South East Coast Ambulance Service NHS
NHS Foundation Trust

Council of Governors Part One Meeting

4 September 2020 10:00 – 13:00

Held in public online via Microsoft Teams

Join Microsoft Teams Meeting

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

Conference ID: 262 798 423#

Local numbers | Reset PIN | Learn more about Teams | Meeting options

You do not need the MS Teams app to access the meeting. Simply click on the link above to 'Join Microsoft Teams Meeting' and then select 'Open in browser' and you will join the meeting. Alternatively, you can join the meeting by telephone using the number and conference ID above.

PLEASE NOTE: This meeting of the Council is being held in public using Microsoft Teams. The meeting will be video-recorded and made available for public viewing following the meeting. Anyone who asks a question consents to being recorded and to the publication of their participation in the meeting.

There is a section of the agenda for questions from the public. During the rest of the meeting, attendees who are not members of the Council are asked to remain on mute with their video off in order to help the meeting run smoothly. *This is a strict rule and anyone not following this will be removed from the meeting.*

South East Coast Ambulance Service NHS
NHS Foundation Trust

Council of Governors Meeting to be held in public

4 September 2020 10:00-13:00 held online

Join Microsoft Teams Meeting
+44 20 3321 5191 United Kingdom, London (Toll)
Conference ID: 262 798 423#
Local numbers | Reset PIN | Learn more about Teams | Meeting options

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction and matters arising					
17/20	10:00	Chair's Introduction	-	-	David Astley (Chair)
18/20	-	Apologies for Absence	-	-	DA
19/20	-	Declarations of Interest	-	-	DA
20/20	-	Minutes from the previous meeting, action log and matters arising	A A1	-	DA
Statutory duties: performance and holding to account					
21/20	10:10	Chief Executive's report: - Our COVID response - Operational performance	B	To receive an update from the CEO	Philip Astle (CEO)
22/20	10:20	The future for SECAmb: - Recovery and learning - Future risks to our performance - New services coming soon	-	Information and discussion	PA
23/20	10:50	Assurance from the Non-Executive Directors: - Integrated Performance Report (May data)	C	To take as read – queries to NEDs to be taken under escalation reports	-
Statutory duties: member and public engagement					
24/20	11:15	Membership Development Committee Annual Report	D	Information	Brian Chester (Public Governor for Upper West)
Committees and reports					
25/20	11:25	Governor Development Committee Annual Report: - Confirmation of Lead/Deputy lead Governor elections	E	Information	Nicki Pointer (Deputy Lead Governor and Public Governor for Lower East)
26/20	11:35	Governor Activities and Queries Annual Report	F	Information	Nicki Pointer
	11:40	**Comfort Break**			
Statutory duties: performance and holding to account					

27/20	11:50	Board Assurance Committees' escalation reports to include the key achievements, risks and challenges: Workforce and Wellbeing Committee - 2nd July 2020 Quality and Patient Safety - 24th June 2020 - 9th July 2020 Audit Committee - 16th July 2020 Finance and Investment Committee - 21st July 2020 Appointments and Remuneration Committee - 25 June 2020 Charitable Funds Committee - 21st July 2020	**G1** **G2** **G3** **G4** **G5** **G6** **G7**	Holding to account, assurance and discussion	All Non-Executive Directors present
28/20	12:15	Scrutiny – Workforce and Wellbeing Committee (WWC) and Appointments and Remuneration Committee (ARC): - Key areas of responsibility - Areas of focus/risk - Future plans Terms of Reference and annual Cycle of Business for each attached for information.	**H** **H1** **I** **I1**	Information	Laurie McMahon (NED & Chair of WWC) & Al Rymer (NED & Chair of ARC
General					
29/20	12:45	Any Other Business (AOB)	-	-	DA
30/20	12:50	Questions from the public	-	Accountability	DA
31/20	-	Areas to highlight to Non-Executive Directors	-	Assurance	DA
32/20	-	Review of meeting effectiveness	-	-	DA
		Date of Next Meeting: 1 December 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: This meeting of the Council is being held in public using Microsoft Teams. The meeting will be video-recorded and made available for public viewing following the meeting. Anyone who asks a question consents to being recorded and the publication of their participation in the meeting.

There is a section of the agenda for questions from the public. During the rest of the meeting, attendees who are not members of the Council are asked to remain on mute with their video off in order to help the meeting run smoothly. *This is a strict rule and anyone not following this will be removed from the meeting.*

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 4 June 2020

Present:

David Astley	(DA)	Chair
Geoff Kempster	(GK)	Public Governor, Upper West
Brian Chester	(BC)	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
Marguerite Beard-Gould	(MBG)	Public Governor, Upper East
Amanda Cool	(AC)	Public Governor, Upper 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)
Vanessa Wood	(VW)	Appointed Governor – Age UK
Graham Gibbens	(GG)	Appointed Governor – Local Authorities
Howard Pescott	(HP)	Appointed Governor – Sussex Community Trust

In attendance:

Lucy Bloem	(LB)	Senior Independent Director & Non-Executive Director
Al Rymer	(AR)	NED and Chair of ARC
Terry Parkin	(TP)	NED
Michael Whitehouse	(MW)	NED and Chair of AuC
Howard Goodbourn	(HG)	NED and Chair of FIC
Laurie McMahon	(LM)	NED and Chair of WWC

Apologies:

Sarah Swindell	(SS)	Appointed Governor – EKUHFT
ACC Nev Kemp	(NK)	Appointed Governor – Surrey Police
Chris Devereux	(CD)	Public Governor, Upper West

Minute taker: Isobel Allen – Assistant Company Secretary

---

1. Introduction

1.1. DA welcomed everyone to the meeting, and to the first meeting of the Council of Governors held virtually. He noted the meeting was being recorded and the video would be released.

1.2. He noted that it was Volunteers Week and thanked the Council for their support for the public across the South East.

1.3. Today's agenda had been created with Governors at the Council webinar last week. This had covered current events in the Trust, so today's focus was on NED colleagues' providing assurance.

1.4. He welcomed Howard to his first Council meeting.

2. Apologies

2.1. Apologies were noted as above.

3. Declarations of interest

3.1. No additional declarations of interest were made.

4. Minutes and action log:

4.1. The minutes were taken as an accurate record.

4.2. PL gave an update on the impact on CFR schemes regarding governance around charitable funds, which was part of ongoing work aiming to be concludes by the end of the calendar year.

4.3. On access to CFRs' funds, there was an update in the log. PL asked about whether this issue remained problematic. DA felt that the issue was timeliness.

4.4. PL further confirmed that section 136 transfers had been added to the QPS plan. FIC would scrutinise S132 as part of its scrutiny of Category 2 performance.

4.5. S136 had not been added to the Internal Audit plan but there had been a Category 2 data quality audit this year which provided reasonable assurance. The issue had been raised at the Board about S136 data discrepancies, and it had been confirmed that our data matched with all partner organisations save Sussex Community Trust and we continued to work with them on this.

4.6. TP noted the regarding clinical supervision arrangements, some work had been done since Council last met, including a public document being produced on clinical supervision. Nationally this was an issue and there was a national programme underway. Operating Unit Managers had been spoken to and felt there was good evidence that clinical supervision was happening, but it was inconsistent across the Trust. It was on the operational team's radar.

5. **CEO Report**

5.1. This was taken as read as Council had received regular updates from the CEO throughout the COVID response and the focus of this meeting was on assurance from the NEDs.

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

6.1. This was taken as read and Council would include questions of assurance regarding performance in the escalation report section of the meeting.

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

7.1. BC gave a verbal update. He noted that the May MDC meeting had been cancelled due to operational pressures. KS had been working in the COVID command hub and the committee felt it best that MDC allowed her to focus on that, plus social distancing would not allow us to meet up with members and continue recruitment drives.

7.2. KS had been working on securing charitable funds from the NHS Together umbrella organisation. The funds raised would be used for the benefit of our communities and to improve the welfare of the Trust's staff and volunteers.

7.3. The MDC would likely start to return to looking at priorities for the next 12 months and engaging around them with members in July.

7.4. Staff and public engagement was a focus of the MDC and we should be able to capitalise on the well of goodwill generated by the NHS and SECAmb.
7.5. In September, we would normally hold our Annual Members Meeting (AMM) and the MDC would meet in July to consider how we took this forward.
7.6. KS noted we had secured around £60k funding and a kind donation from B&H Football club of £3k and were arranging a Just Giving link to facilitate any further donations. The next step was to look at working with staff and the Charitable Funds Committee (CFC) on disseminating the funds.
7.7. DA thanked our CFRs for their welfare crew work over the past weeks.
7.8. KS had also been centralising bulk donations to share fairly across the Trust and staff were seeing the benefits.

8. **Governor Development Committee (GDC) Report**
8.1. NP noted that the GDC had held a virtual meeting in April and the minutes were provided to Council. It had been productive and people were engaged.
8.2. A few actions came out, including to communicate around CFR deployment and communication issues, and CFRs were now back to responding to C1s as well as staffing the welfare vans, which was welcome.
8.3. The main theme from the meeting was around the use of and effectiveness of PPE given to crews, specifically crews moving into level 3 PPE areas wearing level 2 PPE.
8.4. DA advised that the CEO had corresponded with Pauline Flores-Moore on this issue and that Pauline had since left the Council for personal reasons. He thanked Pauline for her time on the Council, which had greatly valued her contribution. She had been sent a thank you from the Trust.

9. Governor Activities and Queries Report
9.1. NP noted the welcome increase in updates on what the Governors had been doing. Some online conferences had been attended and Governors were getting out and about. NP had been filmed for this week's activities around volunteers week, which should be available to view on social media shortly.

10. Board Committee Observation Reports
10.1. MP presented her observations of the Audit Committee. It had been a pleasure to attend the meeting, and there had understandably been a lot of emphasis on COVID. MW had chaired the meeting exceptionally well, and the contribution of the NEDs was really effective. MP had been content that there was appropriate breadth of issues, there had been a full agenda and the Chair had managed the contributors well, so the focus was very clear on each item with good debate and challenge, and was very much patient-focused.

11. Board Assurance Committees' escalation reports

11.1. **WWC:**
11.2. LM noted there were two reports: he had chaired the latter meeting and TP chaired the former. LM was pleased to be assuming the Chair. He acknowledged TP's hard work and the development of how the Committee functions. He was pleased that Ali Mohammed had now

been appointed to the HR Director role after there being a series of HR Directors. LM was pleased with Ali's insights.

11.3. On the focus of the Committee, there was an emphasis in getting the HR processes fixed, and in the longer term focusing on establishing a forward-looking workforce plan, and consolidating improvements to our training and education functions.

11.4. LM asked about issues that Governors would like the WWC to address in the future.

11.5. GG asked how assured NEDs were about the quality of training and support available to the new call handlers now in post?

11.6. LM noted that WWC had been assured about that. LB noted that the Quality and Patient Safety Committee (QPS) had held seven extraordinary meetings to look at all the key decisions made during COVID. One of those was around bringing call handlers in on a shorter timescale, working with Pathways nationally to ensure the shorter training course had been adequate. The evidence so far was that this had been well-executed. DA noted he had spoken to several 111 call handlers about their training and they had reported back positively. LB advised that the shortened training programme had been through effective governance, and we could learn a lot from these new call handlers with their customer service background.

11.7. MMc had been hoping to get an update on clinical education. He saw that an audit had been mentioned in the escalation report but there was no mention of resolution around the issues students were facing and future plans for in-house training programmes.

11.8. TP advised that there had been a follow-up inspection of clinical education (ClinEd) in the past few days and, while the final report was still in draft form, he believed there would be good news for the organisation. It appeared the key issues had been addressed and we would be able to move forward. ClinEd was effectively a standing agenda item for WWC going forward, so every six weeks there would be a review and a high level of scrutiny.

11.9. The team was linking with Crawley College to provide education and they had received outstanding in their OFSTED, which was good news.

11.10. GK asked about PPE and the FFP3 masks. GK had been supporting the Trust with fit testing. At Paddock Wood they only had two styles available for crews, which were effectively the same style. If crews didn't fit that mask, there were no other options.

11.11. LB advised that this had been on the agenda at QPS weekly. It remained an issue and post COVID there would be a review because standardisation would be important going forward – the variety of masks available had caused issues. Where stations had specific issues, she hoped they would be escalated through managers and resolved.

11.12. DA advised that there was work going on in procurement to improve things, but we were dependent on national deliveries: a subsequent enquiry would look at this process nationally.

11.13. TP noted that at Board they had heard that we were reliant on central provision of PPE. On Saturday morning over 200 fit tests were undertaken on staff. There were problems with the range we were being sent, but it had been impressive how the organisation had enabled fit testing to take place.

11.14. PL advised that on scrutiny regarding staff training, we had asked RSM, our internal auditors, to undertake a review of the recruitment and onboarding processes for new staff. This would provide additional assurance/scrutiny.

11.15. MMc noted regarding FFP3 masks that there had been a number of issues for months whereby a significant minority of staff were unable to fit any of these masks. These staff were until last week being sent out on normal road duties. TP advised that NEDs were aware of

this issue, and of the arrangements in place to try to ameliorate it. This was a result of two issues: some people's faces don't fit these masks, for others there was an issue re facial hair. Both these issues were being looked at through the purchase of a different type of protective face covering. These were very expensive, but NEDs heard at Board that they were considered a good investment.

11.16. DA advised that staff safety was a number one priority. We were reliant on a national system but needed to ensure we had good working practices.

11.17. MMc felt there had been a fair time lag during which no decisive action had been taken on this. Was TP confident and satisfied that during that time period there had been processes in place to mitigate those risks. TP noted that MMc's concerns were justified. There had been an evolution in finding a way for people to be safe. TP did not feel that any NED was assured that everyone had all the equipment they need at all times throughout the pandemic – what they had been assured about was that senior managers had done their utmost to try and keep people safe.

11.18. DA summarised that the Board felt that management had done all it could during this time, not least in the face of different and changing advice from the NHS. It was under constant review.

11.19. MMc further raised the issue of conflicting guidance from external bodies on the issue of when FFP3 masks should be used. The Trust had taken Public Health England (PHE) advice on this issue and he asked whether NEDs were confident the Trust was following the best advice rather than simply following PHE. TP noted that in many ways SECAmb was not equipped to make an alternative decision – the Trust had decided to consistently follow PHE guidance. Other guidance had differed at times. Consistency was important and we didn't have the resources to make our own decisions e.g. by testing masks ourselves.

11.20. In addition, Paramedics were clinicians. The organisation had been clear that clinicians should make the decision about the best way to treat patients in emergency situations regarding the level of PPE required. Paramedics were registered and regulated professionals with their own responsibilities. We had the PHE guidance, but if clinicians felt they needed to make a different decision on PPE, the organisation would support them.

11.21. MMc believed that there had been issues where a sub-set of people who were unable to wear the level 3 masks, so this choice was not available to them. This had not been addressed until the previous week when those staff were taken off the road.

11.22. CB noted that MMc had covered the situation well but with regards to PPE, anecdotally, we still had people who could not fit a mask who were underutilised on stations or off-duty. We needed to use those staff efficiently and a timeframe was needed for the rolling out of the new mask/hood system.

ACTION: DA would feed back to the CEO regarding concerns about PPE to ensure reassurance in this area continued. He would seek assurance around the timeframe for procuring hoods/alternative PPE for those unable to pass fit tests, and share this with Council.

11.23. HP noted that the role of the Freedom to Speak Up Guardian was important at this time and asked how NEDs were assured about this role operating effectively during COVID. DA advised that Tricia MacGregor was leading for NEDs on this. LB advised that the F2SU Guardian had been active during this period, so she believed the process had been working.

11.24. PL added that there was a specific piece of work done in EOC and 111 and the issues being raised by the Guardian were being raised through line management too.

11.25. **Quality and Patient Safety:**

11.26. LB provided an overview, including of the seven extraordinary meetings held between March and May. This reviewed any COVID-related decisions and issues arising. The report here focused on business as usual rather than the COVID issues.

11.27. MaM asked about welfare calls. While 999 response-time performance had improved during COVID, response times to Category 3-4 was normally challenging. Welfare calls really made a difference in identifying those patients who were at risk of deteriorating while waiting. How satisfied were NEDs that we would do better when we returned to more usual levels of demand? LB felt that she could not categorically say she was satisfied we would not face the same challenges, but the Trust was focused on learning and keeping performance as good as possible. Specifically, NEDs wanted to understand other Trusts' performance during COVID to see whether SECAmb had been in line with or done better than them, to give an indication of how likely it was we would see improvements as we moved forward post-COVID.

11.28. MMc noted that, with regard to clinical outcomes and ePCR, it was reassuring to see the improvements in relation to the STEMI and stroke bundles. He welcomed the Learning from Deaths Policy and was interested to see learning points coming out to crews. He asked about the cardiac arrest and discharge from hospital figures, where league tables showed SECAmb performing poorly. It had been suggested that this might be due to how we report our figures. What had been done to bring our data reporting in line with other Trusts, and were we confident that reporting was the key issue or were there other clinical issues in play?

11.29. LB advised that Fionna Moore's (Medical Director's) view was that by looking at the numbers month by month, a small variation can make a very big difference to the way we appeared in these league tables, so we would in future look at annual averages as well as individual months. LB could not answer whether there was a clinical issue, but with the ePCR data we were in a better position to understand this. For example, we could now see that what was thought was a data issue with one poor indicator was not and we could seek to improve clinically.

11.30. MMc further asked about job cycle time: in the last 6 months the time seemed to be steadily increasing. Why might this be the case? DA believed that COVID times on scene and hospital transfers had increased job cycle times, but MMc noted that the figures had risen before the COVID pandemic. DA advised that we would take this away and respond. LB noted it was firmly in Joe Garcia's sights and would bring that good question back to QPS.

ACTION: QPS to consider job cycle times and the reasons for any increase pre-COVID.

11.31. HP noted that it was positive to see greater assurance around hand hygiene. He asked if the NEDs were assured about the measures in place.

11.32. LB noted that several years ago, safety audits showed we probably had not trained staff well in what was expected of them. This had greatly improved with standardisation of practice as lots of training had been done, so the focus was now on embedding that across the frontline.

11.33. On Serious Incidents, HP noted that a number of actions remained open over a period of time having received limited assurance through an internal audit on SIs. How satisfied were

NEDs that there were no risks around some of these overdue actions. LB confirmed that all actions had been reviewed for risk by management, there was a backlog but she felt the most urgent had been addressed. The latest report showed improved implementation, but an extra resource had now been brought in to work through the backlog of actions.

11.34. **Audit Committee (AuC):**

11.35. MW noted that the statutory responsibilities of the committee included ensuring the quality of care provided within the Trust's footprint and that there was financial probity. This reporting came together in the Annual Report and Accounts, which usually also included the Quality Report (not required this year until 15 December due to COVID).

11.36. MW noted that the Trust's internal and external auditors provide assurance on the financial statements, and we would be getting a clear opinion for the financial year just gone. The auditors focused on the effectiveness of our use of resources and whether we deliver value for money, and this year their opinion was positive.

11.37. The Annual Governance Statement considered whether we are managing internal controls and risk well. In previous years, we have had a positive assurance that our controls were good but were less positive on risk management: this year we had positive assurance on both.

11.38. This reflected the improvement trajectory that the Trust was on.

11.39. On COVID, we had received additional money from the Government to respond and we would need to ensure that we can report on effective spending. Internal Audit had been asked to look at how we have used the money, not because we thought there was any issue but to provide objective assurance. This report would come to AuC and the Board later in the year.

11.40. On the management of risk, EU exit and other issues may have consequences for public health more generally and the Board were focused on systemic risks around resilience, learning and how we remain financially resilient moving forwards.

11.41. **Finance and Investment Committee (FIC):**

11.42. HG noted the meeting dated 14th May focused on the new 111CAS service, the mobilisation it required and sought assurance around the governance and resourcing of the project. There were risks but we had the right people and governance around this. There was a 12-week countdown to go-live when the Board would review the position and again at go-live itself.

11.43. FIC had received a paper on procurement and how that had improved significantly, including an internal audit review providing reasonable assurance.

11.44. There was a new national approach regarding the contract arrangement that was yet to be finalised however the block contract arrangements seemed robust at present.

11.45. COVID expenditure is about £1m last year (2019-20) and a further £3.4m this year (2020-21). The Trust assumed it would be able to recover that expenditure in full.

11.46. An IT update had been required because of the increase in demand for working from home. A five-year plan update should be provided in July in draft and FIC had been assured around the provision of a coordination service for the Patient Transport Service and logistics/PPE.

11.47. The Committee had received a really good paper on a fleet implementation plan for the coming year which would be followed up on.

11.48. NR asked whether there had been any consideration of an ex gracia payment for those staff who had been working from home, towards internet and electricity costs etc. This was being considered elsewhere across the country. DA believed this was a matter of active discussion.

11.49. GG noted that on 111 mobilisation, there was only partial assurance in March and then again in May. What was required for full assurance? He further asked about 999 performance, resilience and that had received only partial assurance.

11.50. On 111, MW noted that the contract was new and in March, with emerging COVID issues, we were less sure about the resources and capacity available to deliver the service. At that point, the Commissioners agreed to postpone the go live until 1 October. The Board would not give the go ahead until a number of outstanding issues, including an adequate digital integrated platform, were addressed. This work was ongoing and until then full assurance was not possible: the situation was being monitored carefully.

11.51. On 999 resilience going forward, we were recruiting heavily into that area for that purpose, DA noted. As we moved back towards the new normal, 999 demand was returning and we needed to keep this under close scrutiny to ensure response times did not slip wherever possible.

11.52. MW noted that the NHS has mandated that every Trust has a recovery plan and we were moving that forward.

12. Trust Strategy

12.1. DA noted that Governors had been involved in developing the Trust's new direction of travel. This had been approved at the Board but the objectives would be developed into more measurable indicators.

12.2. The key thing was not what was written down but what we do with regards to the implementation.

13. Any other business

13.1. KS asked governors about the amount of information they were receiving from us. Governors confirmed that they were content to continue to receive the amount of information being sent at present.

14. Questions from the public

14.1. A question had been received from Frank Northcott regarding the new constituency boundaries.

14.2. PL advised that three broad issues which had been raised: that there were two Public Governors in the Lower East constituency who had not been voted for by all members of that constituency; that the change had not been made through due governance; and that the decision should be voted on by members at the Trust's AMM.

14.3. PL confirmed that the Lower East Constituency combined the former Brighton and East Sussex constituencies, the two Governors mentioned were properly elected prior to the constituency change. There had been a clear audit trail through the Nominations Committee, Board and Council. On taking the decision to the AMM, there had been no change to the powers of Governors, therefore there was no necessity to go to the AMM.

14.4. KS further advised that discussion also took place at the Governor Development Committee, the minutes of which are included in public Council papers, and had been detailed in the membership newsletter in December advising members of the changes.

15. Areas to highlight to the NEDs

16. There were none.

17. Review of meeting effectiveness

17.1. This was not reviewed due to time constraints.

Signed:

Name and position:

Date:

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

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

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	8.3	263	CFC to consider impact of CFR schemes in any new charitable proposals/governance processes that are implemented.	IA	Jän.21	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. The IPR has now been revised and a session may come to the next Council meeting if Governors would like.
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	Sep.19	CoG	C?	Governors/CFRs to inform whether this remains an issue please
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.
05.03.20	83.6	282	Add mental health transfers/S136 to the QPS purview and scrutiny of data to FIC purview.	PL	Mai.20		C	QPS now reviews S136 transfers as part of annual purviews and FIC scrutinises Cat2 data annually, which include S136.
05.03.20	90.13	284	TP to look more closely, via WWC, at how OTLs' part in clinical supervision was linked to the Operational restructure and OTL job roles.	TP	Mai.20	CoG	C	Some work had been done since Council last met, including a public document being produced on clinical supervision. Nationally this was an issue and there was a national programme underway. Operating Unit Managers had been spoken to and felt there was good evidence that clinical supervision was happening, but it was inconsistent across the Trust. It was on the operational team's radar.
05.03.20	93.11	285	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.	PL	Mai.20	CoG	C	4.5.S136 had not been added to the Internal Audit plan but there had been a Category 2 data quality audit this year which provided reasonable assurance. The issue had been raised at the Board about S136 data discrepancies, and it had been confirmed that our data matched with all partner organisations save Sussex Community Trust and we continued to work with them on this.
04.06.20	11.22	286	DA would feed back to the CEO regarding concerns about PPE to ensure reassurance in this area continued. He would seek assurance around the timeframe for procuring hoods/alternative PPE for those unable to pass fit tests, and share this with Council.	DA	Sep.20	CoG	C	•Fit testing for frontline staff on all types of disposable FFP3 masks supplied continues, to improve resilience and ensure staff and patient safety is not compromised. The Trust has secured a supply of powered hoods for those who cannot be fit tested successfully. •SECAmb are considering, as a long-term solution, a personal issue to all front-line staff of a multi-use alternative to FFP3 disposable masks. However, the current availability is limited due to international demands and so the roll out of alternative options is being strictly prioritised. The PPE supply chain is reported on daily.
04.06.20	11.3	287	QPS to consider job cycle times and the reasons for any increase pre-COVID.	LB	Sep.20	CoG	IP	

South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	

Name of meeting	Council of Governors
Date	
Name of paper	Chief Executive's Report
Executive sponsor	Chief Executive
Author name and role	Philip Astle
Synopsis	The Chief Executive's Report provides an overview of the key local, regional and national issues involving and impacting on the Trust and the wider ambulance sector.
Recommendations, decisions or actions sought	The Council is asked to note the content of the Report.

Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	**No**

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

CHIEF EXECUTIVE'S REPORT TO THE COUNCIL OF GOVERNORS

1. Introduction

1.1 This report seeks to provide a summary of the Trust's key activities and the local, regional and national issues of note in relation to the Trust during June, July and August 2020 to date.

2. Local issues

2.1 Operational Performance

2.1.1 During the on-going challenge of the COVID-19 pandemic, the Trust's Senior Operational Leadership Team is continuing to closely monitor 999 and 111 performance.

2.1.2 999 call answering performance has remained consistently strong during this period, with our performance meeting the national targets and comparing very strongly to our colleagues in other services.

2.1.3 In terms of response time performance, performance during June was strong overall, however has been more challenged during July and August to date. As a result, we have not consistently met either the Category 1 or Category 2 standards during this period, which is of concern, given that these are most seriously ill and injured patients.

2.1.4 Our performance against the Category 3 and 4 standards continues to be challenged and unfortunately, we are continuing to see unacceptably long waits to a small number of calls in these categories. Improving performance against these targets remains a key focus for the Operational team.

2.1.5 When analysing our operational performance it is clear that, although we have seen periods of significant demand due to the recent hot weather, the main challenge facing us is ensuring we are providing operational hours up to the required levels. We are continuing to see higher levels of staff abstraction including those staff who are self-isolating for a range of different reasons, in addition to the increasing levels of sickness and this is significantly impacting, at times, on our performance.

2.1.6 In response to the current performance challenges, the Senior Operational Team has developed a detailed 999 Performance Improvement Plan which pulls together actions being taken in a number of areas. A key focus of the plan is to maximise the resources available on the road to respond to patients, including through managing our abstractions closely and ensuring that we can safely return as many staff as possible to the workplace.

2.1.7 Delivery of the Performance Improvement Plan is closely monitored by both the Senior Operational Leadership Team on a daily basis and on a weekly basis by the Executive Management Board.

2.1.8 Our NHS 111 service has seen demand continue at close to expected levels and we have delivered largely consistent performance against our performance standards. However, demand continues to be heavily impacted at times by any national announcements made about how to access services or changes in process and, as with the 999 service, also saw periods of high demand due to the hot weather.

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 and, as described in 2.1.7 above, is closely monitoring delivery of the 999 Performance Improvement Plan,

2.2.3 As the pandemic continues, EMB is continuing to focus and monitor the impact of COVID-19 on the Trust. In addition to the main weekly meeting, we have introduced short daily Exec 'huddles' to ensure that there is a frequent opportunity for issues to be raised and discussed and action taken where necessary. Specific COVID-related issues discussed recently have included: Risk Assessments, PPE compliance, how to manage quarantine and ensuring we are doing everything possible to support our staff.

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

- Development of the new Strategic Delivery Plan and Quality Improvement Plan (coming to the Board in September)
- Clinical Education
- 111 CAS Mobilisation
- Approval of the following Business Cases:
    - CCP Education Pathway
    - 111 & 999 Accelerated HA / EMA staffing
    - C1 Driving Qualification Courses

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 Engagement with stakeholders and staff

2.3.1 The Board met this month to hear from key external stakeholders from different parts of the health system about the challenges, opportunities and direction of travel from their perspectives. Contributors included a Primary Care Network (PCN) lead, an Integrated Care Partnership lead, an acute partner CEO, the NHS England/Improvement lead for our area and an international healthcare consultant.

2.3.2 The session provided the Board with the chance to reflect on the Trust's emerging strategy and sense check it against what other parts of the system are planning for and expecting to happen in the future. This gave us fantastic stimulus to

further refine and prioritise our strategy, which will be launched across the Trust and to our stakeholders shortly.

2.3.3 Despite the COVID-19 pandemic, I have also continued my on-going programme of meeting with local stakeholders and spending time at our Trust locations, although this has been more limited than usual.

2.3.4 On 18 June 2020, I was very proud to pay my respects ahead of the funeral of Peter Hart, a paramedic who worked at East Surrey Hospital and who sadly died of COVID. Peter had previously worked for SECAmb for a number of years and had continued to undertake bank shifts for us. Although obviously upsetting, it was an extremely moving occasion which I know meant a great deal to Peter's many friends and colleagues at SECAmb.

2.3.5 On 26 June 2020, I was very pleased to join the special Virtual Pride event as well as the fantastic SECAmb 'after party'. It's such a shame that Brighton Pride won't be able to take place this year in its usual format but it's great that people are still able to come together to celebrate in different ways.

2.3.6 I have continued to attend a range of system meetings during this period, including weekly CEOs meetings with my peers in Surrey and Sussex ICSs, an Exec to Exec meeting with Kent and Medway CCG, the regional Chief and Chairs network meeting and the virtual Surrey Heartlands ICS Equality, Diversity and Inclusion Conference.

2.4 Medway Make Ready and new EOC and 111 Centre

2.4.1 We are extremely pleased that during August 2020, our plans to develop a new multi-purpose ambulance centre in Gillingham were given the go-ahead by Medway Council. In what will be a first for SECAmb, the development will include a new Make Ready Centre for the Medway region, as well as 999 and NHS 111 operations centres relocated from Coxheath and Ashford respectively.

2.4.3 Ambulance crews currently starting and ending their shifts at Medway and Sittingbourne ambulance stations will, instead, start and finish at the new centre and continue to respond from Ambulance Community Response Posts (ACRPs) across the region during their shifts. Staff based in Sheppey will continue to start and end their shifts from the ambulance station on the island, which is currently undergoing a major refurbishment and upgrade to provide new educational and training facilities.

2.4.4 The plans will see the new Make Ready facility housed on the two lower floors of the new centre, while staff currently based at the Trust's East 999 Emergency Operations Centre (EOC) in Coxheath will benefit from a modern open plan office above. The Trust's NHS 111 staff, currently based in Ashford, Kent, will occupy the top floor.

2.4.5 Bringing the 999 and 111 services under one roof will allow for greater support for each service, with the modern facilities matching the West Emergency Operations Centre in Crawley, which opened in 2017, and reflects the ambitions of

the Trust's Five-Year Strategic Plan to deliver new integrated urgent care services over a wider area. The development also provides us with greater capacity, allows us to improve the ratio of 999 call taking across its two Emergency Operations Centres and will bring local recruitment opportunities for people across both 999 and 111 services.

2.4.2 Building work is expected to begin at the site early next year ahead of it becoming fully operational in 2022. The development will be funded with a previously announced £6.52 million of government capital funding.

3. Regional Issues

3.1 New NHS111 and Clinical Assessment Service (CAS) for Kent, Medway and Sussex

3.1.1 On 17 August 2020, it was announced that the new NHS111 and Clinical Assessment Service (CAS) for Kent, Medway and Sussex is now being mobilised for launch on 1 October 2020. This is the result of a lot of hard work from our Programme Team, who have also had to respond to unprecedented 111 demands during the pandemic.

3.1.2 The improved 111 service is the result of collaborative working between local people, clinicians and NHS commissioners in Kent, Medway and Sussex. SECAmb will act as the lead provider with the social enterprise, Integrated Care 24 (IC24), working in partnership to deliver key clinical elements.

3.1.3 The CAS will provide 24/7 access to clinical advice and treatment, available over the phone and online at www.111.nhs.uk. Patients will benefit from greater access to a wider range of healthcare professionals, such as GPs, paramedics, nurses and pharmacists. Each of these specialist clinicians will be able to 'Hear and Treat' i.e. listen to the caller's complaints and advise on how to care for themselves or where they might go to receive assistance, set up e-consultations where patients are able to get online, and directly book people into onward urgent care appointments, if they need one. They can also issue prescriptions over the phone when appropriate.

3.1.4 We are also working hard to prepare for the introduction of Think 111 First. Think 111 First is a new concept which will attempt to reduce the unheralded (walk-in) activity in Emergency Departments (EDs) this winter, by using the 111 / Clinical Advice Service as a first option. The model is currently being piloted in Portsmouth and London and it is expected that the 111/CAS contract operated by SECAmb will be going live in certain areas within our region in December 2020.

3.1.5 Discussions with Commissioners and NHS England/Improvement are still ongoing at the time of writing on the volumes that will be expected to pass through this service from the go-live date.

4. National issues

4.1 COVID-19 outbreak

4.1.1 Despite changes in the national approach and position, SECAmb continues to be 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 changing circumstances.

Governance

4.1.2 The robust governance framework established to support the Trust's response to the pandemic remains in place, including the COVID Response Management Group (CRMG), the key group for managing the Trust's response to the pandemic. The CRMG continues to meet regularly during the week and at weekends, ensuring that all COVID-related decisions and actions are considered appropriately, as well as focussing on key areas including safeguarding and PPE.

4.1.3 As we move into a different phase of the pandemic, focus is increasingly shifting to the COVID Recovery, Learning & Improvement Group, which is focussed on ensuring 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. The key workstreams within this group - our people, estates, IT utilisation and new ways of working – are making good progress and we are beginning to see tangible outputs from this work.

Staff Testing

4.1.4 12 July saw the conclusion of the initial COVID-19 antibody testing programme that we delivered internally, with 3,260 tests completed in total, meeting the target we had set ourselves and reported nationally.

4.1.5 The test was available to all staff, volunteers and contractors on a voluntary basis and of those tested,14% had antibodies detected, 85% had no antibodies detected and less than 1% were inconclusive.

Test & Trace

4.1.6 During July and August, we have established an internal COVID Test and Trace Cell. In line with the national model, this concentrates on the contact tracing of SECAmb employees, collation of information on Covid-19 positive staff and communication with line managers to establish contacts of the Covid-19 positive staff member. The Cell are also monitoring the movements of any visitors to our sites to ensure that they can be 'track & traced' if required.

4.1.7 To date, the internal Cell has supported about 45 staff through the Test & Trace process.

Risk Assessments

4.1.8 To support the safety of staff, all NHS Trusts have been asked to undertake risk assessments to identify those staff who are at greater risk of COVID. This

includes specific risk assessments for BAME staff and those who were shielding due to pregnancy, age or underlying health conditions, as well as a short risk assessment for all staff.

4.1.9 We have worked hard to encourage as many staff as possible to undertake a risk assessment. At the time of writing, we have completed about 80% of risk assessments overall, including 100% for our BAME staff and over 90% for those staff who are clinically vulnerable. We will continue to push for any outstanding risk assessments to be completed as soon as possible.

4.2 enei Gold Award

4.2.1 On 25 August 2020, we were delighted to announce that we had achieved the TIDE (Talent Inclusion and Diversity Evaluation) gold award from enei (Employers Network for Equality and Inclusion). This is the third year in a row that we have been recognised by the organization, following two silver awards.

4.2.2 SECAmb was the only ambulance trust in a record 98 entries and was among only 13 achieving the highly-coveted gold award. Other gold winners include IBM UK ltd, the Ministry of Justice and fellow NHS organisation, North East London NHS Foundation Trust.

4.2.3 We will use the benchmark report to implement further improvements in how diversity and inclusion is thoroughly embedded throughout the whole organisation and a part of everything we do but it's great to see our continued progress recognised in this way.

4.3 Violence and aggression towards ambulance staff

4.3.1 In recent weeks, we have seen a worrying spate of attacks on ambulance colleagues nationally, including extremely serious incidents reported by West Midlands and North East Ambulance Services.

4.3.2 The Assaults on Emergency Workers (Offences) Act was passed in November 2018 and now makes it a specific crime to commit assault or battery against an emergency worker, punishable with up to 12 months in prison - double the previous maximum sentence - a fine or both. It will be interesting to see the impact that this has nationally.

4.3.3 Locally, our Head of Health and Safety & Security, Amjad Nazir, has written to all local Police forces requesting a collaborative working pact to support our staff. The outcome of this is to raise staff awareness and understanding that being assaulted is not an occupational hazard but an offence and is vital to ensure that appropriate actions are taken by the Police and the CPS.

4.3.4 We are also continuing with work to investigate the use of body-worn cameras in the Trust. This piece of work is led nationally by NHS England/Improvement and all Ambulance Trusts have been involved in the assessment and evaluation discussions. SECAmb has been listed in phase two of the programme which is scheduled for Q4 in the current financial year.

4.4 Changes to treatment of spinal injury patients

4.4.1 On 15 July we shared externally our pioneering guidance aimed at improving the treatment of spinal injury patients. The guidance includes ending of the use of neck braces or semi-rigid collars on spinal injury patients. While collars are often seen as synonymous with spinal care, there is growing evidence that they could cause further harm, while providing little or no benefit.

4.4.2 Soon to be adopted nationally by the Joint Royal Colleges Ambulance Liaison Committee, (JRCALC), SECAmb has been assigned as an 'early adopter' while the national guidelines are formalised. The new approach follows a working group being established at SECAmb, headed by CCP, Alan Cowley.

4.4.3 Our external launch has generated a significant amount of positive national and international interest and a number of queries from other Trusts keen to adopt this approach.

5. Recommendation

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

Philip Astle, Chief Executive Officer

28 August 2020

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Integrated Performance Report

Trust Board
July 2020

Data up to and including May 2020

Best placed to *care*, the *best* place to *work*

Contents

		Page
How to use this report		3
Chief Executive Overview		4
Trust Overview	Strategy, Values & Ambition	5
	Horizon Scanning	6
	System Partnership & Engagement	7
	Domain Overview Dashboard	8
	Summary of Performance Highlights	9
	Summary of Exceptions	11
Performance by Domain	Safe	12
	Effective	16
	Caring	20
	Responsive	21
	Well-Led	27
National Benchmarking	999 Emergency Ambulance Service	33
	NHS 111 Service	35
Appendix 1	Glossary & Metrics Library	36
Appendix 2	Symbol & Chart Keys	37

CQC Rating and Oversight Framework

Use of Resources Metric (Financial Risk Rating) *	3
NHS Oversight Framework**	3
CQC Rating ***	**GOOD**
Information Governance Toolkit Assessment ****	Level 2 Satisfactory
REAP Level *****	2

*	A measure of how effectively we are managing our financial resources to deliver high quality, sustainable services for patients.
**	NHSI segments Trusts (1-4) according to the level of support each Trust needs across the five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability, with level 4 requiring the most support (Trusts in special measures).
***	Our rating following the most recent CQC inspection. These can help patients to compare services and make choices about care. There are four ratings that are given to health and social care services: outstanding, good, requires improvement and inadequate. **GOOD:** We are performing well and meeting CQC expectations.
****	The Information Governance Toolkit is a system which allows organisations to assess themselves or be assessed against Information Governance policies and standards. It also allows members of the public to view participating organisations' IG Toolkit Assessments. Levels range from 0 to 3; 3 being the highest.
*****	Resourcing Escalatory Action Plan (REAP) is a framework designed to maintain an effective and safe operational and clinical response for patients and is the highest escalation alert level for ambulance trusts. Level 2: Moderate pressure (May 2020)

How to use this report

A New Format & Reporting Aspirations

- This month's IPR is in a new format. The aim is to present a more holistic overview of Trust performance, under CQC domains, which brings together the most helpful indicators to allow the Board to better understand performance across the totality of the Trust
- There is much more to do, but in building this new IPR within the Trust's Business Intelligence Power BI Platform, we have put in place the foundations for much-improved performance management across the Trust using accessible data that can be drilled down into as required, and datasets selected and exported according to the user's needs
- We aspire to provide reporting a month in arrears, where this is possible

Performance Dashboards

- The Board is presented this month with the data set it is used to seeing, albeit in the new format. As an indication of the types of metrics we will seek to report on in the coming months, 'aspirational' metrics are included (with no data attached). Where there is no data this does not mean the Trust does not monitor these areas of performance, merely that those metrics are not routinely presented to the Board and work is still to be done to provide them in this format
- The vision for the IPR is that it is dynamically generated, with RAG ratings and performance direction automatically populated, giving us the ability to maintain a core set of metrics but also to select those most relevant for the Board in order to tell our story more fully
- More work is to be done to include all targets and to distinguish internal targets from national ones

Performance Charts

- In the future, we intend to include trend lines on charts, where it will help the viewer understand the data better, and where possible targets too. The latter has been possible in some cases for this month but not all. We also aspire to include forecasting and performance versus forecast wherever possible

A Focus on CQC Domains

- You will note that there are currently no metrics under the Caring domain – which may seem odd given we were "Outstanding" in this area in our most recent CQC report
- When we reviewed the metrics regularly reported to the Board in your IPR, none fell into the Caring domain
- Our suite of 'aspirational' metrics includes numerous across all domains, including Caring, and when populated will provide a far more rounded snapshot of performance to the Board

Reporting Performance Highlights & Exceptions

- Rather than provide commentary against all metrics, which was often repetitive or uninformative, we are keen to focus the Board's attention on what is going well, and what requires improvement
- In order to sharpen this focus, exception reporting has not been provided for every instance of performance deterioration – rather only where the deterioration is sustained or outside acceptable tolerances

Chief Executive Overview

I am very pleased to present this month's IPR in its new format. The IPR has been revised, in discussion with Board members and Senior Managers, to allow the readers to gain a better understanding of Trust-wide performance. One of the most noticeable changes is that the report is set out using the CQC domains.

This IPR is a work in progress and over the coming year will include additional datasets, metrics and targets which are still to be defined. (You will note in particular that there is no data in the 'caring' domain as we are developing a number of new indicators to tell our 'caring' story).

The data in this report covers the period of May 2020 and is therefore a-typical when compared to previous years due to the Covid-19 pandemic. The report shows that despite the difficulties that Covid-19 has placed on the health system, the Trust has continued to perform well.

The month saw a fall in activity due to lockdown measures and in available staff resources due to shielding and isolation. We put out 99.10% of our targeted front line hours and continued to enhanced our EOC and 111 capacity utilising furloughed staff particularly in the Gatwick area.

This allowed us to achieve all of our Ambulance Response Programme targets for the month. 111 performance also increased as activity levels started to reduce to the level we would expect to see at this time of year.

Our clinical performance also continues to improve. The deployment of the Electronic Patient Care Record via the iPads allows real time data collection and reporting which in turn allows feedback and learning. In addition to this our quality and risk teams have been looking at our SIs, complaints and duty of candour compliance to ensure that these remain as expected.

Our workforce indicators for the month, show a reduction in attrition rates which is to be expected and further recruitment particularly to our bank as part of our Covid-19 plans. A key component of our Covid-19 response has been to ensure our staff are safe. This has meant a continued adherence to infection control measures and fit testing.

Lastly, due to the changes in the financial architecture for this year as a result of the pandemic, all providers have moved to a block contract and top up arrangement with a view to being breakeven at the end of the financial year. Further updates from NHSE/I will be forthcoming over future months as to how this will develop.

Philip A Astle
Chief Executive

Trust Overview:
Strategy, Values & Ambition

Our Purpose

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 Strategy

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

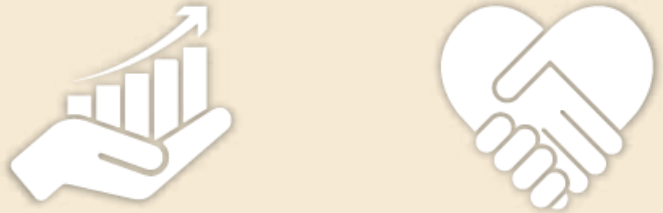
Our Priorities

- *Delivering modern healthcare for our patients* – a continued focus on our core services of 999 and 111 CAS;
- *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 & Emergency Care

Our Values

Our 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

***Best** placed to **care**,*
*the **best** place to **work***



Trust Overview:
Horizon Scanning – July 2020

Finance

- There is uncertainty surrounding funding levels for the current year once we have moved beyond the known short-term interim arrangements
- Known challenges in meeting the resourcing plans for 999 and 111 services and the potential premium costs to ensure delivery of the agreed performance trajectories
- The challenging level of cost improvement that needs to be delivered to ensure financial balance. There will be a requirement for substantial and sustainable productivity improvements to release cash for investment in the Trust's services and to make more effective use of limited resources
- The impact of Covid-19 may require additional resources that are not fully funded as the scale of the Covid-19 crisis presents logistical and resourcing challenges during the return to business as usual period
- The macroeconomic cost of the Covid-19 response will put considerable pressure on public sector finances in future years. In order to ensure the sustainability of the organisation going forward, it is vital that all resources are used as efficiently as possible

Business Development

- In consultation with Commissioners, our new CAS/111 service launch was delayed from April until the Autumn due to the Covid-19 pandemic
- Sussex PTS procurement expected in early Spring 2021

Workforce

- The Employee Journey Task & Finish Group are looking at what processes have positively and negatively affected colleagues throughout Covid-19 and what working practices we would like to take forward and improve further. The outputs of this working group are expected to impact retention positive
- The new appraisal and pay progression process (utilising full ESR functionality) is progressing at pace and we expect to be able to launch this in December. The new appraisal process will integrate appraisals and pay progression with better reporting functionality and ease of use than our current external system
- Some preliminary reporting on exit interview data pre- and during Covid-19 has revealed some interesting findings, such as the switch from a pre-Covid female leaver ratio of 77% to 50% during the pandemic, a 9% reduction in under 35s leaving SECAmb (our largest age demographic), and a 12% reduction in disabled staff leaving SECAmb during Covid-19. This reporting is being expanded on as part of the recovery work to help us better understand how our management of the pandemic has impacted on attrition
- NHS England have introduced a focus on conducting risk assessments for clinically vulnerable, BAME and other 'at risk' staff members as shielding and lockdown restrictions are lifted. This requires a substantial input from managers and their team members in a relatively short space of time but it is essential that we continue to minimise risk to staff

Trust Overview:
System Partnership & Engagement – July 2020

Reducing avoidable conveyances to ED

- We remain focussed on how we can safely reduce avoidable conveyances to ED by working with system partners to optimise community pathways and where there is a need to convey to hospitals, we agree direct conveyances to non-ED destinations reducing congestion in ED. This will be particularly important as space will be restricted in ED with the need for social distancing
- We continue to encourage crews to use Service Finder and access care plans including ReSPECT and DNACPR plans where they are available
- Paramedic Practitioner Hubs, currently OU based, are in operation across the Trust, operating 24/7. Averaging 3 hubs a day, they undertake an average of 100 Emergency Crew Advice Line Calls (ECALs) a day. Call back times and outcomes are monitored on a daily basis

Future commissioning arrangements

- The way in which future 999 commissioning will be undertaken is uncertain. This will present both risk and opportunity to the organisation
- We continue to work with Commissioners to ensure effective implementation of changes in the 111 service

Deep dive into Mental Health conveyances

- Commissioners are planning to undertake a deep dive into mental health primary conveyances in the coming months

Service Transformation & Reconfiguration

- From 1st July until further notice, there will be an operational divert for suspected stroke and TIA patients from Medway Maritime Hospital (MMH) to Darent Valley Hospital (DVH) and Maidstone General Hospital (MGH). The stroke ward at MMH recently received several resignations from its Specialist Stroke Nurses, resulting in unsafe staffing levels. The inability to recruit to these positions has been exacerbated following the announcement that Darent Valley, Maidstone General and William Harvey Hospitals are to be the future Hyper Acute Stroke Units across Kent and Medway.
- NHS Kent and Medway Clinical Commissioning Group (CCG) is working with the health and care organisations, which provide services to the people living in East Kent to design high quality, sustainable health services. We are fully engaged and contributing to these discussions
- East Sussex - Primary Percutaneous Coronary Intervention (pPCI) emergency move planned for July 2020, which will consolidate services on one site. East Sussex Health Trust (ESHT) plan to recommence consultation for a one-site option longer term once their return to business as usual. The alternating of sites receiving pPCI patients was for ‘out of hours’ only as ‘in hours’ both sites accepted patients (low numbers of activity out of hours). The site chosen for this emergency move is Eastbourne, which means that patients east of Hastings could now be conveyed to Ashford as the nearest pPCI site and not Eastbourne
- There are 92 Primary Care Networks (PCNs) across our region. These PCNs - part of the NHS England future workforce plan - are being provided with funding for additional workforce to support primary care provision within the community. One of the roles identified is that of Paramedic and/or Paramedic Practitioner. Initial discussions with system/ICS leaders as well as SECAmb’s Lead Commissioner have indicated that all partners will continue to work with the Trust to find a shared solution that reflects local need whilst not destabilising ambulance service workforce

Trust Overview:
Domain Overview Dashboard (May 2020)

Key indicators at a glance for May 2020 (unless otherwise indicated)

Safe

Metric	May-20	PD
999 Frontline Hours Provided %	99.10%	▲
Number of Incidents Reported as SIs	7	–
Hand Hygiene Compliance %	95.00%	●
**Physical Assaults (Number of Victims - Staff)	3	▲
Medicines Management % of Audits Completed	100.00%	▲
Registered Clinicians Against Plan %		■
Number of RIDDOR Reports	8	▼
DBS Compliance %		■

Effective

Metric	May-20	PD
**Cardiac ROSC Utstein %	33.00%	▼
**Stroke - Assessed F2F Diagnostic Bundle %	98.00%	▲
**Sepsis Care Bundle %	88.00%	▲
**Acute STEMI Care Bundle Outcome %	71.00%	▼
ECAL Mean Response Time	00:23:51	▼
Statutory & Mandatory Training Compliance %	70.80%	▲
Clinical Education		■

Caring

Metric	May-20	PD
Dementia Performance		■
End of Life Care Performance		■
Falls Performance		■
Proportion of Complaints Relating to Dignity and Respect %		■
Proportion of Complaints Relating to Crew Attitude %		■

Responsive

Metric	May-20	PD
Cat 1 Mean	00:07:00	▲
Cat 1 90th Centile	00:12:10	▲
Cat 2 Mean	00:14:28	▲
Cat 2 90th Centile	00:26:58	▲
Cat 3 90th Centile	01:40:20	▲
Cat 4 90th Centile	02:14:44	▲
999 Call Answer Mean	00:00:01	●
111 Calls Answered in 60 Seconds %	87.90%	▲
111 Calls Abandoned - (Offered) %	1.40%	▲
111 to 999 Referrals (Answered Calls) %	13.00%	▼
Complaints Reporting Timeliness %	86.00%	▼

Well-Led

Metric	May-20	PD
Cost Improvement Plan (CIP) (£000s)	£0.00	●
Surplus/Deficit (£000s)	£0.00	●
Disciplinary Cases	4	▲
Collective Grievances	0	▲
Bullying & Harrassment Internal	1	▲
Annual Rolling Turnover Rate	14.80%	▲
Annual Rolling Sickness Absence	6.00%	▲
*Staff Successfully FIT-Tested %	93.9%	–
Absence Relating to Mental Health %		■
Absence Relating to MSK %		■
Workforce Diversity		■
999 Frontline Late Finishes/Over-Runs %		■

*Latest data – July 2020
**Latest data – April 2020

Symbol Key

▲ Improving performance	▼ Deteriorating performance	–	Data not provided
● No change	■ Aspirational metric	PD	Performance direction

Trust Overview:
Summary of Performance Highlights

Domain	ID	Performance Highlight
Safe	Number of SIs reported	7 SIs were reported in May 2020: 3 x treatment/care, 2 x delayed dispatch/attendance, 2 x staff conduct. In the month of May, 8 SIs have been closed with a further 4 de-escalated from SI status
Safe	Number of RIDDOR reports	100% compliance of reporting within statutory 15-day timescale
Effective	STEMI care bundle	The Trust has seen a continuous improvement in performance against the STEMI care bundle since changes were made to ePCR to prompt the documentation of best practice
Effective	Sepsis care bundle	The sepsis care bundle continues to exceed the national average and SECAmb's historical performance after changes were made to ePCR to encourage documentation of best practice
Effective	Stroke care bundle	The stroke care bundle continues to exceed SECAmb's historical performance after changes were made to ePCR to encourage documentation of best practice
Responsive	999 Call Answer (Mean & 90th centile)	999 call answer time - mean and 90th centile - continues to be strong at 1-second. SECAmb ranked 3rd in the national tables for both metrics in May 2020. The Trust achieved 99.7% against a target of 95%. Call volume fell slightly during the month
Responsive	Cat 1 performance (Mean & 90th centile)	In May 2020, Cat 1 mean actual was 00:07:00 representing an improvement of 5-seconds on April 2020. Nationally, the Trust ranked 8th. Since January 2020 the 90th centile actual has been slowly improving. Nationally, all Trusts are achieving this target and SECAmb ranks 10th out of 11 Trusts
Responsive	Cat 2 performance (Mean & 90th centile)	April 2020's strong Cat 2 mean and 90th centile performance continued into May 2020. The Trust's Cat 2 mean was 00:14:25.; 90th centile performance was 00:26:58 an improvement on the preceding month's achievement, which was 00:27:32. Nationally, other Trusts continued to improve in these metrics and SECAmb fell 3 places in the national table, from 3rd to 6th. Cat 2 mean resources arriving remained steady at 01:06:00
Responsive	Cat 3 & Cat 4 performance (90th centile)	SECAmb achieved its best ever Cat 3 performance in May 2020. This was 01:40:20. Although the Trust ranked 11th in the national table, the impact on patient care is more significant. At 02:14:44 the Trust achieved the metric for Cat 4 performance
Responsive	Total hours lost at hospital	Improved performance in total number of operational hours lost over 30-minutes turnaround compared with previous month and a 24% decrease in hours lost compared with May 2019. However, overall number of conveyances is 10% lower than May 2019. 87% decrease in number of hospital handovers >60-minutes and 53% decrease in number of hospital handovers >30-minutes compared with May 2019

Trust Overview:
Summary of Performance Highlights

Domain	ID	Performance Highlight
Well-Led	Net surplus / deficit	The Trust's position is break-even, as planned. The main income source is a block contract with Commissioners, supplemented by a national 'top-up' arrangement to bring the Trust's financial position to a break-even. This arrangement is in place until 31 July 2020 when new guidance will be issued
Well-Led	Capital Expenditure	Capital expenditure in the month was £0.3m, £0.7m lower than planned. Year to date expenditure was £1.5m, £0.3m lower than planned due to delays in the Sheppey redevelopment. The Trust continues to draw down the agreed funding from the Department of Health & Social Care (DHSC) for the Brighton Make Ready Centre Scheme to match expenditure
Well-Led	Cash Position	Cash at the end of May was £44.7m, £2.0m lower than planned and a decrease of £3.5m from April. The main movements in the month were the payments for annual insurances of £1.6m and annual IT licences of £0.8m. Performance for the year to date against 'Better Payment Practice Code', measured by payment of suppliers within their payment terms, was 92.8% by value against a target of £95% in the month. The Trust is in line with the national procurement notice and is paying suppliers at the earliest opportunity
Well-Led	Income	Total income in the month of £22.8m was £0.7m above plan, year to date income is £44.7m, £0.1m lower than plan. The monthly variance is due to additional top-up income totalling £2.1m. For the year to date £3.4m of top-up income has been claimed from NHSE/I, as planned, and the variance in the month is mainly due to timing of spend
Well-Led	Expenditure	Total expenditure in the month of £22.8m was £0.7m above plan, year to date expenditure is £44.7m, £0.1m lower than plan. The monthly variance is due to an additional £1.4m of pay costs relating to Covid-19 backfill of staff who are in isolation, offset by lower fuel and consumable costs directly related to reduced activity. Year to date also benefits from the sale of Knaphill Ambulance Station in April 2020
Well-Led	Agency Spend	Agency expenditure (included in pay) was £0.3m lower than plan in the month and £0.5m lower than year to date. This reduction reflects the steps taken by the Trust to reduce its reliance on agency staff

Trust Overview:
Summary of Exceptions

Domain	ID	Exception
Safe		None to report
Effective		None to report
Caring		None to report – all metrics are in development
Responsive		None to report
Well-Led	Cost Improvement Plan (CIP)	Although the Trust has met it's £1m CIP target in Q1, validated schemes only amount to £1.7m, leaving a potential £3.8m gap for the year
Well-Led	Cost pressures	The level of cost pressures identified at budget setting has the potential to significantly exceed available reserves

Performance by Domain
Safe: Performance Dashboard

ID	Metric	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-1	Number of Datix Incidents	858	929	1040	1057	947	868	1024	1042	1019	1043	1028	834	973	-	-	-	-	-
QS-2	Number of Incidents Reported as SIs	10	16	14	10	9	8	9	12	7	9	2	5	7	-	-	-	-	-
WF-15	Registered Clinicians Against Plan %	-	-	-	-	-	-	-	-	-	-	-	-	-	■	■	■	■	■
999-12	999 Frontline Hours Provided %	90.90%	88.20%	87.80%	85.80%	83.50%	86.80%	89.20%	92.70%	94.80%	90.70%	87.50%	97.30%	99.10%	100.00%	-	-	-	▲
QS-3	Duty of Candour Compliance %	100.00%	100.00%	95.00%	100.00%	90.00%	100.00%	90.00%	91.00%	100.00%	90.00%	100.00%	75.00%	100.00%	100.00%	-	=	-	▲
QS-7	Hand Hygiene Compliance %	83.00%	91.00%	93.00%	94.00%	98.00%	89.00%	89.00%	92.00%	90.00%	93.00%	92.00%	95.00%	95.00%	95.00%	-	=	-	●
QS-8	Safeguarding Training Completed (Children) Level 2 %	21.50%	32.80%	40.80%	48.00%	53.50%	62.20%	65.80%	66.30%	69.80%	72.30%	86.90%	12.30%	35.60%	95.00%	-	-	-	▲
QS-13	**Physical Assaults (Number of Victims - Staff)	4	5	4	9	2	2	2	4	10	3	5	3		-	-	-	-	-
MM-1	Number of Medicines Incidents	192	169	128	194	132	111	162	139	149	165	135	112	168	-	-	-	-	▼
MM-3	Single Witness Signature Use CDs Omnicell	7	12	20	3	8	4	9	4	6	4	5	4	2	-	-	-	-	▲
MM-4	Single Witness Signature Use CDs Non-Omnicell	2	1	0	2	7	0	3	3	3	3	4	0	1	-	-	-	-	▼
MM-5	Number of CD Breakages	13	10	15	15	8	14	18	19	21	21	11	20	17	-	-	-	-	▲
MM-7	Medicines Management % of Audits Completed	100.00%	99.00%	99.00%	99.00%	100.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	100.00%	-	-	-	-	▲
WF-1	Number of Staff WTE (Excl bank and agency)	3517	3529	3541	3564	3602	3624	3710	3689	3685	3667	3667	3734	3768	-	-	-	-	▲
WF-2	Number of Staff Headcount (Exc bank and agency)	3811	3836	3897	3879	3918	3940	4034	4016	4020	4001	4005	4075	4120	-	-	-	-	▲
WF-3	Finance Establishment (WTE)	3837	3724	3768	3791	3803	3811	3860	3940	3920	3924	3905	3905	3905	-	-	-	-	●
WF-4	Vacancy Rate %	8.30%	5.20%	6.00%	6.00%	5.30%	4.90%	3.90%	6.40%	6.00%	6.50%	6.10%	4.40%	3.50%	-	-	-	-	▲
QS-9	Number of RIDDOR Reports	2	10	9	8	10	8	5	4	2	6	12	2	8	-	-	-	-	▼
WF-16	DBS Compliance %	-	-	-	-	-	-	-	-	-	-	-	-	-	■	■	■	■	■

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

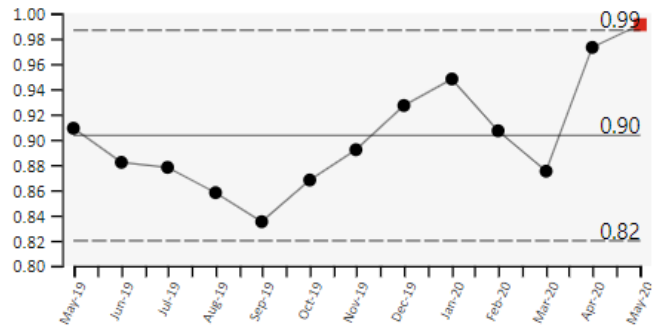
\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

999-12

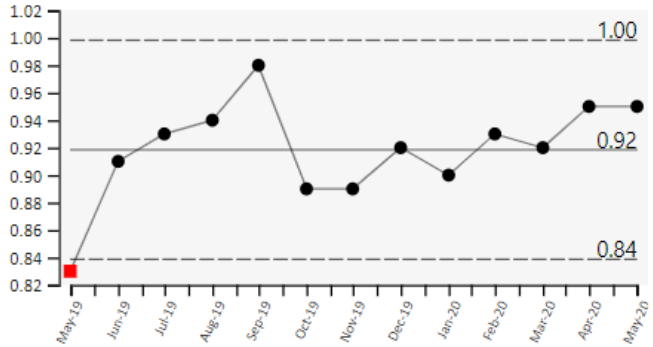
999 Frontline Hours Provided %



May 2020	Target
99.10%	100.00%

QS-7

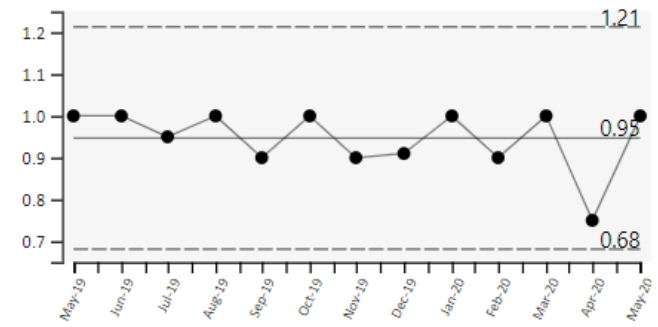
Hand Hygiene Compliance %



May 2020	Target
95.00%	95.00%

QS-3

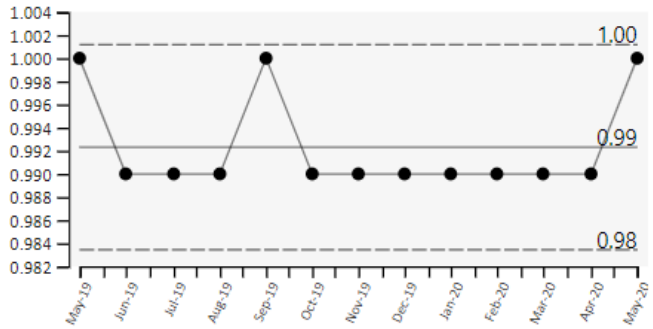
Duty of Candour Compliance %



May 2020	Target
100.00%	100.00%

MM-7

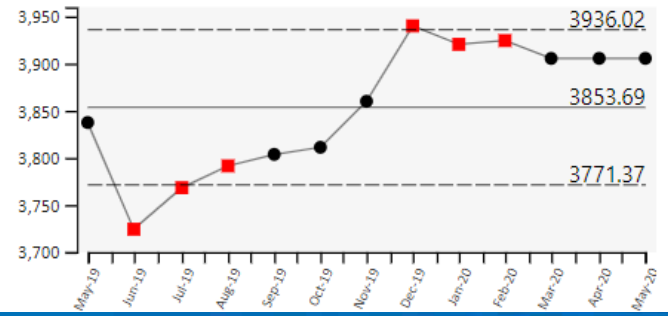
Medicines Management % of Audits Completed



May 2020	Target
100.00%	N/A

WF-3

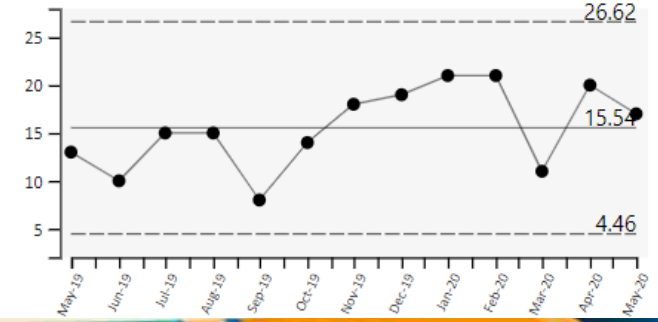
Finance Establishment (WTE)



May 2020	Target
3905	N/A

MM-5

Number of CD Breakages



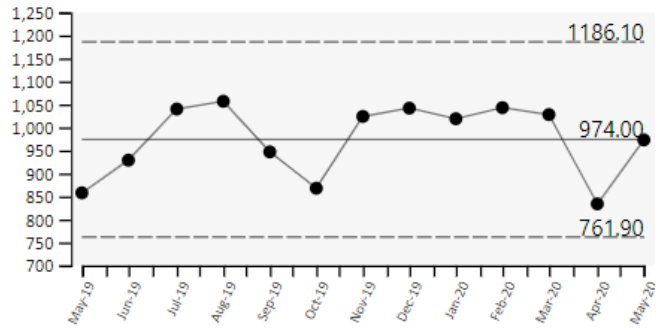
May 2020	Target
17	N/A

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

QS-1

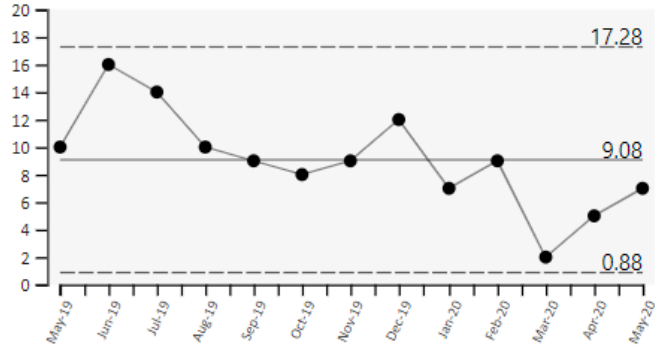
Number of Datix Incidents



May 2020	Target
973	N/A

QS-2

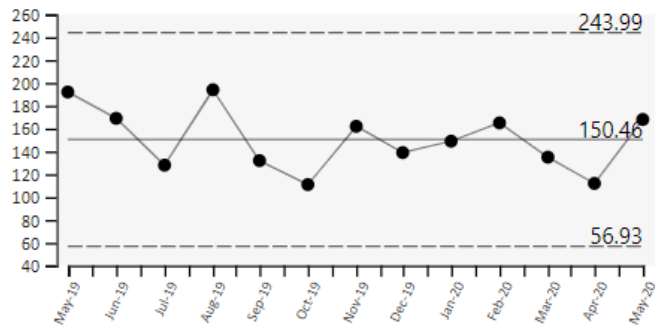
Number of Incidents Reported as SIs



May 2020	Target
7	N/A

MM-1

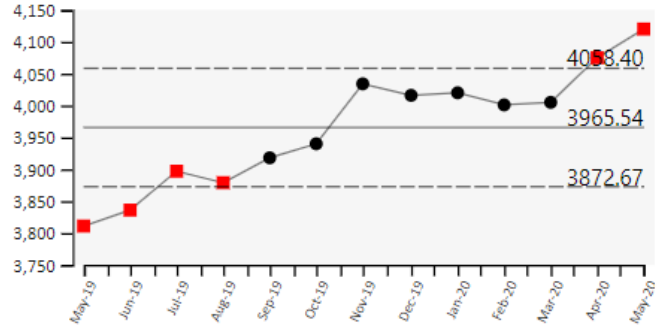
Number of Medicines Incidents



May 2020	Target
168	N/A

WF-2

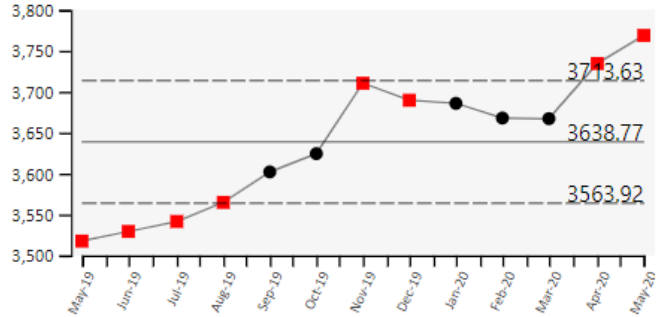
Number of Staff Headcount (Excl bank and agency)



May 2020	Target
4120	N/A

WF-1

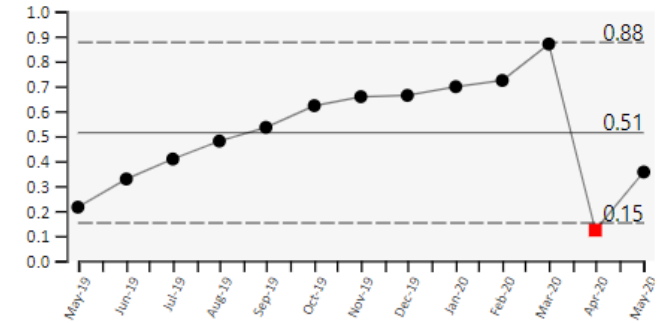
Number of Staff WTE (Excl bank and agency)



May 2020	Target
3768	N/A

QS-8

Safeguarding Training Completed (Children) Level 2 %



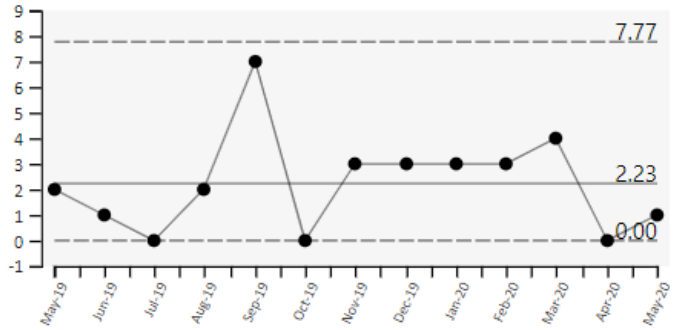
May 2020	Target
35.60%	95.00%

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

MM-4

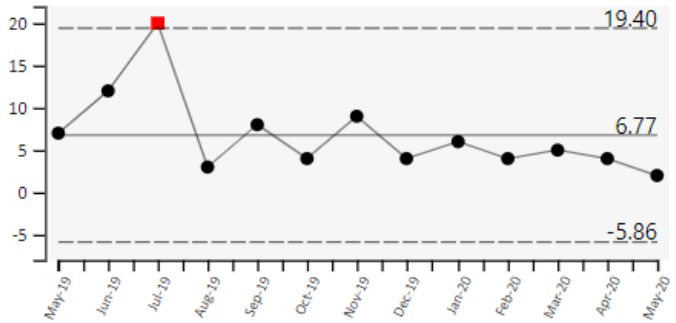
Single Witness Signature Use CDs Non-Omnicell



May 2020	Target
1	N/A

MM-3

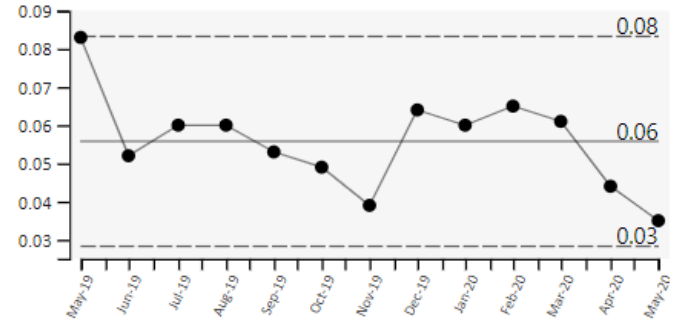
Single Witness Signature Use CDs Omnicell



May 2020	Target
2	N/A

WF-4

Vacancy Rate %



May 2020	Target
3.50%	N/A

Performance by Domain
Effective: Performance Dashboard

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

ID	Metric	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-11	JCT Allocation to Clear at Scene Mean	01:15:30	01:15:27	01:14:03	01:14:47	01:15:21	01:16:58	01:18:03	01:14:23	01:15:07	01:15:55	01:19:00	01:22:33	01:19:55	-	-	-	-	▲
999-11	JCT Allocation to Clear at Hospital Mean	01:47:21	01:48:00	01:47:46	01:47:34	01:48:04	01:49:14	01:50:19	01:50:13	01:50:34	01:50:08	01:51:21	01:50:08	01:47:51	-	-	-	-	▲
M-1	**Cardiac ROSC Utstein %	58.00%	31.00%	64.00%	72.00%	57.00%	54.00%	52.00%	50.00%	55.00%	22.00%	42.00%	33.00%		-	-	-	-	▼
M-2	Cardiac ROSC ALL %	24.00%	23.00%	31.00%	36.00%	33.00%	25.00%	27.00%	23.00%	28.00%	25.00%	18.00%	24.00%		-	-	-	-	▲
M-3	Cardiac Survival Utstein %	32.00%	24.00%	33.00%	18.00%	37.00%	31.00%	22.00%	29.00%	33.00%	9.00%	31.00%			-	-	-	-	-
M-4	Cardiac Survival ALL %	7.00%	9.00%	11.00%	7.00%	12.00%	11.00%	5.00%	8.00%	10.00%	7.00%	7.00%			-	-	-	-	-
M-11	Cardiac Arrest - Post ROSC %	83.00%	77.00%	77.00%	85.00%	82.00%	78.00%	82.00%	75.00%	80.00%	77.00%	78.00%	81.00%		-	-	-	-	▲
M-5	**Acute STEMI Care Bundle Outcome %	59.00%	66.00%	51.00%	47.00%	58.00%	56.00%	63.00%	65.00%	71.00%	69.00%	73.00%	71.00%		-	-	-	-	▼
M-6	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean	02:10:00	02:22:00	02:12:00	02:03:00	02:16:00	02:07:00	02:14:00							-	-	-	-	-
M-7	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile	02:48:00	03:08:00	03:03:00	02:33:00	03:03:00	02:37:00	03:09:00							-	-	-	-	-
M-8	Stroke - Call to Hospital Arrival Mean	01:17:00	01:25:00	01:16:00	01:17:00	01:22:00	01:26:00	01:30:00							-	-	-	-	-
M-9	Stroke - Call to Hospital Arrival 90th Centile	01:58:00	02:17:00	02:02:00	02:00:00	02:06:00	02:25:00	02:24:00							-	-	-	-	-
M-10	**Stroke - Assessed F2F Diagnostic Bundle %	96.00%	97.00%	96.00%	94.00%	95.00%	92.00%	94.00%	96.00%	97.00%	99.00%	97.00%	98.00%		-	-	-	-	▲
M-12	**Sepsis Care Bundle %	79.00%	82.00%	80.00%	76.00%	72.00%	61.00%	86.00%	87.00%	87.00%	87.00%	87.00%	88.00%		-	-	-	-	▲
M-13	Sensitivity of Cardiac Arrest Detection During Telephone Triage %	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	■	■	■
M-14	Proportion of Witnessed Cardiac Arrests Receiving Bystander CPR %	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	■	■	■
M-15	Time to Commence Telephone-Guided CPR Mean	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	■	■	■
M-16	Percentage of Resuscitation Attempts with PAD Applied to Patient %	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	■	■	■

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Effective: Performance Dashboard

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

ID	Metric	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-13	ECAL Mean Response Time	00:33:20	00:33:04	00:28:38	00:26:44	00:31:37	00:28:27	00:27:42	00:25:55	00:27:03	00:27:49	00:26:21	00:23:15	00:23:51			-	-	▼
WF-6	Statutory & Mandatory Training Compliance %	60.20%	60.80%	60.70%	63.50%	65.20%	68.80%	70.20%	70.60%	73.60%	76.60%	83.70%	68.60%	70.80%	95.00%		-	-	▲
WF-22	Clinical Education																■	■	■

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

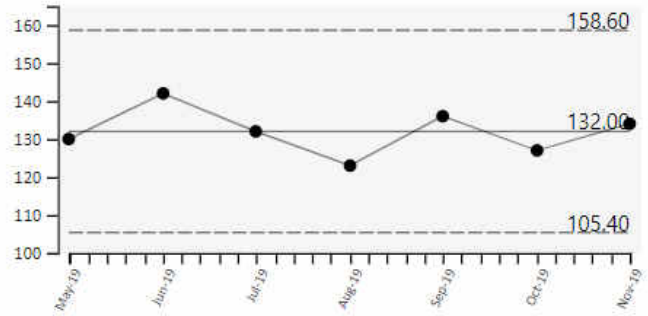
\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Effective: Performance Charts

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

M-6

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



Nov-19

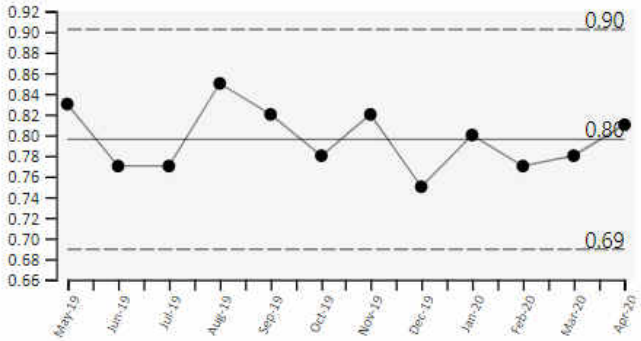
02:14:00

Target

N/A

M-11

Cardiac Arrest - Post ROSC %



Apr-20

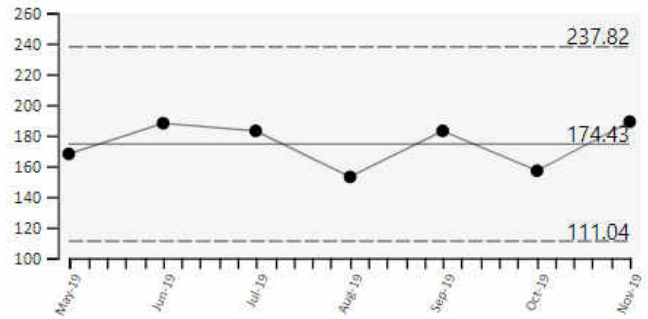
81.00%

Target

N/A

M-7

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



Nov-19

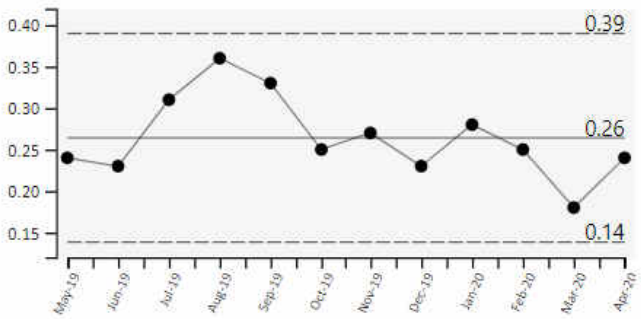
03:09:00

Target

N/A

M-2

Cardiac ROSC ALL %



Apr-20

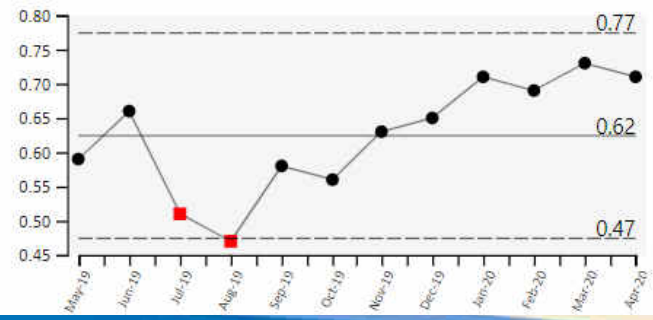
24.00%

Target

N/A

M-5

**Acute STEMI Care Bundle Outcome %



Apr-20

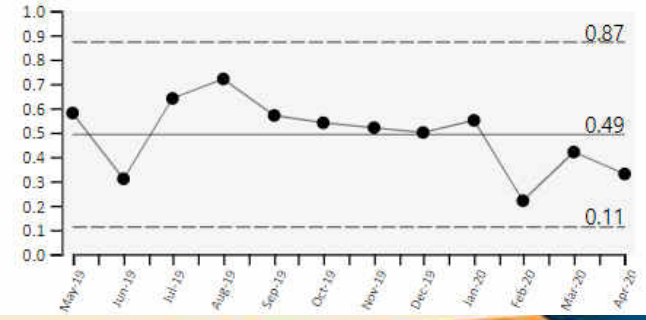
71.00%

Target

N/A

M-1

**Cardiac ROSC Utstein %



Apr-20

33.00%

Target

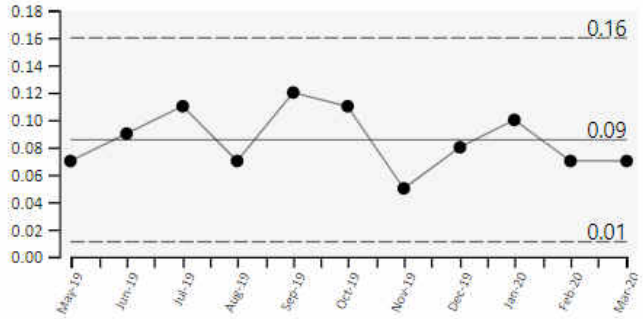
N/A

Performance by Domain
Effective: Performance Charts

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

M-4

Cardiac Survival ALL %



Mar-20

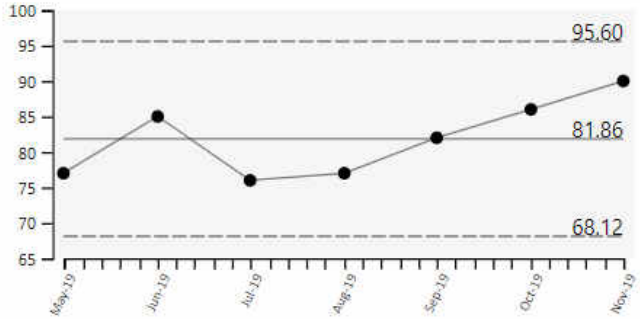
5.00%

Target

N/A

M-8

Stroke - Call to Hospital Arrival Mean



Nov-19

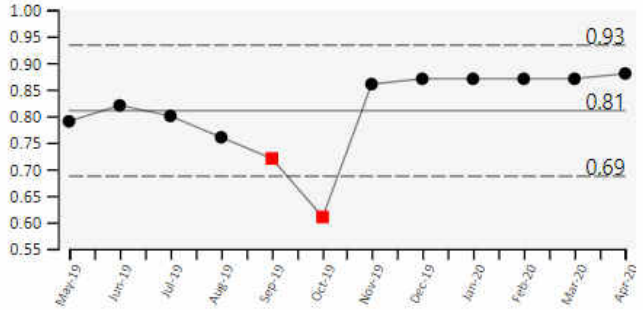
01:30:00

Target

N/A

M-12

**Sepsis Care Bundle %



Apr-20

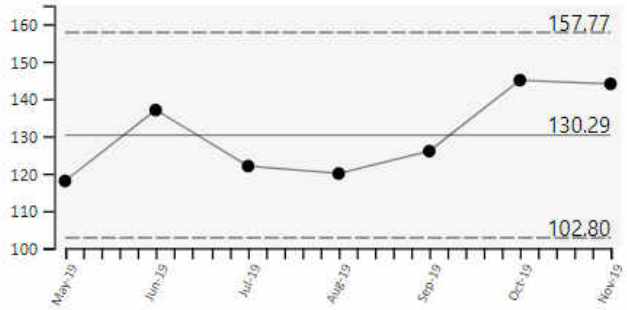
88.00%

Target

N/A

M-9

Stroke - Call to Hospital Arrival 90th Centile



Nov-19

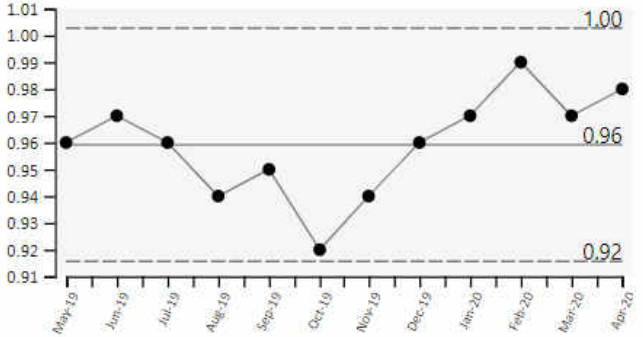
02:24:00

Target

N/A

M-10

**Stroke - Assessed F2F Diagnostic Bundle %



Apr-20

98.00%

Target

N/A

Performance by Domain
Caring: Performance Dashboard

Our staff involve and treat our patients with compassion, kindness, dignity and respect

ID	Metric	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-12	Proportion of Complaints Relating to Dignity and Respect %																■	■	■
M-17	Dementia Performance																■	■	■
M-18	End of Life Care Performance																■	■	■
M-19	Falls Performance																■	■	■
111-6	111 SMS Feedback																■	■	■
QS-10	Proportion of Complaints Relating to Crew Attitude %																■	■	■
QS-11	Patient Experience																■	■	■

Note:

- You will note that there are currently no metrics under the Caring domain – which may seem odd given we were “Outstanding” in this area in our most recent CQC report
- When we reviewed the metrics regularly reported to the Board in your IPR, none fell into the Caring domain
- Our suite of 'aspirational' metrics includes numerous across all domains, including Caring, and when populated will provide a far more rounded snapshot of performance to the Board

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Responsive: Performance Dashboard

Our services are organised so that they meet our patient's needs

ID	Metric	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
111-1	111 Calls Offered	74311	70989	73544	74832	68451	72487	78017	92173	75904	85080	162194	89757	81333			-	-	▼
111-2	111 Calls Answered in 60 Seconds %	68.50%	75.40%	71.80%	80.80%	78.50%	78.30%	77.50%	78.20%	86.30%	61.50%	16.50%	48.70%	87.90%	95.00%		-	-	▲
111-3	111 Calls Abandoned - (Offered) %	7.70%	7.70%	6.20%	3.60%	3.60%	3.80%	3.60%	3.00%	1.90%	8.00%	50.20%	18.60%	1.40%	5.00%		+	-	▲
111-4	111 to 999 Referrals (Answered Calls) %	15.50%	15.40%	16.10%	15.50%	16.10%	16.90%	15.80%	15.10%	14.50%	12.70%	9.80%	11.90%	13.00%		12.00%	-	-	▼
111-4	999 Referrals	8649	8378	8791	8961	8514	9454	9638	10672	8726	7960	5443	6734	8768			-	-	▼
111-5	A&E Dispositions %	9.20%	10.00%	10.40%	10.10%	10.30%	10.20%	9.70%	9.50%	10.70%	9.70%	6.00%	9.20%	11.60%		10.50%	-	-	▼
111-5	A&E Dispositions	5135	5424	5674	5808	5460	5697	5903	6676	6443	6047	3316	5235	7795			-	-	▼
999-1	999 Call Answer Mean	00:00:05	00:00:07	00:00:09	00:00:06	00:00:05	00:00:06	00:00:03	00:00:03	00:00:02	00:00:02	00:00:07	00:00:01	00:00:01	00:00:05	00:00:02	+	+	●
999-1	999 Call Answer 90th Centile	00:00:02	00:00:16	00:00:26	00:00:10	00:00:04	00:00:11	00:00:01	00:00:01	00:00:01	00:00:01	00:00:12	00:00:01	00:00:01	00:00:10	00:00:02	+	+	●
999-2	Cat 1 Mean	00:07:18	00:07:30	00:07:21	00:07:15	00:07:35	00:07:43	00:07:39	00:07:55	00:07:36	00:07:43	00:07:52	00:07:05	00:07:00	00:07:00	00:06:34	=	-	▲
999-2	Cat 1 90th Centile	00:13:37	00:13:52	00:13:52	00:13:44	00:13:56	00:14:37	00:14:39	00:14:46	00:13:59	00:14:30	00:14:55	00:13:32	00:12:10	00:15:00	00:11:27	+	-	▲
999-3	Cat 1T Mean	00:09:27	00:11:15	00:09:33	00:09:04	00:09:25	00:09:31	00:09:26	00:09:49	00:09:22	00:09:26	00:09:25	00:08:28	00:07:59	00:19:00	00:08:15	+	+	▲
999-3	Cat 1T 90th Centile	00:17:23	00:18:48	00:18:23	00:17:52	00:17:36	00:17:59	00:18:09	00:18:19	00:17:14	00:17:44	00:17:32	00:15:38	00:14:31	00:30:00	00:08:15	+	-	▲
999-4	Cat 2 Mean	00:20:54	00:21:31	00:20:01	00:18:21	00:18:51	00:20:06	00:20:54	00:21:42	00:18:06	00:19:15	00:21:26	00:14:50	00:14:28	00:18:00	00:13:28	+	-	▲
999-4	Cat 2 90th Centile	00:40:16	00:41:14	00:38:34	00:34:23	00:35:49	00:38:01	00:39:48	00:41:32	00:34:10	00:36:29	00:41:02	00:27:32	00:26:58	00:40:00	00:25:14	+	-	▲
999-5	Cat 3 90th Centile	03:56:04	04:17:58	03:33:52	03:09:59	03:17:42	03:52:51	04:03:22	04:11:54	02:50:33	03:25:09	04:00:52	01:54:57	01:40:20	02:00:00	01:03:07	+	-	▲
999-6	Cat 4 90th Centile	04:52:54	05:29:06	04:41:02	04:25:38	04:34:31	05:34:12	04:46:20	05:21:05	03:33:38	04:46:32	04:56:30	02:42:46	02:14:44	03:00:00	01:45:42	+	-	▲
999-7	HCP 3 Mean						02:20:25	02:05:07	02:25:37	01:50:21	02:00:42	02:18:26	01:11:25	01:11:14		00:40:18	-	-	▲
999-7	HCP 3 90th Centile						05:03:44	04:46:42	05:34:57	03:53:48	04:09:57	04:59:29	02:43:28	02:40:50		01:22:58	-	-	▲
999-7	HCP 4 Mean						03:25:25	03:17:34	02:59:04	02:32:29	02:49:16	03:08:44	01:32:09	01:34:23		00:57:39	-	-	▼
999-7	HCP 4 90th Centile						06:51:36	06:43:46	05:43:16	05:44:15	05:44:04	07:17:56	03:50:42	04:00:58		01:59:40	-	-	▼
999-9	Hear & Treat %	5.60%	6.20%	5.70%	5.90%	5.80%	5.80%	6.20%	6.70%	5.60%	6.50%	8.40%	6.70%	5.90%		7.50%	-	-	▼
999-9	See & Treat %	32.10%	31.60%	32.60%	32.40%	31.90%	31.30%	30.80%	31.70%	31.50%	31.80%	37.10%	42.40%	37.10%		36.40%	-	+	▼
999-9	See & Convey %	62.30%	62.20%	61.70%	61.70%	62.30%	62.90%	63.00%	61.60%	62.90%	61.70%	54.40%	50.90%	57.00%		56.00%	-	-	▼
999-10	999 Calls Answered	65410	67514	70863	67178	64525	69301	68437	73898	65125	63620	77690	56319	54224			-	-	-
999-10	Incidents	60075	59601	64052	63107	60410	64407	64620	68798	65363	61110	64209	58064	60484			-	-	-

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Responsive: Performance Dashboard

Our services are organised so that they meet our patient's needs

ID	Metric	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-10	CFR Attendances	995	948	1024	1105	997	1340	1242	1321	1185	1051	785	0	0			-	-	●
999-10	FFR Attendances	425	349	358	341	266	221	338	398	427	261	243	144	180			-	-	▲
QS-4	Complaints Reporting Timeliness %	55.00%	61.00%	75.00%	77.00%	59.00%	55.00%	55.00%	73.00%	72.00%	78.00%	90.00%	92.00%	86.00%	95.00%		-	-	▼
QS-5	Number of Complaints	64	80	91	78	59	111	91	68	79	66	56	43	48			-	-	▼
QS-6	Number of Compliments	47	61	144	220	147	147	231	148	213	187	197	169	168			-	-	▼

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

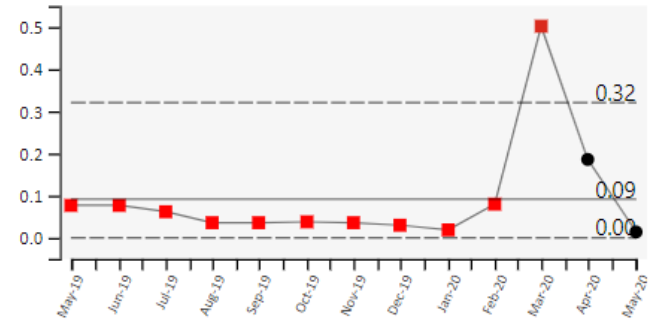
\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

111-3

111 Calls Abandoned - (Offered) After 30 Seconds %

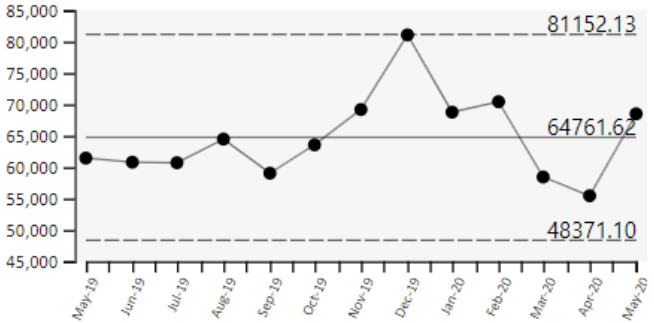


May-20 1.40%

Target 5.00%

111-2

111 Calls Answered

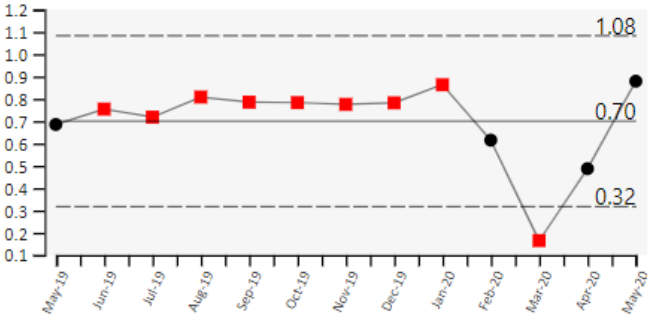


May-20 68503

Target N/A

111-1

111 Calls Answered in 60 Seconds %

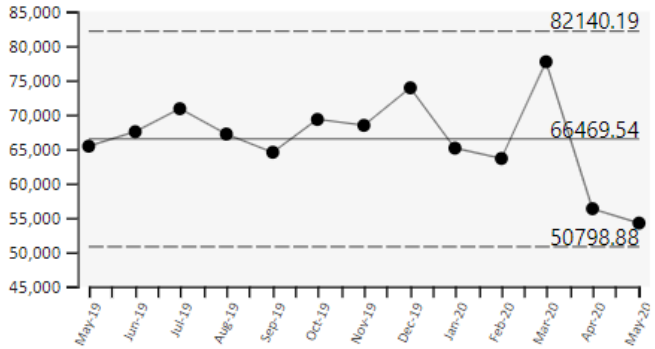


May-20 87.90%

Target 95.00%

999-10

999 Calls Answered

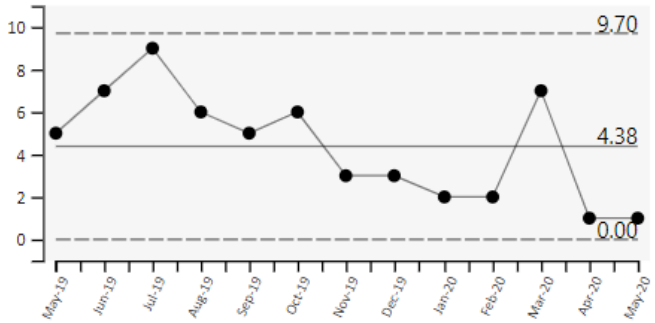


May-20 54224

Target N/A

999-1

999 Call Answer Mean

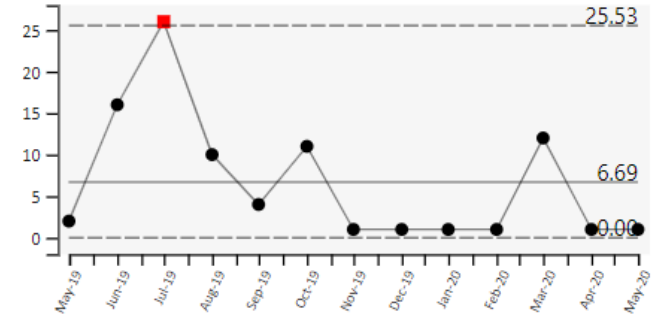


May-20 00:00:01

Target 00:00:05

999-1

999 Call Answer 90th Centile



May-20 00:00:01

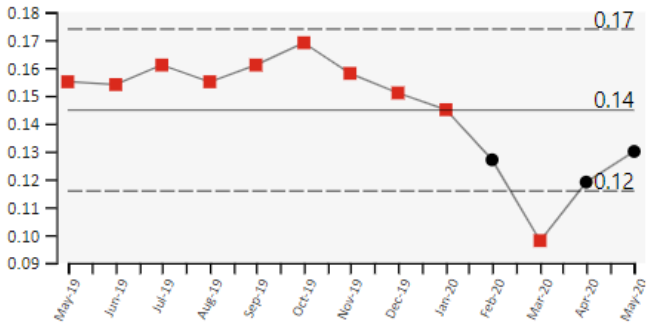
Target 00:00:10

Performance by Domain
Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

111-4

999 Referrals (Answered Calls) %

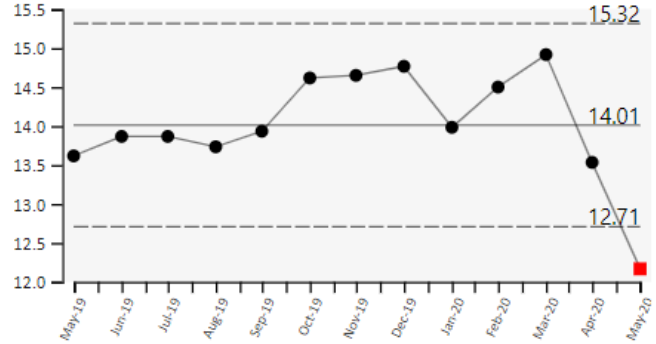


May-20 13.00%

Target N/A

999-2

Cat 1 90th Centile

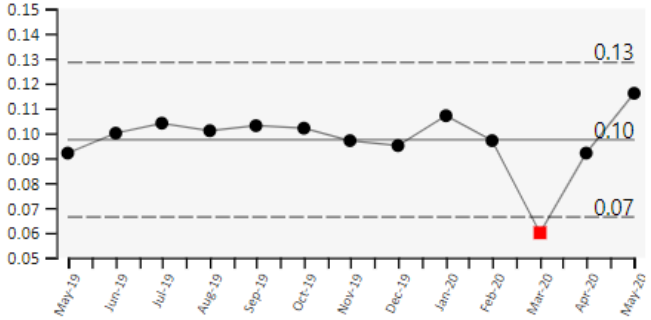


May-20 00:12:10

Target 00:15:00

111-5

A&E Dispositions %

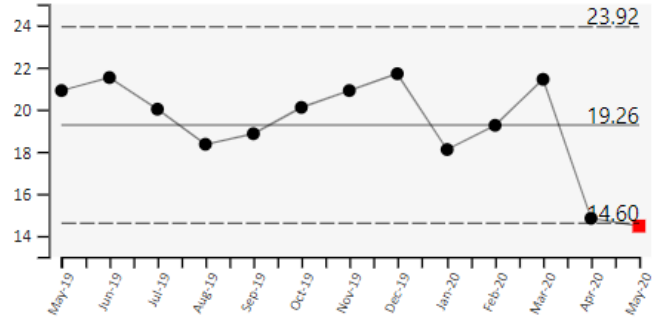


May-20 11.60%

Target N/A

999-4

Cat 2 Mean

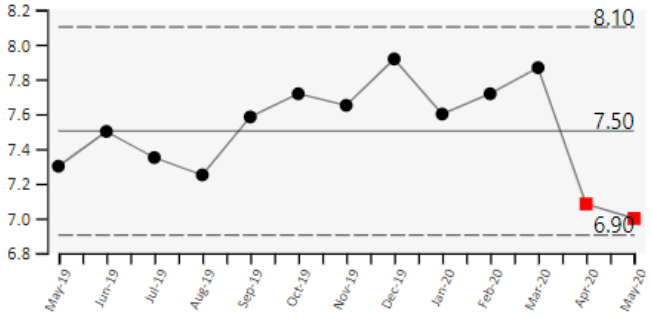


May-20 00:14:28

Target 00:18:00

999-2

Cat 1 Mean

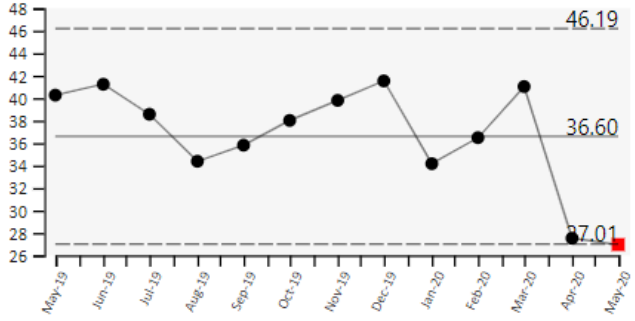


May-20 00:07:00

Target 00:07:00

999-4

Cat 2 90th Centile



May-20 00:26:58

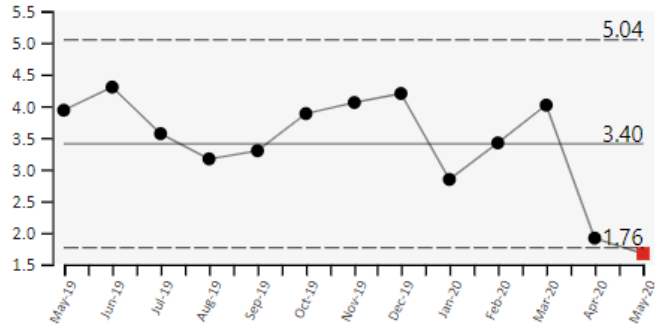
Target 00:40:00

Performance by Domain
Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

999-5

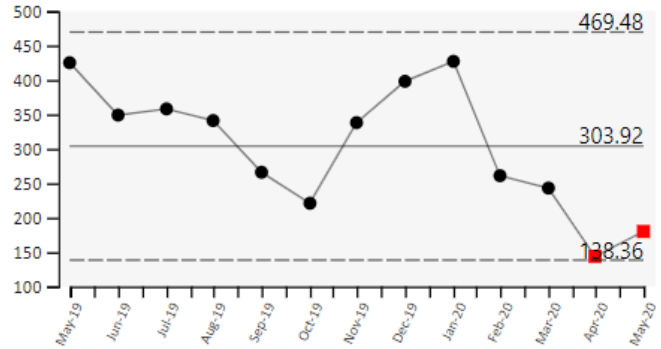
Cat 3 90th Centile



May-20
01:40:20
Target
02:00:00

999-10

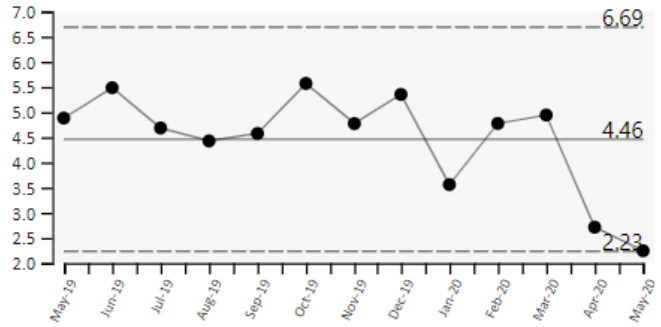
Fire First Responder Attendances



May-20
180
Target
N/A

999-6

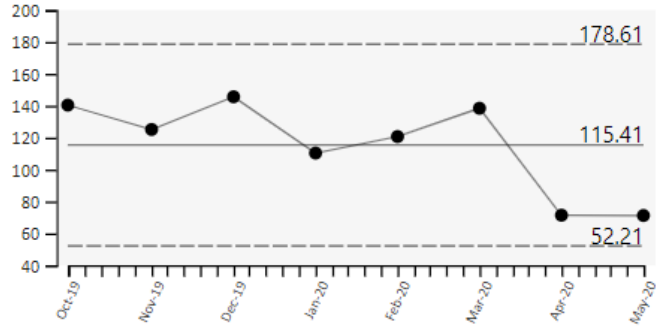
Cat 4 90th Centile



May-20
02:14:44
Target
02:14:44

999-7

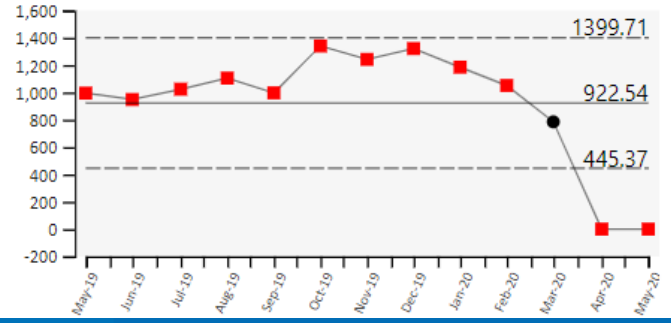
HCP 3 Mean



May-20
01:11:14
Target
N/A

999-10

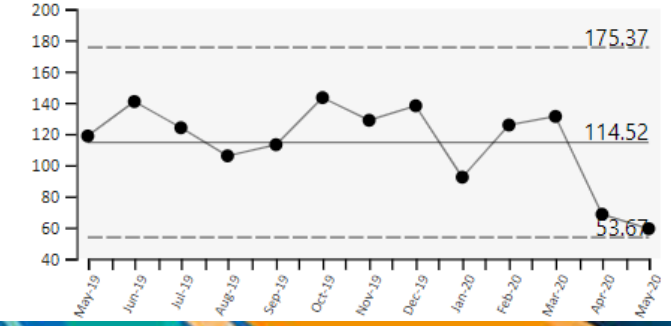
Community First Responder Attendances



May-20
0
Target
N/A

999-7

HCP 4 Mean



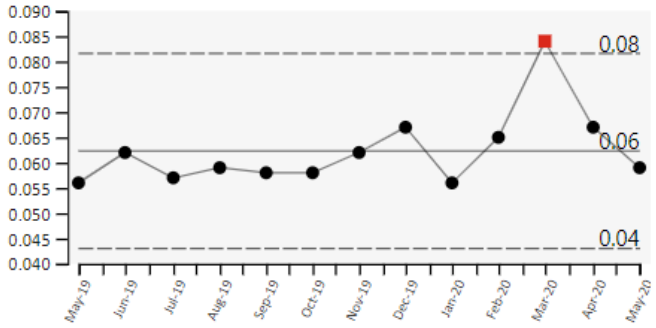
May-20
01:34:23
Target
N/A

Performance by Domain
Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

999-9

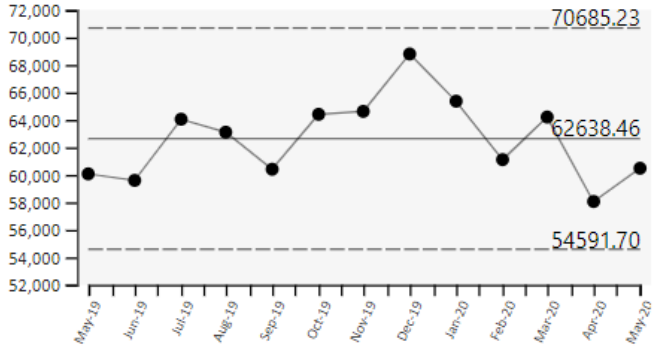
Incident Outcome Hear & Treat %



May-20	Target
5.90%	N/A

999-10

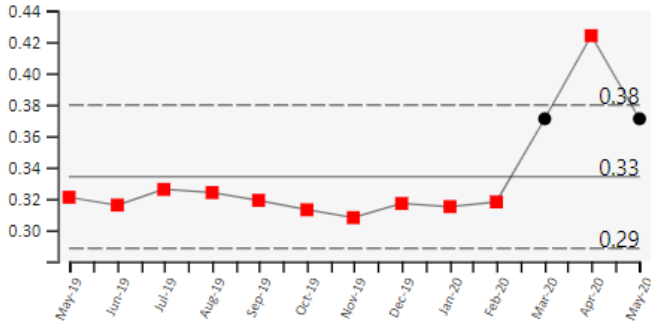
Incidents A7



May-20	Target
60484	N/A

999-9

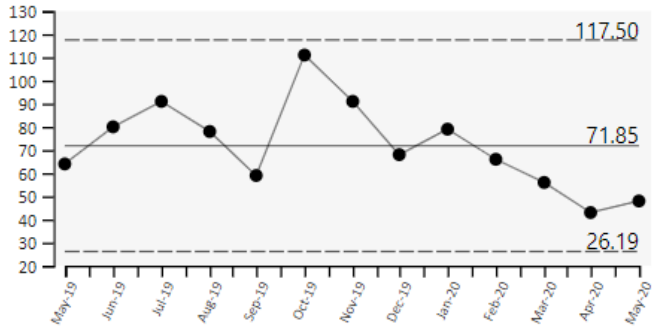
Incident Outcome See & Treat %



May-20	Target
37.10%	N/A

QS-5

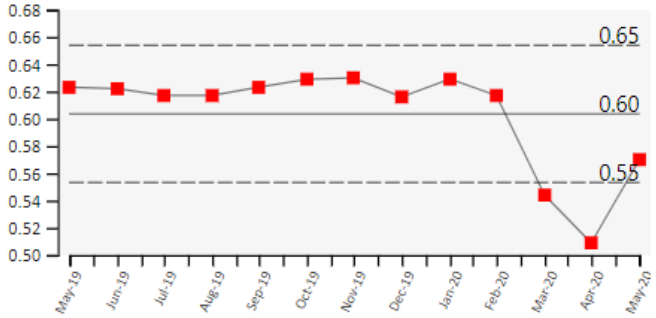
Number of Complaints



May-20	Target
48	N/A

999-9

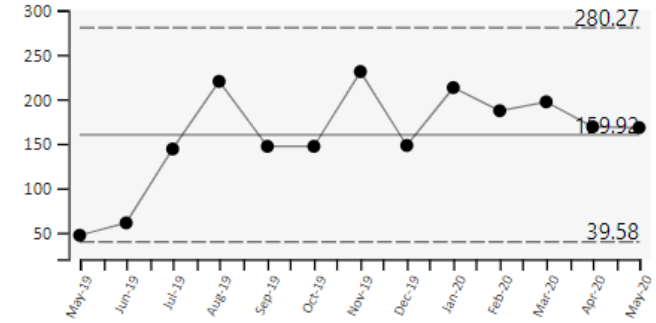
Incident Outcome See & Convey %



May-20	Target
57.00%	N/A

QS-6

Number of Compliments



May-20	Target
168	N/A

Performance by Domain
Well-Led: Performance Dashboard

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

ID	Metric	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
F-1	Income (£000s)	£20102.70	£19142.90	£20801.40	£19995.30	£19553.00	£19927.00	£20390.10	£22455.50	£21049.40	£19410.00	£23188.60	£21877.40	£22787.20	£22066.70		+	-	▲
F-2	Expenditure (£000s)	£20586.40	£19457.70	£20863.50	£20271.20	£20094.80	£20177.80	£20023.50	£20877.00	£20227.40	£19428.00	£22280.80	£21877.40	£22787.20	£22066.70		-	-	▼
F-3	Capital Expenditure (£000s)	£1021.07	£1032.93	£1790.03	£1269.97	£989.00	£1781.00	£845.00	£1022.00	£851.01	£1012.00	£1859.99	£1262.00	£254.00	£985.00		+	-	▲
F-4	Cost Improvement Plan (CIP) (£000s)	£585.37	£739.00	£580.40	£1078.31	£533.75	£467.79	£336.74	£627.15	£574.85	£700.00	£776.00	£0.00	£0.00	£217.00		-	-	●
F-6	Surplus/Deficit (£000s)	£-483.70	£-314.80	£-62.10	£-275.90	£-541.80	£-250.80	£366.60	£1578.50	£822.00	£-18.00	£907.80	£0.00	£0.00	£0.00		=	-	●
F-7	Cash Position (£000s)	£17271.00	£15668.00	£22780.00	£24597.00	£24561.00	£26496.00	£24966.00	£26136.00	£25758.00	£26577.00	£28326.00	£48150.00	£44676.00	£46696.64		-	-	▼
F-8	Agency Spend (£000s)	£525.75	£678.49	£625.29	£151.54	£242.64	£-31.85	£364.44	£431.82	£356.12	£-145.00	£145.97	£231.94	£69.41	£385.00		+	-	▲
WF-5	Objectives & Career Conversation	13.30%	20.20%	28.70%	33.20%	38.60%	42.60%	45.60%	49.60%	56.20%	61.30%	71.70%	5.40%	16.50%	80.00%		-	-	▲
WF-7	Annual Rolling Turnover Rate	14.70%	15.00%	15.00%	15.60%	15.50%	15.90%	15.40%	14.90%	15.60%	15.90%	15.80%	15.60%	14.80%			-	-	▲
WF-8	Annual Rolling Sickness Absence	5.20%	5.30%	5.40%	5.50%	5.40%	5.40%	5.60%	6.00%	5.70%	5.70%	5.80%	6.10%	6.00%	5.00%		-	-	▲
WF-18	Absence Relating to Mental Health %																■	■	■
WF-19	Absence Relating to MSK %																■	■	■
WF-9	Disciplinary Cases	4	6	8	0	0	1	4	8	6	5	2	6	4			-	-	▲
WF-10	Individual Grievances	7	4	12	0	2	7	10	7	8	8	6	4	4			-	-	●
WF-11	Collective Grievances	0	0	1	0	1	5	1	0	1	2	1	1	0			-	-	▲
WF-12	Bullying & Harrassment Internal	1	4	2	0	1	5	0	4	2	1	2	2	1			-	-	▲
WF-13	Whistleblowing	0	1	0	0	0	0	0	0	0	0	0	0	0			-	-	-
999-15	999 Frontline Late Finishes/Over-Runs %																■	■	■
WF-17	Workforce Diversity																■	■	■
999-16	*Staff Successfully FIT-Tested %													* 93.9%			-	-	-

*Latest data: July-20

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Well-Led: Exception Report

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

ID	Standard	Background
CIP	Standard: Cost Improvement Plan (CIP) £'s delivery against target Definition: A target is set as part of the budget setting process in £'s	Although the Trust has met it's £1m CIP target in Q1, validated schemes only amount to £1.7m, leaving a potential £3.8m gap for the year

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The Senior Management Team have formed a Productivity Group lead by the Deputy Directors of Operations and Finance to ensure appropriate focus is given to this issue	Named person: Entire Executive Management Team Executive Director of Finance & Corporate Services will report progress back to EMB and Trust Board. Complete by date: Ongoing

Performance by Domain
Well-Led: Exception Report

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

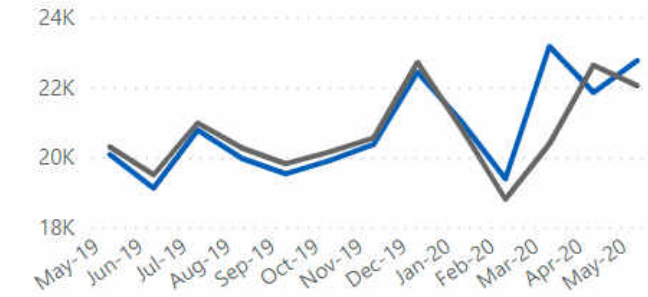
ID	Standard	Background
Cost Pressures	Standard: There is up to £3m of reserves available to fund cost pressures assuming bottom line is on target Definition: Financial value of cost pressures against budgeted reserves	The level of cost pressures identified at budget setting has the potential to significantly exceed available reserves

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The SMT review and approve all cost pressures using a standardised process. Investment decisions are undertaken using a defined BC approval process through the Business Case Group, EMB and Trust Board depending on the level of investment. Affordability both against the current financial position and in future years a key consideration	Named person: Executive Director of Finance & Corporate Services Complete by date: Ongoing

Performance by Domain
Well-Led: Performance Charts

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

F-1 Income Actual

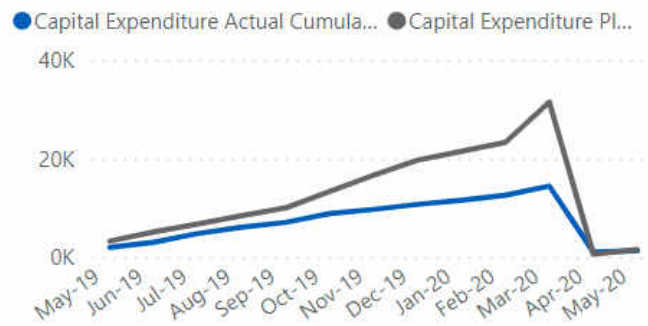


May 2020	Plan
£22787.20	£22066.70

F-2 Expenditure Actual

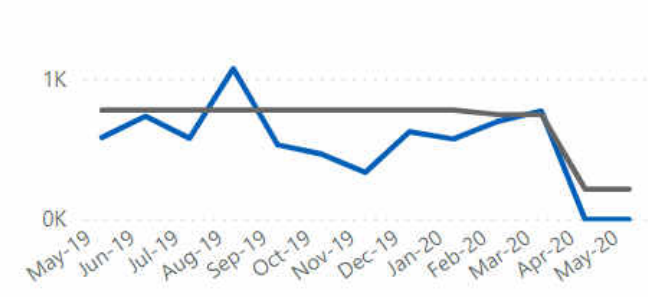
May 2020	Plan
£22787.20	£22066.70

F-3 Capital Expenditure Actual Cumulative



May 2020	Plan
£1516.00	£985.00

F-4 Cost Improvemen Plan (CIP) Actual

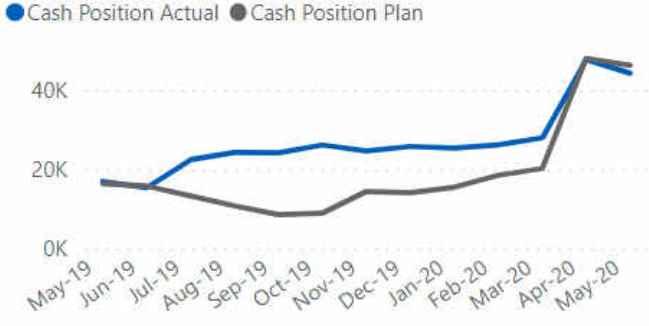


May 2020	Plan
£0.00	£217.00

F-6 Surplus/Deficit Actual

May 2020	Plan
£0.00	£0.00

F-7 Cash Position Actual



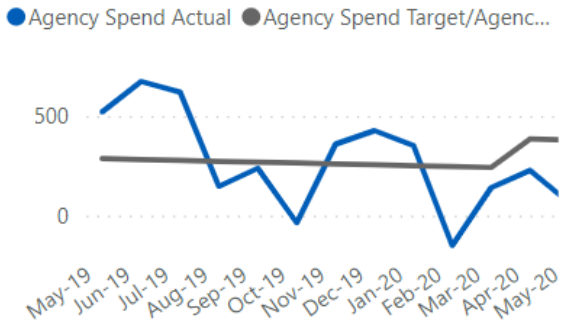
May 2020	Plan
£44676.00	£46696.64

Performance by Domain
Well-Led: Performance Charts

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

F-8

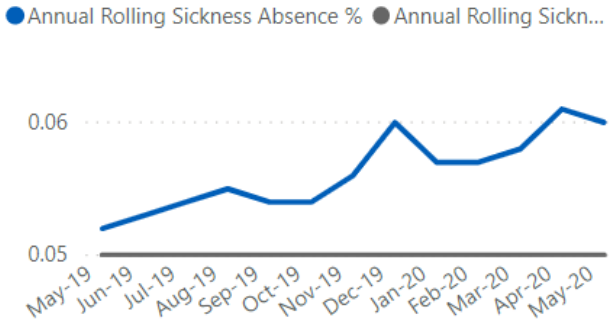
Agency Spend (£000s)



May 2020
£69.41
Plan
£0.00

WF-8

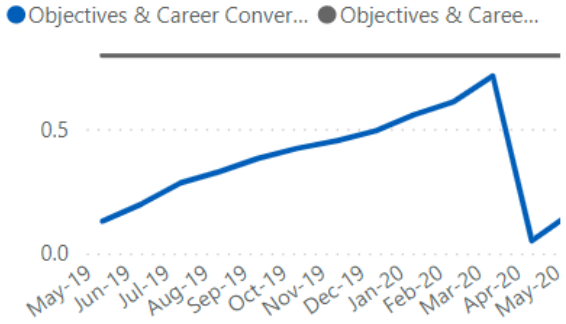
Annual Rolling Sickness Absence %



May 2020
6.00%
Target
5.00%

WF-5

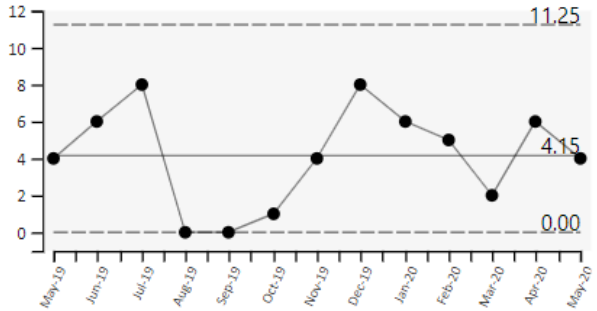
Objectives & Career Conversations



May 2020
16.50%
Target
80.00%

WF-9

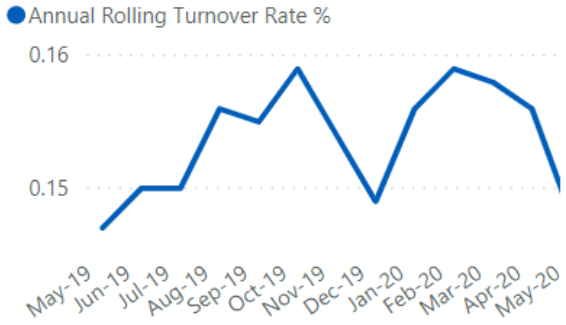
Disciplinary Cases



May 2020
4
Target
N/A

WF-7

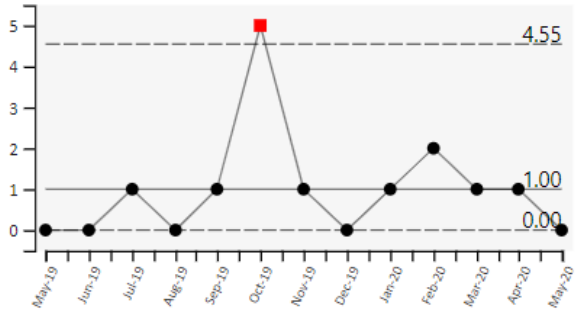
Annual Rolling Turnover Rate %



May 2020
14.80%
Target
N/A

WF-11

Collective Grievances



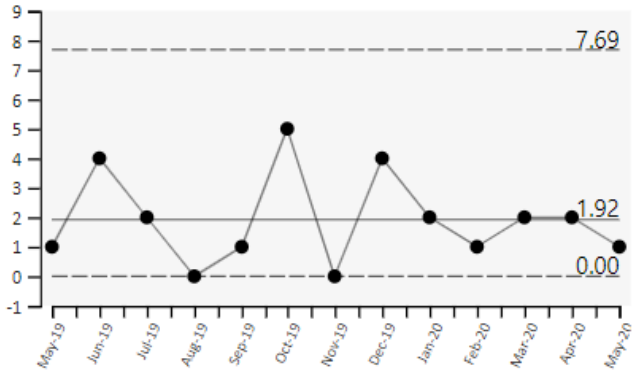
May 2020
0
Target
N/A

Performance by Domain
Well-Led: Performance Charts

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

WF-12

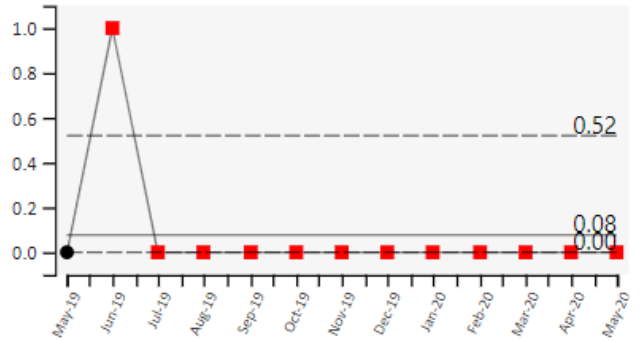
Bullying & Harrassment Internal



May 2020
1
Target
(Blank)

WF-13

Whistleblowing



May 2020
0
Target
N/A

National Benchmarking
999 Emergency Ambulance Service (May 2020)

Key indicators at a glance for May 2020

Primary Triage Software	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SECAmb	SWAS	WMAS	YAS
	NHS Pathways	AMPDS	NHS Pathways	AMPDS	NHS Pathways	AMPDS	NHS Pathways	NHS Pathways	AMPDS	NHS Pathways	AMPDS
999 Call Answer	**EEAS**	**EMAS**	**IOW**	**LAS**	**NEAS**	**NWAS**	**SCAS**	**SECAmb**	**SWAS**	**WMAS**	**YAS**
90th Centile Call Answer Time	00:00:04	00:00:02	00:00:07	00:00:00	00:00:04	00:00:01	00:00:04	00:00:01	00:00:03	00:00:01	00:00:01
Calls Answered	57067	55025	970	94433	25798	83256	34308	54224	62191	65913	40190
Mean Call Answer Time	00:00:02	00:00:02	00:00:08	00:00:00	00:00:03	00:00:01	00:00:04	00:00:01	00:00:02	00:00:01	00:00:02
Incident Proportions (Over All Incidents)	**EEAS**	**EMAS**	**IOW**	**LAS**	**NEAS**	**NWAS**	**SCAS**	**SECAmb**	**SWAS**	**WMAS**	**YAS**
All Incidents	72232	61881	1912	93014	35461	91736	45999	60484	68570	87276	63679
C1 Incidents %	7.65%	7.70%	4.76%	6.98%	6.05%	7.00%	5.41%	5.52%	5.75%	5.75%	6.65%
C2 Incidents %	49.57%	50.06%	39.59%	51.51%	50.26%	47.89%	42.24%	44.08%	48.07%	41.03%	49.20%
C3 Incidents %	22.45%	28.07%	37.50%	23.44%	27.48%	19.49%	35.73%	39.19%	26.74%	38.99%	25.20%
C4 Incidents %	0.93%	0.48%	4.18%	1.41%	1.61%	5.22%	2.71%	0.92%	1.07%	2.54%	1.51%
Incident Outcomes	**EEAS**	**EMAS**	**IOW**	**LAS**	**NEAS**	**NWAS**	**SCAS**	**SECAmb**	**SWAS**	**WMAS**	**YAS**
Hear & Treat %	7.32%	6.61%	6.49%	10.77%	6.43%	11.14%	7.64%	5.88%	5.27%	3.64%	7.92%
See & Convey %	50.28%	52.18%	53.66%	50.99%	51.85%	51.94%	47.84%	55.50%	48.20%	47.10%	50.59%
See & Treat %	38.05%	35.30%	37.87%	33.66%	33.63%	31.16%	38.94%	37.09%	41.68%	41.75%	33.68%
Response Performance	**EEAS**	**EMAS**	**IOW**	**LAS**	**NEAS**	**NWAS**	**SCAS**	**SECAmb**	**SWAS**	**WMAS**	**YAS**
90th Centile Response Time: C1	00:11:25	00:11:01	00:16:11	00:09:53	00:10:18	00:11:21	00:11:16	00:13:10	00:12:10	00:12:06	00:12:17
90th Centile Response Time: C2	00:28:48	00:26:40	00:29:23	00:15:06	00:36:17	00:28:36	00:21:39	00:26:58	00:34:08	00:19:04	00:22:35
90th Centile Response Time: C3	01:08:37	00:58:20	01:14:34	00:47:32	01:27:37	01:25:46	01:03:29	01:40:20	01:11:56	00:31:02	00:45:53
90th Centile Response Time: C4	02:06:46	01:25:20	01:49:50	01:31:13	01:45:35	02:10:27	01:47:29	02:14:44	01:53:10	00:50:17	01:36:45
Mean Response Time: C1	00:06:17	00:06:17	00:08:35	00:05:52	00:06:11	00:06:50	00:06:18	00:07:00	00:06:46	00:07:00	00:07:11
Mean Response Time: C2	00:14:51	00:13:54	00:15:54	00:08:54	00:18:10	00:15:11	00:11:31	00:14:28	00:17:24	00:10:57	00:12:23

National Benchmarking
999 Emergency Ambulance Service (May 2020)

Key indicators at a glance for May 2020

Cardiac Arrest	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SECAmb	SWAS	WMAS	YAS
Proportion of cardiac arrests discharged alive %	6.65%	5.86%	7.69%	7.85%	5.95%	6.76%	6.42%	5.12%	11.63%	11.89%	7.29%
Proportion of cardiac arrests discharged alive utstein %	26.00%	30.43%	50.00%	28.57%	20.00%	20.59%	29.17%	21.74%	25.86%	31.43%	30.43%
Proportion who had ROSC on arrival at hospital %	24.46%	23.28%	7.69%	34.34%	28.98%	27.23%	27.27%	26.58%	29.93%	33.68%	30.36%
Proportion who had ROSC on arrival at hospital utstein %	47.06%	44.44%	50.00%	76.60%	47.06%	43.59%	58.33%	52.00%	37.93%	58.33%	75.00%

National Benchmarking
NHS 111 Service (May 2020)

Key indicators at a glance for May 2020

MetricName	Care UK	Devon Doctors	DHC	DHU	HUC	IC24	IOW	Kernow Health	LAS	LCW	Medvivo	NEAS	NWAS	SCAS	SECAmb	Vocare	WMAS	YAS
Calls Answered in 60 secs %	75.22%	58.42%	59.48%	76.67%	73.69 %	75.62%	79.14%	78.70%	96.96%	92.12%	78.26%	64.06%	48.79%	74.05%	74.02%	74.89%	92.09%	81.02%
Abandoned Calls %	3.10%	10.08%	5.69%	0.87%	1.50%	2.04%	6.63%	4.43%	0.14%	0.82%	3.62%	7.08%	10.11%	3.38%	1.44%	3.52%	0.05%	1.39%
111 to A&E Transfer %	10.19%	8.24%	9.53%	7.27%	5.60%	9.65%	12.40%	3.89%	5.52%	8.02%	8.33%	10.66%	9.50%	8.58%	11.38%	9.70%	11.04%	14.24%
111 to 999 Transfer %	12.31%	10.73%	11.60%	10.79%	7.51%	11.63%	13.51%	9.02%	5.40%	6.65%	10.40%	14.39%	11.86%	8.99%	12.80%	10.97%	13.59%	10.60%

Appendix 1

Glossary

A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ED	Emergency Department
F2F	Face to Face
FFR	Fire First Responder
HCP	Healthcare Professional
ICS	Integrated Care System
Incidents	AQI (A7)
JCT	Job Cycle Time
MSK	Musculoskeletal conditions
NHSE/I	NHS England/Improvement
OmniceII	Secure storage facility for medicines
PAD	Public Access Defibrillator
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations
ROSC	Return of spontaneous circulation
SI	Serious Incident
STEMI	ST-Elevation Myocardial Infarction
Transports	AQI (A53 + A54)
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
TIA	Transient Ischaemic Attack (mini-stroke)
WTE	Whole Time Equivalent (staff members)

Appendix 2

Symbol Key

PD	Performance Direction		
▲	Improving performance	+	Outperformed target
▼	Deteriorating performance	-	Underperformed target
●	No change	=	On target
■	Aspirational metric	-	Data not provided

Chart Key

Data Point	This represents the value being measured on the chart.	AVG	This line represents the average of all values within the chart.	Above UCL Below LCL	When a value point falls above or below the control limits, it is seen as a point of statistical significance and should be investigated for a root cause.
Target	The target is either an internal or National target to be met.	Upper Control Limit Lower Control Limit	These lines are set two standard deviations above and below the average.	Run of 8 improving against average Run of 8 deteriorating against average	These points will show on a chart when the value is above or below the average for 8 consecutive points. This is seen as statistically significant and an area that should be reviewed.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

D - Annual Report of the Membership Development Committee
1st April 2019 – 31st March 2020

1. Introduction

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

1.2. The duties of the MDC are to:

- Advise on and develop strategies for recruiting and retaining members to ensure Trust membership is made up of a good cross-section of the population;
- Plan and deliver the Council's Annual Members Meeting;
- Advise on and develop strategies for effective membership involvement and communications;
- To contribute to the realisation of the Trust's vision 'Best placed to care, the best place to work'.

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

1.4. In 2019/20 the MDC was and is still currently chaired by Brian Chester Upper West SECAmb Public Governor (Surrey/ NE Hants/ West London), and Deputy Chair Chris Devereux Upper West SECAmb Public Governor (Surrey/ NE Hants/ West London).

2. Annual report of the Membership Development Committee

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

2.2. This report includes a summary of our current public membership numbers and geographical representation and reports on the work of the MDC throughout 1 April 2019 - 31st March 2020. It also includes reports on membership engagement at the Inclusion Hub Advisory Group (public FT members), Staff Engagement Advisory Group (staff FT members) and Patient Experience Group (patient FT members) and

the outcomes of our annual membership survey.

2.3. During 2019-20, the MDC worked on behalf of the Council to:

- Finalise a proposal of a membership engagement action plan which had been developed with Board, Council & membership input. This is in addition to the mechanisms in place for smaller scale membership engagement which is covered within our Inclusion Strategy. It focusses on proportional membership engagement with our wider membership (c3,500 staff and 10,000 public members) looking at the wider priorities of the Trust over a 12-month period, and then considering which of these priorities needs wider engagement.
  The work will contain two strands which the Membership Office will lead on over 2020/2021. Some elements of the work strands may be postponed pending appropriateness given the COVID 19 pandemic but will not be lost sight of long term:

  <u>Strand 1</u>
  Compiling a list of member engagement opportunities linked in to Trust priorities and consider where wider member engagement should be undertaken and support this to happen.
  Work with the Inclusion, Volunteer and Staff Engagement Leads on how to make engagement with members a 'must do' for certain subjects and embed the value of this into the Trust's ways of working.

  <u>Strand 2</u>
  Support Governors to engage with their constituents by:
  Ensuring staff Governors make use of the SEAG and link in with Engagement Advisors.
  Re-establishing the toolkit and crib sheet for public Governors to plug into local communities.
  Connecting Governors to local Make Ready Centres and Community First Responder Teams.

- The MDC contributed to the Annual Members Meeting planning and provided ideas for new content including a live interactive 999 call session and a fly over and visit from Kent Surrey and Sussex Air Ambulance Team in 2019.

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

- Oversee opportunities for Governors to engage with and/or sign up members over the last year at several events (2019).

- Look at how the Trust could and should be seeking patient views. Discussions on the culture work needed within the Trust, what was happening and the need to develop a patient experience strategy with member involvement.

- Ensure appropriate representation of local organisation and staff stands at the Annual Members Meeting 2019.

- Suggest content for the member newsletter.

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

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

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

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

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

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

3. Membership overview

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

3.2. The following table shows the Trust's public members at the year-end of 2018/19 and 2019/20 according to their constituency and the proportion of people who are members in relation to the eligible people in that area.

3.3. The recommendation to extend the borders of our existing Kent and Surrey constituencies to encompass East London and West London respectively were approved at Board and Council meetings in November and December 2019. You'll see the changes reflected in the membership numbers below.

3.4. Governors formerly representing Surrey and NE Hants now represent Surrey, NE Hants and West London known as 'Upper West SECAmb Governors'.

3.5. Governors formerly representing Kent now represent Kent (including Medway) and East London known as 'Upper East SECAmb Governors'.

3.6. Governors representing East Sussex now also represent the population of Brighton and Hove with three Governors representing 'Lower East SECAmb Governors'.

3.7. Governors representing West Sussex will continue unchanged regarding boundaries, this area is now known as 'Lower West SECAmb Governors'

Constituency	2018/19 Members	2019/20 Members	Population	Percentage of eligible population 19/20
Lower East (East Sussex, Brighton & Hove)	2,111	2,064	853,290	0.24
Upper East (Kent, Medway & East London)	3,544	3,624	6,271,479	0.05
Upper West (Surrey, NE Hants & West London)	2215	2,460	5,994,143	0.04
Lower West (West Sussex)	1546	1,565	866,131	0.16
Total	**9,416**	**9,713**	**13, 985,043**	**0.12%**

3.8. Public membership increased from 9,416 at 31 March 2019 to 9,713 at 31 March 2020. As of March 2020, we had 402 in the 'Out of Area' constituency (no voting rights and unable to stand as a Governor) bringing the total public membership to 9,818.

3.9. 374 members were moved from 'Out of Area' into public constituencies detailed above when the changes to boundaries were made in December 2019.

3.10. As of March 2019, the Trust had 3,694 staff members, and in March 2020 staff membership was 4,020.

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

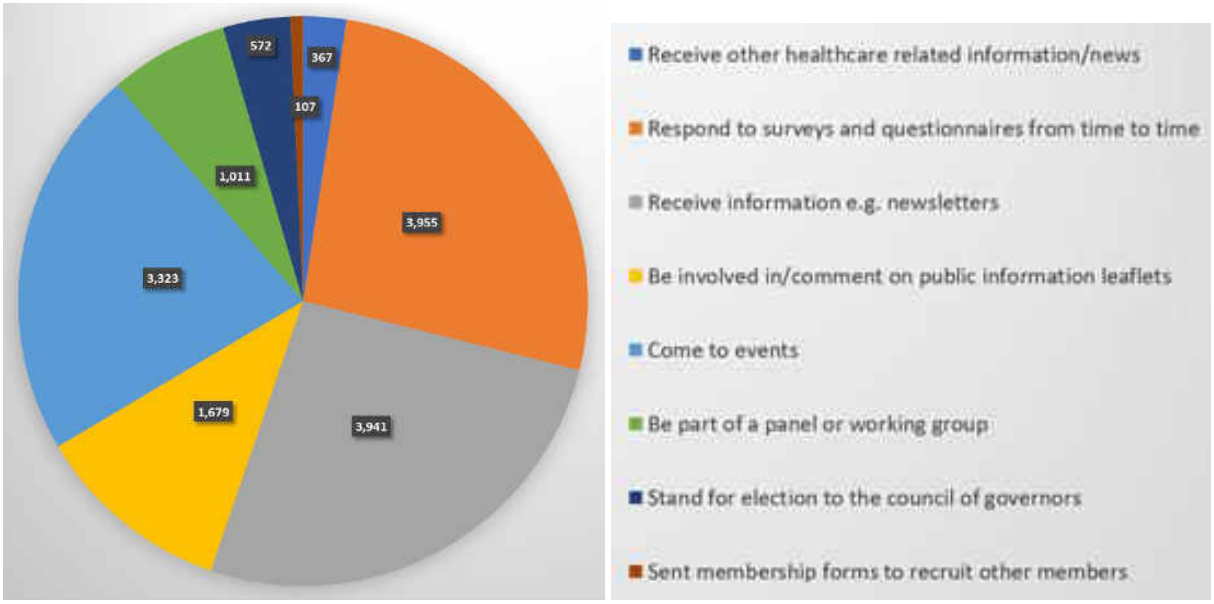
3.12. We monitor a number of attributes of our members (from those who are willing to share the personal information with us) in order to try to build a membership representative of the diversity of our communities. The table below shows this diversity for our total public membership at year end:

Attribute	No. of

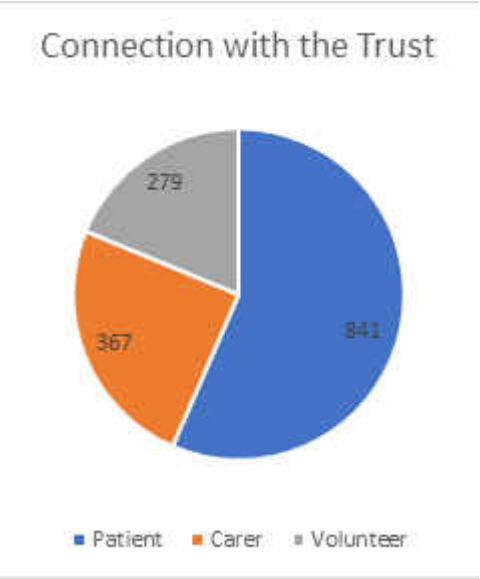
	members
Male	3,966
Female	5,417
Other/gender not recorded	721
Not identifying with the gender assigned at birth	76
Heterosexual	2,788
Lesbian	79
Gay man	88
Bisexual	95
Identifies as disabled	1,069
White	8,312
Asian	230
Black	103
Mixed	81

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

Activities (what involvement would the member like)



3.14. We also ask members whether they are a carer, are or have been a patient of the service, or whether they volunteer for SECAmb. The chart below shows the number of our members in these categories:

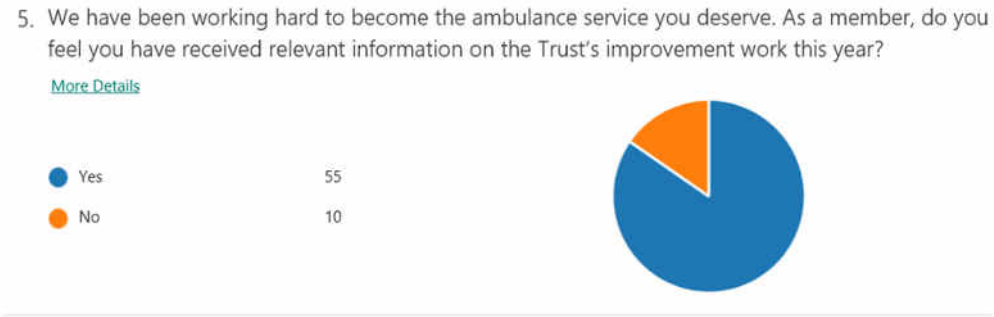


3.15. All our members were invited to our Annual Members Meeting Members in East Sussex in 2019. Members were also invited to Trust patient engagement and research events over the year. Several voluntary positions were advertised to members and taken up. We are grateful that so many of our members are happy to be involved.

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

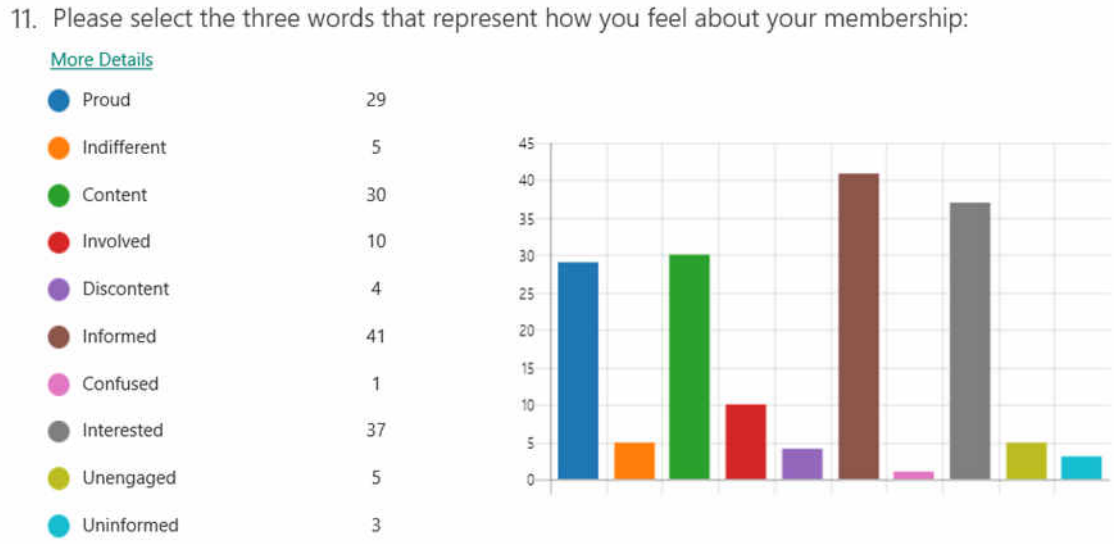
4. Member Survey outcomes

4.1. Our member satisfaction survey was sent out in December 2019. It was great to see that 85% of public members who responded found the member newsletter 'interesting' or 'very interesting' – the same as last year's figure.

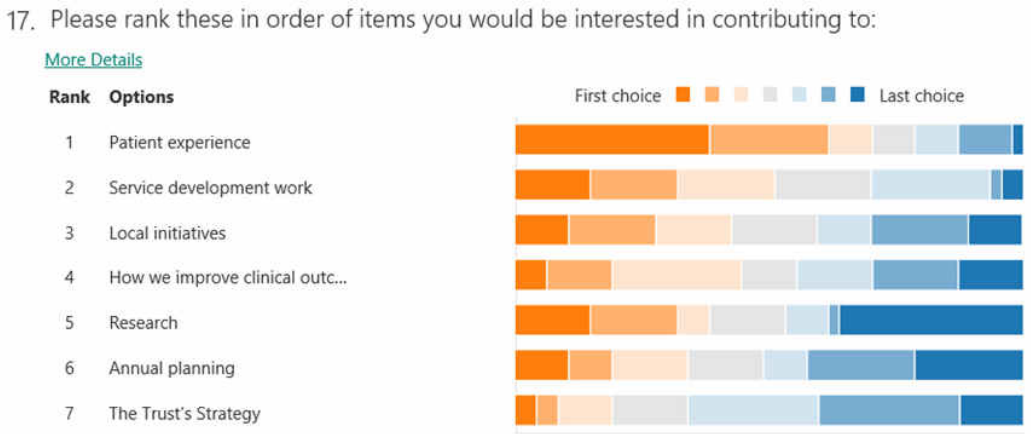


4.2. It was positive to see that most members felt we had kept them up to date with what we were working on to improve. This is something we will continue to report on in the newsletter under the 'Improving our service' set of articles of which there have been many since 2016 charting our improvement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

4.3. We asked members to select three words that represented how they felt about their membership. **Informed**, **interested** and **proud** were the most highly selected words. This year's results are very similar to last year's in almost all areas. This perhaps denotes a bit of stability. It is reassuring that several respondents selected 'Interested' and 'informed' as these are a key part of the purpose of membership. A small number feel unengaged so there is still work to do.



4.4. Member appetite for further engagement was focussed on completion of surveys and attending information events. New for 2019 members were asked what areas of the Trust they would be interested in contributing too. As detailed below, Patient experience and service development seem to be the areas members are most keen to contribute views towards. This will feed into the membership action plan.



4.5. The MDC will be considering approaches to surveying our staff members in respect of membership in 2020. It is noted there is a certain level of survey fatigue within the Trust so the approach will be considered carefully and modern popular platforms that staff want to use will be researched.

4.6. We will continue to try to provide a good balance of information in the newsletter, with a focus on the following as requested in the survey:
- Frontline experience / staff interviews,
- Meaningful engagement opportunities for members,
- Wait times/activity and performance stats.

We will look to address these themes via the newsletter in 2020/21.

5. Public involvement and engagement

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

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

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

- Provided feedback on the development of a hard copy patient advice sheet, developed to be used alongside the move to our electronic patient care record,
- Requested public/patient representation at Serious Incident meetings
- Took part in the Trust's patient experience strategy workshops.
- Sought assurance on work happening to diversify our workforce.
- Provided feedback on what areas needed to be considered as part of the strategy refresh moving forward.
- Made suggestion around language and key points that could be used to advertise changes to the 111 service to the public abd helped promote key messages within their networks.

On behalf of my Governor colleagues, I would like to thank the members of the IHAG for their passion and effort during 2019-20.

6. Patient involvement and engagement

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

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

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

6.4. Over the last year the PEG:

- Held patient experience strategy development events across the areas the Trust serves.
- Worked with SECAmb colleagues and NHS England to take the strategy forward.
- Held a discussion regarding the way forward for PEG as several agenda items were found to be duplicated with IHAG. It was agreed that the Terms of Reference for both groups should be looked at. As well as membership for PEG as it was felt a stronger patient voice was needed especially from carers.
- It was agreed that more use of existing groups such as Healthwatch and GP Practices be investigated as a good source of feedback for PEG.
- The new Friends and Family Testing for the ambulance services nationally would become an annual patient experience improvement project. It was agreed that Dementia would be an area of focus for this.

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

7. Staff involvement and engagement

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

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

7.3. During this year, the Staff Engagement Advisory Group has, on behalf of the wider staff membership:

- Highlighted a need to engage with staff and provide communication around change in their local area regarding estate investment.
- Provided feedback and suggestions on corporate communications and highlighted local comms that were required.
- Took part in two interactive sessions, the first considering areas of focus at the Annual Members Meeting. The second activity was on reviewing the employee life cycle (the points where staff interact with the Trust).
- Fed in views on the HR Transformation and Culture work streams and advised of inconsistencies in the assessment centre process used for interviews.
- Received an update on the work of the Clinical Education Team and fed in views on the Ofsted report and impact this has had on coleagues.

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

8. Get involved

8.1. I would like to end this report by asking anyone who is not a member of the Trust already to join us and you can join online (it's free) by clicking the Get Involved tab on SECAmb's website.

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

8.3. Crucially, members are able to vote or even stand in public & staff Governor Elections to the Council. If you want to be more involved with your local ambulance service and representing our public members, why not consider standing for election in 2022.

Brian Chester
Chair of the MDC & Public Governor for Upper West (Surrey, NE Hants & West London)
On behalf of the Membership Development Committee

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

E - Annual Report of the Governor Development Committee

1 April 2019- 31 March 20

1. Introduction

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

1.2. The duties of the GDC are to:

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

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

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

Felicity Dennis	(FD)	Public Governor for Surrey and NE Hampshire
James Crawley	(JC)	Public Governor for Kent & Lead Governor
Geoffrey Kempster	(GK)	Public Governor for Surrey and NE Hampshire
Roger Laxton	(RL)	Public Governor for Kent
Marian Trendell	(MT)	Appointed Governor Sussex Partnership NHS FT
Chris Devereux	(CD)	Public Governor for Surrey and NE Hampshire
Lorraine Tomassi	(LT)	Non Operational Staff Governor
Frank Northcott	(FN)	Public Governor for East Sussex
Waseem Shakir	(WS)	Operational Staff Governor
Nicki Pointer	(NP)	Public Governor for East Sussex
Brian Chester	(BC)	Public Governor for Surrey and NE Hampshire
Harvey Nash	(HN)	Public Governor for West Sussex
Malcolm Macgregor	(MM)	Operational Staff Governor
Pauline Flores-Moore	(PFM)	Public Governor for West Sussex
Marguerite Beard-Gould	(MBG)	Public Governor for Kent
Marianne Phillips	(MP)	Public Governor for Brighton & Hove

1.5. Also in attendance during the year were:

David Astley	(DA)	Chair
Peter Lee	(PL)	Company Secretary
Isobel Allen	(IA)	Assistant Company Secretary
Katie Spendiff	(KS)	Corporate Governance and Membership Manager

2. Annual report of the Governor Development Committee

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

2.2. During 2019-20 the GDC met five times and worked on behalf of the Council to:

- Provide feedback and suggest improvements to the running of Council meetings;
- Set the agendas for Council meetings and the joint Board/Council meetings held twice a year;
- Develop and advise on proposals for the content and format of the Annual Members Meeting;
- Devise a process to manage concerns raised about Governors;
- Review feedback from Governors' constituency meetings with the Trust Chair;
- Revise and update the process for the annual review of the Council's effectiveness and introduce a review of the Lead Governor's performance over the year;
- Undertake the GDC's annual review of its effectiveness;
- Review a proposal to extend the Trust's constituency boundaries, which was subsequently approved by the Council;
- Coordinate Governor activities to ensure representation across the patch; and
- Revise the Council's annual self-assessment process.

2.3. This year, during the COVID-19 pandemic, the GDC has continued to meet virtually to carry out its duties.

2.4. Achievements of the GDC last year include:

2.4.1. **Improving effectiveness:** Reviewing and developing Council **meeting agendas** over the year to ensure Governors are able to most effectively hold the Non-Executives to account for the performance of the Board.

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

2.4.3. **Improving effectiveness**: Aligning Council meetings to focus on different committees of the Board to enable in-depth discussion and understanding of risk.

2.4.4. **Improving effectiveness**: Refining the process for reviewing the Council's effectiveness annually, to reduce the number of questions asked and improve

response rates and focus of the outcomes. The process includes '360 feedback' from NEDs and Executives and making recommendations based on the results.

2.4.5. **Engaging with our membership:** Planning a joint Council/Board workshop to consider the benefits to the Trust of being a membership organise and to maximise members' contribution to the Trust. This has resulted in a membership engagement action plan which, while delayed due to COVID, will be implemented fully over the coming year.

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

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

2.4.8. **Induction:** Preparing for the arrival of new Governors and ensuring clear and comprehensive induction plans were in place.

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

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

Development of the Trust's Volunteer (Community Resilience) strategy	Progress in implementing the Electronic Patient Clinical Record (ePCR)
Development of the Trust's Patient Experience Strategy	Quality improvement (quality account objectives and audit)
Health and safety across the Trust	Feedback from staff about the Trust's Fiat vehicles
Care for patients with mental health needs (including Section 136 mental health transfers)	Improving the culture and HR systems/enablers

2.6. I would like to thank all members of the GDC for all their hard work over the year. I would also like to thank those Governors who left us this year after being part of the GDC: Felicity Dennis (and also for her hard work as Chair of the GDC throughout the year), Frank Northcott, Pauline Flores-Moore, James Crawley, Marian Trendell and Roger Laxton.

3. Election of a Lead and Deputy Lead Governor August 2020

3.1. Governors are asked to note that there were only two responses to the request for submissions of interest for the Lead and Deputy Lead Governor roles, one for each role.

3.2. **Nicki Pointer** is therefore appointed to the role of Lead Governor and **Waseem Shakir** Deputy lead Governor, without an election needing to take place.

3.3. The Trust has asked me to note its sincere gratitude to all Governors for your hard work and now to Nicki and Waz for taking on these roles to support the Council's effectiveness.

Nicki Pointer

Chair of the GDC
Lead Governor and Public Governor for Lower East SECAmb
On behalf of the Governor Development Committee

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

F - Review of Governor Activities and Queries 2019-20

1. Introduction

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

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

1.3. For this meeting, all activities over the financial year 2019-20 are documented for the benefit of members who may wish to understand what Governors have been doing. As can clearly be seen, Governors were involved in numerous events and activities during the financial year.

1.4. **Governors are asked to please remember to update the online form after participating in any such activity:** https://forms.office.com/Pages/ResponsePage.aspx?id=UeDqcq7pE0mFIJzyYfBhGFHlnsSYmzxOp1c2Ro-88d1URE1MVDQ1NVVINEQ2N1dDR05OSDg1VUxWVC4u

15 March 2019	The NHS Long Term Plan – Talked to people about SECAmb informally and contributed views to a discussion. Frank says: These public sessions are being held throughout the country to gauge public opinion on where the new funding in the NHS should be spent. At this meeting the consensus was prevention, mental health and support for long term conditions. Each STP will by April will produce a local plan for 2019/20, a five year plan by autumn. I am on the direct mailing list when these plans are released.	Frank Northcott
21 March 2019	Equality delivery System 2 Grading (SECAmb event) - Talked to people about SECAmb informally and contributed views to a discussion. Geoff says: This was a review of the EDS2 Grading. What it did highlight is that SECAmb does not collect the data relating to protected characteristics, so is unable to actually say how well or badly it performs in this area. This results in the majority of gradings being undeveloped, which could imply SECAmb is poor at dealing with the protected characteristic groups, which I do not believe is a true reflection of the business.	Frank Northcott and Geoff Kempster
21 March 2019	Surrey Heartlands Partnership Event - Talked to people about SECAmb informally and contributed views to a discussion. Felicity	Felicity Dennis

	says: I highly recommend COG members engage with their local Integrated Care Systems / STPs at any level as these will be the health and social care organisations for the whole country by 2022.Any new pathways/ ways of working, not just in urgent and emergency care, will affect how the public use SECAmb services. SECAmb have 4/5 to engage with across SEC so reminding the new organisations of this is very important.	
22 March 2019	Stroke service campaign meeting – Talked about SECAmb informally and contributed views to a discussion.	David Escudier
25 April 2019	Hailsham and Polegate Community Group – Talked to people informally, gave a presentation, listened to views.	Frank Northcott
25 April 2019	East Sussex County Council's 3VQ Action Group - Talked to people informally, gave a presentation, listened to views. Frank says: In Herstmonceux a community hub centre has been created with a combined facility of the doctor's surgery and Community Hall. It has been championed by the local doctor and recognised as the way forward for country communities by NHS England. The 3VA organisation shares best practice across the member organisations and offers advice on setting up a charity and applications for grants. There were two organisations present who provide shelter and mentoring for patients with mental health and problems which may be suitable for providing alternative pathways for SECAmb.	Frank Northcott
16 May 2019	Staff Engagement Forum – Learned more about the ambulance service. Geoff says: I think this event would be useful for other governors to attend.	Geoff Kempster
29 June 2019	Southwater School Fete – Pauline says: Southwater community responders had their gazebo at the school fete which is well attended by the surrounding areas. As a responder I took the opportunity of getting my team to hand our SECAmb leaflets on becoming a friend of SECAmb. This went down well with the public, and the team threw themselves in to chatting with the public and getting feedback. General consensus of the public is that they know that the ambulance service is struggling and know that they might have to wait a while.	Pauling Flores-Moore
4 July 2019	Observing/3rd manning – Pauline says: I was 3rd manning and at a couple of houses relatives of the patient wanted to give the crew something to say a big thank you. As they stated, they are not allowed to accept anything as it is all in a day work and thank them. I took the opportunity to say that if they really want to say thank you for the services that they went on-line and join friends of SECAmb and	Pauline Flores-Moore

	quickly explained what it was about whilst the crew were doing observations in the truck before conveying the patient to hospital. They were more than happy to do this. This was an opportunity that could not be missed.	
23 July 2019	Patient Experience Strategy workshop - Contributed to a roundtable discussion on improving Patient Experience.	Marguerite Beard-Gould
2 August 2019	East Kent Mencap Street Party – Recruited members and talked to the public about SECAmb. Heard feedback on how to make our literature more user friendly for people with learning difficulties and passed this back to the Inclusion team at SECAmb.	Marguerite Beard-Gould, David Escudier (IA, KS)
17 August 2019	Kent and Canterbury Hospital League of Friends Summer Fair – recruited members and heard patient and public feedback.	Marguerite Beard-Gould
8 March 2020	Trauma Care UK Conference – contributed to discussion, heard patient/public feedback, gave a presentation on how SECAmb supports volunteers.	Nicki Pointer

2. Governor Enquiries and Information Requests

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

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

2.3. This report collates all formal queries and responses during the financial year 2019-20 for the benefit of members present.

1 April 2019

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

satisfactory remedial actions are in place to ensure that such a substantial amount of money won't be wasted again without and initial risk assessment.

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

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

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

It is in the nature of applying for awards that sometimes organisations are not successful. In this case the Trust has a clear way forward with weaknesses in the existing systems

helpfully identified. The investment was not wasted and we are confident that we are seeing continuous improvements in volunteer management generally and CFR oversight specifically. Should we reapply, this will be a decision for the Executive and we have confidence in their ability to continue the Trust on its journey of improvement.

10 April 2019

Can you please put a question to the relevant person within the organisation to ask what action is being taken to improve the reliability of the IT systems that are currently in use in the organisation. In particular I have seen numerous complaints from staff, particularly those who are out on the road, that they are frequently unable to access GRS, IBIS and ESR systems. This is having a negative impact on staff morale, when they are unable to access their payslips (which is a legal duty of employers to provide a payslip either before or on the day of payment), or look at the rotas. Failings in IBIS access has the potential to directly impact on patient welfare, although in theory the crews can talk to the clinical desk to get the information, if there is critical information relating to the patient welfare that crews may not be aware of and which is not apparent, they may make use of drugs or procedures that will have a detrimental effect on the patient. I feel the issues relating to these problems have been going on for far too long, and need to be resolved as a matter of priority.

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

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

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

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

GRS

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

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

IBIS

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

14 June 2019

1. One changed approach to improving cat 3&4 response times seems to be being overtaken by another without any time to assess its value, impact etc. I accept that the latest approach is recommended by the national team, but how assured are NEDs that the national view is right and that it is suited to operations within SECAmb area?

2. The second concern is the delay to essential training. I take some heart from use of the word 'delay' but note with concern that there is no indication of the length of delay, nor any estimation of the impact / risk of the delay. I do hope that a risk assessment was carried out before the decision was taken? Cutting back on training, especially essential training, sends morale sapping messages and is usually a sign of an organisation in crisis, which I thought we were not? If the changes are critical and vital to effect in the short term then OK, but I would have expected more explanation and reassurance in the comms. Delaying, especially indefinitely, training that is regarded as 'essential' makes staff question whether it really is essential and be that bit less willing to prioritise it themselves. The impact on new joiners / trainees should not be underestimated. Can we have early confirmation that NEDs have investigated and received assurances that the training delays are critically necessary, that a plan is in place to catch-up this training and that all staff will be kept informed and reassured on our commitment to their training?

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

June 2019

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

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

Whilst paediatric pads are available for the G3 AED, the cost of these means that this is prohibitive. We will be seeking assurances of the manufacturer regarding use in infants,

but in the meantime, there is no change to the paediatric resuscitation guidelines for CFRs, based on the guidance from the Resuscitation Council. In the future, the department intends to recommend just one defibrillator to CFRs, and it is expected that in time, once old devices are replaced, that the G3 model will be removed from circulation.

6 June 2019

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

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

The procedure around operational instructions is clear that emergency/urgent (red) ones can be sent without an approved QIA but then one must be done asap. One was done within a couple of days and approved, in this case, following our procedure.

In order to ensure governance in the absence of a QIA, the level of seniority required to authorise the issue of a red Operational Bulletin is Director of Operations and that:

"These responsibilities will be delegated on a day to day basis to the … Associate Director of Operations (Operational Bulletins). The author of each Bulletin, as above, will be responsible for providing assurance that, following issue it has had the desired outcome."

Link to full Procedure is here:
https://secamb.sharepoint.com/sites/intranet/knowledge/corporate/Pages/Policies%20and%20Procedures/dissemination-of-clinical-and-operational-changes-to-staff.aspx

This process seeks to balance the risks between NOT being able to act quickly to change operational procedures, and maintaining quality oversight of changes that may affect our patients.

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

15 July 2019

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

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

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

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

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

16 July 2019

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

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

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

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

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

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

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

21 June 2019

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

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

29 July 2019

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

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

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

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

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

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

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

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

6 August 2019

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

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

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

29 August 2019

It is extremely disappointing to read given that good clinical education is the foundation of high quality clinical care. I am afraid that I cannot make the Board meeting today but will of course listen in to hear the discussion. Given the seriousness of the issue, it would be most helpful if Trisha as chair of QPS could provide us with a brief statement prior to the COG

outlining the impact of the closure and restructure of the dept on patient clinical care given ongoing training is a key staff requirement and providing assurance that patient care will not be affected during this time.

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

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

29 August 2019

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

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

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

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

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

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

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

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

11 September 2019

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

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

96 - Trained and operational

21 - Trained and awaiting clearance

48 - Booked on upcoming courses

Total = 165

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

7 - Withdrawn from the process

54 - Left

38 - Withdrawn due to non-compliance

Total = 92

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

2 October 2019

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

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

- replaced all Trust firewalls, across all Trust locations, with new next-generation firewalls with in-built threat protection and inspection technologies

- implemented the national NHS Microsoft Advanced Threat Protection (ATP) system on all corporate endpoints (PCs and laptops) and are in the process of extending this cover to all endpoints in EOC and 111 within the coming weeks

- upgraded Windows 7 endpoints to Windows 10 – less than 45 Windows 7 devices remaining to upgrade

- ongoing programme to upgrade server operating systems to the latest Microsoft versions

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

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

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

There is an ongoing project to enhance our backup and data resilience abilities with funding committed to deliver the best possible solution within budgetary constraints. The proposed

solution is currently being tested before we finalise the business case and formally request the funds to be released. Backups currently utilise a mix of tape and disk-to-disk storage with key data replicated to remote sites.

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

14 October 2019

I would like to know that our NEDs are assured:

- (a) that there are (or will shortly be) robust customer-friendly handshakes when 111 passes cases to IC24, especially where the promised action has been changed, and

- (b) that IC24 staff involved with our 111 patients are (or shortly will be) selected, trained and managed to the same high standards that SECAmb people are. This both to ensure our customers get the right quality of care and treatment and to avoid damage to SECAmb's reputation by association.

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

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

I am reassured on the expressed concerns.

17 October 2019

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

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

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

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

- OTLs and other managers, who self-manage breaks, who are booked on the CAD on a Charlie call sign.

- Crews that did not have a break before terminating a CAD shift early – such as sick on duty or vehicle changes.

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

- The current meal break policy leaves late finishing crews at risk of no break if their last job of the day has an extended cycle time.

- Attempts to place crews on meal break near the end of a shift can be met with contumacious behaviour, as you can imagine crews can be extremely reluctant to be place in a break with say 35 or 40 minutes of their shift left. There have been some very heated social media discussion about this and some dispatchers avoid placing crews on a breaks, whether delaying will allow them to go home instead.

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

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

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

26 October 2019

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

i. Cranleigh

ii. Godalming

iii. Epsom

iv. Windle Valley/Bagshot

v. Effingham and Ripley

vi. Farnham

vii. Dorking

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

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

The reason that CFRs are being recruited in these areas only is that we are transferring the St John Ambulance schemes in these area into SECAmb. In order to do this we need to follow the SECAmb recruitment process. This is a long planned transfer of volunteers and outside of the normal recruitment window. Other areas will be recruited to in early 2020 and team leaders will be contacted in the coming weeks regarding this so that they can promote this within their areas. This will be targeted to areas of high demand, poor performance or low CFR numbers based on the Trust's business intelligence.

26 October 19

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

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

compliance comes back to us but we do prioritise recruiting returners and try to make the process as seamless as possible.

30 October 2019

1. "Si's: How assured are the NED's that they are achieving the timescale for closing Si's? What the report does not say is that team leaders are tasked to investigate some of the investigations but are not given management time to do so which means they can't constraint on the investigation or on their team."

2. "Do the team leaders have enough training to carry out Si's? How many hours are given for training?"

3. "Incidents reporting has increased, do the NED's feel this is because staff are now happy to do so without any backlash from management?"

4. "Training, are we assure that training is fit for purpose or do our staff need further training or enhancement training to be able to do their job efficiently? My visit to EOC highlighted that enhance training was needed for abusive callers. More training to deal with SI's on gathering the correct data for the investigation report"

1. OTLs have rotas which allows them specific admin time, it is their responsibility to plan their own workload.

2. I developed and rolled out new Root Cause Analysis training which I have been delivering across the Trust since April with positive feedback. It is a one day course which give them all the basics and allows them to test the methodology and tools. When investigating a SI they are supported by one of my SI Managers throughout.

3. The incident reporting culture is improving across the Trust with many areas feeling safer to report, however changing culture can take years in a Trust, so we are only really at the beginning of a long journey. There is also a need for us to raise awareness around incident reporting, the barriers are not only about fear of reprisal but also relate to staff not understanding why it is so important to report incidents. There is much work to do which is in train, and I for one have the passion to take forward.

4. Learning from EOC related SIs is shared with the EOC management and recommendation made regarding the further development of key skills for EMAs etc. The new structure for EOC and 111 allows much more collaborative working between them and patient safety (I am now the deputy chair of the EOC and 111 governance meetings (this is a huge step forward)). The new RCA training covers data requesting, gathering and analysis.

30 October 2019

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

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

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

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

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

8 November 19

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

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

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

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

14 November 2019

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

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

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

19 Nov 2019

Governor seeking assurance on crew welfare and meal breaks being given in these times of heightened pressures. Are you able to provide some assurance that this is being monitored and the Trust is making staff welfare a priority?

Staff welfare is a key focus for the Trust and is managed through two main routes that are delivered continuously across the year, whatever the level of pressure. All staff have a named line manage who is responsible for supporting and monitoring their welfare through a multitude of routes primarily focused on face-to-face regularly planned interactions. These enable discussions and mentoring, specifically looking at working patterns (including annual leave and sickness), support for the delivery of required Trust training, and discussions relating to effectiveness and efficiency of service delivery. In addition to this, in 'live' time, specific actions are taken to support and monitor staff welfare during individual shifts – this includes meal break management and specific support for staff whilst dealing with incidents that may be prolonged/difficult/complex. I can confirm that the delivery of all of this is actively monitored through the Trust management structure as well as via the 24/7 organisational command structure – both of these are supported by a suite of online reports providing helpful information.

At present, whilst the Trust is progressing their workforce plan to increase the number of staff delivery care across all areas of the service, it is essential that it considers all options to maximise capacity. Use of agency staff occurs across the breadth of the NHS, in all situations this occurs through a fully governed structure including considerations of aspects of governance. The Trust has begun to explore the opportunities to use agency staff, and in doing so are exploring the governance implications that relate to both the agency staff

who would work in our teams, as well as for those teams with whom they would work – we are using learning from employing and using bank staff and from contracts with private ambulance providers, as well as from other ambulance trusts who are already using agency staff.

Nov 2019

[Regarding staff deaths by suicide] This is so sad and my thoughts are with the families and colleagues of these members.

I really want to know what are we doing wrong? have we taken our eye off the ball by concentrating on other areas example HR and forgotten the most important part of the organisation THE STAFF?

I don't want to pursue this too much but could I ask you to ensure that we are all kept up-to-date with the progress and what is being put in place to ensure that we don't lose another life unnecessarily or could have been avoided if we had robust procedures in place and most of all try and resolve some of the pressure that the staff are now under.

For example massive long waits at East Surrey which is being overloaded with people visiting the hospital and taking up to an hour to even get into the hospital car park which put a lot of pressure on crews that are not going on blue lights to get to A&E which mean the crews have to sit in the traffic the same way as the public.

And at the moment with Worthing A & E and the works going on to the department has also put a lot of pressure on the crews.

We need to do something to help our staff and concentrate on getting that right before diversifying into other areas.

A response was sent to the Governor concerned from the Trust's Head of Communications however she asked that this not be shared more widely due to sensitivities. Governors have received regular updates on the support the Trust provided to the teams affected and the various support mechanisms available to all staff and volunteers. See also a similar query below with a response all can read.

Nov 2019

A Governor noted that Future Quals (our clinical education regulator) was taking 'up to 6 months to issue certificates'.

'In regards to the information we received from [Governor] I have double checked the achievement claims back to the start of 2018 and there is only 1 instance where the file was not processed within a couple of days. I have included the information below.

Having picked this up with the team they have advised of the following which should help:

a) The Trust has Direct Claim status, which means that we can claim certification without External Quality Assurance (EQA) activity.

b) For both apprenticeship and non-apprenticeship programmes we claim:

- the driving certificates on completion of the course and IQA of the workbook.

- for clinical courses, we claim the certificates upon portfolio completion and subsequent IQA of the portfolio.

c) These certificates are scanned to our systems then sent to the students without delay.

d) For apprenticeships programmes, the only difference is that once the students have completed and passed the end point assessment (EPA) FutureQuals will claim the apprenticeship certificate from the ESFA for us, and then send it directly to us. We then send this straight on to the student.

7 Jan 2020

In response to the news of another member of staff who had taken their own life:

This is very sad news.

I believe this is the third concern since I have joined Secamb as a Governor?

Can I ask who and how this incident will be investigated? Do staff have documented regular supervisions and how are concerns of well- being get raised?

A number of Governors raised concerns relating to a number of sad incidents in recent weeks, where members of SECAmb staff have attempted to or have taken their own lives. Governors were seeking assurance that the incidents were looked into to check for commonality and that colleagues/team members were well supported during this time: see points 5 & 8 of the attached paper ‘support provided to staff’. This paper is not for onward circulation, it was requested by the Executive to seek assurance about the arrangements in place to support the welfare and wellbeing of staff.

It was also considered this week by the Workforce and Wellbeing Committee, as reflected in its report to the Board. Whilst noting there is always more you can do, both the executive and the committee were assured by what is currently in place. There will be a section about this too, in the Chief Executive’s report to the Board next week.

20 Jan 2020

Demand and Capacity Review - Deloittes remit

Angela asked a number of questions, as did Michael about moving to an in-house capability and the need to look further out (3-5 years). What I wondered was whether Deloittes might

be tasked with identifying critical parameters and perhaps a model that can be easily updated if such parameters shift?

On Demand and capacity I also agree about having a model which can be updated as evidence indicates that underlying assumptions or parameters have changed. We should not be reliant on external and often expensive expertise to have to do this so Deloitte's model should be designed to be capable of updating and amended as circumstances require. I will speak to David Hammond about this

20 Jan 2020

Committee attendance - people aspects

There is a general spoken agreement that our main asset is our people, they are also our major spend. It was said at the meeting - by Michael - that investment should be linked to increased productivity and or reducing ongoing costs. In the context of our people this is achieved via investment in their skills and their motivation. Reference was made to the widespread feedback, from not just our own people but other ambulance services, on the new Fiat vehicles and by David Astley commented that these 'would be the working environment for our people for large amounts of time'. I am not sure though whether the connection was fully made to productivity effects if people are de-motivated. With that in mind should there not be a 'people' voice at the FIC? Perhaps our new People Director and or the WWC Chair?

Thank you for attending and observing FIC last Thursday. Your comments are very helpful. I agree that sustained improvement in productivity requires a well led and motivated workforce and like your idea of someone representing the people perspective. I will liaise with Peter Lee about the new HR director becoming a standing member of FIC.

3 Feb 2020

Can a question be asked regarding the cleaning procedure for all trucks before they are sent out? A week ago we had a crew that had brought in a patient on a trolley which had not been cleaned properly from the previous shift as there was blood on the rails. As the crew had just only started their shift and this was their first patient who had no signs of blood or was not cannulated. My concern was that this was old blood and could be potentially infectious with cross-contamination to other patients, hospital staff and ambulance crews as we do not know the condition or the medical background of the person who's blood it belonged to. As a governor, I have a duty to represent & protect the public that's why I have sent this email. I know that it was going to be reported by a crew member I just want to make sure that the procedures are robust especially with the outbreak of a nasty virus.

Tricia – I have copied you in for info/ view from a QPS perspective for our Governor's query.

To summarise – you were keen to understand what cleaning and vehicle check process were in place in secamb after a crew (not identified as to whether SECAmb or private) handed over a patient on a trolley to you in A&E that had blood on it. As the crew had just only started their shift and this was their first patient who had no signs of blood or was not cannulated your concerns were that this was old blood and could be potentially infectious with cross-contamination to other patients, hospital staff and ambulance crews.

A datix has not yet been received on this – you were advised by the staff that they would I believe.

I spoke with Gavin Thompson Infection Prevention and Control Practitioner. He highlighted the following points which I've summarised.

Basically there are two different cleaning/vehicle prep programmes across the Trust. The Make Ready Centres clean and stock vehicles before each shift. The Vehicle preparation system was introduced to cover the areas that the Make Ready's don't while we role out the full Make Ready programme. The Vehicle Preparation covers OU's and ambulance stations who don't sit under a Make Ready at present and under this program vehicles are only seen once every 24 hours ideally, but due to operational demand, can go longer.

Completed check lists are left with all vehicles (VP or MRC) regarding cleaning and stock and crews do have an element of responsibility to check these. Given what happened it may be worth QPS considering if VP checks and staff responsibility controls need to be tightened up? Due to recent demand and capacity review and the increase in number of vehicles– it is putting pressure on the systems.

There is an audit schedule and the number and frequency have been set at a level that the IPC team felt sufficient.

We are more than happy to discuss if these need reviewing, especially in Vehicle Preparation, but all audits have shown an improvement in general cleanliness of vehicles, but we accept there is room for improvement.

18 Feb 2020

The Council of Governors continue to have concerns over the Trust's ability to address serious concerns raised by staff about assaults from patients.

Marian Trendell (Sussex Partnership Lead on Operational Cavell and Appointed Governor representative) has outlined the highly successful Operation Cavell, led by Sussex Partnership and Sussex Police which has a successful track record of supporting staff who are victims of this behaviour. Marian has shared details of this programme with information has been shared with Emma Williams, Deputy Ops Director. Adam Graham (SECAMb security lead) to explore its adoption by SECAMB and Adam has confirmed that he would take this to the Operations Director for buy in at an executive level.

We are seeking assurance from NEDs that the Trust's current approach is it fit for purpose and are they assured there is capacity to address staff concerns appropriately. We would seek assurance that they are briefed on Operational Cavell as a positive way forward to staff.

Marian is very happy to share details with NEDs and could probably bring the police DCI with her if that would be useful.

The programme is being introduced by Mental Health providers in both Surrey and Kent.

As discussed earlier from yesterday 24th Feb the Security team reports to me (Amjad Nazir) under Health & Safety. The merger of the two departments will enable us to increase our resource and provide a Security function that meets our employees' expectations.

Violence and Aggression has been on my radar for some time now. I can confirm that recently a new Violence & Aggression sub-group was established. The purpose of the group is to focus on the incidents being reported and review improvements that can be made. I will be chairing this group and part of our workplan is to identify appropriate training (conflict resolution) for our front line and EOC staff. We currently have nothing in place. We shall also look at promoting public awareness that SECAmb does not tolerate Violence or Aggressive behaviour towards our staff. Body Camera trials are also under review as part of a national trial.

I have attached our new H&S meeting and team structure which I am happy for you to circulate.

26 March 2020

I was very disappointed to listen to a report on the news this evening that some PPE that has been issued to our staff is out of date. I read Philip's weekly news and had been reassured 'I am pleased that during recent days we have received several significant deliveries of PPE but we're continuing to monitor this very closely' however if the PPE that is arriving is of poor quality then we have a major problem.

Another issue I have is that the CFRs have been stood down. They tell me that again PPE is a problem. My local CFRs are very upset particularly as there is a National call for Volunteers. Our CFRs are not only Volunteers but they a 'specialist' Volunteer and as such are and have been a vital life line for the local communities. I find it very difficult to understand why this decision was made. I am hoping that this is under review. I appreciate that we have to keep everyone safe. I know at least one of 'my' CFRs have done some work at the 111 centre, but perhaps we could find a number of ways to utilise this skilled group which would benefit all if we are not going to allow them to respond to calls.

I've submitted your question to today's Trust webinar for a response from the Director of Nursing leading our COVID response. You can join the webinar live with your secamb email

address if you have a password to go with it to log into a secamb account – otherwise we'll share the webinar with you all after the fact.

David is very keen to see the issue addressed too and has indicated as such, to be followed up by the NEDs as appropriate through their usual contact with Execs (there are weekly meetings now set up for the Board) and their Committees as they deem appropriate.

27 March 2020

I am becoming increasingly concerned around the financial implication and overall resilience of the trusts ability to continually cope with the impact of Covid-19.

1. Where can the pinch points be anticipated to occur?

2. Specifically, what BCP planning is robustly in place, how are the NEDS overseeing this /these BCP issues?

3. Is there draw down capacity from DoH being explored to ensure the trust does not go over budget?

4. Staff, equipment, resources and resilience capability for how long?

I just don't see any planning models, assumptions, reassurances from anyone and think I should. I would like to be reassured they are in place and effective?

Can you put these questions before the Chair, CEO and NEDS please – perhaps we as governors should get a succinct brief about these issues. I understand all those who hold the data are very busy but we as Governors would benefit from a factual account please?

Response from Michael Whitehouse (NED): The Board discussed yesterday, 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.

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

Nicki Pointer
Deputy Lead Governor
Public Governor for Lower East SECAmb

South East Coast Ambulance Service NHS Foundation Trust

SECAMB Board

Escalation report to the Board from the Workforce and Wellbeing Committee

Date of meeting	**2 July 2020**
Overview of issues/areas covered at the meeting:	The meeting considered a number of **Scrutiny Items** (where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas), including; **HR Workstreams Update** **Partially Assured** **E-timesheets** The Committee heard there had been significant progress, with a Procedure underway that would go to JPPF in August for approval with implementation planned in October, with broad Union support. A live trial for 2 months was starting on 7 sites imminently and a task and finish group with relevant representation had been set up. Internal audit would review the pilot after the first phase of roll out to provide independent scrutiny. Their report would be used as a gateway for go live; which was crucial as this affected people's pay. **E-expenses** A Travel and Subsistence Policy was near sign-off and the project group had been re-established. WWC wants to draw the Board's attention to the outstanding risk around car insurance which was not yet resolved, but the Team's engagement with the key stakeholders seemed a positive move. **P-files** A new project approach was being taken with positive engagement from the Unions, and aiming for a realistic completion date of December 2020. The Team would now focus on obtaining documents for those who had not already provided them – rather than taking the previous blanket approach, and would be working to support OTLs and providing HR colleagues to scan ID at different locations. WWC received reassurance provided that staff recruited since March had up to date P-files, though with COVID the speeded-up recruitment process had been managed slightly differently. WWC would maintain scrutiny as this work progressed and had asked for a full report on historic and current P-files to come to December's WWC.

Clinical Education Review Partially Assured
The Committee received a comprehensive report outlining real progress. The Team anticipated 'limited assurance' from FutureQuals once the report had been through accuracy checking and finalised. The outcomes of the ClinEd SI would also be shared with WWC for assurance that actions were on track. A consultant remained with us part-time until later in the year to close off audit actions.

Strategically, WWC discussed the need for a decision around whether to have our own training premises or work with partners with existing training facilities available. The Committee welcomed the information that a business case was going through for a short-term solution while a strategic decision was made, which included looking at shared premises.

WWC asked to understand more around the Trust's strategy related to apprenticeships. This would come back to WWC. The Committee also considered the strategic value of contracting university education to gain more control of our higher education pipeline. WWC were interested to understand the Trust's approach to this.

Driving standards Not assured
The Committee welcomed the report, as it brought together the key risks around driving very clearly and showed the Trust was now more aware of the risks.

More scrutiny was required as the work moved forward, as the paper had described several risks and, in some cases, plans to address them:

- Resourcing of driving instructors to levels to deliver Section 19 refresher course requirements (every five years);
- Inability to check the non-UK driving licences held by 4 staff members (further assurance on this was requested);
- RTC costs and lack of staff members' inclination to report, or failure to report in timely ways (further assurance requested);
- Idling costs but particularly the rationale staff gave that they preferred to idle outside standby/response posts rather than go in. Management committed to reviewing the provision of ACRPs at a suitable time (further assurance requested).

Local and SECAmb induction
WWC were pleased to see the adaptations made to restart SECAmb's induction safely and work through the backlog caused by the pause due to COVID. WWC were concerned to ensure equality of access to an online induction programme, in terms of access to IT. The team were asked to consider including more about the fundamental aims of the Trust within the SECAmb induction programme.

Further report requested to explain new joiners' access to IT and provide assurance around inclusion of the purpose and strategic direction of the Trust within the induction programme.

	HR and OD Development Programme WWC really welcomed this well-thought-out approach to reviewing training needs and supporting professional development throughout the HR and OD directorate. The Committee asked the Executive to consider messaging carefully to ensure that the Directorate was not seen as somehow exceptional or an outlier in terms of what was being offered to its staff. The Team confirmed that the aim was to roll professional development out across the Trust, and to clearly link this with the appraisal cycle and personal development plans. The Committee also highlighted the need for training to address specific as well as generic skills, such as report writing and investigations. **BAME Risk Assessments** WWC were concerned to hear only 7 ½% of BAME staff had so far received risk assessments – these had been voluntary but were now mandatory for all BAME staff and the Committee received verbal assurance that there was a plan in place and we would report to NHSE by the deadline of 23rd July. **Diversity and Inclusion Report** The Committee welcomed this comprehensive and impressive report. Time would be built into a Board development day to think about how Board members could champion areas to take forward, so this was owned by senior leadership rather than seen as the province of the Inclusion Team. The Committee supported this approach and noted that the work was of such quality that it should be recognised nationally. The committee also received reports under its section on Monitoring Performance, including: **Employee relations and workforce data** The Committee was pleased to see positive developments in modelling our workforce movements internally and externally, and in recruitment pipeline figures. WWC requested benchmarking data to give a sense of comparators, to include exemplars and not solely ambulance services, so we were aiming higher than the best in sector. Further work would be done to ensure the relevant information was presented at Committee. The Committee wanted assurance that we were addressing ER and workforce issues locally now we had intelligence at a local level. Verbal assurance was provided that there were plans to do this.

Any other matters the Committee wishes to escalate to the Board	The **BAF risks** linked to the committee were reviewed and the Committee noted: All BAF risks would be reviewed to align the BAF to the new strategy in the coming weeks. The workforce risk (risk 111) remained the highest Trust risk. Safe recruitment (risk 362) had seen improvement that should be reflected in a reduced current risk score and the controls and assurance updated. The Clinical Education risk should be revised to reflect the current relatively minor risk around securing premises for delivering training and to appropriately reduce the current risk presented by the quality of our education, once the FutureQuals report had been received (assuming it said what we expected it to). Risk 334 about improving the Trust's culture was felt not to be fit for purpose and to require rewording. It was hard to know what success looked like and should be revised to incorporate risks around the roll out of the Trust strategy and values being effective. Driving standards risk(s) should be added to the Trust's risk register and properly graded. The lack of personal development plans across the Trust would also be considered for addition to the Trust risk register.

SECAmb Board

QPS Committee Escalation Report to the Board

Date of meeting	24 June 2020
Overview of key issues/areas covered at the meeting:	This extraordinary meeting was called at the request of the Trust Board to seek assurance that we were adequately managing the balance of risk between staff and patients, relating to the provision of PPE. The Chair of the workforce and wellbeing committee joined this meeting. There was a minutes' silence in memory of Tricia McGregor who very sadly passed away. The committee first spent time reviewing the following; **Staff Testing** A paper was received setting out the approach and outcome of staff asymptomatic and antibody testing. Work is ongoing to develop the longer-term asymptomatic staff testing strategy for the Trust and the COVID Management Group is to determine the required frequency of testing, in line with anticipated government and NHSE/I guidance. This strategy will outline the required resourcing and structure of the revised Trust Test and Trace service and the operating hours as outlined by NHSE/I. It will also include an outline of the ways in which we will work with system partners such as lead CCGs throughout the Trust operational footprint in continuing to access laboratory capacity and serology test results. The committee explored the governance in place to manage the data protection risks, specifically in relation to providing test results. **NHS Test & Trace** The committee reviewed how Test and Trace will work; the Trust's response to date; the risks; and then the onward management. The aim is to evolve this over time in the context of flu vaccination, to ensure it is more sustainable. **Working Safely during Covid-19 (Inc. Red Bulletin 632)** The committee supported the approach being taken to follow the recent guidance provided by Government, relating to who should be at work; social distancing; managing visitors; and PPE and face covering. There was a specific discussion about face covering and the emphasis on this being a moral and social responsibility to prevent the transmission of the virus. The committee then considered the assurance paper requested by the Trust Board related to **Staff and Patient Safety Risk Review - FFP3 FIT Testing.** This very detailed paper covered a number of aspects relating to the programme of fit testing within SECAmb, focusing specifically on level 3 masks used to protect staff against aerosol generating procedures (AGP). The paper covered; • The background to the current position

	• The issues that have arisen • The balance of risk between patient and staff safety • Mitigations identified over time and how they have been implemented • Lessons learned The committee explored how we could reduce the range of masks given the consequence of fit testing different models; we are currently using four different types of mask, which is a reduction. The committee acknowledged the future challenges with this given the uncertainty and issues with procurement in light of the international constraints. The committee also explored the mitigation in place for the staff that persistently fail fit testing; a number of which have since been taken off the road until solutions are found, e.g. procurement of hoods and smaller masks. The committee was assured by the rationale for taking the staff off the road, and the timing of this decision, which balanced the risk to the staff against the impact on patients. This decision is under constant review. The committee reinforced the need to undertake work to put in place a future strategy for PPE, and acknowledged the very complex range of issues that have arisen following the COVID pandemic. The executive have been open about the lessons, particularly in relation to the function of logistics and the management of fit testing. Overall, management were able to provide a coherent picture, demonstrating the thoughtful decision-making processes in these exceptional circumstances.
Any other matters the Committee wishes to escalate to the Board	None.

SECAmb Board

QPS Committee Escalation Report to the Board

Date of meeting	09 July 2020
Overview of key issues/areas covered at the meeting:	There were no ***Management Responses*** presented to this meeting, as the one update due, relating to vehicle strategy and decision making, was deferred until September's QPS meeting.
	The meeting considered several ***Scrutiny Items*** *(where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas),* including; **EOC Clinical Safety Showcase Assured** (on progress made) - subject to a management response addressing queries around welfare calls, tail audits (long waits) and timeliness of ongoing reviews. The committee received a detailed paper setting out the progress of the EOC Clinical Safety Project in areas including staffing, recruitment, safe staffing, procedures, clinical tail audit, and welfare compliance. The roles of GPs, dental nurses, paediatric consultants and midwives in the quality and diversity of service provision were discussed. Full assurance was given that GPs working in EOC had gone through full due-diligence processes and reviewed by the SECAmb legal team. NHSE are funding the paediatric consultants during the Covid-19 pandemic so the Trust needs to think about service provision post-Covid, however learning from this role is already being identified by EOC/NHSE to build into future ways of working. During discussion on welfare calls and tail audits (long waits); it was explained that long waits were non-compliant, and timeframes need to be applied for achievement of the welfare call-back work plan. A management response was requested for the September QPS. NHS Pathways (NHSP); compliant in 111, non-compliant in 999. Debate was had regarding the Clinical Safety Navigator (CSN) role and the scope, demands and banding of the job. It was agreed that the Trust will monitor effectiveness of the cohort due in Sept/Oct which will bring EOC to 90% establishment; a review of effectiveness will also look at staff turnover rates of the new cohort. International recruitment of Clinical Supervisors was deemed to have been very successful. Consideration will also be given to recruiting from England but outside of the SECAmb region, as agile working has also proved to be very effective. **Current 111/CAS Clinical Effectiveness - Assured** The committee acknowledged this work is in its early stages and noted that the update provided good clarity. Further work is being done to create a clinical framework for dental nurse recruitment. Starline is a hotline for nursing homes and being trialled in Medway. **Consent to Care and Treatment - Assured** This was a very thorough paper demonstrating that ePCR has helped moved the Trust forward significantly. An update will be presented to QPS in six months' time.

Clinical Outcomes throughout Covid-19 - Assured
Highlights from the presentation document were:

- Reduction in proportion of resuscitation attempts (e.g. unnecessary attempts, unnecessary dispatches)
- Moderate reduction in STEMI/STROKE incidents
- Reduction in Sepsis incidents in line with seasonal trends

Assurance taken from SECAmb trendlines being comparable to all other ambulance Trusts, and international services.

Work to be done includes adding benchmarking data on the outcome charts and adding a summary sheet (cover sheet) to future updates.

Paediatrics: Effective Care and Treatment - Assured
A thorough review of paediatrics was presented outlining a good level of care being delivered and significant changes implemented to develop the quality of the care available. There are opportunities to develop further areas of good and best practice including improving education, delivery of analgesia and access for staff condition specific guidelines.

Discussion was had around the impact of Covid-19 on the usual operating procedure to convey all children under 2yrs. Awareness was raised around the increased number of DNACPRs, consent and non-conveyance forms completed for children during Covid-19 which could prove stressful to ambulance crews arriving on scene. Pain relief in children was discussed and cautions raised around lessons learned.

The committee complimented this excellent paper.

Obstetrics: Effective Care and Treatment – Assured

This exemplary paper outlined the significant progress made in this area and the impact of the recruitment of consultant midwife and covered areas including incidents, audit, equipment, education, preterm pathway.

Discussion was held around the increasing number of transfers to birthing units and requested a management response will be presented to QPS in September.

The committee noted the recommendation for face-to-face training to recommence when it is safe to do so to that crews are adequately prepared. This would support the move for out of hospital deliveries, which is a reversal of previous practice which brings new and heightened risks to patients and ambulance crews. It was proposed that the Trust should seek advice around this, and the issues relating to communication barriers considering the diversity of the Trust's demographic.

Cost Improvement Programme – Quality Impact Assessments - Assured
Assurance was given that all CIP plans undergo a good level of scrutiny; the list showed approved plans but did not detail the challenges/rejections prior to final approval by the QIA panel. This will be revised for future reports.

Many of the CIPs were non-recurrent savings.

Assurances provided that CIPs would not impact on WTE posts.

	Clinical Audit Annual Report / Plan - Assured This paper highlighted the positive impact that technological advances have had in making it easier for clinical audit to do its job, with scope for further improvements. Currently internal audits are uploaded to the Intranet and general updates are shared with Commissioners. Clinical Audit team to consider a forum based around 'Raising Standards' where other teams can showcase their own audit findings. The Committee acknowledged that clinical audit has never been in such a good place and took great assurance from the work detailed in the reports. Assurance was given that the 98% of all health record reconciliations includes PAP and Bank staff, and electronic and paper submissions. Improvements were evidenced e.g. clinical audit impact on improved use of the sepsis care bundle, up from 60% in October 2019 to an average 86% from November 2019-March 2020. Safety of Discharge was noted as an area for improvement and will be presented to QPS in September as an item for scrutiny. The clinical audit team will consider how Covid-19 will impact its annual audit plan. **Cardiac Arrest Annual Report - Assured** 2019/20 was the first full year that SECAmb collected comprehensive outcome and epidemiological data in its registry, which was exciting for the team! This year will focus on delivery of the recommendations within the report. Recommendations need to be prioritised, have timeframes set and be measured against a trajectory; this plan will be presented to QPS as a management response in September. QPS will then review the programme of work in six months' time. LifePak15 and the next generation of these were discussed. The Committee noted a very thorough report and thanked the team for its work.
	There were no items for review under *Monitoring Performance*.
	Governance and Risk Management: **Bi-Annual Review of High/Extreme Risks** Nothing to escalate. Charts show QPS has highest number of assigned risks, as expected. Other high risks relate to Covid and PPE, also as expected. The QPS will undertake a review of all its aligned risks in September, led by the Trust's Risk Lead.
Any other matters the Committee wishes to escalate to the Board	The spinal immobilisation paper went to Board, has been signed off by JRCALC and NASMED and the Bulletin has been issued to staff. Feedback from the trial will be shared with other ambulance trusts. The 111 CAS Clinical testing has been undertaken as planned and a number of issues identified during this process, which are being addressed as part of the mobilisation plan.

SECAMB Board

Summary Report on the Audit & Risk Committee

Date of meeting	**16 July 2020**
Overview of issues/areas covered at the meeting:	The key areas covered in this meeting were • Update on the Trust's response to COVID-19 • Internal Audit Progress Report • Counter Fraud • Information Governance • Risk Management Review
COVID-19	The committee received an update from the director leading the Trust's response to COVID-19. The established COVID Management Group continues to meet at least three times per week, and the key areas of its focus is currently test and trace; risk assessments for high risk staff; and PPE. There are still lots of uncertainties about the potential second wave, but management is well-engaged with the wider system to ensure we are well placed to respond accordingly. The committee also received a high-level update on the work of the COVID Recovery, Learning and Improvement Group, which is working through opportunities for new ways of working. Overall, the committee is assured by the governance and controls in place to ensure we continue to allocate resources appropriately.
Internal Audit **Counter Fraud**	The Internal Audit reports continue to provide good assurance; ▪ IG Tool Kit – there is good governance and controls. This review supported the assurance management expressed through both the IG assurance paper the committee requested, and the IG annual report; see below. ▪ Health Education England Funding – this review was requested by management and assurance was received that the funding had been allocated in line with its intended purpose(s). ▪ Data Quality – this provided assurance on the accuracy of call data reporting as requested by another board committee. There are still some overdue management actions and while some progress has been made the committee has asked the Chief Executive to ensure these are closed down as soon as reasonably possible. The committee noted the positive SRT submission and explored some of the fraud emerging

	risks. There are no significant concerns from a counter fraud perspective and the committee is assured by the approach being taken, supported by RSM.
Information Governance	An assurance paper was requested to test the extent to which the governance and controls in place are effective. Good assurance was received that the Trust is managing data / information effectively, supported by RSM's review of the toolkit, and the annual report, which is enclosed for the Board's information. The committee explored how we are looking to the future re cyber security, for example, and noted that capacity is something under constant review; noting that additional resource has been brought in to ensure strong information governance during the 111/CAS mobilisation.
Risk Management Review	Whilst the committee is confident in the risk management arrangements in place, it provided some feedback to inform the current review, which is aimed at refining the approach. In particular, the committee is keen to ensure there aren't too many risks, so that the right level of focus can be maintained on the key risks. There is also some work still do to ensure risk scores are slightly moderated; the committee feels there are probably still too many high risks, although it welcomes the reduction in those rated extreme. The committee suggested that management undertake a review of the risks that have been in the risk register for a prolonged period, to understand why this is the case. For example, are they still relevant and / or are we allocating the right resources to ensure they are appropriately mitigated to the target risk score? Overall, there is a good risk management process in place and the committee supports the current review to further refine it.

SECAMB Board

Finance and Investment Committee Escalation report to the Board

Date of meetings	23 July 2020
Overview of key issues/areas covered at the meeting:	The meeting considered several ***Scrutiny Items*** *(where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas),* including; **999 Operational Performance** **Partial Assurance** The committee reviewed the key performance metrics and, while it acknowledged the improvement against the ambulance response programme (ARP) standards in Q1, it explored the measures being taken to ensure this can be sustained; in the context of the significantly worsening position during July. The focus is currently on maximising the available resources. The deterioration is due to the reduction in hours and holidays which are being encouraged after the COVID 19 peak, which links to issues with fit testing and PPE. The committee reinforced the need for an effective and resilient solution to fit testing and for clarity on the run rate for lost hours and the cost of fit testing. Longer term sustainability was then discussed, and the committee challenged the executive to ensure it is clear about the structural issues so that the Trust is best placed to meet future demand. The committee is satisfied that the executive is giving this the right level of focus. **111 / CAS Mobilisation** **Assured** The committee has been closely monitoring progress of the mobilisation for this new service and will schedule extraordinary meetings to check at each key milestone. The quality and patient safety committee will also review at each key clinical milestone. There is currently good confidence in being able to mobilise from 1 October 2020, based on the revised simplified IT solution of only using the Cleric system (including IC24). **Estates** **Assured** A good paper was received setting out where we are both with our strategic estate (capital projects) and the day to day use and maintenance. The refreshed estates strategy is scheduled for Q3 and in the context of SECamb having a high number of operational sites compared with many other ambulance trusts, the committee asked that this confirms our target estates model, linking with the workforce strategy. The committee also received reports under its section on *Monitoring Performance*, including: **Financial Performance M3/Forecast** The Trust is on plan but there are some issues, including a high average cost per hour and shortfall against the cost improvement programme (see below).

	The committee explored the complexities in being able to allocate all COVID costs, concluding that there is likely to be some gaps, which could account for some of the reasons for a high average cost per hour. It noted that we are at the lower end of COVID costs, when compared to other ambulance trusts. **CIP/Overview of Schemes for 2019/20** The Q1 target was achieved, but there is a significant shortfall in schemes for the remainder of the year. The committee noted the steps being taken to identify how we can be more efficient, including some of the benchmarking with other trusts. We need to identify more transformational efficiencies given the local and national financial pressures. The committee suggest that there is a strategic discussion at Board about this, to help establish what is needed. **COVID – Update on Spend** An update was received on COVID-related expenditure. As stated above, the Trust has one of the lowest levels of COVID expenditure compared with other ambulance trusts and management is seeking to ensure that all relevant spend is identified and claimed. In 2020/21 the projected spend is £6.5m which is £0.6m below the approved business case value available of £7.1m, although this is achieved mainly from PPE being FOC which had not been assumed. The business cases are otherwise mainly overspent having gone through or are going through due governance. Costs have been fully recovered up to May 2020. **Fleet Business Case** This business case arises from the strategy/delivery plan previously approved by the Board. The committee explored a number of things to clarify the pros and cons relating to the two different options. It also challenged the executive to reduce the vehicle relief rate, which links to the estates strategy. Given the value, this business case requires Board approval (due to commercial sensitivity it is to be considered in private) and the committee recommends option 1.
Any other matters the Committee wishes to escalate to the Board	The COVID Recovery, Learning and Improvement Group continues to run fortnightly; there are ten workstreams, with plans under development. The committee suggests that the Board use some of the time at its development session in August to review what needs to be done to ensure more transformational efficiencies are achieved, given the local and national financial pressures.

Secamb Board

ARC Committee Escalation Report to the Board

Date of meeting	25 June 2020
Overview of key issues/areas covered at the meeting:	The committee reviewed **succession planning** for each executive director, which informed the **annual review of the structure, size and composition of the Board**. The committee concluded that for now the structure and size of the Board is appropriate and agreed some actions to ensure that there are clear and robust personal development plans for both the executive directors and those in deputy roles. Steps are continuing to be taken to ensure a more diverse Board through the current round of (NED) recruitment, and the committee will consider in September what might constitute the future SECamb Board. There was also an annual review of the **fit and proper persons test** and the committee was assured by the paper it received setting out by director how we are compliant with the requirements. The Chief Executive provided a summary of the **appraisals** of each executive director and the committee was assured by both the process and outcomes. Finally, the committee reviewed **executive remuneration** and how it benchmarks against other similar trusts. This has informed an executive remuneration framework that the committee considered; some amendments were suggested, and it will come back for approval in September. In the meantime, the committee approved changes in the remuneration of some directors, based on this new framework.
Any other matters the Committee wishes to escalate to the Board	None.

Secamb Board

CFC Committee Escalation Report to the Board

Date of meeting	16 July 2020
Overview of key issues/areas covered at the meeting:	The committee updated the **terms of reference** which are included for the Board to approve. It also received an update following the issues reported to the Board in January and reviewed the related **charitable funds procedure**, which is included for information. In terms of the update, the committee acknowledged the progress made and supported the procedure that sets out how we intend to ensure robust management of funds, including monies raised by the different CFR schemes. There is work to do to ensure we engage well with the CFRs, and ensure they understand what we are doing and why; to protect them and the Trust from falling foul of the charity rules. Overall, the committee is assured with the progress being made and agreed with the executive some further actions which it will review in December. The committee approved the **financial report** for the year ending 31 March 2020 and received a really positive update about the **COVID-related charity activity**. A paper was received setting out the approach, reinforcing the need to ensure flexibility in the context of the set criteria for how to use this money.
Any other matters the Committee wishes to escalate to the Board	This was a good meeting that established a clear direction for what the committee expects over the coming months. While there is still work to do, we are in a better position than before. The Chairman will be arranging to meet with CFR leads to ensure they are engaged and understand what we are doing and why.

South East Coast Ambulance Service NHS Foundation Trust

Workforce and Wellbeing Committee (WWC)

Terms of Reference

1. Constitution

The Board hereby resolves to establish a committee of the Board to be known as the Workforce and Wellbeing Committee (WWC) referred to in this document as 'the committee'.

2. Purpose

The purpose of the committee is to acquire and scrutinise assurances that the Trust's system of internal controls relating to the workforce (encompassing resourcing, staff wellbeing and HR processes) are designed appropriately and operating effectively.

3. Membership

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

The members of the committee shall be:
Laurie McMahon, Independent Non-Executive Director (Chair)
Terry Parkin, Independent Non-Executive Director
Al Rymer, Independent Non-Executive Director
Executive Director of HR & OD
Executive Director of Operations
Executive Director of Nursing & Quality

In addition, each Independent Non-Executive Director will be an ex-officio member of the committee.

4. Quorum

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

5. Attendance

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

- Executive Director of Strategy
- Company Secretary
- HR Business Support Manager

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

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

6. Frequency

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

7. Authority

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

8. Purview

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

9. Support

The Company Secretary is responsible for ensuring appropriate administrative support is provided to the committee. The support provided by the person(s) identified by the Company Secretary will include the planning of meetings, setting agendas, collating and circulating papers, taking minutes of meetings, and maintaining records of attendance for reporting in the Trust's Annual Report.

10. Reporting

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

11. Review

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

VERSION CONTROL SCHEDULE

Version no.	Date approved by committee as fit for purpose	Date ratified by the Board so that it comes into force	Main revisions from previous version.
1.0	12 July 16	26 July 16	Committee established July 16 based on principles set out in Board paper 'governance improvements' at May 16. WDC dis-established June 16. Discussed at Board June 16. Ratified 26 July 16 Board.
1.1	20 Sept 16		Minor amendment proposed at para 5.3 see italicised changes.
2.0	04 October 2017		Change in Chair and Membership Additional regular attendees Administrative support provided by the HR Business Support Manager; from the corporate governance dept.
2.1		25 May 2018	Updated membership Reduced frequency to minimum 4 times a year (from 6)
2.2		23 May 2019	Updated membership Increased frequency to minimum 6 time a year (from 4)
2.3			Change to membership – Chair will change in Q1 2020/21 Small amendment to section 9 removing the specificity of the administrative support.

Workforce & Wellbeing Committee	Executive Lead	14 May 2020	02 July 2020	22 October 2020	21 January 2021	11 March 2021	
ADMINISTRATION							
Apologies	Chair	√	√	√	√	√	
Declarations of Interests	Chair	√	√	√	√	√	
Minutes	Chair	√	√	√	√	√	
Action Log	Chair	√	√	√	√	√	
Next Meeting Agenda / Forward Look	Chair	√	√	√	√	√	
Meeting Effectiveness	Chair	√	√	√	√	√	
SCRUTINY							
Programmes (overview of progress against objectives)							
HR Transformation Plan	Executive Director of HR & OD	√					
Clinical Education Plan	Executive Medical Director	√	√	√			
HR Service Centre							
Payroll Discrepancy - effectiveness of policy	Executive Director of HR & OD	√					
Payroll Contract	Executive Director of HR & OD	√					
Workforce Planning							
Workforce delivery (Demand and Capacity Review Phase 1)	Executive Director of HR & OD	√	√	√	√	√	
Workforce delivery (Demand and Capacity Review Phase 2)	Executive Director of HR & OD					√	
Student Paramedics - recruitment and support	Executive Medical Director						
Workforce Governance							
Personnel Files	Executive Director of HR & OD		√				
Pre-Employment Checks	Executive Director of HR & OD		√		√		
Clinical Education							
External Compliance (Ofsted; Fquals; ESFA)	Executive Medical Director					√	
Annual Training Plan	Executive Medical Director	√		√			
Key Skills Annual Plan* / Progress**	Executive Medical Director			√**		√*	
Workforce Education Development Review (B5>6 uplift / mentorship)	Executive Medical Director						
Continuous Professional Development - clinical staff	Executive Medical Director				√		
Driving Standards	Executive Medical Director		√				
Apprenticeship Governance	Executive Medical Director					√	
Higher Education Institution - partnerships with Universities	Executive Medical Director			√			
Employee Relations							
Bullying & Harassment	Executive Director of HR & OD						
Grievances	Executive Director of HR & OD	√					
Equality, Diversity, Inclusion & Wellbeing							
Equality Delivery System - EDS2 Goals, Delivery on the WRES, DES, Equality Objectives, Gender Pay gap.	Executive Director of HR & OD						

Workforce & Wellbeing Committee	Executive Lead	14 May 2020	02 July 2020	22 October 2020	21 January 2021	11 March 2021	
Learning & OD							
Management Training - Fundamentals	Executive Director of HR & OD			√			
Staff Induction Programme	Executive Director of HR & OD		√				
Health & Safety							
Health & Safety Management systems	Executive Director of Nursing & Quality				√		
MONITORING PERFORMANCE & QUALITY							
Staff Survey Results / Next Steps	Executive Director of HR & OD					√	
Committee Dashboard - Power BI, incl. H&S	Executive Director of HR & OD	√	√	√	√	√	
Annual H&S Audits	Executive Director of Nursing & Quality						
Annual Wellbeing report	Executive Director of HR & OD						
Annual Inclusion report (including an overview of stat and legislative requirements: Equality Delivery System (EDS2), Delivery on the WRES, DES, Equality Objectives, Gender Pay gap, etc)	Executive Director of HR & OD						
MANAGEMENT RESPONSES (delete once received)							
STRATEGIES							
People Strategy	Executive Director of HR & OD						
Clinical Education Strategy	Executive Medical Director						
Inclusion Strategy	Executive Director of HR & OD						
Retention Strategy	Executive Director of HR & OD						
GOVERNANCE & RISK MANAGEMENT							
Board Assurance Framework / Strategic Risks relating to committee purview	Company Secretary	√	√	√	√	√	
Committee Annual Self-Assessment: Cycle of Business Terms of Reference	Company Secretary				√		
Internal Audit Plan 2020 / 21							
Recruitment Process & Governance			√				
Workforce / Resourcing				√			
Clinical Education						√	

Workforce & Wellbeing Committee	Executive Lead	14 May 2020	02 July 2020	22 October 2020	21 January 2021	11 March 2021

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Appointments and Remuneration Committee (ARC)

Terms of Reference

1. Constitution

1.1. The Board hereby resolves to establish a Committee of the Board to be known as the Appointments and Remuneration Committee (ARC).

2. Purpose

2.1. The Committee is responsible for identifying and appointing candidates to fill all the executive director positions on the Board and for determining their remuneration and other conditions of service.

2.2. The Committee is also responsible for determining the remuneration and terms of service for any other senior employee appointed on terms outside of the Agenda for Change framework, i.e. where their remuneration exceeds Band 9.

2. Membership

3.1. The Committee shall be composed of all the independent non-executive directors. However, when appointing or removing executive directors (other than the Chief Executive) the Chief Executive will be a member, as described in Schedule 7, 17 (3) of the NHS Act 2006, as amended by the Health & Social Care Act 2012.

3.2. The Trust Chair will determine who should be Chair of the committee.

4. Quorum

4.1. The quorum necessary for formal transaction of business by the Committee shall be three members.

5. Attendance

5.1. Only members of the committee have the right to attend committee meetings.

5.2. The trust secretary shall be secretary to the committee.

5.3. At the invitation of the committee, meetings shall normally be attended by the director of human resources.

5.4. Other persons may be invited by the committee to attend a meeting so as to assist in deliberations.

5.5. Any non-member, including the secretary to the committee, will be asked to leave the meeting should their own conditions of employment be the subject of discussion.

6. Frequency

6.1. Meetings shall be called as required, but at least twice in each financial year.

7. Authority

7.1. The Committee is constituted as a standing committee of the trust's board of directors (the board). Its constitution and terms of reference are as set out in these terms of reference, which are subject to amendment at future board meetings.

7.2. The Committee is authorised by the board to act within its terms of reference. All members of staff are directed to cooperate with any request made by the committee

7.3. The Committee is authorised by the board to instruct professional advisors and request the attendance of individuals and authorities from outside the trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

7.4. The committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

8. Duties

8.1. Appointments – the committee will;

i. regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the board, making use of the output of the board evaluation process as appropriate, and make recommendations to the board, and nomination committee of the council of governors, with regard to any changes;

ii. give full consideration to and make plans for succession planning for the chief executive and other executive board directors taking into account the challenges and opportunities facing the trust and the skills and expertise needed on the board in the future;

iii. keep the leadership needs of the trust under review at executive level to ensure the continued ability of the trust to operate effectively in the health economy;

iv. be responsible for identifying and appointing candidates to fill posts within its remit as and when they arise;

v. when a vacancy is identified, evaluate the balance of skills, knowledge and experience on the board, and its diversity, and in the light of this evaluation,

prepare a description of the role and capabilities required for the particular appointment. In identifying suitable candidates the committee shall use open advertising or the services of external advisers to facilitate the search; consider candidates from a wide range of backgrounds; and consider candidates on merit against objective criteria;

vi. ensure that a proposed executive director is a 'fit and proper' person as defined in law and regulation;

vii. ensure that a proposed executive director's other significant commitments (if applicable) are disclosed before appointment and that any changes to their commitments are reported to the board as they arise;

viii. ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported;

ix. carefully consider what compensation commitments (including pension contributions) the directors' terms of appointment would give rise to in the event of early termination to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw back provisions should be considered in case of a director returning to the NHS within the period of any putative notice;

x. consider any matter relating to the continuation in office of any board executive director including the suspension or termination of service of an individual as an employee of the trust, subject to the provisions of the law and their service contract

8.2. Remuneration – the committee will

i. establish and keep under review a remuneration policy in respect of executive board directors [and senior managers on locally-determined pay];

ii. consult the chairperson and/or chief executive about proposals relating to the remuneration of the other executive directors.

iii. In accordance with all relevant laws, regulations and trust policies, decide and keep under review the terms and conditions of office of the trust's executive directors [and senior managers on locally-determined pay], including:

- salary, including any performance-related pay or bonus;
- provisions for other benefits, including pensions and cars;

- allowances;
- payable expenses;
- compensation payments.

In adhering to all relevant laws, regulations and trust policies:

iv. establish levels of remuneration which are sufficient to attract, retain and motivate executive directors of the quality and with the skills and experience required to lead the trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the trust;

v. decide whether a proportion of executive director remuneration should be structured so as to link reward to corporate and individual performance;

vi. make sure that any performance-related elements of executive remuneration are stretching and promote the long-term sustainability of the foundation trust, and take as a baseline for performance any competencies required and specified within the job description for the post;

vii. consider all relevant and current directions relating to contractual benefits such as pay and redundancy entitlements;

viii. use national guidance and market benchmarking analysis in the annual determination of remuneration of executive directors [and senior managers on locally-determined pay], while ensuring that increases are not made where trust or individual performance do not justify them;

ix. be sensitive to pay and employment conditions elsewhere in the trust, especially when determining annual salary increases;

x. monitor and assess the output of the evaluation of the performance of individual executive directors, and consider this output when reviewing changes to remuneration levels;

xi. monitor procedures to ensure that existing directors are and remain 'fit and proper' persons as defined in law and regulation.

8.7 In accordance with the Standing Financial Instructions, the Committee will consider and approve individual redundancy payments that fall outside of the employees' contract / standard AfC terms and conditions

8.8 The Committee will also consider and approve large scale redundancies, e.g. as a result of re-organisation.

8.9 The Committee will consider any other workforce issue referred to it by either the Chief Executive, the Chairman or a Committee member, where the nature of the discussion is considered to be sensitive and not appropriate for more general discussion at one of the other Board Committees.

9. Reporting

9.1. Formal minutes shall be taken of all committee meetings

9.2. The Chair of the Committee shall report a summary of the proceedings of each meeting to the Board and draw to the attention of the Board any significant issues that require disclosure.

10. Support

10.1. The secretary to the committee shall support the committee by:

- Agreeing meeting agendas with the Chair of the Committee;
- Providing timely notice of meetings and forwarding details including the agenda and supporting papers to members and attendees in advance of the meetings;
- Recording formal minutes of meetings and keeping a record of matters arising and issues to be carried forward.
- Advising the Chair and the Committee about fulfilment of the Committee's Terms of Reference and related governance matters.

11. Review

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

11.2. The Committee shall review its own performance and Terms of Reference at least once a year to ensure it is operating at maximum effectiveness. Any proposed changes shall be submitted to the Board for approval.

11.3. These Terms of Reference shall be approved by the Board and formally reviewed at intervals not exceeding two years.

Approved by: Trust Board
Approved date:
Review Date:

ARC ANNUAL CYCLE OF BUSINESS 2020-21

Appointments & Remuneration Committee	Executive Lead	25 June 2020	24 Sept 2020	21 January 2020			
ADMINISTRATION							
Apologies	Chair	√	√	√			
Declarations of Interests	Chair	√	√	√			
Minutes	Chair	√	√	√			
Action Log	Chair	√	√	√			
Next Meeting Agenda / Forward Look	Chair	√	√	√			
APPOINTMENTS / GOVERNANCE							
Executive Succession Planning / Skills Gap Analysis / Diversity	Chief Executive	√					
Annual Review of structure, size and composition of the Board	Trust Chair	√					
Fit and Proper Persons Test Annual Review	Company Secretary	√					
Committee Annual Review / TOR	Company Secretary			√			
REMUNERATION / APPRAISALS							
Executive Director Remuneration Framework	Chief Executive		√				
Annual Review of Executive Remuneration	Chief Executive		√				
Chief Executive Appraisal / Objectives Incl. 'Earn Back' Review	Chair	√ **A**	√ **EB**				
Executive Director of HR & OD Probation Outcome	Chief Executive	√					
Executive Director Appraisals	Chief Executive	√					
*Staff Remuneration Outside of AfC / Interims & Consultants to be Approved	Chief Executive						
*Redundancy / Exit Packages to be Approved	Chief Executive						

*AS REQUIRED