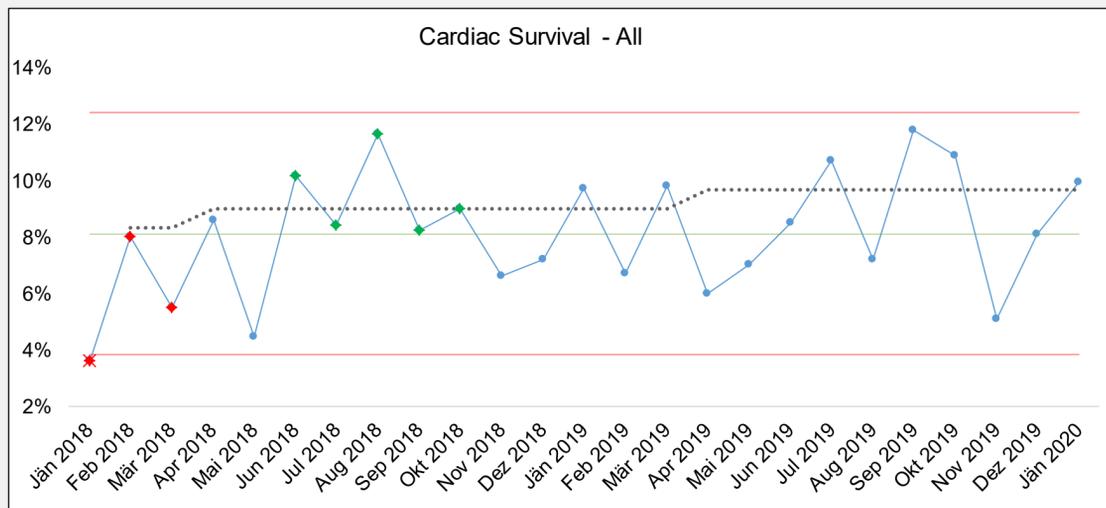
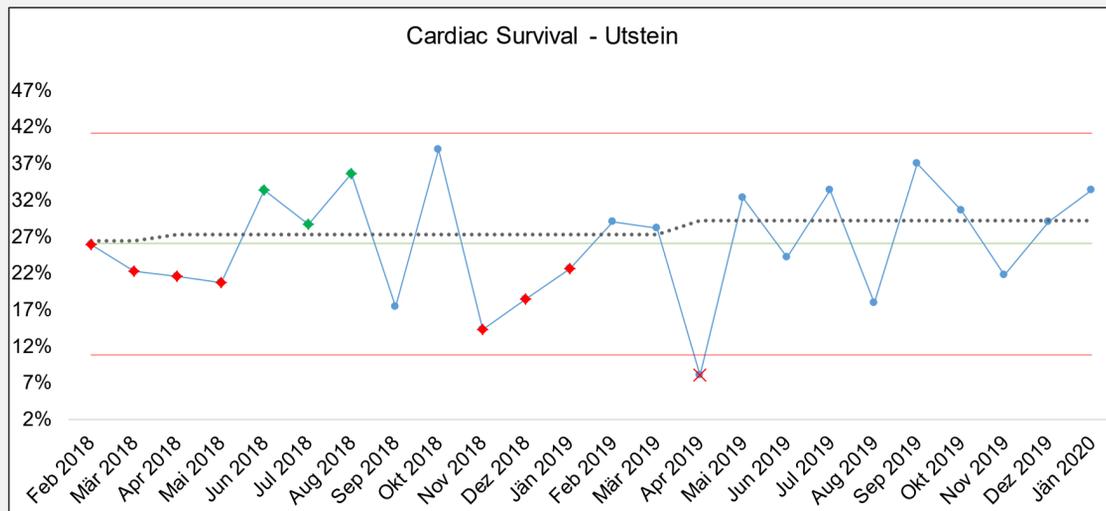
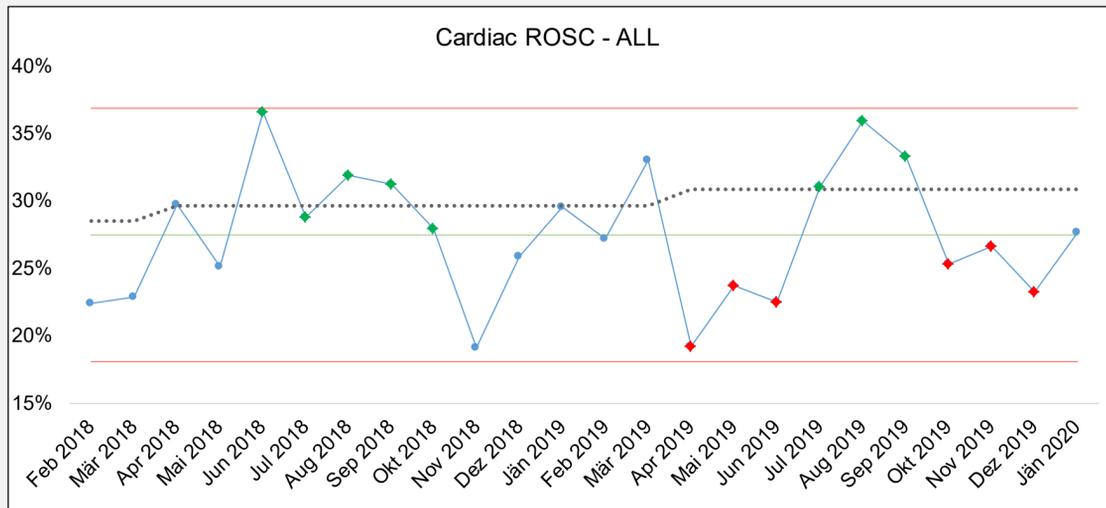


The cardiac arrest charts show the proportion of patients who had a ROSC at hospital and the proportion who survived to be discharged from hospital after resuscitation was attempted.

The data continues to show normal levels of variation. Each cardiac arrest is reviewed and no concerns relating to individual care have been identified.

In February and March, there were fewer patients matching the Utstein criteria (witnessed arrest, with bystander CPR, presenting in a shockable heart rhythm). These measures typically include few patients and so the percentages are affected by small fluctuations.

A full day of resuscitation training is currently being delivered to staff through the 2019/20 Key Skills training programme. The cardiac arrest download programme has been paused to focus on the COVID-19 response, it is expected to resume in June 2020.

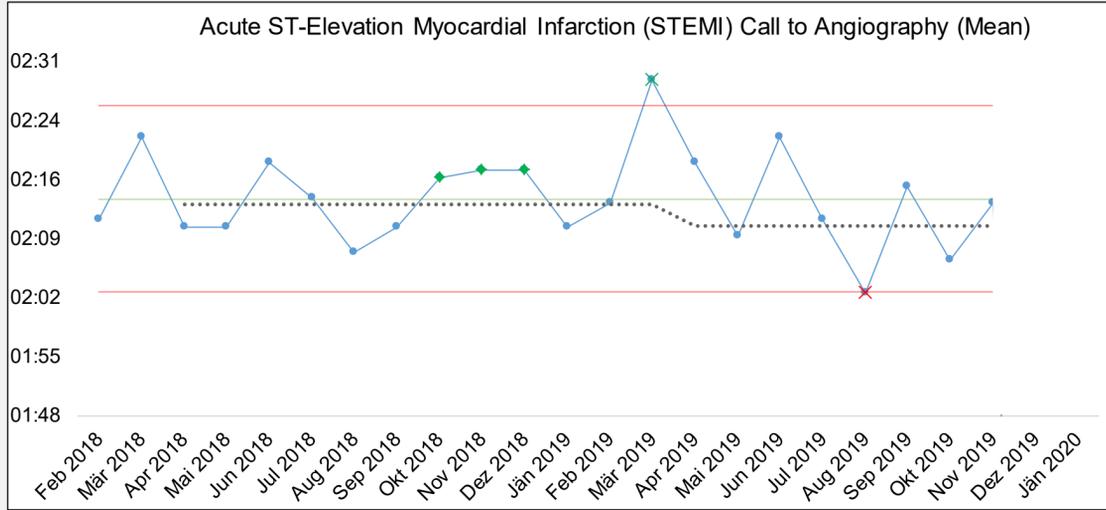


This chart shows the proportion of patients who were suffering a suspected STEMI and received a full care bundle.

There has been a month on month improvement against this measure since August 2019. This can be attributed to the delivery of individual feedback to each clinician who care for a STEMI patient and the introduction of changes to ePCR that support clinicians to document care more effectively.

In March, there were 112 patients with suspected STEMI and 82 of these received a full care bundle.

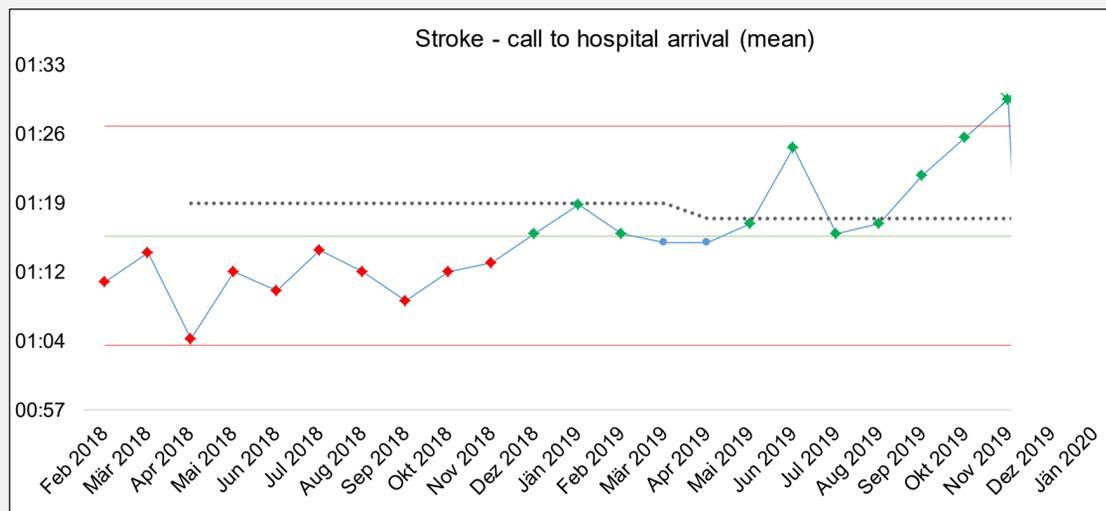
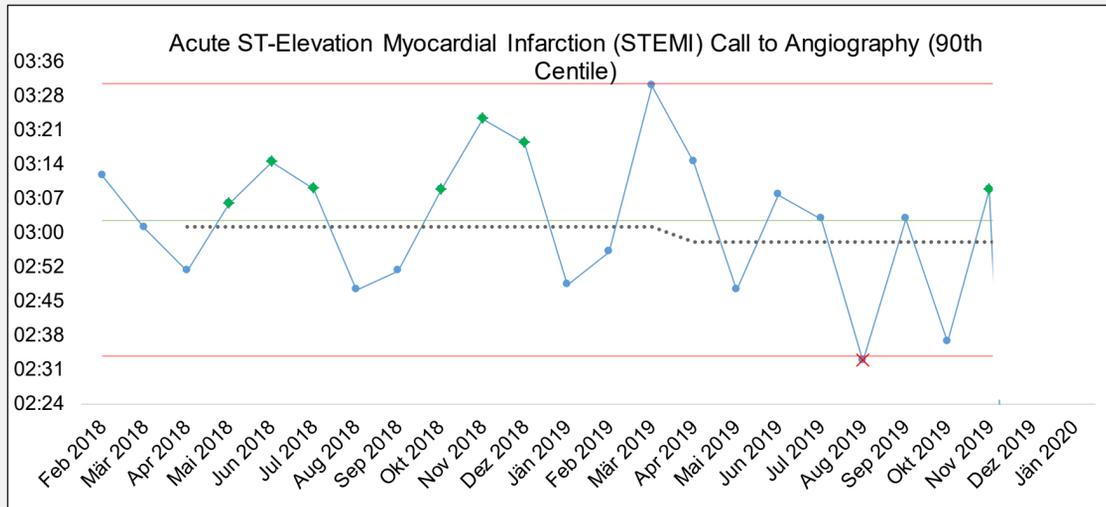
## SECamb Clinical Safety Charts



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

This includes the whole patient pathway, including any time awaiting angiography at the heart attack centre. Trust performance is broadly in line with national averages.

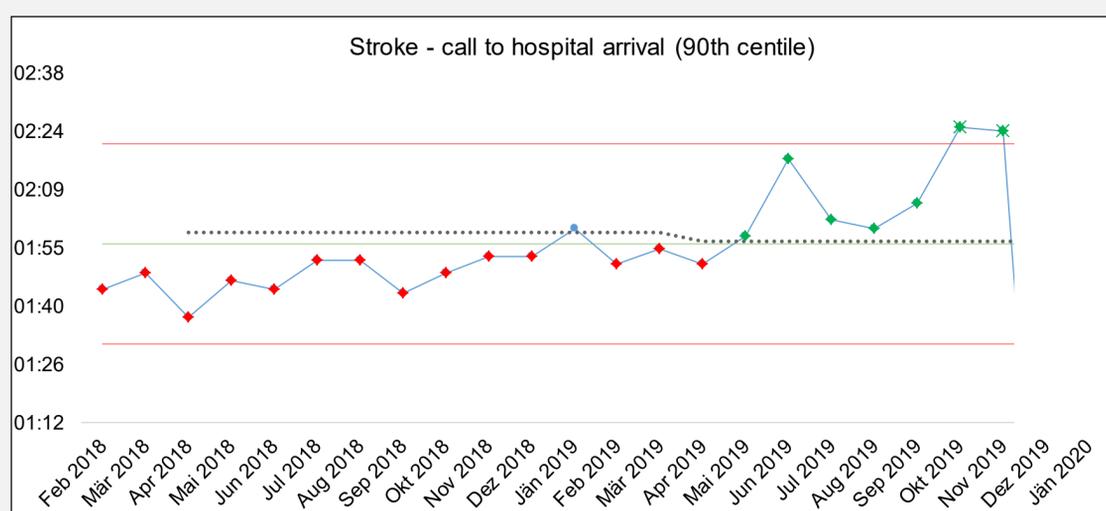
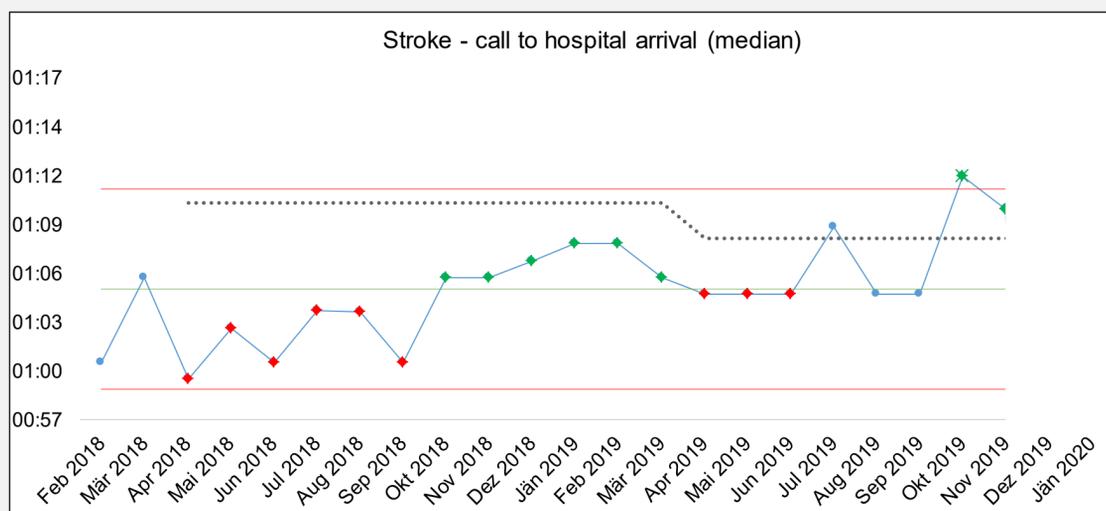
This data is no longer collected by SECamb and is released in arrears by NHS England. As such, the latest available data is from November 2019.



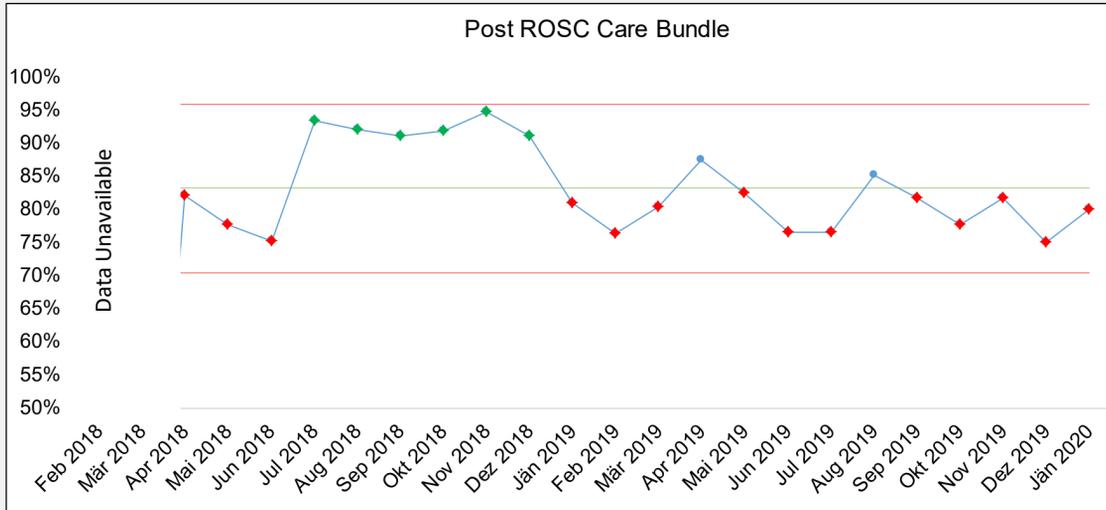
Stroke timeliness charts show the mean, median and 90th centile call to door time for patients who are suffering stroke.

The data shows a general increase in the time from call for help to arrival at definitive care. Work is underway to improve recognition of stroke during telephone triage to ensure all suspected stroke patients are categorised appropriately.

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



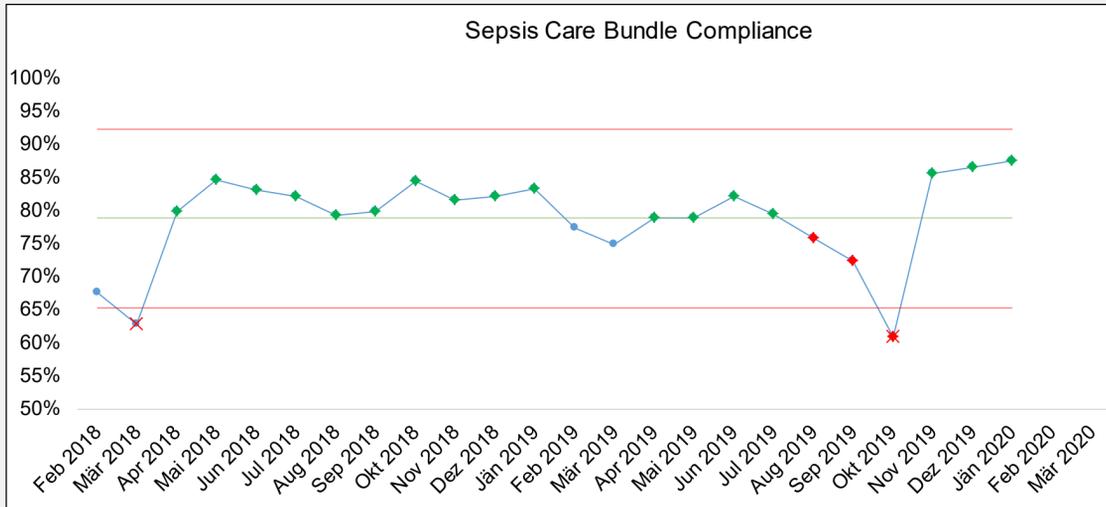
## SECamb Clinical Safety Charts



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.

In March, 64 patients had ROSC at any time and 50 of these received a full care bundle.

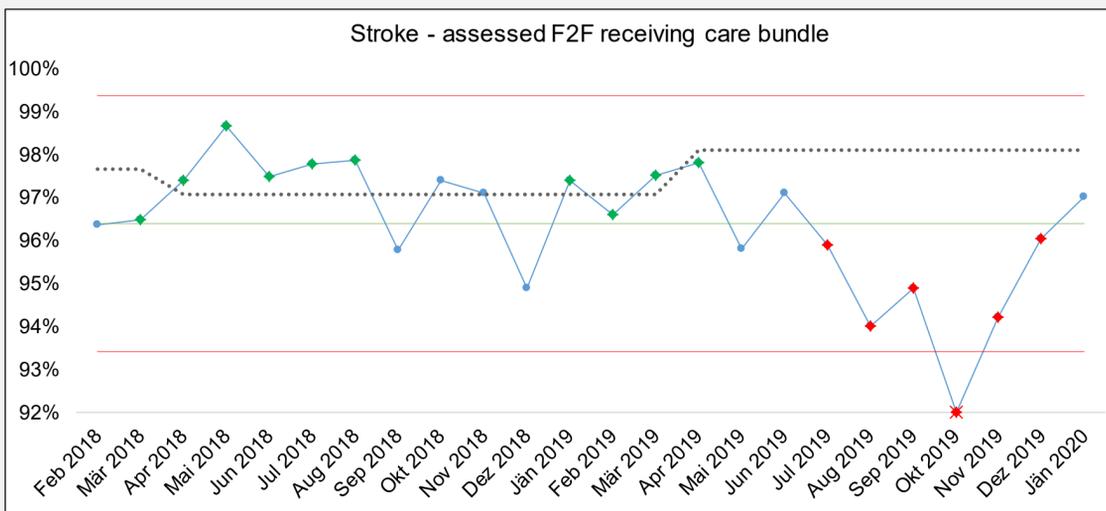


This chart shows the proportion of patients who were suffering suspected sepsis and received a full bundle of care.

This measure has shown a significant improvement since a fix was applied to ePCR in November 2019 that guides clinicians to document care effectively.

SECamb continues to perform above the national average.

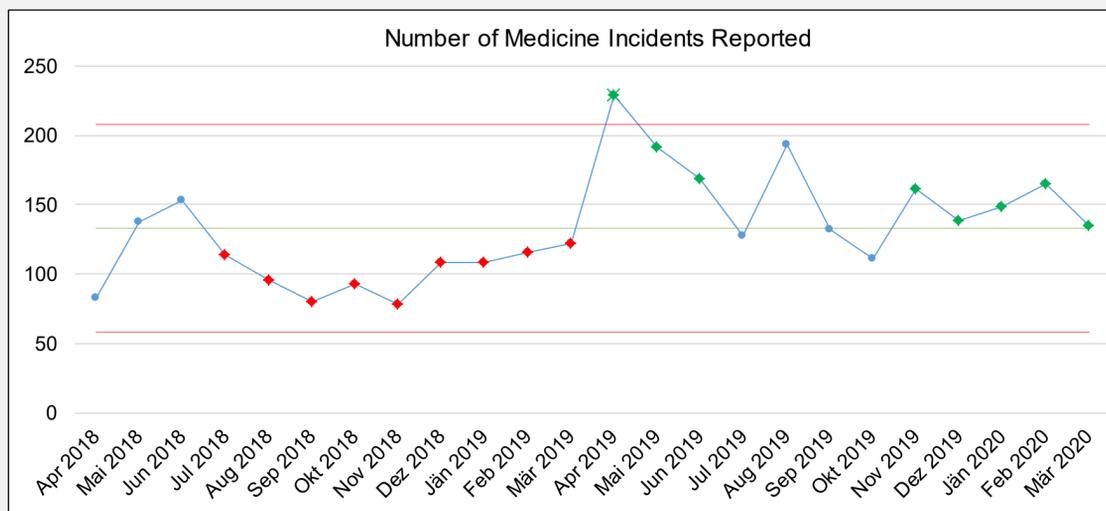
In March there were 792 cases of suspected sepsis and 686 of these met the full care bundle.



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

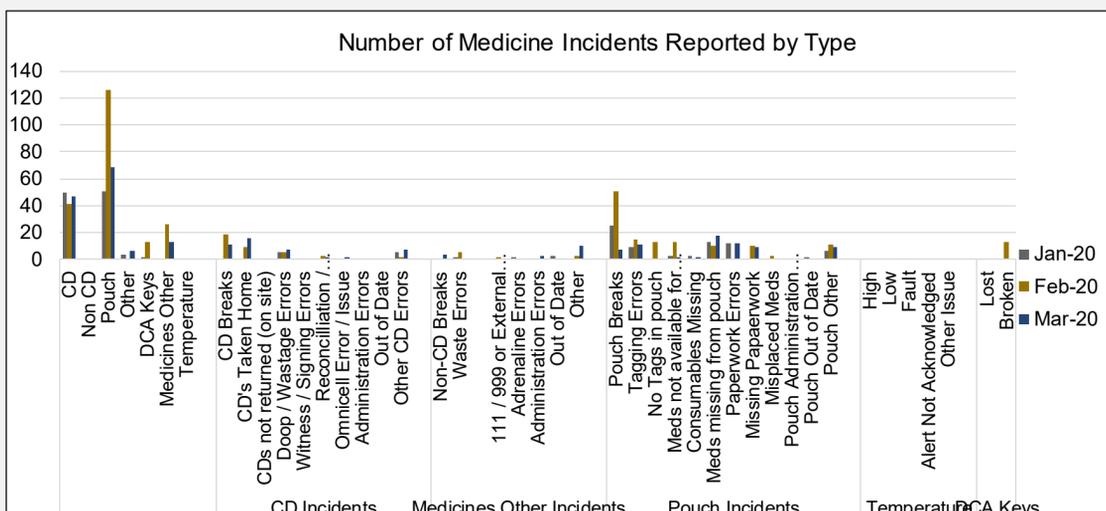
This measure has shown improvement since updates were made to the Trust's ePCR platform in November that encourage clinicals to document the essential elements of care.

In March, there were 1109 suspected strokes and 1080 received a full diagnostic bundle.



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

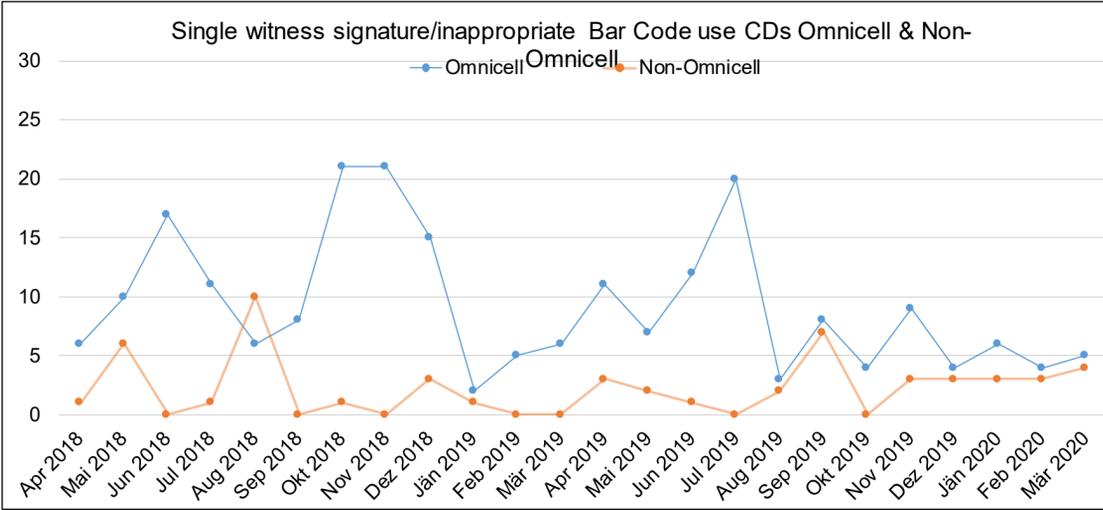
QI hub continue to highlight during their weekly conference call the administration errors and the need for learning around incidents



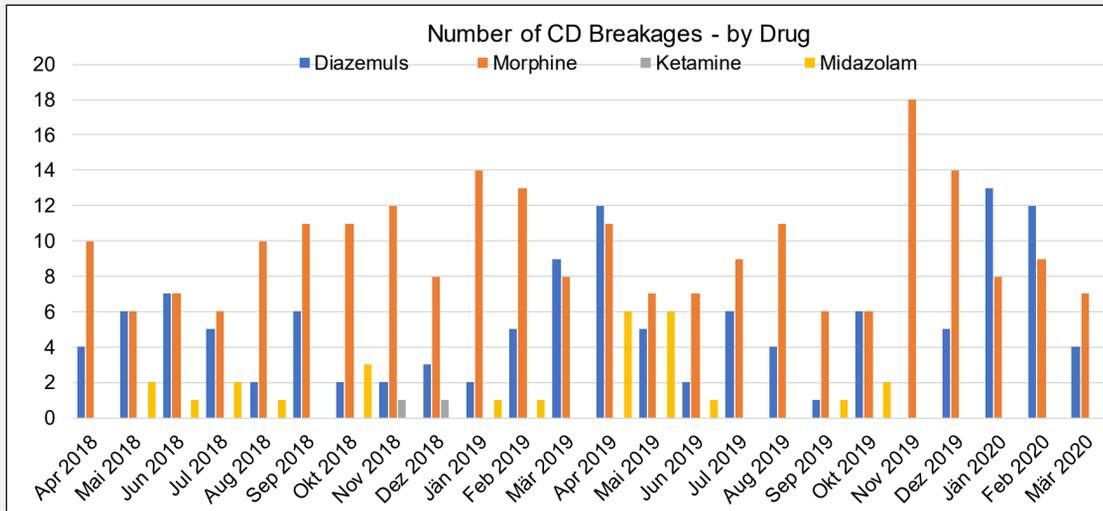
Pouch errors continue to be the most frequent error type and although the specific number appear high, these need to be considered in light of total number of pouches in use across the trust.

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.



**Mental Health Report Extract April Report (March 2020 Data)**

During March 2020, there were 143 Section 136 related calls to the 999 service. 111 (77.6%) of these calls received a response ((72.2% in February) resulting in a conveyance to a place of safety by an ambulance on 101 (70.6% of total calls) of these occasions. (In February 68.1% of total calls). The overall performance mean shows a Cat 2 response time across the service as 00:21.03 (February 00:18:56). Against the 90<sup>th</sup> centile measure, the response was 00.45.35 (February was 00:37:32).

There were 32 occasions when SECAmb did not provide a response. This is down from 42 in February. This is in relation to responses against calls taken. Against incidents responded to there were 10 occasions that did not result in a conveyance and were classified as see and treat. This report RAG rates against **both** mean ARP standards within Cat 2; these being 18 minutes and the 90<sup>th</sup> percentile within 40 minutes. It also details were other categories were used.

There were 10 incidents classified as see and treat.

**Rag Ratings:**

<b>Within ARP Cat 2 18 mins</b>	<b>= GREEN</b>
<b>Outside Cat 2 ARP 18 mins, up to 40 mins</b>	<b>= AMBER</b>
<b>Outside Cat 2 ARP 18 mins, beyond 40 mins</b>	<b>= RED</b>
<b>Within 90<sup>th</sup> Percentile 40 mins</b>	<b>= GREEN</b>
<b>Outside 90<sup>th</sup> Percentile 40 mins, up to 1 hour</b>	<b>= AMBER</b>
<b>Outside 90<sup>th</sup> Percentile 40 mins, beyond 1 hour</b>	<b>= RED</b>

**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 and the 40 minute 90<sup>th</sup> centile response.

**Performance by OU**

**Ashford** had 4 incidents resulting in 4 responses.

Mean response against Cat 2 18mins 00:13:09 **GREEN** (from **AMBER**)

Response against 90<sup>th</sup> centile 40mins 00:22:30 **GREEN** (from **RED**)

**Brighton** had 6 incidents resulting in 6 responses.

Mean response against Cat 2 18mins 00:23:54 **AMBER** (from **GREEN**)

Response against 90<sup>th</sup> centile 40mins 00:49:46 **AMBER** (from **GREEN**)

**Chertsey** had 4 incidents resulting in 4 responses.

Mean response against Cat 2 18mins 00:19:56 **AMBER** (from **GREEN**)

Response against 90<sup>th</sup> centile 40mins 00:25:50 **GREEN** (static)

**Dartford and Medway** had 26 incidents resulting in 26 responses.

Mean response against Cat 2 18mins 00:21:41 **AMBER** (static)

Response against 90<sup>th</sup> centile 40mins 00:48:30 **AMBER** (static)

**Gatwick and Redhill** had 14 incidents resulting in 14 responses.

Mean response against Cat 2 18mins 00:17:09 **AMBER** (static)

Response against 90<sup>th</sup> centile 40mins 00:35:37 (**GREEN** (static)

**Guildford** had 9 incidents resulting in 9 responses.

Mean response against Cat 2 18mins 00:19:09 **AMBER** (from **GREEN**)

Response against 90<sup>th</sup> centile 40mins 00:34:29 **GREEN** (static)

**Paddock Wood** had 22 incidents resulting in 20 responses.

Mean response against Cat 2 18mins 00:25:50 **AMBER** (static) \* 2 Cat 3

Response against 90<sup>th</sup> centile 40mins 00:49:17 (from **GREEN**)

**Polegate and Hastings** had 5 incidents resulting in 5 responses.

Mean response against Cat 2 18mins 00:13:54 **GREEN** (static)

Response against 90<sup>th</sup> centile 40mins 00:18:21 **AMBER** (from **GREEN**)

**Tangmere and Worthing** had 8 incidents resulting in 8 responses.

Mean response against Cat 2 18mins 00:30:15 **AMBER** (static)

Response against 90<sup>th</sup> centile 40mins 01:08:07 **RED** (from **AMBER**)

**Thanet** had 13 incidents resulting in 12 responses.

Mean response against Cat 2 18mins 00:16:09 **GREEN** (static) \* Cat 3

Response against 90<sup>th</sup> centile 40mins 00:27:04 **GREEN** (static)

**Quality and Patient Safety Report :**

**Incidents:** The Trust reported 1028 incidents during March 2020. The highest reporting sub-category was Covid-19 - Informed post patient contact; the Covid-19 category was a new addition to Datix at the end of January 2020. The highest reporting area was EOC Clinical.

**Serious Incidents (SIs) and Duty of Candour (DoC):** 2 SIs were declared during March 2020; 6 SI were closed by the CCG, and 1 was de-escalated from SI status. The Trust achieved 100% 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 56 complaints during March 2020, which shows a reduction from the previous month. The Trust responded to 90% of complaints within the 25 working day timescale this month. The Trust recorded 197 compliments during March.

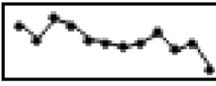
**Clinical Audit:** The Trust's 2019/20 Clinical Audit Plan has been approved internally and shared with CQRG. Measurement of NEWS2 is being reported into the Clinical Audit and Quality Sub-Group (CAQSG) each month as part of the suspected sepsis ambulance quality indicator. The clinical audit team are currently testing a new documentation audit that includes measurement of NEWS2. 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 Trust's Patient clinical record completion audit has been redesigned and is being tested following the roll-out of ePCR. This audit will be migrated to the Trust's new electronic audit system, 'Doc-Works'. The 19/20 plan is on track for delivery.

**Learning from Deaths:** The new Learning from Deaths policy has been approved by the Trust Board. Due to report first quarterly figures and learning for the period January 2020 – March 2020 in Q1 of the new financial year. Meetings with the Audit Team to arrange the collection of data on deaths from the 1<sup>st</sup> January 2020. Current plans are for the Deputy Medical Director to undertake the Structured Judgemental Reviews of the twenty deaths per month, as the staff who were previously undertaking these reviews were now on maternity leave.

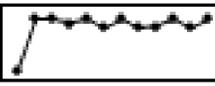
**Number of Incidents Reported**

	Jan-20	Feb-20	Mar-20	12 Months
<b>Actual</b>	1019	1043	1028	
<b>Previous Year</b>	838	761	810	

**Number of Incidents Reported that were SI's**

	Jan-20	Feb-20	Mar-20	12 Months
<b>Actual</b>	7	9	2	
<b>Previous Year</b>	18	12	14	

**Duty of Candour Compliance (SIs)**

	Jan-20	Feb-20	Mar-20	12 Months
<b>Actual %</b>	100%	90%	100%	
<b>Target</b>	100%	90%	100%	

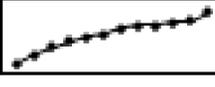
**Number of Complaints**

	Jan-20	Feb-20	Mar-20	12 Months
<b>Actual</b>	79	66	56	
<b>Previous Year</b>	81	96	63	
<b>Complaints Timeliness (All)</b>	72.0%	78.0%	90.0%	
<b>Timeliness Target</b>	95%	95%	95%	

**Compliments**

	Jan-20	Feb-20	Mar-20	12 Months
<b>Actual</b>	213	187	197	

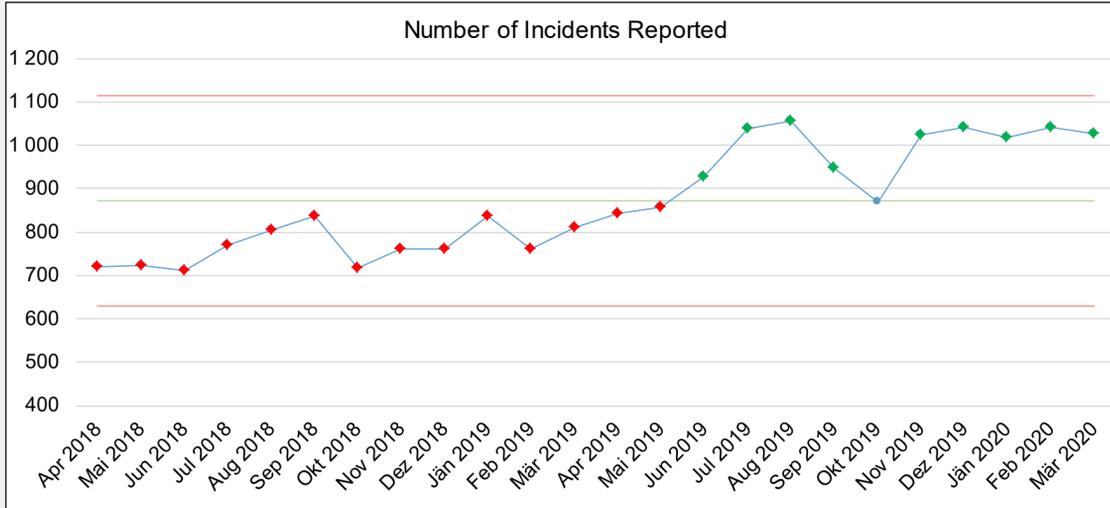
**Safeguarding Training Completed (Children) Level 2**

	Jan-20	Feb-20	Mar-20	12 Months
<b>Actual %</b>	69.77%	72.29%	86.94%	
<b>Previous Year %</b>	86.50%	88.62%	94.08%	
<b>Target</b>	85%	85%	85%	

**Hand Hygiene**

	Jan-20	Feb-20	Mar-20	12 Months
<b>Actual %</b>	90%	93%	92%	
<b>Upper Target</b>	95%	95%	95%	

## SECAmb Clinical Quality Charts

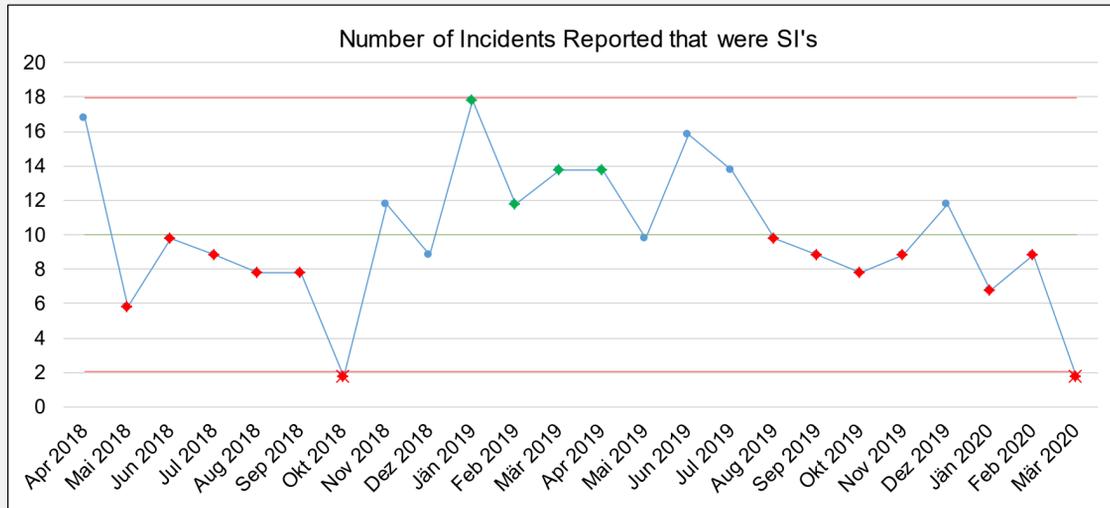


The number of incidents reported was 1028 for March 2020

The most reported area was EOC Clinical with 137 incidents.

The most reported sub-category in March 2020 was COVID-19 Informed Post Patient Contact.

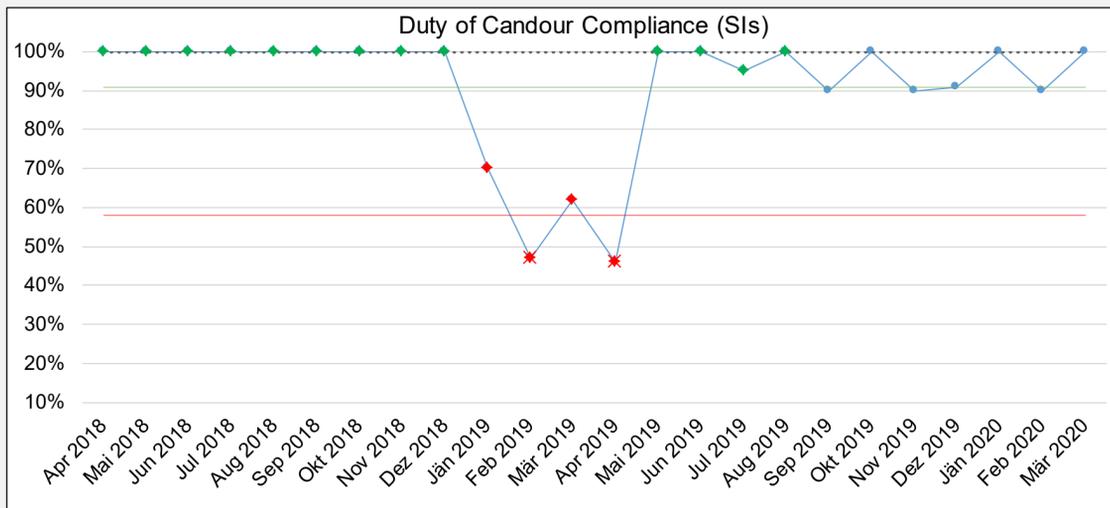
The Trust reported 1016 no harm/near misses or low harm incidents, this means that 99% of our reported incidents are within the NHS target of 96% of incidents being no/low harm for March 2020.



2 Serious Incidents were reported in March 2020.

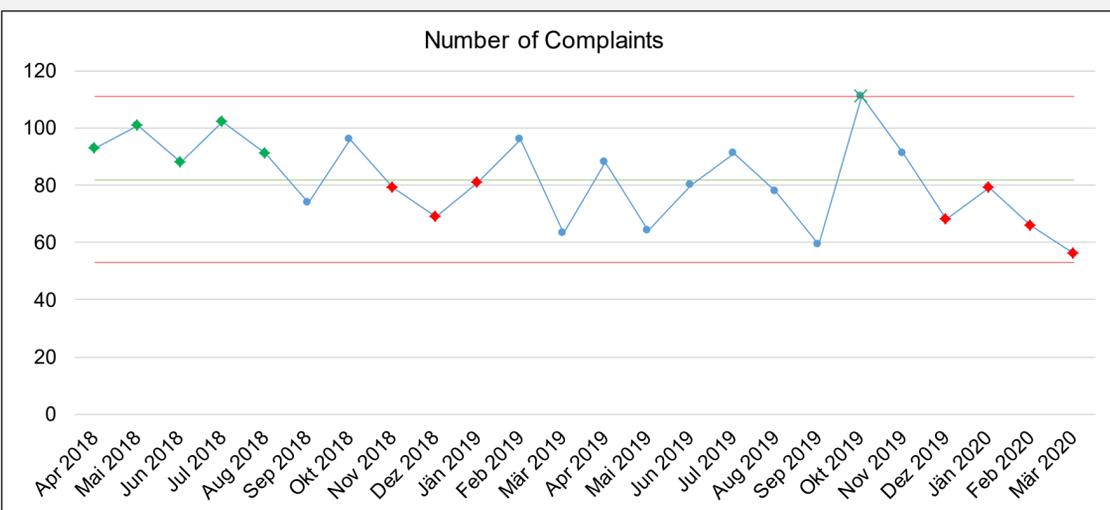
Delayed Dispatch / Attendance x 1  
Treatment / Care x 1

6 SIs overall were closed on STEIS in March with another 1 de-escalated from SI status.

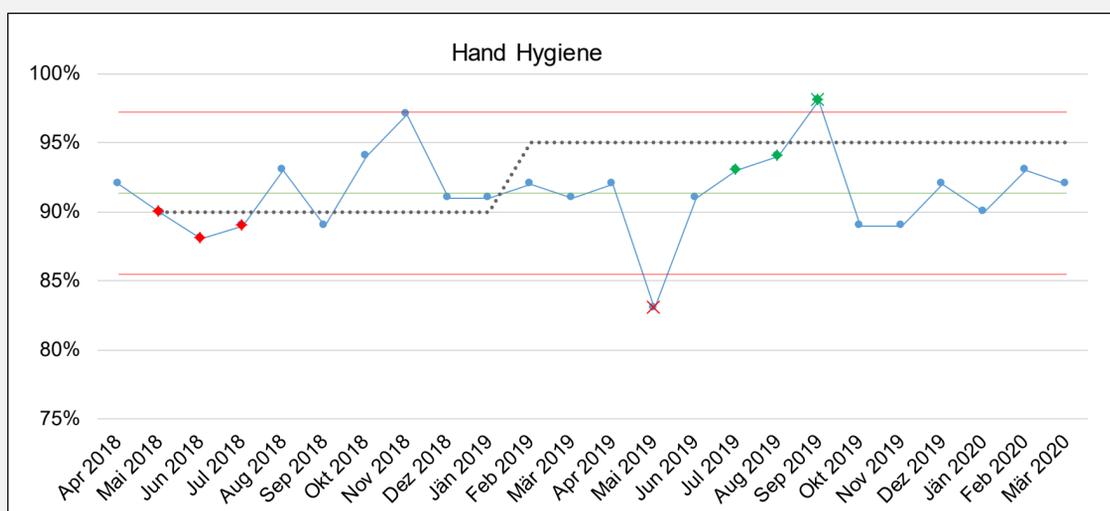


Compliance with DoC for SIs where DoC was required in March 2020 is: 2

DoC made/attempted within 10 working day deadline - 2 (100%)



The Trust received and opened 56 complaints during March 2020, and responded to 90% complaints within the 25 day target timescale. The number of complaints received has dropped again, and the number responded to with 25 days continues to increase month on month.



Hand hygiene compliance was 92% during March so still within the lower and upper limits.

Clinically Ready went up to 94%.

The IPC Team have returned three members of the team back to daily IPC work and they are now visiting Operating Units on a regular basis to discuss all areas of IPC with staff. The main focus is on support for our IPC Champions who are working with us in informing staff of the need for compliance at all times.

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

**Health & Safety Audits**

The annual Health & Safety audit programme was postponed in March 2020 due to COVID-19.

**Violence and Aggression Incidents** - See Figure 1 below

Violence and Aggression incidents towards staff in March 2020 were 42. The data below is a break down of the incidents reported by category type.

- Physical Assaults (10)
- Direct verbal Abuse (10)
- Anti-social behaviour/aggression (15)
- Attempted physical assault/ non-physical (5)
- Sexual assault (2)

**Manual handling Incidents** - See Figure 2 below

Manual handling incidents reported in March 2020 were 24 which is a decrease of 6 incidents from the previous month.

**Health & Safety Incidents** - See Figure 3 below

Health and Safety incidents reported in March 2020 were 32 which is a decrease of 6 incidents from the previous month.

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

RIDDOR incidents reported in March 2020 were 12 with 7 incidents reported on time to the Health & Safety Executive.

Figure 1

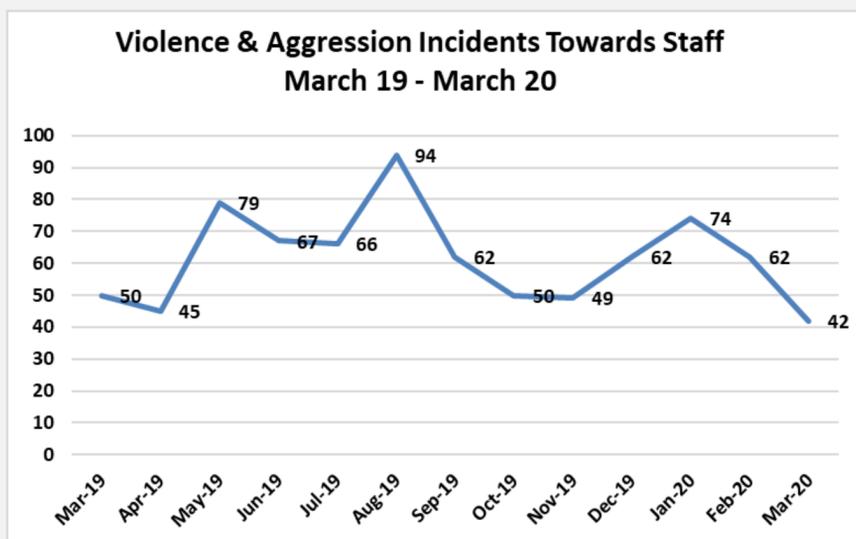


Figure 2

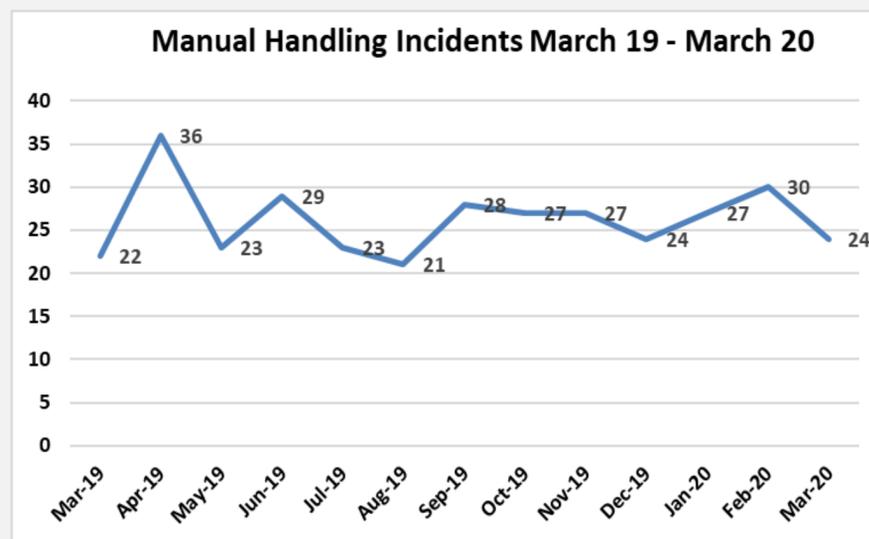


Figure 3

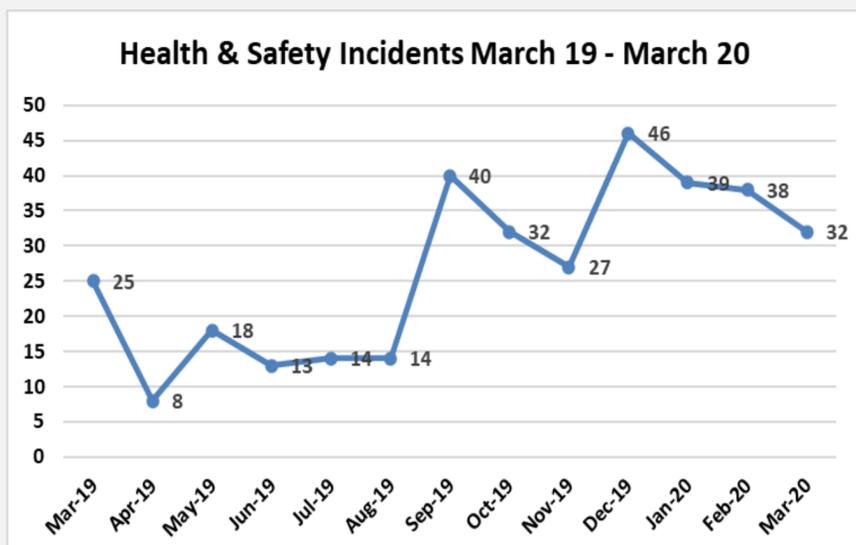
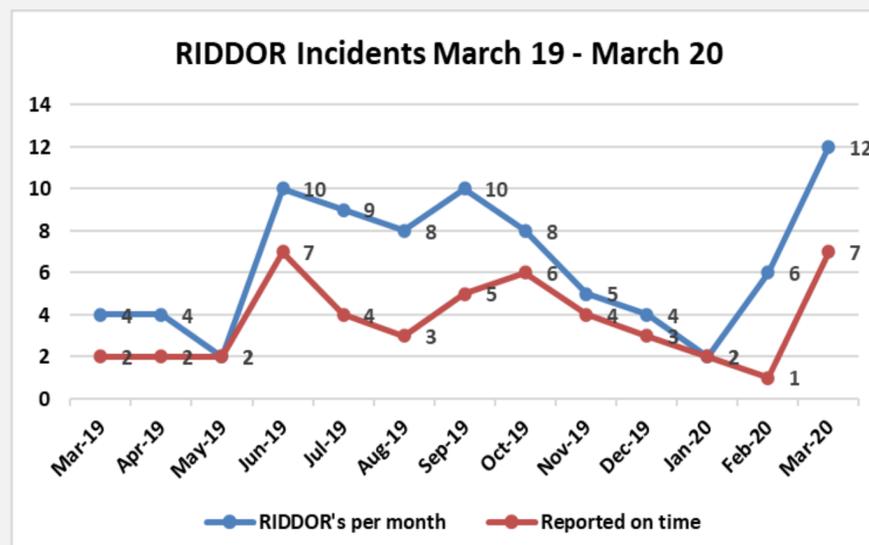


Figure 4



# SECAmb 999 Operations Response Time Performance Scorecard

## Call Handling

	Jan-20	Feb-20	Mar-20	12 Months
<b>5 Sec Performance (95% Target)</b>	98.6%	91.0%	91.1%	
<b>Mean Call Answer Time (secs)</b>	2	2	7	
<b>95th Centile Call Answer (Secs)</b>	1	2	47	
<b>National Mean Call Answer</b>	4	5	49	
<b>National 95th Centile Call Answer</b>	14	30	203	

## Category 1 Performance

	Jan-20	Feb-20	Mar-20	12 Months
<b>Mean (00:07:00)</b>	00:07:36	00:07:43	00:07:52	
<b>90th Percentile (00:15:00)</b>	00:13:59	00:14:30	00:14:55	
<b>Mean Resources Arriving</b>	156	153	153	
<b>Count of Incidents</b>	4334	4013	3937	
<b>National Mean</b>	00:07:08	00:07:19	00:08:07	

## Category 1T Performance

	Jan-20	Feb-20	Mar-20	12 Months
<b>Mean (00:19:00)</b>	00:09:22	00:09:26	00:09:25	
<b>90th Percentile (00:30:00)</b>	00:17:14	00:17:44	00:17:32	
<b>Mean Resources Arriving</b>	155	152	152	
<b>Count of Incidents</b>	2857	2603	2407	
<b>National Mean</b>	00:12:30	00:10:33	00:11:28	

## Category 2 Performance

	Jan-20	Feb-20	Mar-20	12 Months
<b>Mean (00:18:00)</b>	00:18:06	00:19:15	00:21:26	
<b>90th Percentile (00:40:00)</b>	00:34:10	00:36:29	00:41:02	
<b>Mean Resources Arriving</b>	106	106	105	
<b>Count of Incidents</b>	33738	31456	32731	
<b>National Mean</b>	00:21:05	00:22:07	00:32:06	

## Category 3 Performance

	Jan-20	Feb-20	Mar-20	12 Months
<b>Mean</b>	01:15:05	01:31:28	01:44:49	
<b>90th Percentile (02:00:00)</b>	02:50:33	03:25:09	04:00:52	
<b>Mean Resources Arriving</b>	105	105	104	
<b>Count of Incidents</b>	20348	18743	19732	
<b>National Mean</b>	00:57:34	01:07:18	01:30:07	

## Category 4 Performance

	Jan-20	Feb-20	Mar-20	12 Months
<b>Mean</b>	01:32:13	02:05:39	02:11:09	
<b>90th Percentile (03:00:00)</b>	03:33:38	04:46:32	04:56:30	
<b>Mean Resources Arriving</b>	103	104	101	
<b>Count of Incidents</b>	489	373	264	
<b>National Mean</b>	01:15:00	01:38:41	01:55:50	

## Health Care Professional / Inter-Facility Transfer

	Jan-20	Feb-20	Mar-20	12 Months
<b>HCP Level 3 Mean</b>	01:50:21	02:00:42	02:18:26	
<b>HCP Level 3 90th Percentile</b>	03:53:48	04:09:57	04:59:29	
<b>HCP Level 4 Mean</b>	02:32:29	02:49:16	03:08:44	
<b>HCP Level 4 90th Percentile</b>	05:44:15	05:44:04	07:17:56	
<b>IFT Level 3 Mean</b>	01:53:53	01:56:39	02:18:26	
<b>IFT Level 3 90th Percentile</b>	04:11:58	04:15:30	04:54:57	
<b>IFT Level 4 Mean</b>	02:33:33	02:39:50	03:29:17	
<b>IFT Level 4 90th Percentile</b>	05:30:27	05:50:10	09:02:04	

## Call Cycle Time

	Jan-20	Feb-20	Mar-20	12 Months
<b>Avg Allocation to Clear at Scene</b>	01:15:08	01:15:55	01:19:00	
<b>Avg Allocation to Clear at Hospital</b>	01:50:35	01:50:08	01:51:21	
<b>Turnaround Hrs Lost at Hospital (&gt; 30 mins)</b>	5576	4916	4787	
<b>Number of Handovers &gt;60 mins</b>	550	437	292	

## Voluntary Attendances

	Jan-20	Feb-20	Mar-20	12 Months
<b>Community First Responders</b>	1185	1051	785	
<b>Fire First Responders</b>	427	261	243	

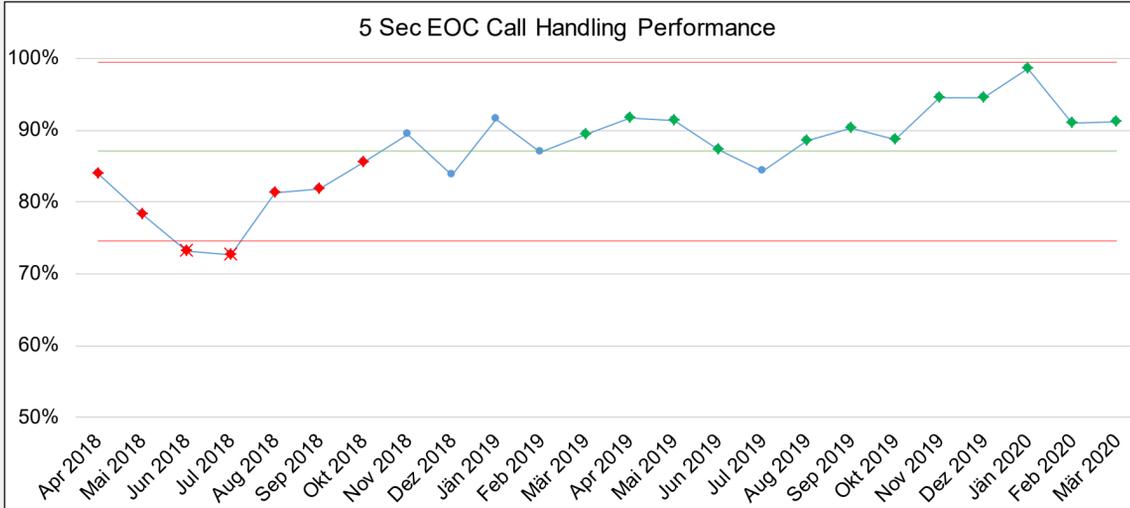
## Incident Outcome AQI

	Jan-20	Feb-20	Mar-20	12 Months
<b>Hear &amp; Treat</b>	5.6%	6.5%	8.4%	
<b>See &amp; Treat</b>	31.5%	31.8%	37.1%	
<b>See &amp; Convey</b>	62.9%	61.7%	54.4%	

## Demand/Supply AQI

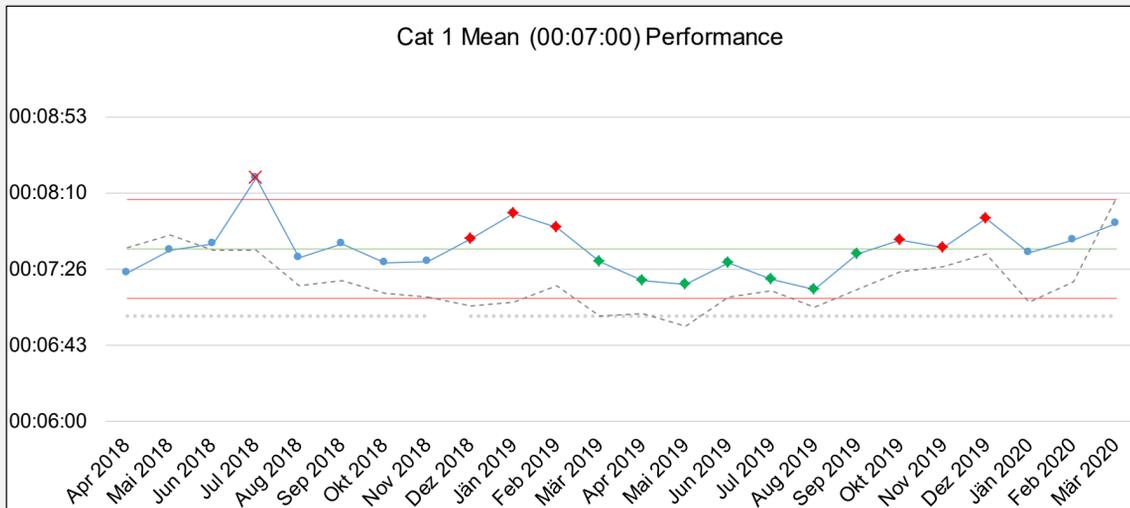
	Jan-20	Feb-20	Mar-20	12 Months
<b>Calls Answered</b>	65125	63620	77690	
<b>Incidents</b>	65363	61110	64209	
<b>Transports</b>	41132	37749	34961	

## SECamb 999 Operations Response Time Performance Charts



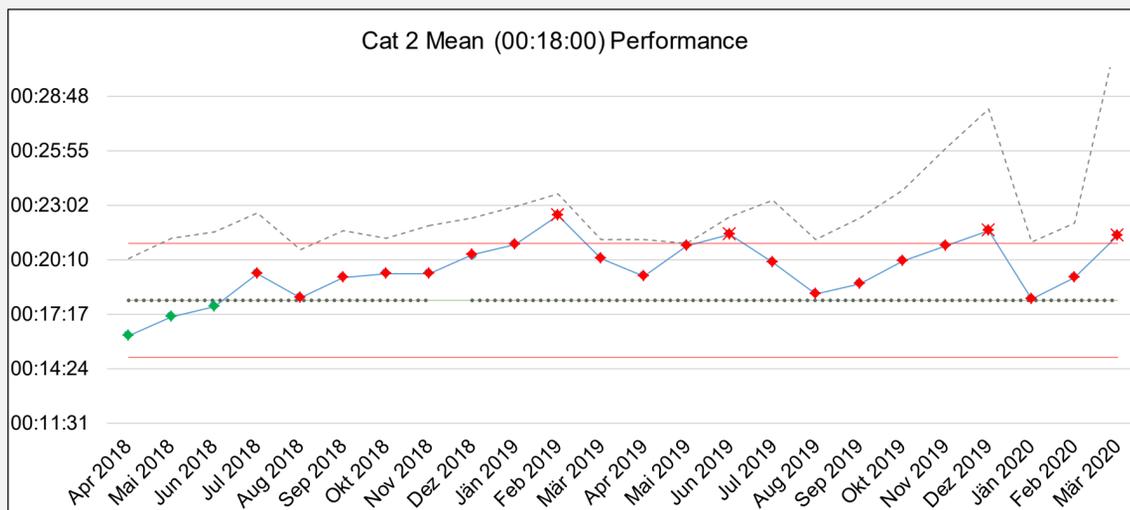
In March 2020 call volume increased dramatically from the preceding month, from 63,620 to 77,690. This is the highest level in at least 24 months, and the mean call answer time fell to 7 seconds from 2.

The challenges of a much higher call volume were experienced by all ambulance services in this reporting month. Nationally SECamb continues to topped the national table since November 2019 for both the mean and 90th centile call answer times, and in March 2020 the Trust ranked 3rd for the 95th centile and 4th for the 99th centile.



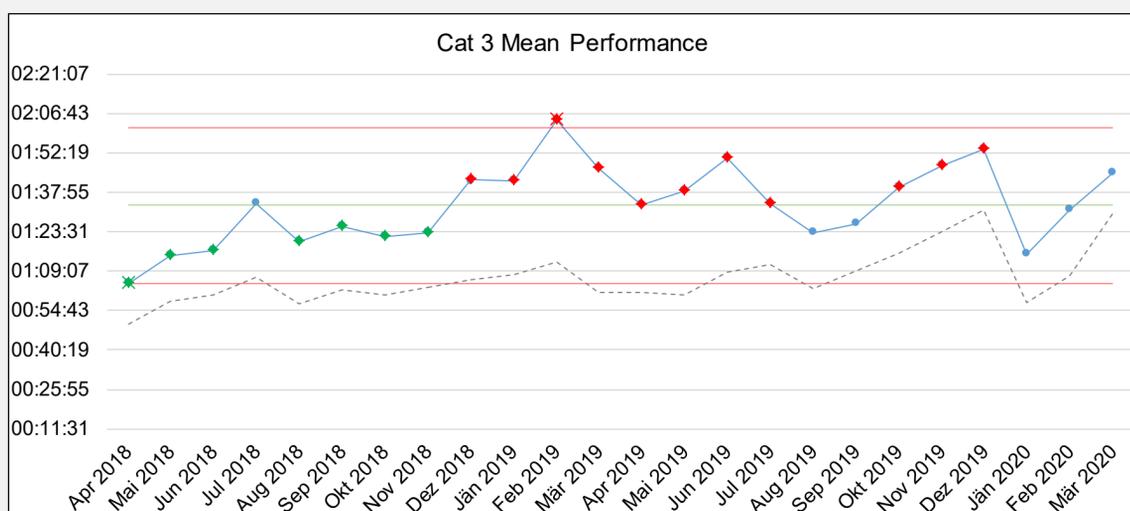
In March 2020 the count of incidents remained relatively steady. Mean performance, at 07:52 continued to present a challenge, but the Trust met the C1 90th centile target, achieving 14:55. A meaningful temporal or qualitative analysis is not possible this month, as on the 23rd national restrictions were imposed on movement.

Nonetheless the Trust was able to improve and gained places nationally, moving from 9th in both mean and 90th centile performance to 6th and 8th respectively. SECamb continued to deliver its C1T Mean and C1T 90th centile against ARP standards and improved in ranking to 4th nationally for both measures.



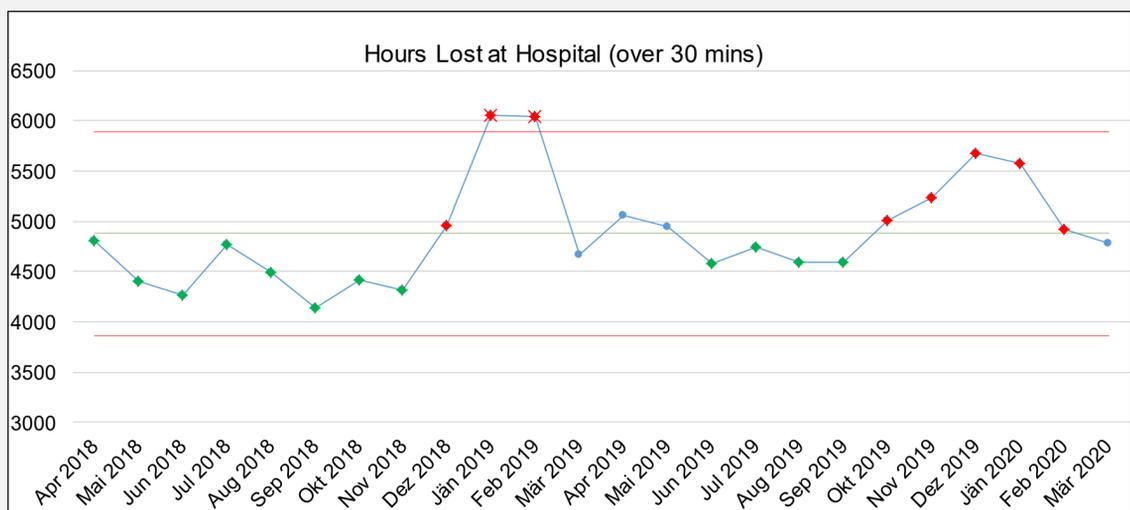
In March 2020 the count of Cat 2 incidents increased nominally, from 31,456 to 32,731. There was however slippage in both the Mean Actual (21:26) and 90th Centile Actual (41:02) performance. The Trust ranked 3rd nationally for both of these measures.

Mean Resources Arriving was 1.05; this continues the general downward trajectory over a 24 month period.



SECamb was unable to meet Cat 3 performance objectives in March 2020, the 90th Centile Actual performance deteriorated to just over 4 hours. At 04:00:52 this is 35 minutes longer than the preceding month. The count of incidents increased slightly from 18,743 to 19,732.

Relative to its counterparts, the Trust did gain places in the national table, moving one spot to 9th for the C3 Mean, and gaining 2 places to 8th for the 90th centile. This positive result is tempered given the actual performance data on this metric. However any detailed level of analysis must take into account the impact on demand and activity from the national restrictions on movement imposed toward the end of March 2020.



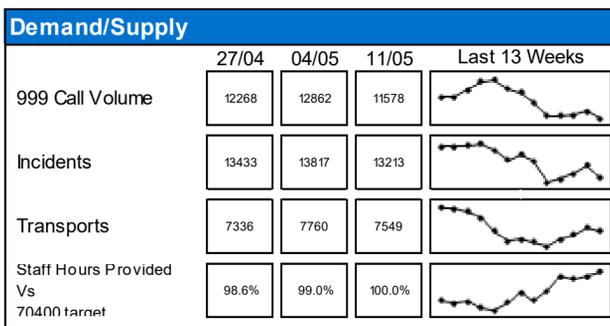
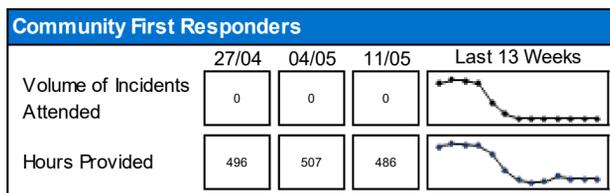
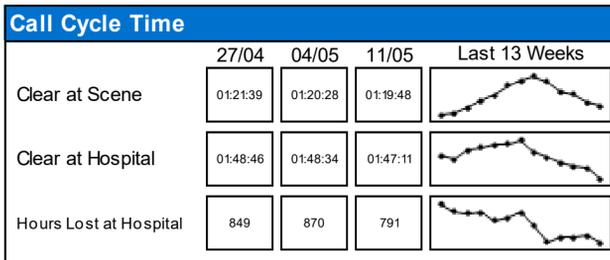
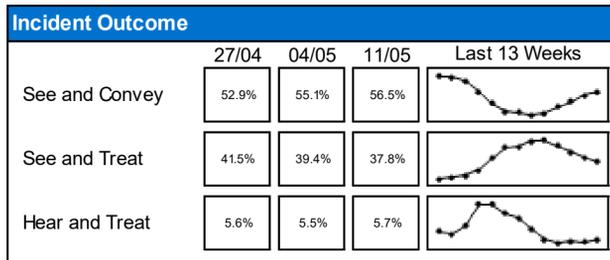
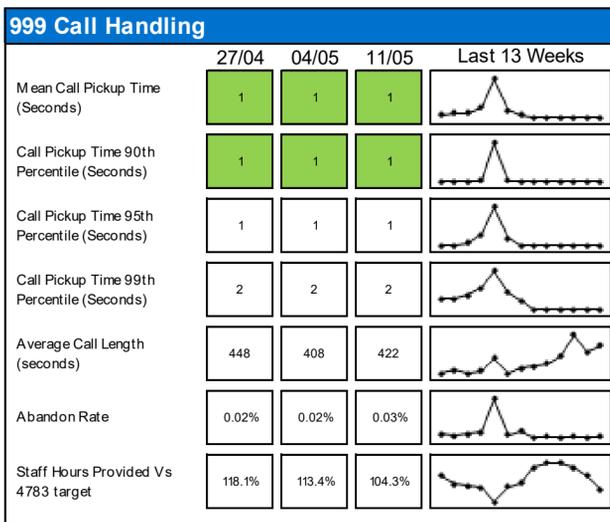
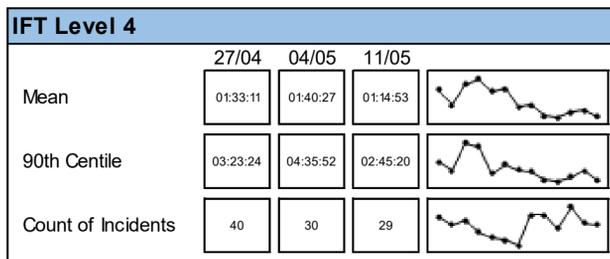
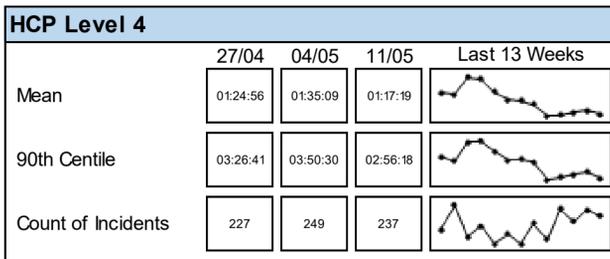
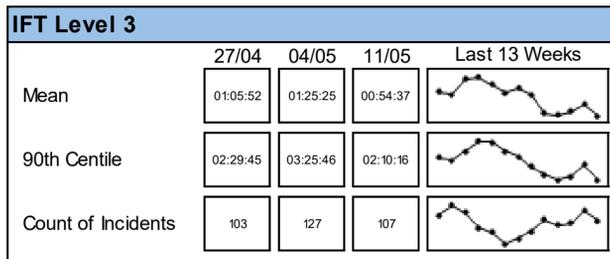
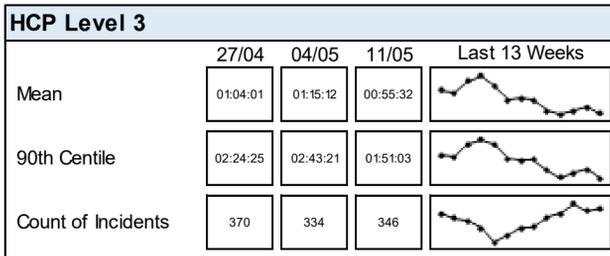
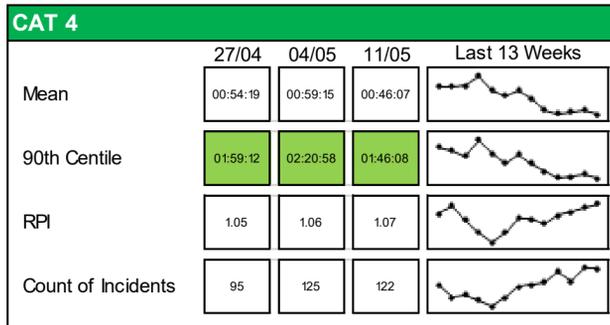
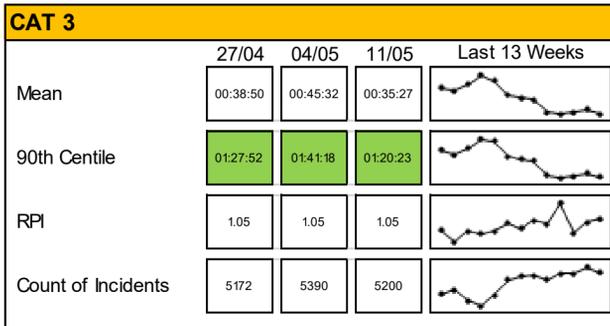
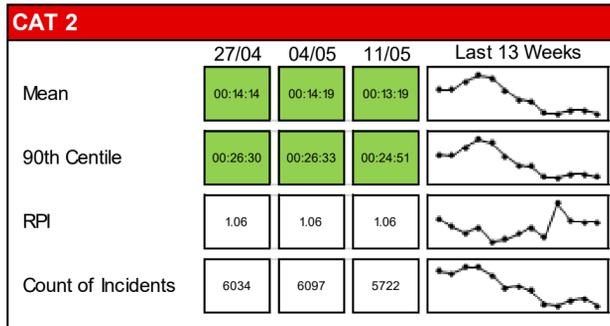
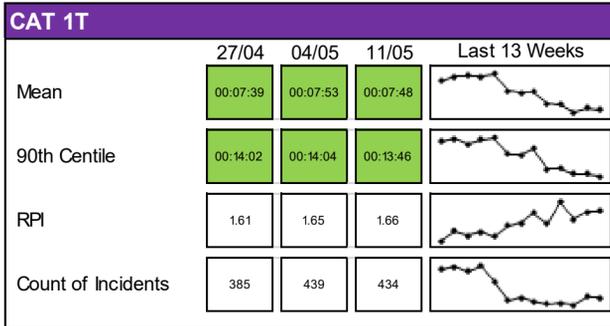
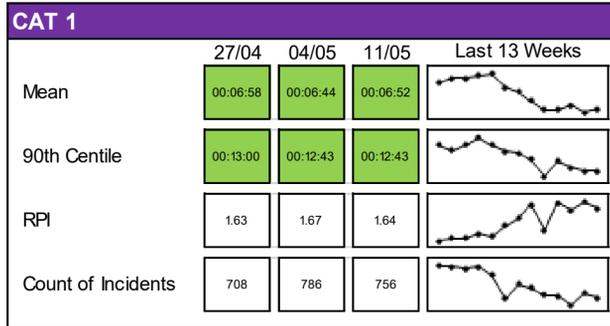
In March 2020 there was a decrease of 160 hours lost >30 minute turnaround compared to February 2020. Comparing overall hours lost >30 minute turnaround to March 2019 there was 1% increase in hours lost >30 minute turnaround.

There was also 46% decrease in the number of patients waiting >60 minutes (540-292) and there was a 9% decrease in the numbers of patients waiting >30 minutes (4098-3644) comparing March 2019 with March 2020.

The ambulance handover steering group continues to meet and local joint hospital 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

SECAmb Weekly Operational Performance - W/C 11th May 2020



## SECAmb 111 Operations Performance Scorecard

### Calls Offered

	Jan-20	Feb-20	Mar-20	12 Months
<b>Actual</b>	75904	85080	162194	
<b>Previous Year</b>	98477	92883	78251	

### Calls answered in 60 Seconds

	Jan-20	Feb-20	Mar-20	12 Months
<b>Actual %</b>	86.3%	61.5%	16.5%	
<b>Previous Year %</b>	78.1%	68.0%	83.8%	
<b>Target %</b>	95%	95%	95%	

### Calls abandoned - (Offered) after 30secs

	Jan-20	Feb-20	Mar-20	12 Months
<b>Actual %</b>	1.9%	8.0%	50.2%	
<b>Previous Year %</b>	4.1%	6.1%	2.6%	
<b>Target %</b>	5%	5%	5%	

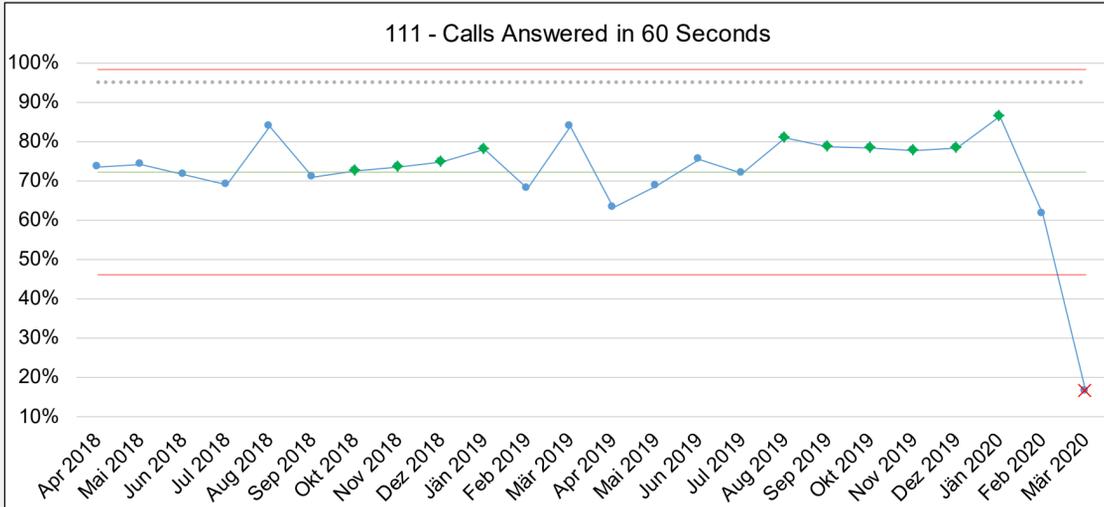
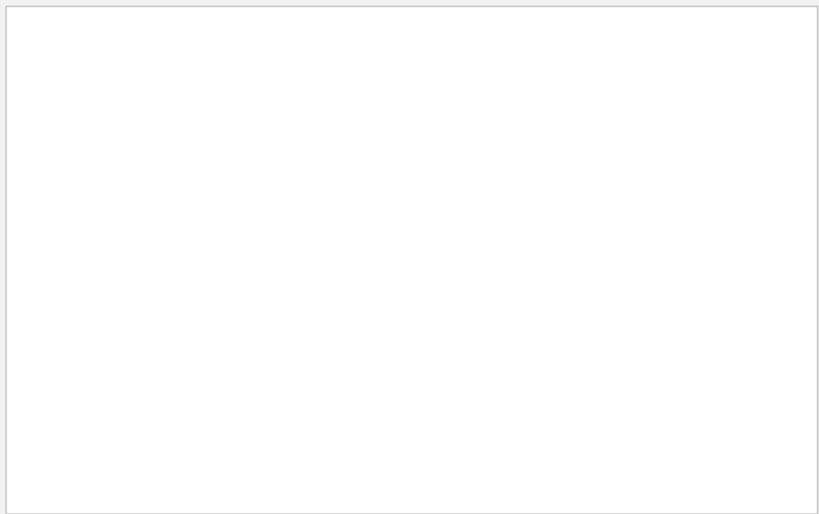
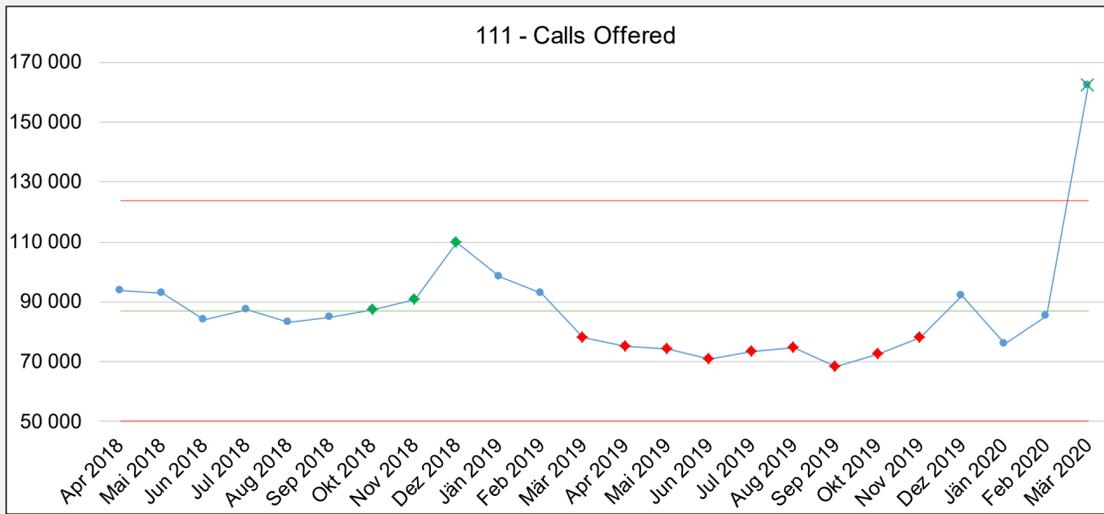
### A&E Dispositions

	Jan-20	Feb-20	Mar-20	12 Months
<b>A&amp;E Dispositions % (Answered Calls)</b>	10.7%	9.7%	6.0%	
<b>A&amp;E Dispositions (Actual)</b>	6443	6047	3316	
<b>National</b>	9.5%	8.9%	5.9%	

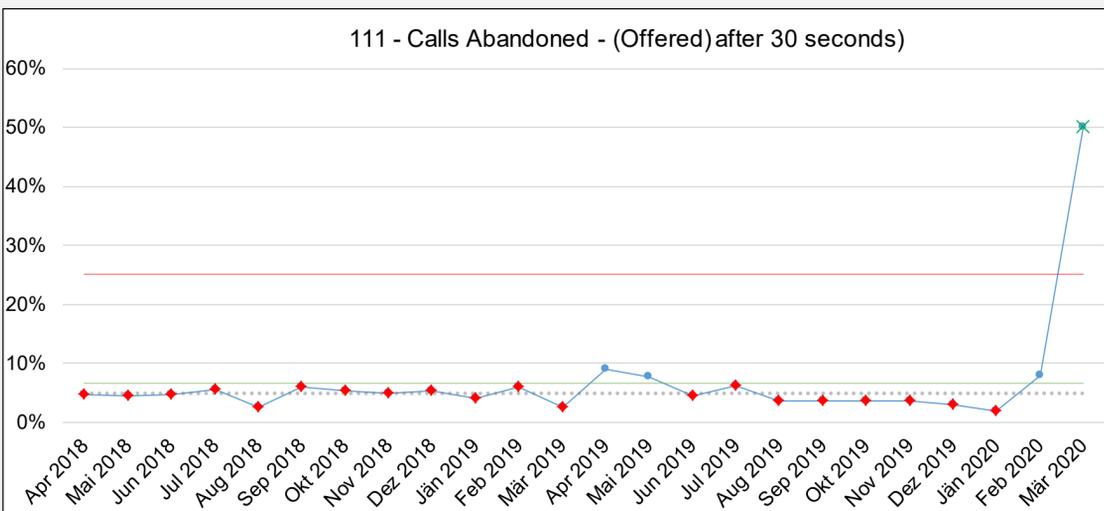
### 999 Referrals

	Jan-20	Feb-20	Mar-20	12 Months
<b>999 Referrals % (Answered Calls)</b>	14.5%	12.7%	9.8%	
<b>999 Referrals (Actual)</b>	8726	7960	5443	
<b>National</b>	13.3%	12.2%	10.5%	

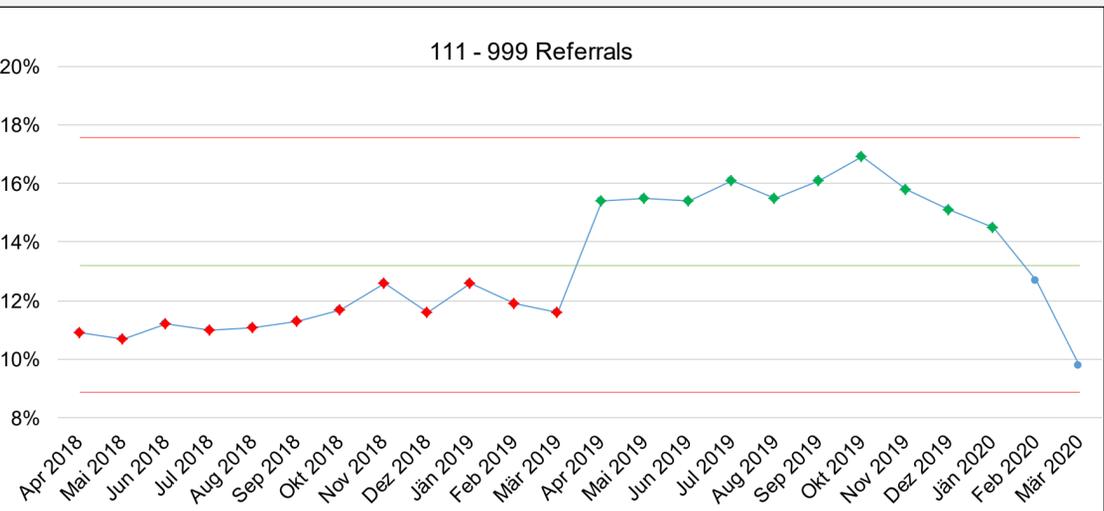
## SECAmb 111 Operations Performance Charts



The SEC 111 service achieved a Service level of 63.59%. The month was challenging as expected due to the introduction of new cohorts to the operation. The key focus was Easter, for which we achieved a higher service level than the KMSS service achieved at Easter 2018.



The Call Abandonment rate of 8.79% was high but saw a downward trend throughout the month. The Average Speed to Answer was 124 seconds.



The 999 referral rate is high due to the service acting in a risk adverse manner in the early stages of the new operating model. In addition, the relatively short tenure of our Health Advisors contributed to this referral rate. This is expected to reduce throughout May and June.

## SECAmb Workforce Scorecard

### Workforce Capacity

	Jan-20	Feb-20	Mar-20	12 Months
<b>Number of Staff WTE (Excl bank &amp; agency)</b>	3685.8	3667.9	3667.1	
<b>Number of Staff Headcount (Excl bank and agency)</b>	4020	4001	4005	
<b>Finance Establishment (WTE)</b>	3920.43	3924.43	3905.55	
<b>Vacancy Rate</b>	5.99%	6.54%	6.11%	
<b>Vacancy Rate Previous Year</b>	10.99%	11.29%	11.29%	

### Workforce Compliance

	Jan-20	Feb-20	Mar-20	12 Months
<b>Objectives &amp; Career Conversations %</b>	56.22%	61.26%	71.74%	
<b>Target (Objectives &amp; Career Conversations)</b>	80%	80%	80%	
<b>Statutory &amp; Mandatory Training Compliance %</b>	72.12%	76.97%	87.09%	
<b>Target (Stat &amp; M and Training)</b>	95%	95%	95%	
<b>Previous Year (Stat &amp; M and Training) %</b>	61.63%	88.62%	93.58%	

\* 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

	Jan-20	Feb-20	Mar-20	12 Months
<b>Annual Rolling Turnover Rate %</b>	15.58%	15.88%	15.83%	
<b>Previous Year %</b>	14.06%	14.12%	14.07%	
<b>Annual Rolling Sickness Absence</b>	5.70%	5.74%	5.82%	
<b>Target (Annual Rolling Sickness)</b>	5%	5%	5%	

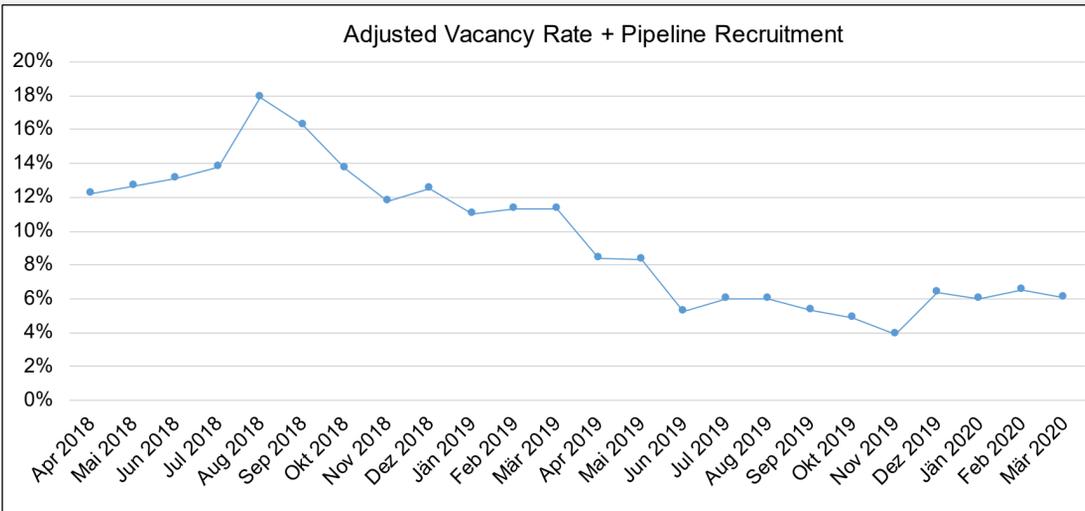
### Employee Relations Cases

	Jan-20	Feb-20	Mar-20	12 Months
<b>Disciplinary Cases</b>	6	5	2	
<b>Individual Grievances</b>	8	8	6	
<b>Collective Grievances</b>	1	2	1	
<b>Bullying &amp; Harassment</b>	2	1	2	
<b>Bullying &amp; Harassment Prev Yr</b>	2	2	2	
<b>Whistleblowing</b>	0	0	0	
<b>Whistleblowing Previous Year</b>	0	0	0	

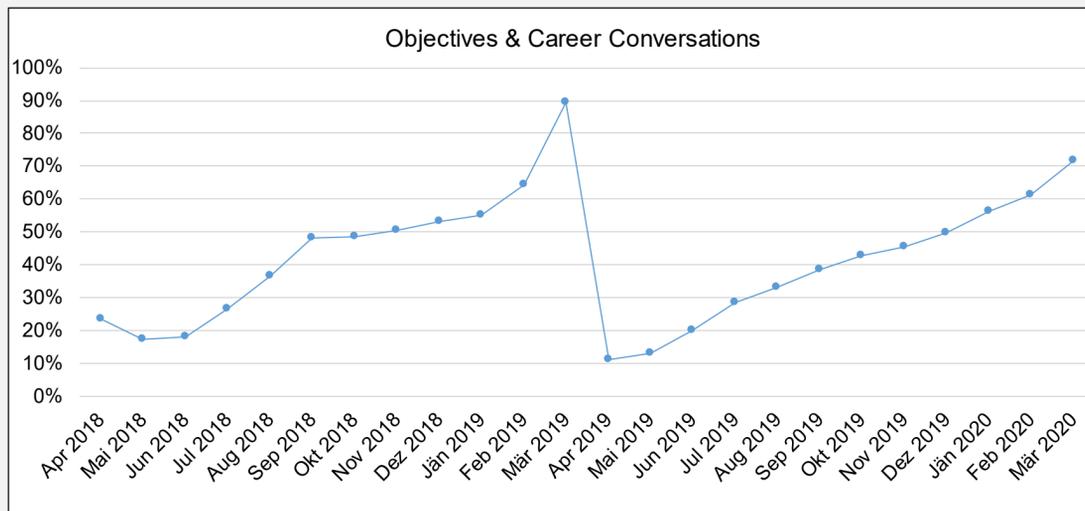
### Physical Assaults (Number of victims)

	Jan-20	Feb-20	Mar-20	12 Months
<b>Actual</b>	39	35	15	
<b>Previous Year</b>	18	22	18	
<b>Sanctions</b>	10	3	5	

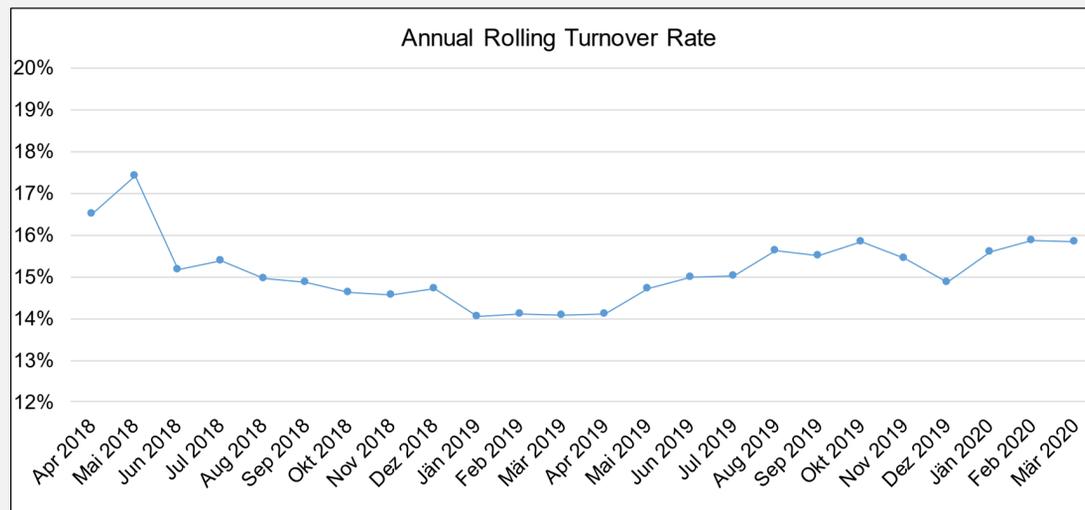
## SECAmb Workforce Charts



Establishment - ECSW recruitment is now on hold to enable focus on AAP and Paramedic recruitment. 18 external AAPs will start on 14th April.

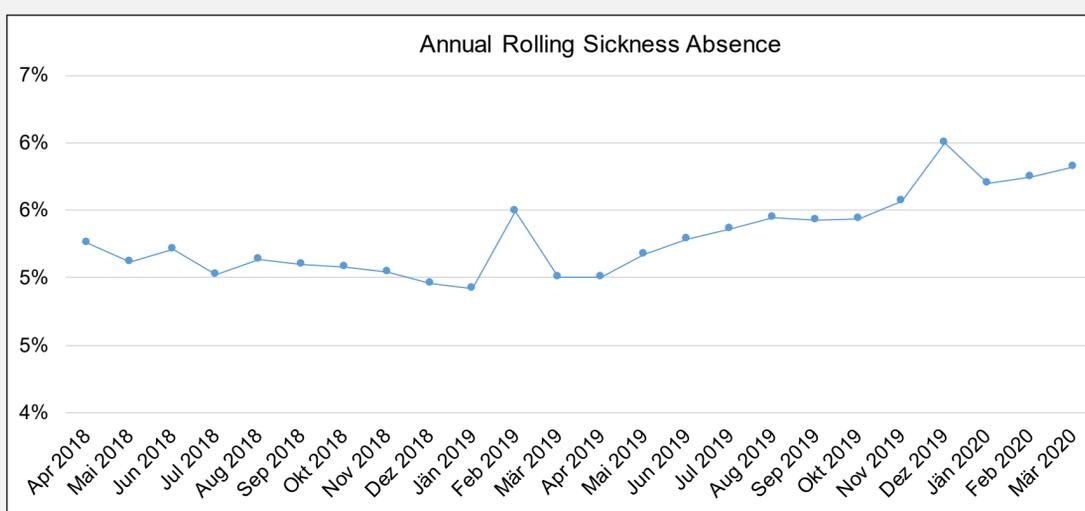


As at end of March 2020 appraisals completed is 71.74% compared to (89.57% for March 2019). There could be a number of reasons for this decrease including COVID-19 focus, the new pay progression scheme and 2018/19 figures being based on staff in post on 31/2017. We will be taking a fresh approach to ensuring staff are having meaningful appraisals.



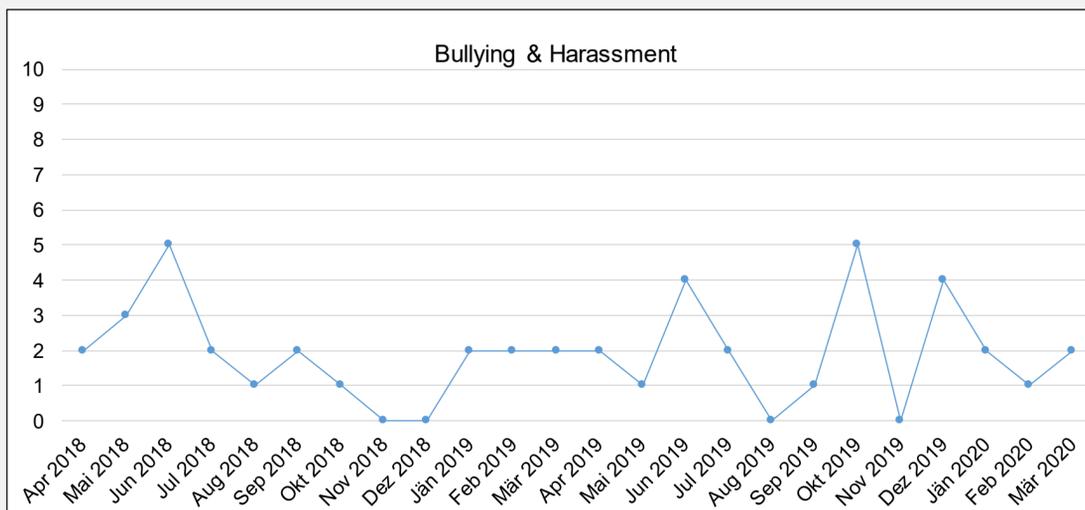
Throughout January and February, the HR population have confirmed a fit for purpose Retention Strategy:-  
 The role out has now been completed and we have engaged with over 300 colleagues and we have received over 100 comments to help improve the strategy - this was taken to EMB 9th March

- New simplified appraisal process went live just before Christmas
- The first line manager training programme (Fundamentals) launches in 2020.
- The new exit interview process is in the final stages of development
- Our retention strategy will come to WWC in March.
- The rotational paramedic model is well under development and has been discussed with Clinical Commissioning Groups, and will shortly be discussed with other NHS healthcare providers



EOC EAST- Saw an increase of 0.18% on last months absence Mar total 6.71%.  
 EOC WEST Saw an increase of 0.06% Mar total 7.25%  
 111 Saw an increase of 0.41% - Mar total 9.78%  
 Out of 10 OU's only one unit achieved their absence % - Paddock Wood. Short 2.61% and Long-term 3.44%.  
 We are sitting at 6.05% for the whole trust.

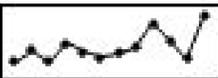
We continue to manage absence on a weekly basis, with HRA's meeting with their stakeholders through, coaching and supporting the Line. DC will be working with HRBP's to set absence % targets for them to achieve.



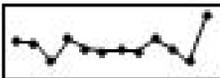
We have 11 open cases across the trust. - EOC East 1, WEST OPS - 4 and East OPS -5. Central Functions 1.  
 Fundamentals training which commended roll-out during March 2020 will support the reduction in B & H Cases. This is mandatory training for all Band 7 managers which will equip our teams with the right management skills.(this is obviously on hold at present due to COVID-19.)

## SECamb Finance Performance Scorecard

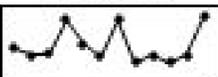
### Income

	Jan-20	Feb-20	Mar-20	12 Months
Actual £	£ 21,049	£ 19,410	£ 23,189	
Previous Year £	£ 20,428	£ 19,491	£ 22,057	
Plan £	£ 20,859	£ 18,826	£ 20,403	

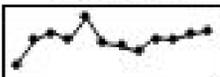
### Expenditure

	Jan-20	Feb-20	Mar-20	12 Months
Actual £	£ 20,227	£ 19,428	£ 22,281	
Previous Year £	£ 19,580	£ 19,762	£ 19,683	
Plan £	£ 20,045	£ 18,849	£ 19,689	

### Capital Expenditure

	Jan-20	Feb-20	Mar-20	12 Months
Actual £	£ 851	£ 1,012	£ 1,860	
Previous Year £	£ 2,578	£ 2,663	£ 2,660	
Plan £	£ 1,787	£ 1,797	£ 8,220	
Actual Cumulative £	£ 11,774	£ 12,786	£ 14,646	
Plan Cumulative £	£ 21,677	£ 23,474	£ 31,694	

### Cost Improvement Programme (CIP)

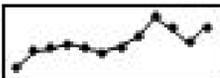
	Jan-20	Feb-20	Mar-20	12 Months
Actual £	£ 575	£ 700	£ 776	
Previous Year £	£ 872	£ 949	£ 1,786	
Plan £	£ 781	£ 750	£ 750	
Actual Cumulative £	£ 5,608	£ 6,308	£ 7,082	
Plan Cumulative £	£ 7,112	£ 7,862	£ 8,612	

### CQUIN (Quarterly)

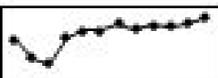
	Q4 18/19	Q1 19/20	Q2 19/20
Actual £	£ 1,088	£ 648	£ 646
Previous Year £	£ 2,745	£ 871	£ 870
Plan £	£ 870	£ 654	£ 654

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

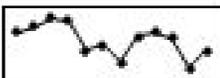
### Surplus/(Deficit)

	Jan-20	Feb-20	Mar-20	12 Months
Actual £	£ 822	-£ 18	£ 908	
Actual YTD £	-£ 618	-£ 634	£ 274	
Plan £	£ 814	-£ 23	£ 714	
Plan YTD £	-£ 639	-£ 662	£ 52	

### Cash Position

	Jan-20	Feb-20	Mar-20	12 Months
Actual £	£ 25,758	£ 26,577	£ 28,326	
Minimum £	£ 10,000	£ 10,000	£ 10,000	
Plan £	£ 15,813	£ 18,844	£ 20,582	

### Agency Spend

	Jan-20	Feb-20	Mar-20	12 Months
Actual £	£ 358	-£ 145	£ 146	
Plan £	£ 255	£ 251	£ 247	

## SECAmb Finance Performance Chart

The Trust recorded a surplus of £0.9m in March. This was £0.2m better than planned.

Cost improvements (CIPs) of £0.8m were delivered in the month, as planned. £7.1m of CIP schemes have been delivered for the year, this was £1.5m lower than planned.

The Trust's Use of Resources Risk Rating (UoRR) for March is 1, which is better than planned level of 2.

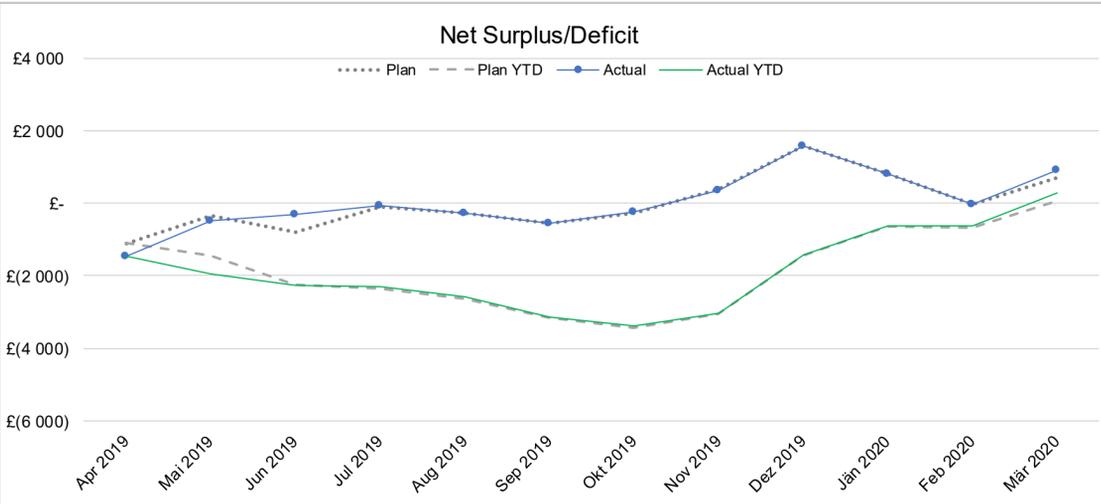
The Trust's financial risks in 2019/20 have been largely managed, although a number of these are ongoing, those being:

- Impact of COVID-19 on resources to deliver performance.
- Achievement of contractual income if activity demand and performance trajectories are not met.
- Delivery of recurrent, cash-releasing cost improvements that are essential to ensure financial sustainability.
- Governance and control of costs to ensure value for money and avoid overspending

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 expected to be received in full for 2019/20 and the Trust has received confirmation that it has achieved its control total for the year.

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.

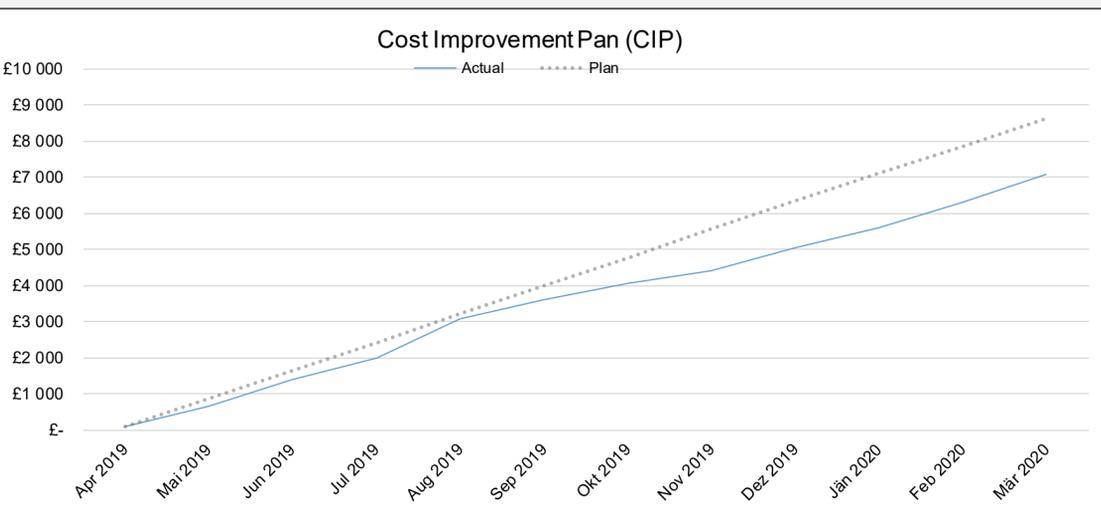


The Trust's Income & Expenditure position in Month 12 was a surplus of £0.9m, which was £0.2m better than plan.

Full year surplus was £0.3m, £0.2m better than planned.

The shortfall on planned 999 income has been partly mitigated by non-recurrent vacancies and reduced PDC (Public Dividend Capital) Dividend.

£1.0m of additional Covid-19 costs have been funded centrally.

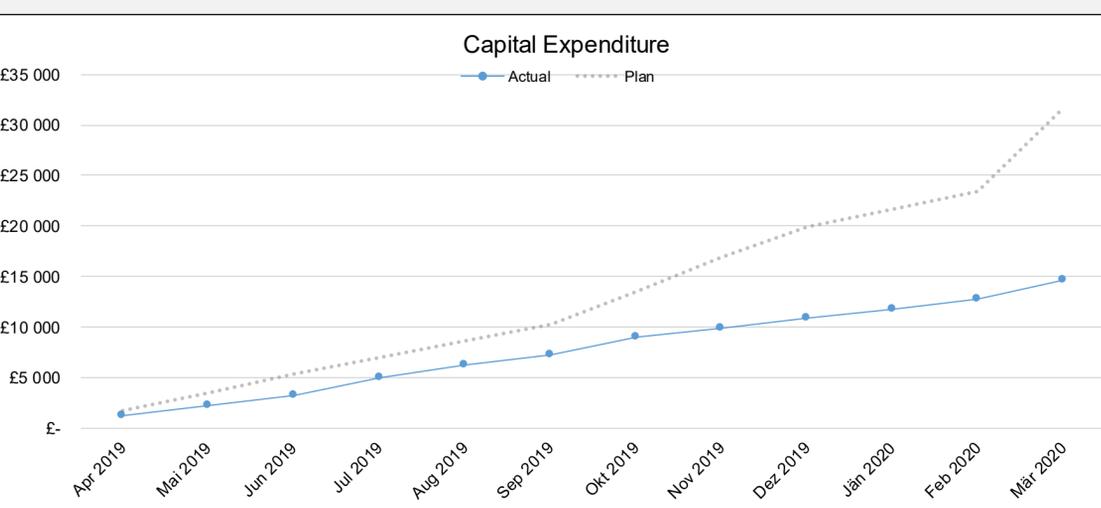


The Trust's Income & Expenditure position in Month 12 was a surplus of £0.9m, which was £0.2m better than plan.

Full year surplus was £0.3m, £0.2m better than planned.

The shortfall on planned 999 income has been partly mitigated by non-recurrent vacancies and reduced PDC (Public Dividend Capital) Dividend.

£1.0m of additional Covid-19 costs have been funded centrally.

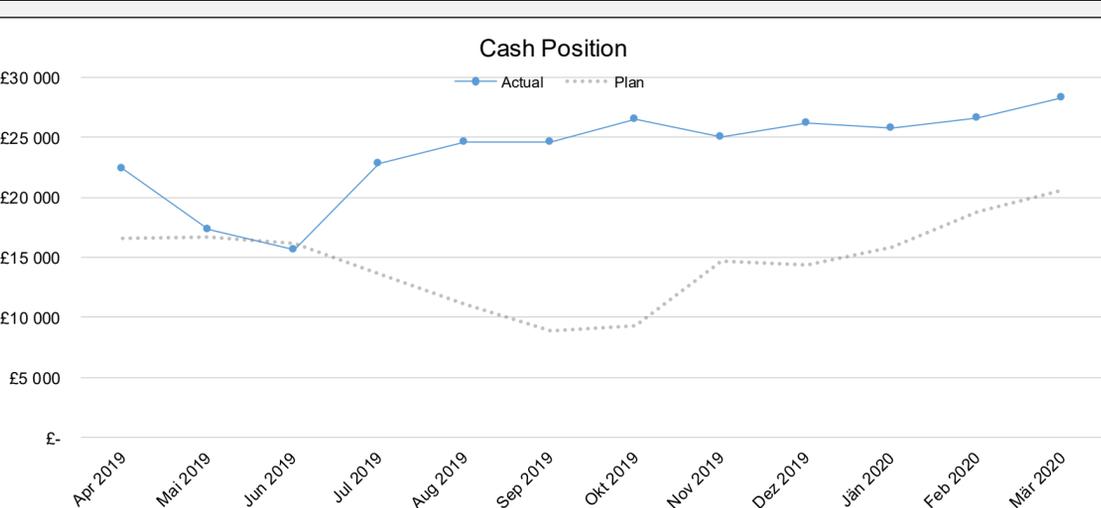


The Trust's Income & Expenditure position in Month 12 was a surplus of £0.9m, which was £0.2m better than plan.

Full year surplus was £0.3m, £0.2m better than planned.

The shortfall on planned 999 income has been partly mitigated by non-recurrent vacancies and reduced PDC (Public Dividend Capital) Dividend.

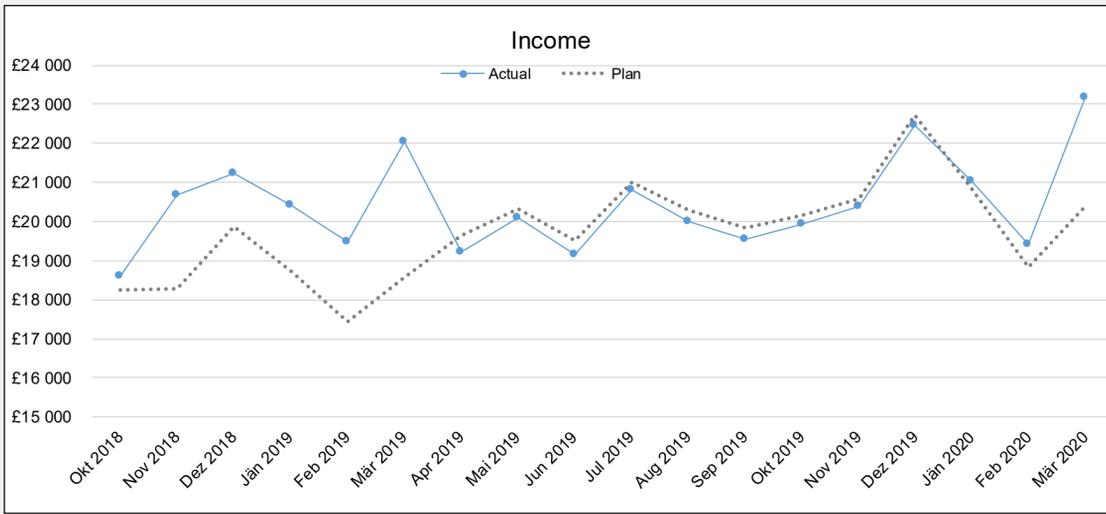
£1.0m of additional Covid-19 costs have been funded centrally.



The cash position as at 31 March 2020 was £28.3m, £7.7m greater than planned. The £1.7m increase in March included £2.9m additional 999 receipts, following the year end settlement with commissioners, partly offset by increased pay expenditure of £1.2m, mainly relating to private ambulance provider payments.

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

## SECAmb Finance Performance Charts



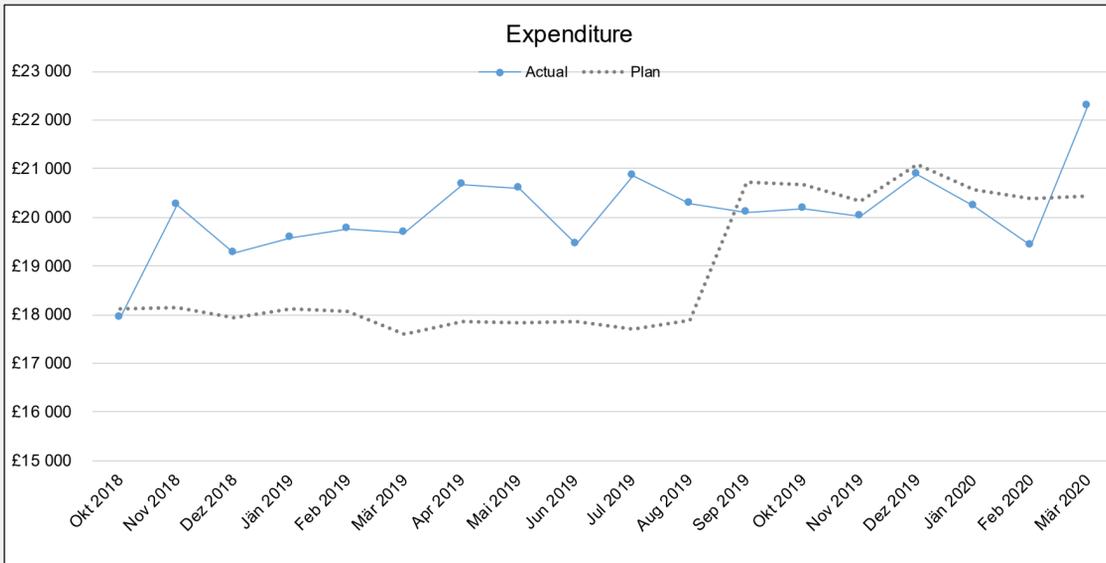
Income for the month of March was £23.2m, which was £2.8m better than plan.

Year to date income was £245.2m, £1.0m above plan.

The main reason for the positive variance is £1.0m of income to offset Covid-19 additional costs. A shortfall of £2.5m in 999 income as a result of activity being less than planned is offset by favourable variances in other income, mainly training.

999 activity plan is based on the Demand and Capacity Review. By increasing resources through the investment it has received, the Trust has managed to attend an additional 39,338 incidents (+5.5%) in comparison to last year.

Note: Annual Accounts income is £7.2m greater than reported here due the funding of additional NHS Pension contribution costs borne by DHSC.



Total expenditure for the month of March was £22.3m, which was £2.6m greater than planned. Full year expenditure was £225.0m, £0.8m above plan.

Pay costs were £0.9m higher than planned in the month and £0.3m higher for the year. This is mainly due to the backdated holiday payment for shift overruns arising from the 'Bear Scotland' legal judgement. £0.3m of Covid-19 pay expenditure was incurred in March, funded centrally.

Non pay costs were £1.9m in excess of plan in the month and £0.8m higher for the year. This is due to a review of balance sheet provisions. £0.7m of Covid-19 non pay expenditure was incurred in March, funded centrally.

Financing costs are £0.4m lower than planned for the year from the benefit of reduced PDC (Public Dividend Capital) Dividend arising from lower capital expenditure and improved cash.

Note: Annual Accounts expenditure includes an additional £7.2m for NHS Pension contributions funded by DHSC.

# **SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**

## **Council of Governors**

### **D – 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 online on 14 April 2020 where they would normally plan this Council meeting but due to Covid 19 and the uncertainties an initial view was taken on the best way to keep the Council informed during the pandemic and early discussions about a potential June Council meeting took place. The minutes of this meeting are provided for the Council as an appendix to this paper.
- 1.6. Governors are strongly encouraged to read the full minutes from the GDC meetings.
- 1.7. The GDC meeting in April covered: an update on the Trust's response to Covid-19, feedback from the previous Council meeting(s), a decision to postpone the Joint Board/Council workshop in May, consideration of the need for and, if so agenda for, a formal Council meeting on Thursday 4 June 2020, format for monthly Covid webinars with DA and Philip Astle: collating issues for discussion.

#### **2. Feedback from the previous CoG meeting (March 2020)**

- 2.1. There was no specific feedback on the previous Council meeting.
- 2.2. It was the first Council meeting for several new Governors.

#### **3. Agenda setting for 4 June Council meeting and the first Council webinar 21 April**

- 3.1. An overview regarding a likely necessary Part Two meeting to undertake certain NED appointments was given.
- 3.2. GDC agreed to keep the Council meeting pencilled in and decide closer to the time about any items for the agenda. This would likely be a stripped-down meeting if held.
- 3.3. It was agreed that questions for the CoG webinar to be held Tuesday 21 April be collated in advance via IA and this would help make sure that DA and CEO could bring full and frank answers.

#### **4. Update on Covid Response**

- 4.1. An overview of the Trust's response was provided by DA. More on this is in the appended minutes. DA was keen to understand if Governors felt well appraised on the Trust's response and the GDC advised they were. The GDC supported the idea of a monthly webinar.
- 4.2. Concerns over PPE levels and guidance were raised by Governors and taken back to the Board by DA. DA advised the Trust was following Public Health England's guidance.

#### **5. Other business**

- 5.1. The GDC discussed the temporary suspension of Community First Responders in front line duties and noted they were keen for their skills to be utilised in other ways by the Trust.

#### **6. Recommendations:**

- 6.1. The Council is asked to:
  - 6.1.1. note this report.

- 6.2. All Governors are invited to join the next meeting of the Committee on 23 June 2-4pm online.

Nicki Pointer, Deputy Lead Governor (On behalf of the GDC)

*See below for the minutes of the GDC meetings*

## Appendix 1 April GDC Minutes

### South East Coast Ambulance Service NHS Foundation Trust

#### Minutes of the Governor Development Committee

Microsoft Teams – 14 April 2020

#### Present:

Nicki Pointer	(NP)	Upper East Public Governor, Deputy Chair of CoG
Pauline Flores-Moore	(PFM)	Lower West SECAMB Public Governor
Waseem Shakir	(WS)	Operational Staff Governor
Brian Chester	(BC)	Upper West SECAMB Public Governor
Chris Devereux	(CD)	Upper West SECAMB Public Governor
Geoff Kempster	(GK)	Upper West SECAMB Public Governor
Nigel Robinson	(NR)	Lower West SECAMB Public Governor
David Astley	(DA)	Chair of the Board/Council
Marcia Moutinho	(MM)	Staff Governor (Non-Operational)
Marguerite Beard-Gould	(MBG)	Upper East SECAMB Public Governor
David Escudier	(DE)	Upper East SECAMB Public Governor
Leigh Westwood	(LW)	Lower East SECAMB Public Governor
Marianne Phillips	(MP)	Lower East SECAMB Public Governor

#### Minute taker:

Isobel Allen	(IA)	Assistant Company Secretary
--------------	------	-----------------------------

---

#### 1. Welcome and introductions

- 1.1. NP welcomed Governors to the meeting and noted she was stepping in as Deputy Lead Governor.

#### 2. Apologies

- 2.1. Apologies were not noted as all Governors are invited to attend the meeting.

#### 3. Declarations of interest

- 3.1. There were no new declarations of interest.

#### 4. Update on Covid response from the Chair – David Astley

- 4.1. DA provided a headline update. He started by considering governance, and noted that the business was dominated by the Covid response. There was a weekly catch up call for the Board each Wednesday, to provide scrutiny, support and to make sure the Executive have access to a second opinion if required. The Quality and Patient Safety (QPS) Committee was meeting weekly.
- 4.2. The leadership of the Trust was working well at present, staff were feeling supported. The organisation was in good health in terms of governance.
- 4.3. DA noted that he had asked IA to circulate the daily Covid briefing on what was happening across SECAMB to Governors.
- 4.4. He asked whether Governors were content with the information they were receiving and the Trust's response.

- 4.5. NP agreed that the daily sitrep was really useful. NR echoed those comments but was anxious about the financial implications of the response and asked what measures the Trust was taking to ensure financial recompense would be forthcoming. The daily report didn't cover this. Also, he was keen to understand our plans for recovery afterwards.
- 4.6. DA advised that the Finance and Investment Committee (FIC) had also been sitting remotely and was reviewing a clear cost summary of all Covid-related spend. The Trust had been assured we would be reimbursed for additional costs.
- 4.7. Negotiations would start in earnest once the crisis had passed, and the NEDs were scrutinising and ensuring a detailed record of decisions being made. NR asked whether there had been exploration about whether the Bellwin scheme (providing emergency financial assistance to local authorities) would apply to the NHS, to allow us to recoup all the costs. There was a suggestion from the fire service that this might apply for the first time to the health service. DA was not aware of the scheme nor that it might apply to the NHS but would keep his ear to the ground about this.
- 4.8. DA advised that, as an organisation, we had seen about 20% of our daily 999 demand fall away. There was substantially less trauma due to people for example travelling less and doing less sport, and there was probably a well of unmet demand building up as people were loath to call an ambulance. However, we were not idle as that 20% was being met by Covid-related work, which took longer because of the donning of PPE and more complex admissions to hospital. We were meeting all of our standards. Crews were doing really well.
- 4.9. We were also trying to plan for the future. Demand was plateauing but the modelling expected the peak in early May. We believed we were following London's curve and anticipated far more inter-hospital transfers across the patch. We had access to the Excel centre in London but were avoiding using it if at all possible due to moving crews out of the patch and because staff would need to be pulled from the South East. This was a key point for Governors to understand.
- 4.10. Because demand in London was so high, we had supported them with 11 ambulances and crews to support them. We were proud of our crews.
- 4.11. 500 staff were away from work with 300 self-isolating and 200 sick with Covid symptoms, 3 staff had been in intensive care and 1 was in ITU at present and very unwell.
- 4.12. A staff testing regime had been put in place.
- 4.13. On Personal Protective Equipment (PPE), the supply lines were now open, and we had a week's supply in the Trust of protective suits and slightly more for other items. We had been short of Clinnell wipes and fit test fluid, but we now had four days' supply in the Trust.
- 4.14. NP noted this was a national shortage not a SECAMB issue, and DA agreed.
- 4.15. We had 80 returners to work and others rejoining who had recently retired, 100 999 call handlers had been taken on. 75 new staff were in post in 111.
- 4.16. Our unions had complimented the Trust on working well with staff. Our staff were out there dealing very professionally with the public and we were proud of them. The public good esteem has been amazing.
- 4.17. MBG asked about staff testing, which was a national issue. She noted we had seen photos of various sites where it was hard to get tests. Were we confident that our crews could be tested? DA confirmed that there was access to testing, but reminded people it was only useful if you had active symptoms. We were still waiting for the antigen tests that would show who had had the virus previously.
- 4.18. Overall DA felt assured that management were handling things well.
- 4.19. PFM noted that SECAMB had done well, but crews coming in to hand over patients in respiratory wards only had masks a plastic apron and gloves, entering areas where

there were other Covid-19 patients. This was not enough PPE to keep them safe. DA advised that he would feed this back to Philip Astle but noted that the crews were wearing the correct specification according to the Government. DA noted that he felt sympathy as the crews did not feel entirely comfortable with their PPE.

**Action: DA to feed back to CEO regarding crews' levels of PPE when handing over patients to respiratory wards.**

- 4.20. PFM noted that the ambulances did not have the cleaning fluid that would normally be recommended for their vehicles.
- 4.21. GK advised that he had had a brief conversation with a senior virologist at Public Health England regarding PPE and the WHO guidelines about using gowns rather than aprons. He understands that WHO had now agreed the Public Health England guidelines that the aprons were enough for most circumstances. He acknowledged this may not be appropriate for the respiratory areas.
- 4.22. PFM noted that it was a scary situation for people when in these circumstances with a patient. Better PPE would help crews mentally.
- 4.23. DA noted that one of the things to do when we get back to normal business was to help our staff, with appropriate emotional support where needed, and it was vital to recognise the stress people were currently living under.

## **5. Minutes, action log and matters arising**

- 5.1. The minutes were reviewed and agreed as an accurate record.
- 5.2. There were no questions in relation to the action log.

## **6. Feedback on the previous Council meeting**

- 6.1. There was no feedback on the previous Council meeting.

## **7. Decision to postpone the joint Council/Board meeting in May**

- 7.1. IA and DA provided an update on the rationale for this postponement, noting that the lock-down would not be eased for at least 3-4 weeks so it would not be possible to meaningfully hold a workshop in May.
- 7.2. DA noted one of the benefits of the new ways of working we had adopted was how we had taken a leap forward in terms of using technology to communicate remotely.

## **8. Agenda items for the Council meeting on 4 June 2020**

- 8.1. IA provided an overview regarding a likely necessary Part Two meeting to undertake certain NED appointments.
- 8.2. She asked for views about whether and if so how to have a Part One Council meeting.
- 8.3. BC advised that it was likely sensible to keep a meeting diarised in case any potential issues were raised that Governors needed to cover. If the webinars had satisfied the Council then that would be fine, but in the meantime, maintaining the option of a Part One CoG left a space to raise issues.
- 8.4. DA suggested that Council may want to have the FIC chair to talk about finances.
- 8.5. The GDC agreed to keep the Council meeting pencilled in and decide closer to the time about any items for the agenda. This would likely be a stripped-down meeting if held.

## **9. CoG webinar**

- 9.1. DA asked whether the Governors had seen the Friday afternoon staff webinars that the Trust had been running. They had.

- 9.2. DA suggested that questions for the CoG webinar to be held Tuesday 21 April be collated in advance via IA and then he would make sure that DA and CEO brought full and frank answers.
- 9.3. The GDC agreed.
- 9.4. NR asked DA whether it was timely to consider more engagement with the local media to say what a great job our people were doing. DA advised that our aid to London had featured extensively in the media the previous day. We had had some unhelpful coverage from a staff member's voice message which went viral. Within the NHS there were lots of controls centrally over our communications.
- 9.5. IA advised that there was a lot the Communications Team was seeking to do externally, but there was also a huge workload internally in terms of keeping staff up to date as guidance continuously changed.
- 9.6. MM noted further that the Communications Team were incredibly busy helping other teams.
- 9.7. NR noted that this was not in any way a criticism, but there was an opportunity to do more if possible.
- 9.8. DA advised that he and Philip had met with every MP in the recent weeks and they had gone very positively.
- 9.9. PFM noted that she had observed patients thanking the crews: it was very emotional.
- 9.10. BC noted that he wished to refer back to previous meetings regarding the Trust's communications. We were not well positioned in respect of communications: the Council had raised this previously and nothing had happened, and he wished to come back to this once times were more usual. DA provided assurance that a more strategic review of communications would take place.
- 9.11. DA asked whether WS felt that DA's view was correct regarding the action the Trust was taking at the present time. WS confirmed that in general it was, but thanked PFM for mentioning the potential to increase the level of PPE to ease mental stress. The governance structure seemed to be going on well in the background and we were following recommended guidance.

## 10. Any other business

- 10.1. PFM asked about CFRs. She noted there had been quite a few forms to fill in to see if CFRs could help e.g. taking temperatures and driving. There had been a slow response from the team. There were a lot of volunteers. NP advised she believed communications had been sent out but would take this back to Greg Smith and IA advised that SECamb sought to draw on staff capacity first.

**ACTION: NP to advise Greg Smith (CFR Team) regarding perceived lack of communication in the utilisation of CFRs.**

- 10.2. PFM noted that CFRs had some PPE stock which the Team could ask them to give back if anywhere was short of e.g. oxygen.
- 10.3. GK noted that the CFRs would be keen to be redeployed. PFM felt standing CFRs down was the right thing to do in the current circumstances. She felt CFRs could come in as back up further down the line.
- 10.4. DA advised that he agreed but it was important to get the communication right around this.

## 11. Review of meeting effectiveness

- 11.1. The meeting was deemed to have been effective and NP's chairing excellent.

**Signed:**

**Nicki Pointer**

**Deputy Chair**

# South East Coast Ambulance Service NHS Foundation Trust

## Council of Governors

### E - 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:**

1.5 <https://forms.office.com/Pages/ResponsePage.aspx?id=UeDqcg7pE0mFIJzyYfBhGFHlnsSYmzxOp1c2Ro-88d1URE1MVDQ1NVVINEQ2N1dDR05OSDg1VUxWVC4u>

Date	Activity	Governor
08/03/2020	Attended Trauma Care UK Conference with CFR and Governor hat on and presented on how to build a successful CFR team and how Secamb support volunteers. Nicki was asked to attend by the Community Resilience Team.	Nicki Pointer
09/03/2020	111 Resources – sharing the message about 111 with your networks and communities.	All
21/04/2020	Made contact with Thanet Operating Unit Manager to share an update on Age UK's work in the community during Covid and provide signposting for support for elderly, frail and vulnerable patients our crews might visit who need community assistance.	Vanessa Wood
April/May	Many of our colleagues on the Council are also Community First Responders and they have been assisting the Trust over the last two months with temperature checks for staff, supporting the testing coordination service and staffing the welfare vehicles outside of hospitals. Thank you.	Geoff Kempster / Pauline Flores Moore / Nicki Pointer / Leigh Westwood
1/3 June	Attendance at online NHS provider Governor conference.	Amanda

2020		Cool & Chris Burton
------	--	------------------------

## 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.

26.03.2020

*Query around out of date PPE and availability and also around Community First Responders being stood down. Query to utilise their skills in other roles for now.*

This was addressed within a webinar held by Bethan Eaton Haskins where assurance was provided around PPE measures in place to ensure safety and that the Community Resilience team were looking at ways to utilise CFR's skills in other roles such as temperature checking at the HQ.

27.03.2020

*Concern around the financial implication and overall resilience of the trust's ability to continually cope with the impact of Covid-19.*

The Board discussed yesterday (March), and NEDs drew on more detailed scrutiny by the Finance and Investment Committee on 19 March. The whole health system has responded well, advance funds have already been received from Department of Health to finance our COVID-19 response. As a Board we are meeting weekly (short focussed meetings) to ensure that the Trust can continue to respond to Covid-19 and that our response continues to remain sufficiently resourced and that the wellbeing of our people is being protected. On the final issue raised - pinch points - we are managing our response effectively. The Trust's Quality and Patient Safety Committee is carefully monitoring our response to ensure that quality is guaranteed and that we have sufficient resources and supporting equipment e.g. PPE.

02.04.2020

*With student paramedic placements paused/cancelled and plans for unqualified students to be employed by SECamb in clinical roles, could you please provide assurance that these students, who may well not yet have completed their required hours or skills document/assessments, will be provided with the appropriate training and upskilling as necessary, and most importantly, will be provided with appropriate clinical support and supervision as they will be in a very vulnerable position.*

The proposal for the direct employment of student paramedics studying at partner HEIs was shared yesterday via the JPF with a request for comments and feedback and I have attached it again here. We very much welcome any guidance from staff-side colleagues and others as to how we can ensure those involved are as supported as possible.

The approach taken was to ask the HEIs to map the progress of their students against the SECamb scope of practice for AAPs and ECSWs. This exercise was completed at the end of last week, along with a survey of interest from students who were willing to work for SECamb. We are seeking to primarily employ Year 3 students as either AAPs or ECSWs (depending on what the

university had indicated would be appropriate based on the completed components), and some Year 2 students as ECSWs. The aim was to ensure that we did not place any students in a position where they are working beyond where they should be capable and we have adhered to the university's assessments of their competency. There is therefore some variation between universities as to which role Year 3s and Year 2s can perform. The guiding principle is that they must exceed what we would expect of someone working to the ECSW or AAP scope under normal circumstances. For the Year 3 AAPs, those that are eligible for AAP scope under this proposal are very close to being qualified as paramedics in their own right, but we are not seeking to have them join the temporary register to "fast track" them through and are fully supportive of them completing their studies. The HEIs are continuing to deliver the content remotely where possible and working for SECamb should not disadvantage them in their studies. Where appropriate, they can continue to get their skills and competencies signed off while working. We are not proposing using Year 1 students in any frontline roles. None will be emergency driving. Only those with C1 can drive Trust vehicles and only following completion of a 2 day non-emergency driving course and assessment.

There will be a 5 day induction course for all these students which will be delivered remotely and via the OUs and this is being designed to reflect the essential components of the Clinical Conversion Course that is attended by new staff joining the Trust. They will be employed in the areas where they have already undertaken placements and are known to local OU staff. The stipulation is also that they will only work crewed with SECamb staff and not with any others that may join the service to support during this time, so that they are with someone who can provide support. We are also working up a mentor scheme from those clinicians that are isolated at home to provide them with regular check ins from a support perspective. I have discussed the proposal with Angela Rayner and we are ensuring that they will get full access to the Wellbeing Hub and this will be a part of their induction joining the service that they are signposted to resources that are available.

The intention is to offer them a bank agreement that lasts for the duration of the COVID crisis, and we are working on the minimum hours. Mark Tilley fed back that his view was that this should not be a zero hours contract as was originally proposed, which I agree with, and this has not yet been finalised as HR are working this up into a formal agreement which will then also be shared with JPF before it goes any further.

Clinical errors will be managed in the same way as they are for any employed clinician and we will be seeking to support the students via the Practice Education Leads as they do when they are on placement with us currently, with regular support which they will also continue to receive from the university. From a medical directorate perspective, if any of the students experiences issues or concerns with clinical practice, errors or other issues, this should be reported to their Practice Education Leads and will be escalated to me if required so that we can support them directly.

They are vulnerable, mostly young and inexperienced people and I also share your concerns as to their wellbeing and our responsibility to support them. We have actually been pushing back against requests from some of them to work in higher grades and take our responsibility to them as learners and people facing a really difficult task very seriously. We have had lengthy

discussions with the universities and Health Education England also as to how we undertake this and ensured they are in agreement.

Your suggestions as to how we can make this proposal better will be much appreciated and considered carefully by me and the rest of the education team. These are very challenging times, but that does not mean we do not have a very serious duty of care to students, staff and patients and we are very mindful of that.

10.04.2020

*I have been made aware of a situation where a nurse was tested for Covid-19 and was given a negative result by Secamb. Secamb didn't have the nurse's phone number so they contacted the nurse's GP surgery and asked them to pass on the results to this nurse, which the GP surgery promptly did. Two hours later, this nurse received a phone call from Occupational Health (I am assuming her hospital OCC Health) and was told that she had in fact tested positive. There have been similar cases reported to our Trust. My question is, are NEDs satisfied with the existing process regarding the handling of tests results and the way Secamb is dealing with these very serious incidents?*

At present, the Coordination Service is only returning negative results to patients. All results returned by the Coordination Service are received by Public Health England via a secure means, and should only be negative results. In essence, the Trust is only forwarding negative results received and is not interpreting or making decisions surrounding these.

The Trust is not in a position by which we are reporting on staff results for other trusts where they have been tested as part of the NHS retention testing programme, however having discussed with Gio, I understand that some acute trusts within Kent are still using the PHE laboratory in Southampton for both patient and staff swabs. PHE colleagues do not differentiate between staff and patient swabs and return all negative test results to us to forward onto the individuals' tested, which is how we have likely ended up with this staff member's swab result.

I have also been made aware of another matter by which SECAMB reported a negative result to a patient (as per the information received from PHE), when they were also reported as positive by other means following data from the same PHE laboratory.

Consequently, this has highlighted further concerns in relation to how PHE are processing and grouping these results. Again, this appears to be a reporting issue within the PHE laboratories, however I have asked the team to input any such concerns onto Datix and for Hilary to lead on investigating these. We will then escalate any findings to PHE via the Trust's COVID Management Group.

27.04.2020

*I remain highly concerned that staff remain exposed to COVID-19 by not having been supplied appropriate FFP3 masks, namely those staff that have failed fit testing for which a suitable alternative has not been provided. A sample audit of Microsoft TEAMS shows that 4.8% of our staff have failed testing and not passed on another mask (18 of the 375 tests recorded alphabetically).*

*I have not seen communications to our staff regarding how they may be prevented from attending such incidents but am aware that ad-hoc arrangements are being made in each area. Please can you provide assurance that the Health and Safety of our frontline staff is being addressed and overseen by yourselves?*

I would direct them to page 8 of the latest Trust IPC Guidance which states; If an Aerosol Generating Procedure (see Appendix 4) is performed, all crew members must don full personal protective equipment before being within two metres of the patient. This must include FFP3 respirator (the wearer must have passed the Fit Test for the make of FFP3 respirator). If required (dependent on the number of staff present who have passed a fit test) a second/further resource should be dispatched to assist the crew. One member should not don PPE to enable them to drive the conveying vehicle to hospital.

We are trying to source alternative options but these have not been forthcoming at present, however we will continue to prioritise this.

04.05.2020

*The CV19 pandemic is difficult for most of the staff involved in the Ambulance Service, but considerably more traumatic for those staff who do not have the correct PPE due to a smaller face.*

*Thank you for highlighting the IPC manual where one person needs to stay “clean”, but this does not take into consideration the additional guidance issued by SECAMB of stepping into level 3 PPE if the clinician feels it is appropriate, which is now impossible for those without appropriate PPE, it may also be worth recalling that a number of calls are inappropriately graded and the situation is not as given.*

*As for the Cardiac Arrest situation I have spoken to staff who are psychologically traumatised by remaining outside, for example the only Paramedic remained outside as the non -registered staff attended, or the patient that deteriorates presenting staff with the most distressing of choices.*

*Would you provide assurance to the council that this matter has been addressed and appropriate PPE (to fit the smaller face) has been requested and escalated when problems were highlighted?*

*Would you provide reassurance that failures to supply PPE have been addressed, for example by out sourcing?*

Raised on Governor webinar: PA advised that the Trust had ordered and partially received a full-face mask with filters for these staff. The masks had arrived, but the filters hadn't. There was competition for PPE, hence the delays.

12.05.2020

*Governor had been advised that a colleague had gone to submit an application for the AAP course in time of what was the advertised deadline but the vacancy had been closed early so was not accepted. Query if the text within the advert itself did state anything along the lines of the opportunity closing once a certain number of applications had been received.*

We did have an advert out for AAP apprentice role, and as we had received high volume of applications, it was advised to close the advert. However it was also explained in the advert that 'Trust reserves right to close vacancy early if sufficient amount of applications are received'.

12.05.2020

*Governor approached by some non-operational colleagues who somehow feel forgotten by the Trust. Is the Trust doing enough to welfare check staff who have been working from home for the past 2 months.*

There are a number of things that the wellbeing hub is working on to help staff wellbeing, however, these are aimed at all colleagues and perhaps not specifically to those working from home. Health and Safety will soon be releasing comms around working from home, Display Screen Equipment (DSE) and appropriate working equipment so this will certainly be more directed to our support staff.

- the posture/back pain leaflets have been sent to the Executive Assistants for distribution. These will provide small, easy exercises for those who are computer based and will provide other information on how to sit etc. As mentioned above, Health and Safety are predominantly responsible for home working conditions.
  
- We are hoping to soon launch a posture live session with our physio and whilst this will be available for everybody, it will be focusing on desk exercises which will support our support staff, especially with back, shoulder, wrist pains. [NB these are now happening three times a week]
  
- Our physio pathway is still available and our physio's are offering 1:1 physio sessions via teams to help provide tailored exercises to those who need them. All you need to do is contact the Hub and we can provide a referral form.
  
- Wellbeing Hub has also created a 'Covid-19 Referral Pathway'. This pathway provides fast track access to a wellbeing assessment with one of our Wellbeing Practitioners. This assessment is designed to be an outlet for staff to discuss the different ways in which the current Covid-19 pandemic is affecting their emotional and/or mental wellbeing. From here further support avenues can be considered with a Wellbeing Practitioner as/if required.  
You do not have to be managing persistent or ongoing mental health difficulties in order for this pathway to be appropriate. This pathway is designed to create an outlet for ALL staff. This pathway will be in place for the duration of the Covid-19 outbreak and will cease when we return to normal business.
  
- The wellbeing practitioners have been consolidating a wide range of self-help resources and specialist support services being offered to NHS staff during this difficult time. These resources can be accessed through The Zone in the dedicated Covid-19 Wellbeing page: <https://secamb.sharepoint.com/sites/intranet/knowledge/clinicalops/Pages/Covid-19wellbeing.aspx>
  
- An increase of wellbeing bulletins (we are aiming for one every two weeks- the next is due out on Monday). The next bulletin will include information on finances during covid, mental health, kindness etc.

### **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.**

**Nicki Pointer**

**Deputy Lead Governor & Public Governor for Lower East**

# SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

## Council of Governors

### F - Governor's Report on the Audit Committee

**Date of meeting:** 12<sup>th</sup> March 2020

**Governor/s present:** Marianne Phillips

#### **1. Prior to the meeting:**

The Chair, Michael Whitehouse, was unavailable as he was meeting with the auditors. However, the Company Secretary gave me a full briefing on the attendance and agenda prior to the meeting.

**2. Introductions:** The meeting started 5 minutes late due to the pre-meet with the auditors slightly overrunning. The Chair made a general introduction and welcome, particularly mentioning those new to the committee and those joining by phone.

**3. Attendance:** The Chair commented that the ideal size of a meeting should be no more than 10 attendees. 14 people were in the room with a further 2 on the phone so the Chair stressed that attendees should feel free to leave when they had made their contribution. By the end of the meeting only 9 remained in the room, with 2 on the phone.

At the outset of the meeting there was a balanced mix of roles in attendance, the Chair who is also a NED, plus 4 other NEDs, (one on the phone) all representing the committees they chair; 4 exec directors (one on the phone), the Chair of Council and the Company Secretary who took minutes. The remainder were the auditors.

**4. Agenda:** It was a very full agenda, with an estimated finishing time of 1700 (3 ½ hours). Understandably significant time (50 minutes) was devoted to discussing SECAMBs response to the Covid outbreak which finished 20 minutes over. However, the Chair managed this well, asking for the following 6 agenda items to be taken as read but with an opportunity to ask questions, before offering a short break. As a consequence of the Chair's excellent management the meeting ended up finishing 50 minutes early.

**5. Discussion during meeting:** It was clear that all of the NEDs, including Howard Goodbourn who had commenced his role that day, had studied the reports extremely carefully; asking pertinent and challenging questions of the exec across the entire agenda. They also actively listened and provided a great deal of support and empathy to the exec; particularly taking into account the extreme pressure they are currently under.

**6. Chair:** Michael was an excellent Chair, clearly setting the scene for each agenda item, facilitating questions well, including from those on the phone; and providing a useful summary with actions, on conclusion of the debate. Michael does, however,

Marianne Phillips  
12 March 2020

have quite a quiet voice and due to the acoustics of the room, at times I had to strain to hear.

**7. De-brief:** The debrief was brief, not least that it had been a long and intense meeting, but the Chair thanked me for my attendance and I confirmed that it had been a valuable and insightful exercise.

**8. Conclusion:** The meeting clearly demonstrated a high level of assurance that all the NED attendees, including our new NED, fulfilled their roles to an excellent standard; adding value to the discussions and decisions with appropriate challenge.

South East Coast Ambulance Service NHS Foundation Trust

SECAMB Board

Escalation report to the Board from the Workforce and Wellbeing Committee

<b>Date of meeting</b>	12 <sup>th</sup> March 2020
<b>Overview of issues/areas covered at the meeting:</b>	<p>Attendance by staff was appropriate and papers of a good standard. The meeting was quorate. Staff were able to dial-in and agenda slots were timed to allow staff to attend for their slot only.</p> <p>The usual starting point with staff presenting their responses to the staff survey was cancelled to ensure operational staff were not taken from their core duties.</p> <p>We continued the scrutiny of the HR transformation programme noting that again the workforce dashboard is yet to be developed. This is linked to an agreement on the updated demand and capacity review and any updating necessary for the refreshed workforce plan for 2020-2021. WWC was clear that this must be available for the next meeting, and based on organisational needs, including any gaps with commissioned activity.</p> <p>The meeting considered a number of <b>Scrutiny Items</b> (where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas), including;</p> <p><b>Covid-19 issues</b></p> <p>WWC discussed the issues around returning negative results to patients. Case for funding the additional work this is bringing is to go to Board with the support of WWC. Some staff working in EOC are not registered clinicians but are working on patient data and so may need to have some retrospective authorisation. WWC was assured that clinical oversight in the Hub was appropriate.</p> <p>Staff who are self-isolating are being supported with around two dozen in that position with around 450 hours lost. This has led to a number of pay and related queries and WWC was assured that staff in this position were supported both medically and financially. FAQs being prepared so that staff have access to information: this is a particular issue for part time staff and those on draw-down contracts.</p> <p>Corporate teams have identified staff who can work shifts in the Hub and WWC would want staff taking-on these additional responsibilities properly recognised.</p> <p>WWC was concerned that the resilience of our PAPs may not be as rigorous as our internal systems and Exec has identified this issue and it is currently being tested. Similarly, issues might arise with volunteers (CFRs). It was also reported that IT relies on significant numbers of agency staff and Executive will want to assure itself that areas of business</p>

heavily reliant on agency staff are resilient.

**HR Transformation Programme**

Recognised that capacity has been lacking in this area since the project manager left. WWC was assured overall that the new Executive Director was refocussing work on the Transformation Programme was internally consistent and reflects better our principle of working closely with staff on developing new ways of working.

It was generally accepted that response to Corvid-19 may delay completion further.

**E-Expenses Partially Assured**

WWC heard that this has been rolled-out to most staff but unions were originally not convinced of its appropriateness, and some are advising staff to use former systems. This has led to a review of how we engage with Unions so that relationships are able to continue to improve. Revised timeline is to complete by end of June 2020.

**Driving License Checks Partially Assured**

These have been separated from the e-expenses system work as it was felt that conflating the two was not helpful. Previous systems did not allow simple verification of compliance by senior staff and so were not fit for purpose. Around one-third of staff have been checked but no issues found. A question arose that staff 'volunteered' their licenses and so further assurances were sought concerning those not providing licenses. Revised timeline is to complete by end of June 2020.

**Personnel Files Partially Assured**

Found to be in similar position to E-expenses and so project plan being revised as quality of materials collated was not adequate. Revised plan using central staff so that quality can be better controlled. Supported by staff side. Revised timeline is to complete by end of June 2020.

**E Timesheets Partially Assured**

Revising roll-out in response to pressures on organisation and recognised that resources available to the project were insufficient. Implementation plan shared and WWC was confident that it was sound.

**DBS Checks Assured**

Being considered separately to allow WWC to be assured it is working but a refresh of the policy is underway. Agreed to bring any revised proposals to Full Board.

**Retention Strategy Partially Assured**

A very strong paper was received and supported: the feeling from WWC was that targets needed to be more ambitious this reflected EMB's view The paper identified the key issues around the retention of all grades and was a significant concern to WWC. As well as data quality, issues were identified around role expectations and the feeling from the Committee was that this was more of a recovery plan than a strategy but valuable in that

**South East Coast Ambulance Service NHS Foundation Trust**

	<p>context.</p> <p><b>Staff Survey Engagement Plan Assured</b>  An update on results and some planned actions were covered. WWC was pleased that OU level and team responses had been sent to managers allowing local identification and addressing of issues. A good plan for the support of teams in taking a lead on their own improvement was shared returning responsibility to staff themselves. A useful discussion was held in relation to the significant number of staff comments and the Committee was assured that HR were intending to analyse these in some depth and look how to respond.</p> <p><b>Ethnicity and Gender Pay Gap Assured</b>  Two high quality papers were received to note. Recommendations were supported. WWC noted once again the poor levels of representation of BME communities in the organisation which distorts any analysis of ethnicity pay gaps and would challenge the organisation to understand this and address it. Similarly, issues need better understanding with regard to gender. It was the view of WWC that working towards better representation of the communities we serve should be a key part of our recruitment and retention processes moving forward, and this should include supporting people moving into new roles.</p> <p>There was also a review of the plan to refresh the <b>Wellbeing Strategy which</b> was supported.</p>
<p><b>Reports <i>not</i> received as per the annual work plan and action required</b></p>	<p>None. The pre-agenda meeting continues to work effectively to ensure required Reports are developed in a timely manner.</p>
<p><b>Changes to significant risk profile of the trust identified and actions required</b></p>	<p>WWC is confident that the major risks are captured and considered by the Executive.</p> <p>The HR dashboard remains under development and needs to form a better link between the integrated performance report, the risk register and the committee dashboard. This in the intended direction of travel and was supported by WWC</p>
<p><b>Weaknesses in the design or effectiveness of the system of internal control identified and</b></p>	<p>None</p>

**South East Coast Ambulance Service NHS Foundation Trust**

<b>action required</b>	
<b>Any other matters the Committee wishes to escalate to the Board</b>	WWC would want the Board to be aware of the work on the integrated performance report and the implications that that will have for various dashboards informing committee work, and their link into the organisational risk register.

**South East Coast Ambulance Service NHS Foundation Trust**

**SECAMB Board**

**Escalation report to the Board from the Workforce and Wellbeing Committee**

<b>Date of meeting</b>	<b>14 May 2020</b>
<b>Overview of issues/areas covered at the meeting:</b>	<p>The meeting started with a discussion about its approach to hearing about how managers are engaging with their staff, in a way that does not narrowly focus on the annual staff survey, as this is just one measure. The committee wants to create a supportive environment where the focus is on how we can support managers, and at the same time gather intelligence on what it feels like for staff throughout the Trust.</p> <p>The meeting then considered a number of <b>Scrutiny Items</b> (where the committee scrutinises that the design and effectiveness of the Trust’s system of internal control for different areas), including;</p> <p><b>HR Workstreams Update Partially Assured</b></p> <p>DBS: For current starters (2020) we are broadly compliant with a robust process in place. In terms of retrospective checks (every 3 years) there is an increase in numbers in the checking process; a number of final reminders have been issued to staff inviting them to a disciplinary meeting.</p> <p>P Files: The Board will recall that a new plan was developed due to go live in March but was then paused because of COVID. This involves a different approach whereby HR staff are based within OUs to carrying out the checks/scanning to the quality required. The committee reinforced the need to resolve this promptly and despite the lockdown restrictions challenged the executive to deploy this project as soon as possible.</p> <p>E-Expenses / Driving Licences: There have been regular meetings with unions about their concerns with the impact of e-expenses in checking driving licenses and agreed that managers can and should be asking for driving licenses, using the existing policy until we have the E-Expenses system in place. The committee asked that at its next meeting it receives a clear timeline for completion, noting that this is being set by OU.</p> <p>E-Time Sheets: The implementation of this project is due to start imminently, firstly with support services then by OU.</p> <p><b>Clinical Education Review and Annual Training plan Partially Assured</b></p> <p>The committee reviewed progress with the action plan that is in place to ensure readiness for the FutureQuals quality assurance audit in early June. There were some gaps in assurance identified in March and since then measures have been taken, including changes in leadership. The medical director felt confident that with implementation of the plan we would achieve level 1 (from level 2).</p>

## South East Coast Ambulance Service NHS Foundation Trust

The training plan was also reviewed; this has been revised (delivery models) in light of the restrictions of COVID.

### **Workforce Planning and Delivery Partially Assured**

A presentation was provided setting out the workforce planning numbers for 2020/21. The committee explored the need for planning to meet future demand and overall was assured there are detailed plans on the numbers and the next step is to bring back details of how this will be implemented.

### **Supporting BAME and vulnerable staff during COVID19 Assured**

There is lots of evidence emerging on the disproportionate impact of COVID on BAME staff. This has been reviewed by the COVID management group and, in addition to welfare calls and an overarching risk assessment, we will be undertaking a national pilot of testing 125 asymptomatic front line clinical staff prioritising BAME staff. The expectation is that this will become mandated sooner than later so we will be using the learning from this pilot.

The committee is assured by the steps taken to-date.

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

#### **HR Dashboard**

WWC noted in particular:

- The significant increase in recruitment during the past few months
- COVID - focus on stat man training for staff working from home, in particular, and ensuring staff are taking annual leave.

#### **Wellbeing Update**

The committee is assured by the initiatives being taken forward. It noted that the strategy is being developed and that this will take account of a review of the cost benefit.

#### **Health & Safety – Annual report**

This report sets out the work during the year, including the completion of the improvement plan, which has increased compliance with legislation and supported the embedding of a H&S culture. The report is on the Board agenda and, in addition the H&S Internal Audit review concluding 'reasonable assurance', the committee asks the Board to note the following, in particular;

- There is ongoing education to support real-time reporting so RIDDOR reports can be reported on time.
- Manual Handling incidents have increased with the majority from paramedics, so there is targeted work to better understand the causes.

**South East Coast Ambulance Service NHS Foundation Trust**

	<ul style="list-style-type: none"> <li>• H&amp;S audits were newly implemented and over 100 were completed in-year. The actions from these will be continually monitored. The committee explored the outcome of the audits and accepted the H&amp;S Manager’s confidence, with the current outcomes being on average circa 80%, demonstrating reasonable compliance.</li> <li>• The committee supported the ISO45001 aspiration and left it with the executive to agree the best timing.</li> </ul> <p>The committee noted the significant impact of Amjad Nazir, H&amp;S Manager and how his leadership has led to the significant improvement in H&amp;S over the past year.</p>
<p><b>Any other matters the Committee wishes to escalate to the Board</b></p>	<p>The <b>BAF risks</b> linked to the committee were reviewed and there was support for the removal of the H&amp;S risk. As described above, the committee challenged the executive to ensure we achieve the target score for P Files as soon as possible.</p> <p>The committee received a verbal update that the <b>payroll contract</b> will be reviewed in year to test the market. This will be a critical change programme with opportunities to bring about improvement. The committee is assured we are looking at this important area.</p> <p>In planning for the July meeting, there was a good discussion about our approach to grievances and the committee will be spending time in July exploring the level and ‘cost’ of grievances, comparing with other parts of the NHS. This will help to highlight where there are difficulties and where we aren’t learning.</p> <p>Finally, the committee will be meeting more regularly during the year (circa 4-6 weekly) to ensure oversight and support of the number of key issues under its purview.</p>

## SECAMB Board

### QPS Committee Escalation report to the Board

<b>Date of meetings</b>	09 March 2020
<b>Overview of key issues/areas covered at the meeting:</b>	<p>The committee was attended by both the Chair and the Chief Executive.</p> <p>This meeting first considered several <b>Management Responses</b> (<i>responses to previous items scrutinised by the committee</i>), including:</p> <p><b>SI Actions Not Assured</b></p> <p>An update was provided on the high number of open actions. The committee acknowledged a good majority of these, especially those prior to 2019, will have been superseded, and supported management in its efforts to close these as soon as reasonably possible. The committee will continue to monitor this, both in terms of progress with the backlog and most importantly to ensure the controls in place support timely responses to the more current actions.</p> <p><b>Hand Hygiene Not Assured</b></p> <p>Although the committee is confident in the range of immediate actions being taken to ensure good hand hygiene, it was disappointed to note the drop in compliance seen in Q3. The training and awareness is deemed sufficient to ensure staff know what should be happening and so the committee explored the measures being taken to ensure there is a consistent approach to holding staff to account when practice is not as it should be, given how critical this. This is being taken forward by OU / team and the committee is expecting to see significant improvement when it reviews this at its next meeting in May.</p> <p>The meeting also considered several <b>Scrutiny Items</b> (<i>where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas</i>), including;</p> <p><b>CFRs – Administration of Salbutamol Assured</b></p> <p>Following its decision to allow CFRs to use salbutamol, subject to training and audit, the Board asked for a 6-month review. The committee reviewed the position at three months and the audit aimed to identify whether:</p> <ul style="list-style-type: none"><li>• this medication is administered in accordance with the medicine administration protocol</li><li>• circumstances arising and resulting from administration of medication are adequately documented</li></ul> <p>The sample was small, but it demonstrated 100% compliance. The sample-size at 6-months will be significantly bigger and will include qualitative feedback.</p> <p><b>Co-Responders Assured</b></p> <p>This reviewed the overall support and management that is in place, plus the activity which demonstrates good use of co-responders. The committee was assured with the governance and support in place.</p>

	<p><b>EOC Clinical Safety Partially Assured</b>  The focus at this meeting was on welfare calls. This remains an area of non-compliance, primarily due to the recruitment gap. The committee explored with management whether the bar at SECamb has been set too high with regards the frequency of calls and who makes them. Some benchmarking is ongoing, and this will help inform a new procedure that best supports this function.</p> <p><b>111 CAS Mobilisation Partially Assured</b>  A review of the current position was undertaken, and the committee noted the issues both internal and external, which put at risk the safe mobilisation of this new service from 1 April 2020. A risk assessment has been shared with commissioners to take account of the current pressures, including those arising from COVID-19. Since the committee meeting on 9 March this has developed much further and there has since been agreement by the system to postpone the mobilisation. The Board will receive a separate update on this.</p> <p><b>Management of COVID-19 Assured</b>  The committee was assured that we are doing all we can to respond to the ever-changing position with COVID-19. An update was received on the actions taken and their impact. This included the MOU agreed by the ICSs for the Trust to provide a central function in running a command hub. The Board will be receiving a detailed update on the current position.</p> <p>The committee also received reports under its section on <i>Monitoring Performance</i>, including:</p> <p><b>EOC Clinical Audit Review</b>  The committee expressed concern that the restructure agreed by the Board as part of the business case approved last May, is still to be implemented due to an ongoing grievance. In the meantime, some posts have been filled on an interim basis, but the Trust remains non-compliant. The restructure is expected to proceed in March and the committee will confirm this at its next meeting.</p> <p><b>Quality Account</b>  The committee reviewed progress with development of the 2019/20 annual report and supported the suggested priorities for 2020/21. This will come to the Board as part of the Annual Report and Accounts in May.</p>
<p><b>Any other matters the Committee wishes to escalate to the Board</b></p>	<p>The <b>Patient Experience Strategy</b> was reviewed. The committee provided some feedback and explored whether we are getting to carer groups. It also asked for management to test whether this can be resourced sufficiently to deliver. Subject to this, the committee recommends it to the Board for approval (agenda item 108-19).</p> <p>A verbal update was provided on delivery of <b>Key Skills</b>; there is some variance by OU, but the majority of training has been delivered. The biggest gaps appear to be related to the online training.</p>

SECAMB Board

QPS Committee Escalation report to the Board

Date of meetings	21 May 2020
<p><b>Overview of key issues/areas covered at the meeting:</b></p>	<p>The committee was attended by both the Chair and the Chief Executive.</p> <p>This meeting first considered several <b>Management Responses</b> (<i>responses to previous items scrutinised by the committee</i>), including:</p> <p><b>Hand Hygiene Partially Assured</b></p> <p>The Trust’s IPC lead joined the meeting and explained that compliance following observational audits shows we are above the lower compliance limit of 90% (but below the upper limit of 95%); some of the issues identified included hand washing technique. This is an improving picture and the committee noted the additional steps being taken to ensure hand hygiene is engrained as part of the IPC culture.</p> <p>In the context of the last report in January showing compliance as low as 85%, the committee is more assured and supports the measures being taken; it will continue to monitor this to ensure the expected impact is achieved.</p> <p><b>Serious Incident (SI) Actions Partially Assured</b></p> <p>The Board will recall that the committee has been monitoring the steps being taken by the Executive to ensure more timely closure of SI actions. Some progress has been made since the last meeting, but not as much as expected due to the COVID crisis. The committee supported the plan to bring in additional capacity to reduce the backlog, and agreed there should be focus on the current actions.</p> <p>The meeting also considered several <b>Scrutiny Items</b> (<i>where the committee scrutinises that the design and effectiveness of the Trust’s system of internal control for different areas</i>), including;</p> <p><b>EOC Clinical Safety Partially Assured</b></p> <p>The committee received a good paper setting out the position in each of the areas of focus within EOC. It reflected on the huge step forward demonstrated by the Executive, and while we still need to build our clinical capacity, our position is much clearer now and we can know what is needed. It is really positive that there is the flexibility now for 999 clinicians to work remotely and to work agilely across 111 and 999.</p> <p>There is specific focus on improving the clinical interventions into Dispatch, aimed at reducing long waits and improving hear and treat.</p> <p>Welfare call compliance was achieved for April 2020, but this was in the context of ARP being met and so the committee explored the ‘real’ underlying picture, taking account of COVID. It is pleased that the trend over the past 6-12 months is improving, but at the meeting in July more analysis will be undertaken to confirm the level of assurance that can be taken with welfare calls.</p>

Overall, there is good progress and the increasing multi-disciplinary workforce within the EOC is reassuring.

**Clinical Outcomes – the Impact of ePCR on Clinical Outcomes Assured**

The committee took much assurance from this update. The introduction of ePCR, combined with the Doc-Works system has been a great success for the Trust. There are many features within the ePCR system that drive improved documentation and therefore evidence the achievement of clinical outcome indicators. For example, mandating the completion of fields that fall within the Trust's 'minimum data set' means that a condition code is documented routinely. This increases the sample size for clinical outcome indicators each month. Introduction of the Doc-Works system has reduced the unreconciled incident rate from approximately 10-15% each month, to less than 2%.

The committee gave special thanks to Dean Rigg, Head of Clinical Audit, for his skill and leadership.

**Private Ambulance Providers (PAPs) – Serious Incident (SI) Update Assured**

This was an incident relating to care provided by a paramedic, which led to emerging concerns following PCR audits. As a result, a review was undertaken of how we manage private provider contracts, and this identified some issues. The committee reviewed the Action Plan, and a number of actions are already complete, including with the leadership arrangements.

The committee reflected the assurance it took last year relating to the governance of private providers and this was during the period of 'intensive support'; the controls weakened as this area came out of intensive support and the Executive will use the learning from this to ensure the new controls are sustainable. The committee will receive a scrutiny paper in September, in line with its annual plan.

**Infection Prevention and Control (Covid-19 Update) Assured**

A verbal update was provided by the IPC Lead, specific to COVID. An IPC assurance framework devised by NHSE is being used and while it was not complete there were no significant gaps.

The committee is assured by the steps to ensure social distancing for EOC/111 and the temperature checking to keep staff safe.

**Oversight of Covid-19 Assurance Processes Assured**

The committee reviewed the governance arrangements in place to ensure decisions impacting quality and safety. The COVID Response Management Group is now well-established and this has been updating the committee weekly on the key decisions it has made. The committee is assured that there are effective arrangements in place which ensures changes are made at the appropriate pace, with proper scrutiny.

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

	<p><b>Annual Safeguarding Report</b></p> <p>This has been a positive year for safeguarding and the committee agreed the report broadly reflected this. It did suggest some amendments were made before submission to the Board, including;</p> <ul style="list-style-type: none"> <li>• Expanding the section on learning</li> <li>• Confirming the WTE allocation to safeguarding.</li> <li>• Include the outcomes of the complaints against staff</li> <li>• Ensure one of the priority areas includes the management of allegations against staff.</li> </ul> <p><b>Learning from Deaths – Quarterly Review</b></p> <p>NHS Improvement/England mandate that Ambulance NHS Trusts report learning from deaths in their care from Quarter 4 of 2019/20. The first mandated board report, reporting on the Quarter 4 period, was due to be published at the June Trust Board, however, due to COVID, this includes the data from January 2020 only.</p> <p>As the Board will see from the report, in all 20 reviews the care of the patient was judged to have been at least ‘good’. In all cases, our policies were correctly followed, thorough history taking was completed, examinations were robustly recorded and the outcomes for the patient were clearly documented.</p> <p>Any delays in attending the patient were small (compared to the target performance times) and none of the delays impacted on the outcome for the patient.</p> <p>The committee explored the very complex area of end of life care and confirmed that training/education is in place for staff on Respect Forms, via our end of life care leads.</p> <p><b>Review of Incident Themes (Nov 2019 - Apr 2020)</b></p> <p>This was requested following weekly receipt of the harm review paper considered by CRMG. The themes include incorrect disposition; MSK injuries – handling patients; and health and safety issues arising from some ambulances.</p>
<p><b>Any other matters the Committee wishes to escalate to the Board</b></p>	<p>The committee agreed to defer the 6-month review of <b>CFR Salbutamol</b> as there is not yet enough data to provide a meaningful assessment.</p> <p>The committee asked the Executive to draw out more clearly the issues from each paper, including the clarity of data included so it is more apparent what the committee needs to be concerned with.</p>

## SECAMB Board

### Summary Report on the Audit & Risk Committee

<b>Date of meeting</b>	<b>12 March 2020</b>
<b>Overview of issues/areas covered at the meeting:</b>	<p>The key areas covered in this meeting were</p> <ul style="list-style-type: none"> <li>• Update on the Trust’s response to COVID-19</li> <li>• Internal Audit Progress Report / Audit Plan for 2020/21</li> <li>• Draft Head of Internal Audit Opinion</li> <li>• Counter Fraud Annual Report / Plan for 2020/21</li> <li>• External Audit Progress Report</li> <li>• Drafts of both the Annual and Corporate Governance Statements</li> <li>• Risk Management Review</li> </ul>
<b>COVID-19</b>	<p>The committee noted the unprecedented circumstances that arise from COVID-19 and against this background is assured that management is maintaining appropriate governance, in its response to this, in particular when decisions need to be made at pace for the safety of patients, staff and the public.</p> <p>The committee reinforced the need to be clear about how we allocate resources, ensuring we take both the short and long-term perspective. In addition, while there must be local discretion, it is vital that we abide by national guidance and advice.</p>
<b>Internal Audit</b>	<p>The committee approved the plan for next year and was pleased to note that the completed Internal Audit reviews this year have either concluded Reasonable or Substantial Assurance. This helps to demonstrate improving controls. However, the committee remains disappointed with the progress on some of the higher priority management actions. The Chief Executive assured the committee that he is keeping this under close review with his executive team.</p> <p>The Head of Internal Audit confirmed that his opinion for the year is likely to be on the positive side; an improvement from the previous year which the Board will recall was split between governance and risk management (with the former less positive).</p>
<b>Counter Fraud</b>	<p>The Committee agreed the plan for 202/21 and received this year’s Annual Report. It noted the positive responses to survey re Benchmarking Gifts and Hospitality, which was either in line with or better than other NHS Trusts.</p> <p>Management instructed Counter Fraud to undertake a Self-Rostering Proactive Review. This helped to identify some cultural issues, which the executive is reviewing and will report back the actions it will take.</p>

<p><b>External Audit</b></p>	<p>The committee reviewed the progress being made with this year’s external audit and is confident that this will be completed in line with the plan.</p>
<p><b>Annual Governance Statement</b></p>	<p>The committee received the first draft of the Corporate Governance Statement and the AGS and provided feedback to the Chief Executive; this will inform the final drafts which the committee will review prior to making a recommendation to the Board, in May, as part of the Annual Report and Accounts.</p>
<p><b>Risk Management Review</b></p>	<p>The Committee received and was assured by the Risk Management Report, noting the ongoing work to ensure improved calibration of risk scoring. The proposal for a high-level Risk Appetite was well-received and some feedback was given to further enhance it. It will come to the Trust Board in May 2020 for approval.</p>

## SECAMB Board

### Finance and Investment Committee Escalation report to the Board

<b>Date of meetings</b>	19 March 2020
<b>Overview of key issues/areas covered at the meeting:</b>	<p>This meeting focussed on the following areas:</p> <p><b>Five-Year Plan / Operational Performance Partially Assured</b></p> <p>The committee learned of a letter from Simon Stevens that has just been sent to all NHS Trusts, relating to COVID-19. There were a range of implications that the executive was working through, including the impact on the contract for 2020/21. The committee was supportive of this and reinforced the need to be really clear where there might be funding gaps and how this would impact on performance.</p> <p>The committee acknowledged that the response to COVID-19 will have a significant impact on how resources are allocated and performance levels.</p> <p><b>111/CAS Mobilisation Partially Assured</b></p> <p>There was a full and frank discussion about this. While the committee supported the decision taken by the system to delay mobilisation given the current risks, most notably COVID-19, it challenged the executive to ensure the lessons are learnt from what has been within the control of management, such as the IT specification. It has asked that there is robust due diligence on our plan going forward to mitigate against any optimism bias; specifically, that there are the right resources available to deliver, given the enormous pressure on the existing team. The Board will receive an update against the plan at each of its meetings prior to mobilisation.</p> <p><b>Fleet Implementation Plan Partially Assured</b></p> <p>Overall, the plan was well-received, and it provides a good base from which to deliver fleet. The committee reviewed some of the detail, including the target age, vehicle relief rate, the impact of MRCs and how the plan aligns with the demand and capacity review.</p> <p>Some revisions were agreed, and management were asked to review the numbers in the plan for SRVs and DCAs during 2020/21; the committee wondered whether the split was right.</p> <p>The committee also picked up one concern raised by the Council of Governors, relating to the use of a manufacturer that currently only provides DCAs with manual transmission. This links to the Carter specification and some assurance was received that there are plans to soon provide automatic vehicles.</p> <p>In summary, subject to some revisions, the committee felt that the plan will help to inform vehicle mix and subsequent business cases. It is on the Board agenda for further review and the committee will add fleet performance to its purview.</p> <p><b>Financial Performance 2019/20 Assured</b></p> <p>Noting the uncertainty relating to the additional costs for the response to COVID-19,</p>

	<p>there is good assurance that the Trust will end the year on plan. The committee reviewed the position with the cost improvement plan, which will not be achieved in full. However, this does not impact the control total.</p> <p>The committee also reviewed the overall financial resilience of the Trust, which is relatively robust, but with risks.</p> <p><b>Business Cases and other matters</b></p> <p>The remainder of the agenda considered two property disposals and business cases, which are on the Board agenda (part 2). Each comes recommended by the committee.</p>
<p><b>Any other matters the Committee wishes to escalate to the Board</b></p>	<p>In the context of the <b>risk register review</b>, the committee discussed the overall resilience of the Trust, in light of COVID-19, and asked this to be reflected within the risk register; specifically, the displacement effect on core services.</p>

## SECAMB Board

### Finance and Investment Committee Escalation report to the Board

<b>Date of meetings</b>	17 April 2020
<b>Overview of key issues/areas covered at the meeting:</b>	<p>This was an extraordinary meeting, which focussed on the following areas:</p> <p><b>Approach to Planning Partially Assured</b></p> <p>The committee acknowledged that guidance is still be received from the centre and so the current approach is based on what is currently known.</p> <p>In terms of the additional expenditure linked to COVID-19, the expectation is that our approach will be considered reasonable and proportionate, resulting in full funding. This appears to be reinforced by the good governance for such expenditure, such as review at the COVID Management Group, Business Case Group and Executive Management Board.</p> <p>The director of finance felt that the block contract is likely to continue post-July, probably for the entirety of the year. Against this background, the committee received assurance that the 'block' will cover the budget for the year, as it is effectively a roll over from last year, save for the issue of inflation, which is ambulance-related; discussions about this are ongoing.</p> <p>The committee also sought assurance about the capital plan and any consequences of construction works being paused, as a result of COVID-19. This is considered by management to be low risk, although the risk will increase the longer the 'lock down' continues.</p> <p>The committee reinforced the need to ensure robust cost improvement plans given the uncertain financial future across the NHS and it will revisit the 5-year plan as part of the recovery planning.</p> <p>In summary, the committee supported the pragmatic approach being taken by management and requested that the 2020/21 budget be presented at the next meeting in May for recommendation for approval by the Board on 28 May. Overall, the committee is partially assured, given the need to scrutinise the budget and the inflation income risk.</p> <p><b>COVID-19 Spend to Date Assured</b></p> <p>The committee reviewed the spend to-date, and the worst-case position linked to the approved business cases. It challenged management on the need to continually review investment decisions given how the situation evolves; for example, at the current time demand is less than anticipated (although it might go on for longer than anticipated) and so we might not need to commit to all the costs agreed as part of the business cases upfront.</p> <p>Assurance was received that management has this well within its sights and an interim review of the business cases is planned, with the forecast spend potentially being revised downwards. The outcome of this review will come to the committee in</p>

	<p>May.</p> <p>This also gave confidence to the committee that the risk is being actively managed to mitigate against investment decisions taken today having unintentional longer-term adverse impacts.</p> <p><b>PTS Issues Concerns and Approach Assured</b></p> <p>A good paper was received setting out the process for how we are responding to the direction from the centre to coordinate PTS in the region. Acknowledging the challenges, the committee felt that from a strategic perspective this helps to reassert the Trust within PTS and help raise its market awareness. It asked the executive to consider offering to extend this role beyond COVID-19, which will be picked up by the Recovery Group.</p> <p><b>Logistics / PPE Assured</b></p> <p>The executive set out the position whereby historically, the function of logistics ‘got by’, and the current crisis has helped to establish that a different approach is needed. For example, the service is split across three sites and is not integrated. This will be developed post COVID-19, and, in the meantime, interim measures have been put in place to get immediate grip. The paper received by the committee set this out and it is clear significant progress has been made over the past four weeks; there is now good stock control and recording by area, although this is still a manual process.</p> <p>Overall, the committee is assured that the interim arrangements will adequately manage the current crisis. It is also assured by the clear direction of travel for the function, post COVID, using the MRC processes that already exist. SCAS and SWAST have similar issues and so we will work with them as part of the Alliance.</p>
<p><b>Any other matters the Committee wishes to escalate to the Board</b></p>	<p>The committee received the draft TOR for the <b>COVID-19 Recovery Group</b> and supported the approach being taken to ensure we use the lessons and take the opportunities arising from our approach to the crisis, to ensure a better ‘new normal’.</p>

## SECAMB Board

### Finance and Investment Committee Escalation report to the Board

<b>Date of meetings</b>	14 May 2020
<b>Overview of key issues/areas covered at the meeting:</b>	<p>The meeting considered several <b>Scrutiny Items</b> (where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas), including;</p> <p><b>999 Operational Performance Partial Assurance</b></p> <p>The committee explored how the resources are being utilised and while there is currently good compliance with ARP performance this is in the context of lower demand due to COVID. The extent to which this level of performance can be sustained as 'normal' activity returns is uncertain, and while there is work underway to use the lessons from this period, the director of operations is clear that the current good performance is impacted more by the different type of demand we are seeing, rather than by any significant change in approach.</p> <p><b>111 / CAS Mobilisation Partial Assurance</b></p> <p>There was a good update on the progress being made with the mobilisation for this new service. There are some significant issues being worked on and some key meetings are scheduled ahead of the Board meeting to help establish viable solutions.</p> <p>The aim is to mobilise by November and the committee noted the challenge of this timetable, compounded by the possible second COVID peak predicted for this period. It therefore reinforced the importance of ensuring robust due diligence checks to avoid optimism bias. A project plan is being developed and will be closely scrutinised by the committee; this includes a 12-week countdown to Go-Live and the Board will have the opportunity to approve the commencement of this and well as Go Live itself.</p> <p><b>Procurement Assured</b></p> <p>The committee received a paper providing an overview of current procurement activity within the Trust; how it aligns with the direction of the Procurement Strategy (in development); and how the Trust conducts its purchasing activity and increases the efficiency and effectiveness in purchasing and supply management. This was received noting the Internal Audit review that recently concluded 'Reasonable Assurance'.</p> <p>While overall the committee was assured by the governance and controls in place, it explored the extent to which procurement ensures cost reduction, especially in the context of having in excess of 2000 suppliers. There is good focus on reducing the number of suppliers - including private Ambulance providers and from getting the most from contracts.</p> <p>Assurance was also received by the high percentage of purchase orders; we are not committing to expenditure without first getting the proper approvals, and by the introduction of three new contracts managers to support the management of contracts more proactively than before.</p>

### **20/21 Budget Assured**

A review was undertaken of the budget for the year, which is based on published guidance. At the time of the meeting there was still some work to finalise, but no material changes were expected.

Overall, while there are some risks these are considered to be reasonably manageable and the committee asks the Board to note the following.

The committee explored the steps being taken to improve productivity, through the utilisation of people, e.g. core hours/overtime/BANK/PAPs, and challenged the executive to ensure greater productivity and efficiency improvements.

It noted the vulnerability with the £7.3m top up assumption (a large part of this is inflation so unavoidable), and with regards the 2.1% CIP target expressed some concern with the approach to pro rata across directorates, suggesting the executive gives greater priority to the Productivity Group to look more holistically across the Trust.

The committee supports the budget and recommends it to the Board.

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

#### **Financial Performance M12/Forecast**

Performance and M12 supported the overall achievement of the control total for 2019-20, and the committee confirmed no significant issues have arisen from external audit. The use of resources risk rating is now 1 (from 2). This is a really positive outcome and demonstrates good financial control.

#### **CIP/Overview of Schemes for 2019/20**

The target was not achieved, but the committee is assured that the framework for delivering CIPs is robust, supported by an Internal Audit review that concluded 'significant assurance'. However, as stated earlier, the committee challenged the executive to take a more holistic approach to CIPs for 2020/21.

#### **COVID – Update on Spend**

An update was received on COVID-related expenditure and there is reasonable expectation that a significant majority of costs will be recovered. The committee noted that the executive is ensuring regular review of decisions that have been taken to ensure they remain valid.

#### **COVID – Recovery, Learning & Improvement Group Update**

A presentation was provided on the approach of this group, which has recently been established by the Chief Executive to ensure we use the learning from COVID across a number of workstreams. The committee supported the Group, reinforcing the Board's challenge in April to ensure there is good engagement with staff who have had to work in different ways and will know what has / has not worked well.

	<p><b>I.T Update</b></p> <p>This is the regular update the committee receives outlining the current digital pipeline and associated programmes / project activities. Of note is the 60% increase in demand since COVID, in large part due to the number of staff working from home.</p>
<p><b>Any other matters the Committee wishes to escalate to the Board</b></p>	<p>The committee asked that the 5-year plan update comes sooner than initially scheduled and will receive a first draft in July.</p> <p>The committee also asked that over the next 6 months or so, there is a review bringing together the fleet, people, and estates strategies, rather than looking at them in isolation. It suggested perhaps undertaking a review at a Board development session.</p> <p>There was also a review of the BAF risks linked to the committee and there was support for the reduction in risk score for 123 (ARP) and 178 (Control Total). The committee felt the risk this year for the control total is lower than last year given the approach of the system. It then agreed there ought to be a new BAF risk related to 111 mobilisation.</p> <p>Finally, the committee reflected that it is starting to get a much broader view than just finance numbers, which is helping it to better understand the risks and opportunities.</p>

Agenda No	08-20
-----------	-------

Name of meeting	Board of Directors
Date	28 May 2020
Name of paper	Trust Strategy
Author	Philip Astle, Chief Executive
Synopsis	<p>During 2019 there was significant engagement with internal and external stakeholders in the refresh of the Trust’s strategy. This informed a review by the Trust Board when it became clear that a new strategy was emerging.</p> <p>The plan was to launch the new strategy in March 2020 but due to the COVID crisis this was postponed. This paper therefore outlines the new strategy and, over the coming weeks a delivery plan will be established, using some of the outputs from the COVID Recovery Learning &amp; Improvement Group, to be monitored by the Trust Board at each of its meetings, from July 2020.</p>
Recommendations, decisions or actions sought	The Board is asked to formally approve the new Trust strategy, including the strategic objectives (Appendix 1)



Taking  
Pride



Striving for  
Continuous  
Improvement



Acting With  
Integrity



Demonstrating  
Compassion  
and Respect



Assuming  
Responsibility

# **‘Sustainable SECamb’**

## **Our Strategic Position**

### **‘Best placed to care, the best place to work’**

#### **Introduction**

The unitary board of an NHS Foundation Trust has, as one of its three principle functions, the development of a sustainable strategic direction for the organisation. The SECamb Board take this responsibility seriously and prompted by the developments across the NHS, launched a strategy review in early 2019. A series of meetings and workshops were held involving the whole board as well as extensive engagement with our personnel and system stakeholders. This paper lays out the key points from this engagement.

In addition, the Trust’s future includes a vital system leadership role in integrated care, cooperation and interoperability with many partners to deliver improvements in population health. The system in which the Trust operates is evolving; commissioning arrangements are transforming, and new patient populations are being defined within Integrated Care Systems (ICSs) and Integrated Care Partnerships (ICPs) and Primary Care Networks (PCNs) footprints.

#### **Why revisit our established strategy?**

The Trust had a well-rehearsed five-year strategy that was in the process of being ‘refreshed’. Although refreshing an old strategy might be appropriate when an organisation is operating in a relatively stable environment, the turbulence caused by changes in need, the relentless pressure on funding and radical shifts in the way that health and care is organised, managed and financed required are acknowledged triggers for a review of our strategy and have led to a fundamental review of SECamb’s strategic direction. As mentioned above, this has been completed with extensive involvement of our people and stakeholders.

#### **Our Values**

In all the work that we do, the Trust’s values of Demonstrating Compassion and Respect, Acting with Integrity, Assuming Responsibility, Striving for Continuous Improvement and Taking Pride will underpin what we do today and in the future.

#### **Our Purpose**

Our Trust is continually improving and as such we want the people that we serve to see SECamb as an organisation that delivers caring, compassionate, sustainable and innovative healthcare. People across the South East will trust SECamb and know that they can rely on us to be there for them, 24/7. We will be a learning and evidence-based organisation which is constantly working to improve in everything it does.

The Trust remains passionately committed to the public, our patients, our values and the people who work in SECamb. In addition, the Trust is the provider of urgent and emergency care services across four STP/ICSs. If we are to deliver our public purpose it is essential that we are more clearly recognised as the leader of extended urgent and emergency care pathways in the region.



To do that we need to show that we provide our patients with 999 and 111 services of the highest quality and value as well as be fully engaged in the shift to integrated care systems founded less on treatment and more on population health. As such, the Trust's strategy embraces the need to continue to improve our core services which includes 999 services and latterly, with the award of the KMS 111CAS contract, an imperative to successfully mobilise this new service in April 2020.

What follows is an expression of our enduring purpose that encompasses the shift to population health:

***'As a regional provider of urgent and emergency care, our prime purpose is to respond to the immediate needs of our patients and to improve the health of the communities we serve - using all the intellectual and physical resources at our disposal'.***

### **Our Operating Environment**

We recognised that our strategy had to enable us to pursue this purpose in the context of our operating environment and that there were several critical forces and drivers that need to be considered. Principal of these are the rising needs and demands for SECamb services with continued funding pressures and the Trust and our commissioners' desire to ensure that patients can access the most appropriate care pathways for their needs. Policy changes including 'integrated healthcare' require a radical and rapid restructuring of NHS commissioners and providers and their relationships with local government. There is a need the need to shift from 'competitive' to 'collaborative' behaviour across the system and a major change in emphasis from 'contracted activity' to 'population health' resulting in changes to the way that funding maybe allocated, and performance assessed. The system is already creating plans and reviewing legal, financial and organisational enablers to move to a 'system by default' operational model.

To fulfil our *purpose* in this new operating *environment* our strategy might be expressed as:

***'SECamb will provide high quality, safe services that are right for patients, improve population health and provide excellent long-term value for money by working with Integrated Care Systems and Partnerships and Primary Care Networks to deliver extended urgent and emergency care pathways.'***

### **Implications for SECamb**

Adopting this strategy has several high-level *strategic implications* relating to the way the Trust is organised. This may include services we provide and the working relationships we have with other stakeholders in the system. These in turn will have implications for the decisions we take about investing or disinvesting in our key resource areas; estates, fleet, technology, workforce and finance.

### **Managing Strategic Change**

The implications that have been identified must drive the managerial process of creating plans, identifying objectives, timescales for delivery and that of setting goals for management functions and for individuals within them.



## Priorities

During our review, 4 priority areas have emerged which build on and acknowledge the work of the Trust to date. These include:

- **Delivering Modern Healthcare for our patients** – A continued focus on our core services of 999 & 111CAS
- **A Focus on People** – They are listened to, respected and well supported
- **Delivering Quality** – We listen, learn and improve
- **System Partnership** – We contribute to sustainable and collective solutions and provide leadership in developing integrated solutions in Urgent and Emergency Care

Based on these priorities, the Executive has created organisational objectives (Appendix 1) aligned with these areas and the way in which we deliver our objectives will always be underpinned by the Trust's values. It is also intended that the Trust's strategic planning will be proactively managed at Trust Board level and, where required, priorities and objectives revisited to continue to meet our Purpose and Strategy. For example, the Trust must continue to recruit, retain and nurture an ambulance workforce in its traditional sense but also has the ambition to be the recognised provider of a paramedic workforce for the system.

### From Purpose to Action and Delivery

The diagram below illustrates the ideas expressed in this document.

On the left we have the revised expression of our purpose that recognises our aspirations for our patients and the wider public and our responsibilities to the people who work with us.

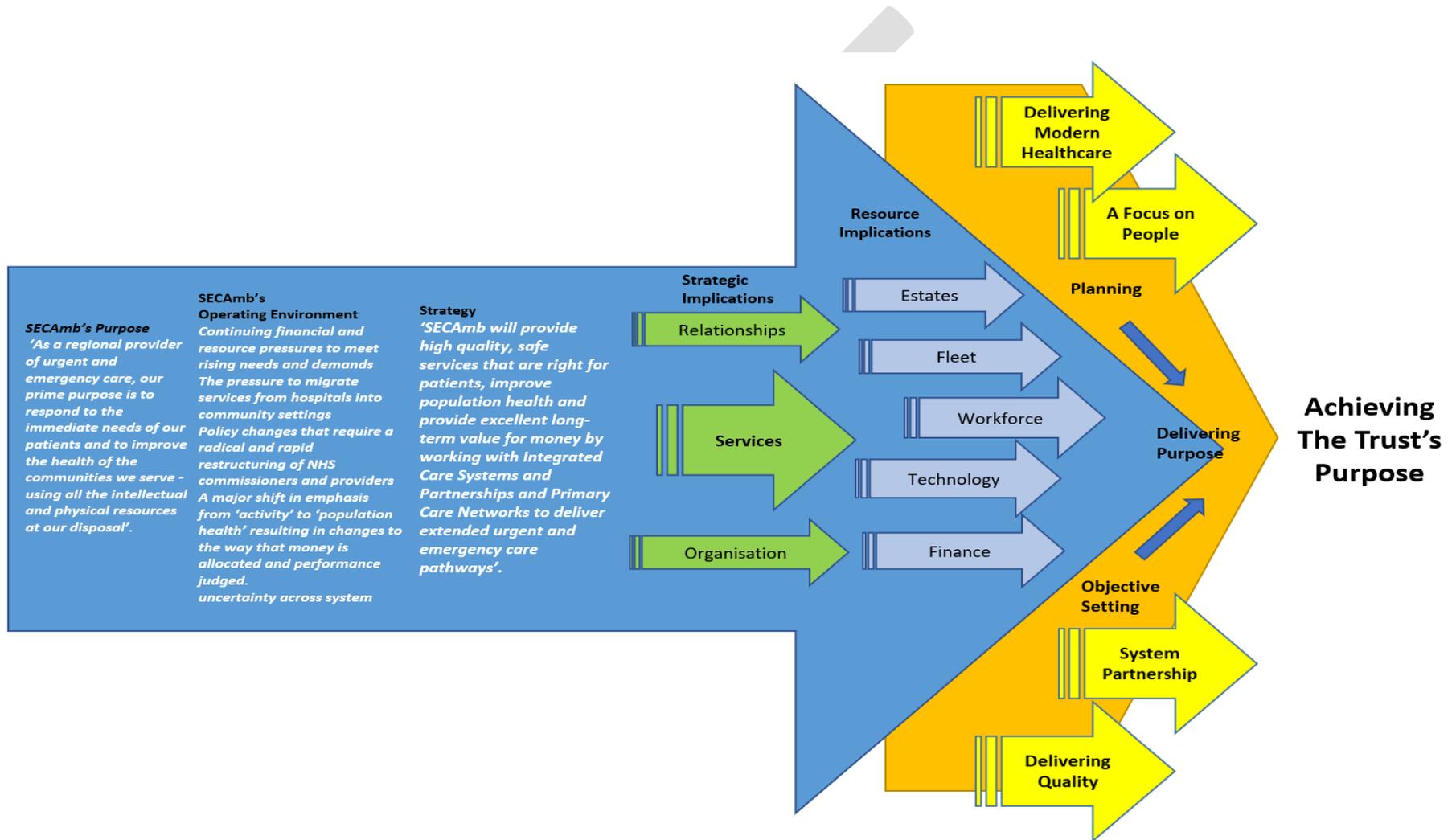
To pursue our purpose in the operating environment will need the strategy described here which has implications for three strategic areas:

1. Our services
2. Our organisation
3. Our relationships
4. Which in turn will guide the decisions we take about the investment and disinvestment in resources

The Trust will plan and deliver against its stated priorities which then leads to the managerial processes of planning and objective setting to enable SECAmb to deliver satisfactorily on its purpose.



# From Purpose to Action and Delivery



Taking Pride



Striving for Continuous Improvement



Acting With Integrity



Demonstrating Compassion and Respect



Assuming Responsibility

Strategic Objectives
We will develop and deliver overarching resource plans required for our 999, 111 and other services including workforce, fleet and other enablers in order to deliver high quality patient care. By the end of year 1 these processes will be embedded into annual and monthly planning cycles
In order to continually improve our 999 and 111 services for patients we will create, nurture and deliver a sustainability culture. This will be achieved by continuous improvement of all aspects of the way services are delivered to patients, the way in which change is managed and acknowledge our corporate and social responsibility
We will deliver our core services and continue to improve these through the creation of innovative and improved urgent and emergency care pathways that better meet the needs of our patients. As the service matures it will be increasingly integrated into the other urgent and emergency care providers and systems
We will plan and deliver a digital programme supporting integration and innovation to improve patient and staff experience, quality and safety
We will become the Partner of choice for urgent and emergency care projects and trusted to lead change in that space. This will include making the best of opportunities to build and expand from our core services
We will define our high performing ambulance process model and ensure our estate and other enablers support this model
We will set out and deliver a People Strategy which develops, inspires and supports our aim to become a more representative and diverse workforce which is regarded as a clear employer of choice and is best placed to continually improve the quality and efficiency of patient care across our services
We will identify the learning from our response to the COVID crisis to improve the way we provide services

