

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Minutes of the Annual Members Meeting

20 September 2019 at 14:30 – 16:30

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

Presenting/panel:

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

In attendance:

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

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

1. Welcome

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

2. Presentation of Annual Report & Accounts

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

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

2.4. Investments in 18/19 included:

A new computer dispatch system into 111 and 999 centres.

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

Building a make ready centre in Brighton.

Investment in frontline vehicles.

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

3. Review of the year looking back

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

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

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

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

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

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

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

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

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

4. Review of the year - looking forward

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

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

5. Council of Governors report

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

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

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

6. Demonstration of a response to a 999 call

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

7. Question & Answer session with panel

7.1. DA introduced the panel.

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

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

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

- 7.15. RR noted she was a graduate paramedic and went directly to university for a 3-year degree and placement with SCAS and then moved on to SECamb. RR noted there were several roles that provided direct entry to the service including Emergency Medical Advisor and Emergency Care Support Worker roles.
- 7.16. **Q:** SECamb is aspiring to be outstanding at its next CQC review. From a patients' perspective, calling 999 or 111 in 2022, how will my care be different?
- 7.17. FD noted that as a member of the public when you ring that number, whether it is a life threatening emergency or you are feeling unwell or you are concerned, it is being directed to the right resource that was useful because the health service delivery was a complicated and large scale resource.
- 7.18. FM noted she would like to see a seamless offering running from referring people to primary care within the area, to different locations, be it urgent treatment centre or minor injuries unit or an emergency department.
- 7.19. LB noted that patients may not just be just phoning in in 2022, there may be other ways to contact/ receive 999 and 111 services as technology grows. LB noted the Trust was uniquely placed as a gateway to the NHS.
- 7.20. **Q:** The Inclusion Hub Advisory Group recommended 3 years ago the equality objective should be to ensure SECamb staff were representative of the population the Trust serves. Now PA Chair's the Inclusion Working Group, what's the one thing you can do to make substantial progress towards realising this important equality objective?

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

- 7.21. **Q:** What are the plans going forward to continue to support staff well-being actively and address the work life balance?
- 7.22. JG noted the Trust operated a 24/7 service and that provided challenges in needing an appropriate number of staff on duty round the clock. To look at more part time working was a possible option but recognising that the Trust still needed support on nights and weekends consistently.
- 7.23. RR noted that at the East Sussex Operating Unit (OU) she managed they were given the opportunity by JG to improve things for staff if they could prove it worked and was cost effective. RR noted her OU had a very high proportion of staff suffering from stress and anxiety. A staff member noted that the Trust had mental health practitioners available and asked if someone was able to be based at the OU as a dedicated resource to staff for a trial period to see if any improvement was seen. This was more of a pro-active step than a reactive step and a positive impact has been seen. RR noted there were trials in multiple areas for projects related to staff well-being and it was something the Trust was pushing forward with.

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

8. Evaluation, closing summary and thanks

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

DA thanked the Corporate Governance Team for organising the event.

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

Signed:

Name & position:

Date: